



THE REPUBLIC OF UGANDA

MINISTRY OF EDUCATION AND SPORTS

**UGANDA COVID-19 EDUCATION RESPONSE (GPE)
PROJECT (P174033)**

GBV/VAC/SEA/SH ACTION PLAN

AUGUST 2021

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ACRONYMS AND ABBREVIATIONS

CEFM	Child Early and Forced Marriage
COVID-19	Corona Virus Disease 2019
C-19	Covid-19
CoC	Code of Conduct
ESSP	Education Social Sector Plan
GBV	Gender Based Violence
IA	Implementing Agency
MoES	Ministry of Education and Sports
MGLSD	Ministry of Gender Labour and Social Development
RTRR	Reporting Tracking Referral and Response
SRH	Sexual Reproductive Health
SEA	Sexual Exploitation and Abuse
SOPs	Standard Operating Procedures
SH	Sexual Harassment
UNICEF	United Nations Children’s Education Fund
UNESCO	United Nations Educational Scientific and Cultural Organization
UBOS	Uganda Bureau of Statistics
VAWG	Violence Against Women and Girls
VAC	Violence Against Children

1.0 BACKGROUND INFORMATION

In Uganda, the Covid-19 pandemic caused government to take action in order to curb its spread. This resulted into a total lockdown with public services like transport suspended, businesses closed, schools and learning stopped. The lockdown subsequently increased adolescent girls' vulnerability to Gender Based Violence (GBV). GBV is a result of the gendered unequal power dynamics that manifests in physical, sexual, emotional, and economic violence. It can have a devastating impact on girls' short and long-term mental and physical well-being as well as their sexual and reproductive health.

UNESCO estimates 1.54 billion children and youth - including 111 million girls living in low income settings - are currently out of school because of COVID -19 school closures. School closures due to the COVID19 pandemic could lead to millions more girls dropping out before they complete their education, especially girls living in poverty, with a disability or living in rural isolated places. These girls already struggle to access nearby schools and to learn the basics. They depend on schools to build vital and sometimes protective, social networks. Even before this pandemic, millions of girls were contending with poor quality education – and millions were not on course to meet minimum proficiency in basic reading and math, nor the secondary level skills, knowledge and opportunities they need for a productive and fulfilling life. Consequently, the Covid-19 induced lockdown has greatly increased the risk and exposure for adolescent girls and women of experiencing GBV during this time because the attendant economic and social stress has exacerbated the patriarchal norms and gender inequalities that cause and propagate GBV. Rates of Violence Against Women and Girls (VAWG) are increasing while Gender Based Violence (GBV) and Sexual and Reproductive Health (SRH) services are becoming harder to access. Adolescent girls are feeling isolated and anxious about Covid-19 particularly about the challenges they face including a lack of access to information.

Many girls and women were locked down at home with perpetrators of violence and it was challenging to access medical treatment, refuge, or help because of the ban on public and private transport, resulting in an exponential increase in cases of GBV. Violence against women and girls was already a widespread social issue in Uganda. According to the 2019 Uganda Police Report, there were an average of 1,141 cases of domestic violence reported monthly, and 64% of women between the ages of 15-49 in Uganda reported having ever experienced gender-based violence (UBOS, 2012). Inevitably, in the first month of the lockdown, police noted a significant surge in GBV cases, with an estimated 3,280 cases reported to them between March 30 and April 28 (CNN, 2020).

1.1 THE EDUCATION SECTOR IN UGANDA

Education in Uganda is embedded in the country's strategies for socio-economic development. Vision 2040 recognizes the provision of universal primary and secondary education as a human right and emphasizes the objective of improving girls' completion

rates. Vision 2040 also highlights the importance of changing the curriculum and methods of instruction and examination to adapt the education system to Uganda’s development objectives and also promoting the development of sports through public-private partnerships. National Development Plan (NDP) III¹ (2019), also recognizes human capital development feature prominently, both as a means to provide Uganda’s emerging higher value-added private sector with the human capital needed for growth and productivity, and also as a crucial means to promote universal and equitable socio-economic development for Uganda’s population (National Planning Authority, 2019).

The Government of Uganda recognizes education as a basic human right and continues to strive to provide free primary education to all children in the country. In Uganda there are over 15 million learners enrolled in the education system. The bulk of the learners are enrolled in day schools while the others are in boarding schools where many facilities are shared with constant contact with each other, their teachers and other visitors on a daily basis. Additionally, over 180,000 non-teaching staff are estimated to be employed at schools,² and 600,000 children attending schools in the refugee settlements located in high risk towns identified as COVID-19 hot spots by MOH.

Table 1: Showing enrolment figures in schools and institutions (public and private) by education level

Type	No. of institutions	No. of learners	No. of teachers
Pre-primary	28,208	2,050,403	90,742
Primary	36,314	10,777,846	315,787
Secondary	5,705	1,986,362	114,859
Tertiary including (higher education)	3,013	311,556	26,804
Total	73,240	15,126,167	548,192

Source: Report on the Master List of Education Institutions in Uganda (MEIU) UBOS 2019

In January 1997 Uganda launched its Universal Primary Education Program, which provides free primary school education for up to four children from each Ugandan family. While not compulsory, the goal is to enrol and ultimately provide a primary education for every Ugandan child. Today, there are over 10.7 million learners in primary schools with majority beginning their education at age six and completing elementary school by age 13. Normally, primary school extends from primary I to primary VII.

Uganda, like many sub-Saharan African countries, faces major challenges in providing quality and accessible basic education to children and adolescents, which may hinder effective implementation of COVID-19 prevention measures. For example, majority of Ugandan parents still struggle to meet requirements for school such as scholastic materials

¹ Spearheaded by the National Planning Authority

² <http://www.education.go.ug/wp-content/uploads/2020/05/Preparedness-and-Response-Plan-for-COVID19-MAY-2020.pdf>

including pens, exercise books, sanitary pads for the girls and even bricks for classroom construction. There is increased dropout rates of learners majorly experienced in northern and eastern regions, inadequate WASH and toilet facilities, absentee and poorly motivated teachers etc.³

1.2 SCHOOL CLOSURE AND DISRUPTION TO EDUCATION DUE TO COVID-19

On Wednesday 18th March 2020, His Excellency the President of the Republic of Uganda announced the closure of all educational institutions to avoid panic and possible rapid spread of new infections in the country.⁴ At the time, around 15 million learners had been enrolled in school with over 2 and 10.7 million attending pre and primary schools respectively. While school closures seemed to present a logical solution to enforcing social distancing within communities, prolonged closures could have a disproportionately negative impact on the most vulnerable students.

According to World Bank reports, the impact on education is likely to be most devastating in countries with already low learning outcomes, high dropout rates, and low resilience to shocks.⁵ Given Uganda's demography, 54 per cent of the population is under the age of 18 and any disruptions to the education of children will not only threaten the dreams and opportunities of those children, but the sustainable development of the nation, as well.⁶ Schools, not only teach children reading, writing, and arithmetic, they also provide nutrition, health, and hygiene services, along with mental health and psychosocial support, while reducing incidents of violence against children, gender-based violence, and unintended pregnancy. With each passing day that schools remained closed, the most vulnerable children will be the hardest hit.

Currently, the Ministry of Education and Sports (MoES), with support from GPE through World Bank and other education development partners like UNICEF, have developed and are implementing the Education Sector Preparedness and Response Plan for COVID-19 with a major focus on developing systems for online learning such as television, radio, mobile phones, and internet as a measure to provide lessons for learners at home and mitigate the impact of school closure. For the most deprived children who lack access to technology, the MoES developed and is distributing printed self-learning materials.

³<https://www.theguardian.com/global-development/2015/apr/23/uganda-success-universal-primary-education-falling-apart-upe>

⁴ <https://reliefweb.int/report/uganda/education-now-time-build-back-better>

⁵ <https://www.worldbank.org/en/topic/education/coronavirus>

⁶ Op-ed by Dr. Doreen Mulenga, UNICEF Representative to Uganda

1.3 EXISTING LEGAL AND POLICY FRAMEWORK ON GBV/VAC/SEA/SH

1.3.1 The Constitution of the Republic of Uganda 1995

Article 21 of the 1995 Constitution of the Republic of Uganda protects all persons, women and girls inclusive from all forms of discrimination and provides for equality in every respect and before the law. In 2010, Uganda government passed the Domestic Violence Act, An Act to provide for the protection and relief of victims of domestic violence; to provide for the punishment of perpetrators of domestic violence; to provide for the procedure and guidelines to be followed by the court in relation to the prosecution and compensation of victims of domestic violence; to provide for the jurisdiction of court; to provide for her enforcement of orders made by the court; to empower the family and children court to handle cases of domestic violence and for related matters.

1.3.2 The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)

States that all parties shall eliminate all discrimination against women. This was further developed in the Beijing Platform for Action where one of the identified strategic areas of action is the prevention and elimination of violence against women and girls. The Convention on the Rights of the Child (CRC) states that all children shall be protected from sexual exploitation and sexual abuse.

1.3.3 The Children's Act

The Ugandan laws also include the Children Act Chapter 59 which is an act to reform and consolidate the law relating to children; to provide for the care, protection and maintenance of children; to provide for local authority support for children; to establish a family and children court; to make provision for children charged with offences and for other connected purposes.

The development of the National Policy on Elimination of Gender Based Violence in Uganda is an initiative to prevent GBV, foster zero tolerance environments, provide comprehensive response, care and support services. The 2007 Uganda Gender Policy (Amendment) gives a clear mandate to the Ministry of Gender, Labour and Social Development and other Line Ministries to mainstream gender in all sectors. It sets priority areas of action at the National, Sectoral, District and Community levels with all levels of planning, resource allocation and implementation of development programs redressing gender imbalances and acting with a gender perspective.

1.3.4 Gender in Education Policy 2009

The Gender in Education Policy (GEP), 2009 was developed in line with the Education Sector Strategic Plan (ESSP 2007-2015) to guide gender mainstreaming in Education and Sports countrywide. It was guided by the National Gender Policy (2007), and it complemented other existing policy initiatives that address the barriers to girls' and women's education in Uganda. Through the implementation of policy, the Education Sector has registered progress in improving enrolment of both girls and women and boys and men at all levels of Education and Sports. Despite the achievements, there are still wide gender gaps in retention, transition, performance and completion at all levels, which continue to disadvantage girls and women and therefore require new innovative strategies to address them. Similarly, the Education Sector is witnessing new developments at the International and national levels, which require that new performance targets are set and indicators are defined in view of these global and national developments. The Ministry of Education and Sports (MoES) in 2015 conducted a participatory process to review the implementation of the Gender in Education Policy whose outcome is this Second Gender in Education Sector Policy (GEP II). The vision of GEP II is an inclusive and equitable quality education and sports and lifelong learning opportunities for all girls and boys, women and men in Uganda.

1.3.5 National Gender Based Violence Policy 2016

The National GBV policy 2016 provides for prevention and GBV response interventions through the MoGLSD GBV database. The policy also sets priority areas of action at the National, Sectoral, District and Community levels with all levels of planning, resource allocation and implementation of development programs redressing gender imbalances and acting with a gender perspective. In line with the policy requirements, the Project should come up with strategies of reducing GBV, Sexual Exploitation and Abuse (SEA) and Violence Against Children (VAC) during planning and implementation of the project.

1.3.6 National Strategy for Girls Education 2000

Ministry of Education and Sports (MoES) developed a National Strategy for Girls Education (NSGE) in 2000. The strategy was revised in 2013 to bring on board the emerging issues affecting education sector in general and girls' education in particular. The National Strategy to end Child Marriage 2014/2015 – 2019/2020 is a holistic, comprehensive framework that reflects the commitment of the Uganda Government to end the practice of child marriage and other forms of violence against girls. The goal of the strategy is to end child marriage in Uganda for enduring prosperity and social economic transformation. One of the strategic areas of focus is on changing communities' mind-sets, knowledge, aspirations, behaviours, and social norms that drive child marriage and teenage pregnancies. It also hinges on the principle of protection, i.e., children should be protected from all forms of abuse, violence and exploitation, including harmful practices. In design of programmes and interventions to address child marriage, all

stakeholders should be aware that child marriage is often associated with violence, abuse, and confinement; and integrate mitigating components. Overall implementation of the strategy will involve multiple stakeholders involving government, development partners, and civil society organizations. The strategy will be a strong tool for the implementation of the project given the increasing rates of teenage pregnancies for school children especially girls during COVID-19 pandemic period.

1.3.7 National Male Involvement Strategy for the Prevention and Response to Gender Based Violence in Uganda, 2017

In 2017, the Ministry of Gender, Labour and Social Development published the National Male Involvement Strategy for the Prevention and Response to Gender Based Violence in Uganda. This Strategy was developed to encourage and support men and boys to take responsibility for their sexual and reproductive behavior and to abstain from all forms of discrimination against women and girls. The specific objectives include: (1) To guide the development and/or review of GBV policies and programmes to integrate interventions on male involvement; (2) To promote transformation of harmful gender norms and practices that perpetuate GBV; (3) To provide guidance on provision of male-friendly services to male victims of GBV; (4) To raise awareness among male GBV duty bearers to provide gender sensitive GBV services; (5) To promote strategic partnerships in engaging men and boys in prevention and response to GBV; (6) To strengthen research and documentation to enable evidence-based intervention on male involvement in prevention and response to GBV.

1.3.8 Guidelines for prevention and management of HIV/AIDS and unintended pregnancy in school setting

The Ministry of Education and Sports in 2015 developed guidelines for the prevention and management of HIV/AIDS and unintended pregnancy in school settings in Uganda (2020). The main purpose of the guidelines is to prevent and manage teenage/unintended pregnancy and HIV/ AIDS in school settings. These guidelines have been revised to incorporate the re-entry aspect. The overall purpose of the guidelines is to support prevention and management of teenage pregnancy in school settings, making reference to the Draft National School Health Policy and Sexuality Education Framework, and specifically to: Outline modes of service delivery within a learning institution setting that enable prevention of pregnancy among girls, Propose linkages for a minimum care package for prevention and management of teenage pregnancy in learning institution settings and outline steps and services that should be in place to re-integrate the adolescent mothers into the learning institutions.

1.3.9 Guidelines for implementation of the responsibilities of senior women and men teachers

MoES has also developed guidelines for implementation of the roles and responsibilities of senior women and men teachers (2020). The overall purpose of the guidelines is to clarify the roles and responsibilities of the Senior Women (SWT) and Senior Men teachers (SMT) towards the learners in both Primary and Secondary schools. Specifically, the guidelines are meant to; (i) Clearly state the roles and responsibilities of the SWT and SMT within their respective school settings, (ii) Clearly outline the operational procedures and frameworks for their work, (iii) Identify the stakeholders that will support the SWT and SMT in the implementation of their roles, (iv) Ensure that the issues affecting girls and boys in schools are systematically and adequately addressed to be able to realize gender equity, (v) Identify and support children with Special needs to address their educational challenges with support from other stakeholders, and (vi) Identify and recommend key areas for capacity enhancement and key resource materials to use for the Senior Women and Senior Men teachers. The SWT/SMT will be relevant in offering psychosocial support for learners that have been affected the COVID-19 pandemic during school lockdown.

1.4 GBV/VAC/SEA/SH IN THE LIGHT OF THE COVID-19 PANDEMIC IN UGANDA:

School closures due to the spread of COVID 19, has negatively affected human capital formation of school aged children. As a response to the spread of COVID 19, young girls are more likely to experience teenage pregnancy and domestic abuse, related to stay at home orders and lack of access to other community support systems. Particularly for young girls, the social distancing and quarantine recommendations, in addition to increased economic stress and uncertainty has exacerbated GBV risks. In Uganda, for instance, increased numbers of teenage pregnancy would then increase girls' likelihood to leave school, with a negative impact on their lives' trajectories. The activities proposed in this project represent an opportunity to promote gender equality in terms of access to and quality of education for all. Learning materials will reach school aged children independent of gender and the use of mass broadcasting channels such as radio, television and social media will support increased awareness related to healthy conflict resolution, parenting, and availability of protection services.

Risk factors for violence, exploitation and abuse are on the rise for children living under restricted movement and socioeconomic decline. With school closures and subsequent isolation, children suffering violence at home or online, fall further from help especially as they become cut off from teachers, social service workers and other key forms of support. At the same time, children may begin to suffer the additional stress and stigma that befall families struggling to make ends meet.

Government must prioritize critical violence-prevention and response services for children. They must maintain and adapt these services, accounting for the unique risks of girls and the most vulnerable children, when planning for social distancing and other COVID-19 response measures. We must also support children who may be temporarily separated from their parents due to illness, as well as those deprived of their liberty – and work together to prepare for a surge in young people seeking remote protection and mental health solutions.

The introduction of social distancing and lockdown-type, stay-at-home measures has resulted in conditions conducive to physical, emotional, and sexual abuse of the most vulnerable members of the society. Those who are abused by family members, often have little or no access to the usual routes of escape. As such, the world has witnessed a surge in domestic violence cases since the onset of the COVID-19 pandemic (Lindgärde & Houinato, 2020; Townsend, 2020).

Although Ugandan police reports show that, as of the 31st March 2020, there were 5 fatalities as a result of domestic violence during the lockdown, the magnitude of the effect of the pandemic on domestic violence has become clearer once the lockdown-type measures have been lifted.

In recognizing the need to prioritize the wellbeing of women and children during the pandemic, the Uganda Women Lawyers Association (FIDA-U) started a petition calling upon the Uganda Government to integrate measures to address violence against women and children into their responses to COVID-19. In addition, António Guterres, the United Nations (UN) secretary-general, said: “I urge all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19” (see Fang, 2020).

Reduced access to GBV/VAC/SEA services due to quarantines and closures of services might impact immediate safety and health of survivors. Life-saving care and support to the survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one- stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases. In some cases, girl’s shelters, safe spaces, and other existing GBV program sites may have been converted for use as COVID-19 response centers, further eliminating the availability of essential services

Existing referral pathways and approaches for responding to reported cases of GBV are likely to be changed or disrupted in places affected by COVID-19. Depending on the context, health facilities prioritizing COVID-19 response are likely to be less accessible as an access point to vital services for GBV survivors, requiring them to report their cases to providers from other sectors who may not be adequately equipped to respond to their disclosures. As a result, it is critical that staff across all sectors are aware of existing protocols for responding to GBV cases as well as how to connect survivors with needed services.

1.5 IMPACT OF GBV ON ADOLESCENT GIRLS AND EDUCATION

In the Ugandan context girls suffer extra constraints due to social expectations, for example to take on household responsibilities and domestic chores, and in economically disadvantaged areas, they tend to marry and have children early. Additional barriers to girls' school participation and retention include poverty and high school fees, poor infrastructure and long distances to schools, insecure learning environments and increased exposure to violence and sexual harassment or abuse. Existing gender inequality and social norms combined with the breakdown in economic and social activities and decreased access to services with the escalation of the COVID-19 crisis controls exacerbate GBV/ SEA/ VAC and SH risks.

The activities proposed in the implementation processes present an opportunity to promote gender equality in terms of access to quality education for all and will support increased awareness related to parenting, and availability of psycho social services. Implementation of the Ministry of Education and Sports Service Code of Conduct which includes provisions for SEA/VAC and SH prevention as well as Grievance redress mechanisms and referral pathways for GBV /SEA/VAC and SH cases consolidated in the MoES Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence Against Children in Schools.

Given the increase in reports of GBV, ensuring that women and girls can access GBV support services remains an important lifesaving activity. Therefore, a flexible and adaptive approach is needed to ensure that the children especially girls continue to be availed the appropriate services as a safe environment is created for them in their schools, homes and communities. It should also be noted that many girls are at risk of not going back to school due to barriers faced during Covid-19 lockdown. Organizations working to address domestic violence have also observed that extended quarantine and other social distancing measures have increased the reports of domestic violence, as a result of household stress over economic and health shocks combined with forced coexistence in narrow living spaces (VAWG Helpdesk report, March 2020). The following are some of the effects as raised by the different stakeholders.

(i) Sexual Exploitation and Abuse (SEA)

There has been sharp rises in exposure of adolescent girls to sexual exploitation, harassment and other types of gender-based violence. Multiple cases have been reported and documented by various service providers and childcare platforms including police. Some of the adolescent girls have fallen victims of sexual exploitation and abuse in exchange for food and other needs. Others, have been abused by the rarely suspected relatives, workers, close family friends and peers.

(ii) Risk of Early/Forced Marriage and Very Early Pregnancy

The pandemic has led to increased incidents of early and unwanted pregnancies as well as early/ forced marriage. Some adolescent girls along with their parents as a result of the prolonged lockdown have lost hope for education. Pregnant girls and adolescent mothers do not tend to go back to school due to stigma, childcare, economic considerations and the status of laws, policies, and practices that block their access to education. Quarantine measures in already cramped and insecure housing and exacerbated economic strain may place additional burden on households, which could result in early or forced marriage as a coping mechanism to 'ease the burden'.

(iii) Increase in Sexual Reproductive Health Risks

There has been worry where healthcare resources directed at women and girls reproductive care are at risk of being diverted towards addressing the Covid-19 pandemic. Challenges in accessing menstrual hygiene products and sexual and reproductive health services will likely exacerbate girls existing reproductive health risks (e.g. pregnancy and childbirth complications which is one of the leading causes of death among girls aged 15-19 years old. There may also be an impact on survivors of sexual violence being able to access clinical management of rape services. Even where such services may be still operational, fear of infection may find caregivers reluctant to allow adolescent girls to access such services.

(iv) Lack or Unequal access to information

With tight restrictions on movement and assembly being a common response of many governments attempting to stem COVID-19, support services and general information on the virus are being delivered through remote/phone and virtual modalities. While mobile phone ownership and access has increased globally, women are still less likely than men to own a phone and it is estimated that there are 443 million "unconnected" adult women in the world. Figures of non-ownership for adolescent girls in low-income settings are likely to be quite high. Additionally, close monitoring of adolescent girls by abusers in a context of confinement may make it challenging for some girls to use a phone or the internet even if they own or have access. It is therefore important that services designed to target adolescent girls and protect them from home, do not rely on 'high tech' solutions alone.

2.0 MOVING FORWARD (RE-OPENING OF SCHOOLS AMIDST THE COVID-19 PANDEMIC)

Though emerging evidence drawn from Eastern and Southern Africa suggests that schools have not been associated with significant increases in community transmission, virus local transmission rate is possible where safety measures cannot be universally implemented because of crowded classrooms, lack of WASH facilities, crowded school transportation services, or incidences where there is shared teaching and learning materials.

The Education Institutions were closed, with effect from 20th March 2020 by His Excellency the President of the Republic of Uganda, as one of the measures to control the spread of Covid-19 pandemic. Education Institutions therefore remained closed as government continued to manage the spread of the pandemic. During H.E the President's address to the nation of 20th September 2020, in which among other things announced the re-opening of education Institutions in a phased manner under clear SOPs beginning with candidate classes (P.7, S.4 and S.6) and final year students in tertiary institutions. Ministry of Health has provided comprehensive standard operating procedures for institutions of learning during COVID-19 pandemic as a practical guidance on the required measures to minimize the risk of COVID- 19. As a result, MoES issued guidelines to education institutions to provide actionable guidance for safe reopening through effective implementation of SOPs during the Covid-19 pandemic.

In addition to other preventive interventions, the MoH approved the “Keep-A-Distance/Tonsemerera” multi media campaign that is leading efforts to disseminate COVID-19 messages nationwide to various intended audiences including children. The campaign has also been tailor made to show case the role of children and parents can play in preventing COVID -19 and stopping the spread of the disease.

The protection of children and educational facilities is particularly important despite all pre-existing conditions/challenges. Precautions are necessary to prevent the potential occurrence of GBV in both home and school settings. Hence, there is need for a GBV/VAC/SEA/SH action plan to guide the prevention among the targeted children (pre-primary, primary and lower secondary learners) while at home and school.

2.1 SWOT ANALYSIS

The SWOT analysis here is for the purpose of assessing and evaluating various strengths (S), weaknesses (W), opportunities (O), threats (T), and other factors that influence this project of responding to Covid-19 in Education and in relation to GBV. This helps formulate the corresponding strategies, plans, and countermeasures, which are based on the results and also guide scientific decisions.

Strengths	Weakness	Opportunities	Threats
<p>Presence of COVID-19 reopening of schools guidelines</p> <p>Existence of clear SOPs as provided by MoH</p> <p>Availability of grant from MoES to schools</p> <p>Availability of vigilant teams at different levels willing to support supervise the process.</p> <p>Provision and consideration of safety of the girls while a school and on the way to school.</p> <p>The priority and emphasis given to GBV/VAC on this project by the funder.</p>	<p>Inadequate infrastructure especially for teachers and children working in rural schools</p> <p>Limited Sensitisation to the parents, teachers and pupils/students on COVID-19</p> <p>Unequal accessibility of resources and information. Not everyone has access to phones, televisions, etc</p> <p>Inadequate financial facilitation for schools to ably have all materials to ensure operationalization of SOPs.</p> <p>Limited knowledge and exposure to interventions meant to prevent the spread of COVID-19 virus.</p> <p>Inability to return to school by the girls that were married off/got pregnant during the Covid-19 pandemic lockdown of schools.</p> <p>Lack of interest by the adolescent girls that were engaged in income generating activities while schools were locked down</p>	<p>Availability of students/learners who are eager to learn</p> <p>Children easily adapt to the digital/remote learning methods</p> <p>Availability of a communication Strategy through which appropriate information will be shared.</p> <p>Availability of Government Agencies to offer technical support and the private sector to offer financial support</p> <p>Availability of interested local councilors willing to mobilize the girls to return to school</p>	<p>Uganda has not fully embraced digital learning.</p> <p>Inadequate teachers as many may have moved on to other jobs following the long period of closure.</p> <p>Negative attitude and complacency towards COVID-19</p> <p>False information and misconceptions</p> <p>Unreliable relatives around the adolescent girls</p> <p>False peers from which the adolescents get information.</p> <p>Unreliable Government limited/unguaranteed Private sector support</p> <p>Inability of the schools to provide all the required materials for management of Covid-19 pandemic especially to the girls.</p> <p>Inability of parents to return the children especially girls to school due to financial constraints experienced during the Covid-19 pandemic lockdown.</p>

2.2 CAPACITY TO RESPOND TO GBV/VAC/SEA/SH

The capacity to respond to learners' GBV/VAC/SAE/SH related cases when schools are closed as a result of COVID19 lock down measures and when reopened is dependent on the ability of the project to provide access to safe and ethical services for victims and survivors. GBV/VAC/SAE/SH Services Provider(s) and/or community based organizations are critical not only for supporting the project in addressing any case of GBV that may arise, but also in assisting the project to proactively prevent GBV/VAC/SAE/SH cases.

2.3 DELIVERY OF GBV/VAC/SEA/SH INFORMATION

Age appropriate GBV/VAC/SEA/SH messages will be delivered to the different categories of the children in pre-primary, primary and lower secondary through the various communication channels such as radios, Tvs, fliers, and many others as indicated in the communication strategy. This will apply to those who have already reported to school, those that are still at home as well as when all report back to school. The information will be simplified to suit the targeted audience and shall be spot radio messages, jingles, talk shows among others.

3.0 PROCESS OF CONDUCTING STAKEHOLDER ENGAGEMENT MEETINGS

Stakeholder Engagement is an inclusive process that's important for managing project related risks. Involved stakeholders need to understand both project risks and benefits. Projects are required to develop a Stakeholder Engagement Plan (SEP) to be implemented over the life of the project to keep the local communities and other stakeholders informed about the project, and to enable continuous engagement with and feedback from beneficiaries.

Stakeholder guidance was sought to identify existing and potential local GBV risks, and they should be consulted on potential interventions and risk mitigation measures. Consultations with those working with adolescent girls and boys and other at-risk groups, and women leaders are prioritized to enable understanding of GBV risks and trends in the community.

Consultations were carried out to ascertain how the VMGs in general perceive the need for undertaking e-learning and gather any inputs/feedback they might offer for better educational outcomes, which would eventually be addressed in VMGPs and implementation of the activities. (see details in annex 1)

The following districts were selected with specific reasons for consideration as suggested in the table below.

Region	Selected District(s)	Reason for selection
Central region	Lwengo	In the cattle corridor with more social effects of COVID-19
	Wakiso	Urban experience for covid-19
	Mityana	Rural experience
	Luwero	High dropout rates
	Kiboga	
Eastern region	Luuka	Cases of teenage pregnancy
	Sironko	Hard to reach
	Napak	Kalamoja Covid-19 Effects experience
Northern	Nwoya	Focus on SNE School
	Apac	Effect of school dropouts
	Adjumani	Refugees effect
Western	Kasese	Refugee and marginalised groups (Batwa)
	Isingiro	Covid-19 cases
	Hoima	Covid-19 cases and external labour influx as a result of oil project
	Kiryadongo	Refugee communities
	Kagadi	Fishing community

In each district, the engagement team reached out to the district administrative stakeholders, 2 schools (1 primary and 1 secondary) and also conducted at least 2 community stakeholder engagements.

Target Respondents

The key respondents targeted included parents, parents of children with special needs, local council representatives, religious leaders, teachers and school administrators, District Education Officer and Inspector of schools, Center coordinating tutors, Community Development Officer, community members, some religious and cultural leaders, Special Needs Officer, Probation Officer, Gender Officer among others.

All stakeholders consulted reported that the issues around GBV/VAC/SEA have increased during this Covid-19 pandemic. They all echoed the peer pressure, early marriage, teenage pregnancy, loss of hope in resuming school, involvement in income generating activities as some of the reasons for dropping out school during this period of the pandemic. They also reported that, long holidays at home increased the rate of redundancy leading the children to engage in sexually related behaviors.

Generally, community participation, parental involvement and sensitization of the young people themselves were some of the measures for managing the issues affecting the sexual and reproductive health of the young people. The young people who were engaged mentioned that whenever they get sexual related issues (defilement, forced marriage, unwanted/forced pregnancies, etc), they report to the Probation Officer. Parish chiefs /SC chiefs / Community leaders said that they are supported by development partners to support referrals of cases of violence at different levels within the community.

SEA/SH MITIGATION MEASURES

Below is a list of mitigation measures as recommended by the stakeholders;

- a) Strengthen existing by-laws on child labour
- b) Engage enforcement bodies like police
- c) Sensitize parents on parental roles so that they can fully offer the needed support to children
- d) Schools provide girls with enough information on SRH
- e) Engage children fully in agriculture activities

4.0 MITIGATION MEASURES

Risks related to sexual exploitation and abuse/violence against children, sexual harassment (SEA/VAC/SH) and other forms for gender-based violence (GBV) to women and girls are a conceivable possibility. The GBV risk rating for the project is assessed to be moderate necessitating integration of mitigation measures to manage these risks. The project will rely and work closely with the already put in place and recommended procedures and guidelines as provided by the Covid19 Response National Task force, Ministry of Health as well as Ministry of Education and Sports; that have worked and proved effective. As such the project mitigation measures will include but not limited to the following:

- a) Reliance on the Ministry of Education and Sports to ensure a Code of Conduct exists for all those engaged in the project directly receiving project financing and that it explicitly prohibits SEA/SH.
- b) Strengthening the education system's accountability mechanism for how allegations of SEA/SH that breach the CoC are handled and the commensurate disciplinary measures.
- c) Providing a safe school environment through prevention, mitigation and effective response measures and, support for school related SEA/SH based on the already existing referral pathways adopted in the MoES Reporting, Tracking, Referral and Response (RTRR) Guidelines on Violence against Children in Schools.
- d) Reinforcing staffing for reporting on hotlines like Sauti 116.
- e) Conducting regular safety audits as part of the stakeholder engagement to assess and inform management of SEASH risks and other forms of GBV emanating from project activities.
- f) Including a SEA/SH Action Plan in the ESMF in line with the MoES RTRR to include measures for minimizing and responding to SEA/SH and GBV.
- g) Extend psychosocial support to learners, teachers and community members affected by SEA/SH and other forms of GBV. Sensitize, train and support for women and girls to identify and avoid risks, potential perpetrators, danger zones and key life skills required to avoid situations that expose them to the GBV and SEA.
- h) Making available an effective grievance mechanism at school and within the community capable of intake, tracking, referral to quality services of SEA/SH and providing safe, confidential and ethical documentation and reporting of allegations.

- i) Mapping out GBV/SEA service providers in the project implementation areas and establish a referral pathway.
- j) Including a plan to raise awareness on CoC and the accountability and response framework (services available, GRM and SEA/SH messages). Age appropriate messages will be packaged and disseminated in a manner that reaches marginalized and vulnerable social groups, project workers and, learners of different ages including messaging on the increased burden on girls as caregivers, to promote equal sharing of responsibilities among adolescents providing care to sick persons.
- k) Developing prevention messages for displaced communities focusing on sexual exploitation and other GBV/VAC risks relevant for the project. Share updated information on available services with communities and adolescents. Ensure that regular, contextualized and updated information is shared in a manner that is accessible to the adolescents especially girls, and that information addresses their needs, priorities and concerns in relation to COVID-19. This should also include accessible and safe two-way communication as well as safe, accessible and responsive feedback and complaint mechanisms.
- l) Focusing on addressing barriers impeding adolescent girls' access to services, including health services, by considering mobility constraints, opening hours, presence and access to female staff and service providers, safety concerns, childcare responsibilities, social distancing restrictions etc. If quarantine is implemented, the different physical, cultural, security and sanitary needs of adolescent girls and boys should be considered. Assess changes in patterns/time allocation for adolescents for childcare and schooling due to the movement restrictions due to C-19.
- m) Ensuring adolescents especially girls at heightened risks of GBV/VAC/SEA/SH are involved in consultations on preparedness plans and interventions. Consultation methods would need to be adapted to current situation and therefore aligned with public health measures (e.g. online, phone consultations).
- n) GBV coordinators in the school communities as assigned by the community through the local councils) and district level (gender officer) should participate in contingency planning thus defining roles and responsibilities of different stakeholders to achieve the objectives within the COVID-19 education response. This includes identifying gaps in GBV/VAC/SEA preparedness and ways to address them.

5.0 THE SEA/SH ACTION PLAN

This GBV Action Plan details the operational measures that will be put in place to assess and mitigate the risks of gender-based violence, including sexual exploitation and abuse (SEA) and sexual harassment that are project related and how they will be integrated over the life of the project. This includes procedures for preventing and responding to SEA/SH including managing these grievances. The focus is on learners' especially adolescent girls in schools and at home including from vulnerable communities like the refugee settlement areas during the current C -19 pandemic.

	<i>Activity to Address GBV/SEA/SH/VAC risk</i>	<i>Steps to be taken</i>	<i>Time Lines</i>	<i>Responsible</i>	<i>Monitoring (Who will monitor)</i>	<i>Output indicators</i>	<i>Estimated Budgets (USD)</i>
1	<i>Sensitize the IA on the importance of addressing SEA/SH on the project, and the mechanisms that will be implemented</i>						
	Train the IA/PIU/(Management/leadership) on SEA/SH to include * Accountability and response framework * Responsibilities and reporting * Existing institutional protocols on SEA/SH	<ul style="list-style-type: none"> • Develop ToR • Secure technical expertise, • Conduct training for targeted members • Include SEA/SH as an agenda in updates /quarterly meetings. 	First month	Project Team MoES	MoES	Number of trainings conducted Number of IA/PIU/ members trained Report of the training and actions	15,000
2	<i>Map out GBV/SEA prevention and response service providers</i>						
a)	The project will Identify and work with already existing SEA/SH services providers (health, psychosocial & legal) in the project area and ensure a SEA/SH referral pathway is operational	Review of existing SEA/SH service provider referral lists Identify SEA/SH service providers to be part of the project response team. Develop/update SEA/SH referral pathway	First two months	Project Team MoES District Team	District Team MoES	SEA/SH service provider mapping Report Referral pathway developed/updated Selected service providers contracts in place Number of Service providers in the project area with capacity on SEA/SH Report and actions for follow up	5000

b)	Review capacity and quality of SEA/SH service Providers in the project area	Adapt existing tools for assessing capacity of GBV/SEA service Conduct organizational capacity assessment	Second month	District team (Probation Officer, Police department of child and family protection, DCDO, DEO and Gender focal Person)	Project Team MoES	Report from the needs assessment conducted.	15,000
c)	Disseminate the referral pathway to stakeholders including service providers	Distribute the SEA/SH referral lists widely & in public places	Second month	Project Team District Team	MoES	SEA/SH Referral Pathway disseminated Level	20,000
d)	Stakeholder consultations on SEA/SH situation	Develop a stakeholder facilitation guide Conduct stakeholder consultations Conduct regular SEA/SH safety audits Prepare reports	Second month	Project team District Team	MoES Project Team	Number of stakeholder consultations done Actions indicated for follow up	25,000
3.	Strengthen Institutional capacity for SEA/SH risk mitigation and response						
a)	Engage a GBV/SEA Specialist at MoES to supervise and provide technical support for the implementation of SEA/SH Action Plan	Develop ToR Prepare reports	Third month	Project team	Project Team MoES	Registered success of the project	10,000
b)	Support capacity of local systems to prevent and respond to GBV/SEA (police, health, legal, CDO's, CBO's) * Strengthen the reporting mechanisms & procedures of local systems	Identify key stakeholders to engage Develop training plan Develop training material/ content using	Continuous	Project Team	MoES	List of trained stakeholders Number of trainings conducted Number of	25,000

	<ul style="list-style-type: none"> * Strengthen a survivor centred referral and response. * Strengthen coordination for better services with local/national GBV/SEA service provider 	<p>global/national standards, human rights and survivor centered approaches</p> <p>Conduct training and mentoring</p> <p>Conduct regular coordination meetings with service providers for effective referrals</p>				<p>coordination meetings conducted</p> <p>Readily available materials for reference</p>	
4.	<i>Integrate GBV/SEA/SH risk management in Contractors' Environment and Social Management Plan (ESMP)</i>						
a)	Incorporate GBV/SEA/SH risk in the ESMP	Integrate/Assess the consideration for GBV/SEA in the ESMP	Immediate	Project team	MoES PU	Updated ESMP with SEA/SH	10,000
b)	Develop/review SEA/SH response and accountability framework to include: Allegation Procedures to report SEA/GBV incidents and internally for case accountability procedures	<p>Develop/review SEA/SH Allegation Procedures to report SEA/SH issues</p> <p>Inform employees and the community on how to report cases of SEA/SH,</p> <p>Develop mechanisms to hold accountable alleged perpetrators</p>	Immediate	Social Development Specialist	Project Coordinator MoES	Finalised SEA/SH response and accountability framework	10,000
5.	<i>Review the IA's capacity to prevent and respond to SEA/SH</i>						
a)	<p>Review for attention to SEA/SH:</p> <ul style="list-style-type: none"> * Human resource manuals and staff capacity. * Existing GBV/SEA Policies and procedures. * Project code of conduct. 	<p>Develop ToR for the assignment</p> <p>Identify the consultant for the assignment</p>	First & second months	Consultant	Project team MoES	SEA/SH prevention and mitigation measures addressed in policy documents	20,000
c)	Conduct GBV training for	Develop a training plan	Third month	Social	Project Team	Number of training	20,000

	project staff/team to include: *HR policies on SEA/SH * CoC on SEA/SH * SEA/SH reporting and allegation procedures	Develop training materials Conduct training for project staff		Development Consultant	MoES	conducted for project staff Report of the activity	
d)	Develop M&E programme	Develop an M&E plan to monitor work plan implementation Monitor SEA/SH Implementation Plan	Immediate	Monitoring Specialist	Project team MoES	M&E framework in place Number of monitoring activities done and reports produced on quarterly basis	5,000
6	<i>Inform project affected communities about GBV/SEA/SH risks</i>						
a)	Develop information dissemination strategy	Develop a strategy Identify the methods to disseminate the information Dissemination of information publicly to stakeholders	Immediate	Social Development Specialist	Project team MoES	A SEA/SH communication strategy in place No of IEC materials disseminated	5,000
b)	Develop/adapt relevant IEC materials for community engagements	Develop relevant IEC materials translated in local languages of the project location	First and second month	Project Team	MoES	No and type of SEA/SH IEC material developed	25,000
c)	Establish partnerships with key stakeholders (CBOs/CSO's and local government institution, schools, PTA, SMC)	Identify and select partners Engage partners, conducting joint community meetings and awareness raising	Third month	Project team	MoES	Partnership map/report	5000
d)	Develop Stakeholder Engagement Plan for GBV/SEA related issues	Develop a comprehensive GBV/SEA Stakeholder Plan	Immediate	Social development Consultant	MoES	Stakeholder engagement plan	10,000

e)	Conduct community sensitization on SEA/SH risks	Develop a Community sensitization plan, material and messages Conduct community sensitization (Radios, posters, community engagements)	Third month	Project team	MoES	Number of District, sub county and community sensitization conducted Report of the activity with clear action points	25,000
7	<i>GBV/SEA sensitive channels for reporting in GRM</i>						
a)	Develop/Review GRM for specific SEA/SH procedures	Undertake internal review of GRM for SEA/SH mitigation Integrate SEA/SH entry points within the GRM with clear procedures Develop/update SEA/SH reporting and allegation procedures	Immediate	Social Development Consultant	Project team MoES	GBV/SH procedure integrated In Ministries –MIS- GRM module	10,000
	Identify and train SEA/SH focal points within the GRM who will be responsible SEA/SH cases referrals to relevant stakeholders as defined in the referral pathway.	Identify and select GBV/SEA focal persons within the GRC Clarify the role of the focal points in GBV/SEA as referral points Train the focal points on GBV/SEA basics and the referral pathway	First and second months	Project team	MoES	Number of focal persons identified and trained in all districts Number of GBV cases received, referred and resolved	25,000
	Review GRM reports/logs for GBV/SEA sensitivity	Review logs for GBV/SEA documentation to ensure it follows standards for documenting GBV/SEA cases	Third month onwards	Project team	MoES	Number of reviews done on GRM reports	20,000
8	<i>Define and reinforce GBV/SEA/SH requirements in procurement processes and contracts</i>						

a)	Incorporate GBV//SEA/SH Requirements and expectations in the contractor/suppliers/consultants' contracts.	Ensure that SEA/SH issues are incorporated in all contracts signed by contractors/consultants/suppliers	Immediate	Project team	Project team	SEA/SH standards in procurement/contract document	10,000
b)	Allocation of funds for GBV/SEA/SH related costs in procurement documents.	Clearly define SEA/SH requirements and expectations in the bid documents under ESMP activities	First and second months	Project Team	MoES	Bid documents with clearly defined SEA/SH requirements	15,000
c)	Codes of Conduct signed and understood	<ul style="list-style-type: none"> Define the requirements to be included in the CoC which addresses SEA/SH Review CoC for provisions/clauses that guard against SEA/SH Have CoCs signed by all contractors/suppliers /consultants 	Third month	Project Team MoES	Project Team District Team	Contract documents with clearly defined SEA/SH clauses/requirements Revised CoC Signed CoCs	10,000

6.0 RESPONDING TO SEA/SH INCIDENTS

6.1 A Survivor - Centered Approach

Global best practice recognizes that it is essential to respond appropriately to a survivor's complaint by respecting the survivor's choices. This means that the survivor's rights, needs and wishes will be prioritized in every decision related to the incident. The survivor of GBV/VAC, particularly SEA and SH, who has the courage to come forward will always be treated with dignity and respect. Every effort will be made to protect the safety and wellbeing of the survivor and any action will be taken with the survivor's informed consent. These steps serve to minimize the potential for re-traumatization and further violence against the survivor. Confidentiality is essential throughout the process. Otherwise, the survivor risks retaliation and a loss of security.

If the alleged perpetrator is an employee of the school (teacher or support staff) or a member of the household, the IA, in consultation with the survivor and with the support of the GBV Services Provider will assess the risk of ongoing abuse to the survivor and in the workplace/home. Reasonable adjustments will be made to the alleged perpetrator's or survivor's availability/ presence within the same environment—preferably by moving the perpetrator rather than the survivor as deemed necessary. The school administration will provide adequate leave to survivors (pupils/students) seeking services after experiencing violence.

6.2 GBV Service Providers

One of the most effective ways of addressing GBV risks and incidences lies in working with GBV Services Provider(s) and community-based organizations that are able to support the project in providing GBV services and safe referrals while also working to proactively prevent such cases. GBV prevention and response actors in a given community may already exist. Where no or insufficient local knowledge on prevention and response service providers is available, a mapping exercise shall be undertaken to identify appropriate qualified service providers, NGOs and community-based organizations in the project's adjoining communities. It is important that the GBV Service Provider understands their legal obligations, the legal limits of confidentiality, as well as their professional codes of practice, particularly when it comes to reporting GBV cases for example to the IA for referrals to the IA for follow up on accountability for breach of code of conduct through the project GRM in cases involving project workers such as teachers, school administrators etc.

6.3 Financing GBV Service Providers

In circumstances where existing arrangements are not already in place to cover the costs of GBV Service Providers, it may be prudent to have the IA with one or more service providers to provide specific services that may be financed through the project. This will

make it easier to ensure that all project related survivors receive the necessary support. No monetary compensation will be given directly to the survivor; all support services and accompanying transportation, housing and support requirements (money for official documentation or collection of forensic evidence) will be paid through the service provider. The survivor must give consent to data sharing and know what data will be shared, with whom and for what purposes.

6.4 Handling SEA/SH Complaints

It is important to have a framework for proper handling of all cases reported. As such the already suggested framework in the ESMF will be used to ensure that prior to SEA/SH complaints being received, a clear procedure of responsibilities for handling the complaint is followed. For example, to whom and where will SEA/SH cases be reported in schools and at the community level, are they linked to the referral pathway, will they be trained, what is the role of the GBV focal points at the Ministry in the different levels i.e. community, district, provincial and national in handling incidents of GBV, what measures will be put in place to ensure confidentiality, who will assess the nature of the complaint, how will the data be handled, how will the investigation of the incident (where relevant) be conducted, is it survivor centred, the appropriate sanction to be applied to the perpetrator, verifying that the survivor has received support, and the sanctions have been enacted, how long will the process take etc. Responsible persons will note that existing modalities for reporting complaints may not be appropriate to enable reporting or to handle the sensitivities associated with the reported cases/complaints.

6.5 Ensuring Appropriate Support for Survivors

The support provided to survivors through Service Providers will include: (i) health; (ii) psycho-social; and, (iii) legal services. Services will follow established standards and guidelines for example as provided in the RTRR guidelines and others. With regard to the support given to the survivor from the GBV Service Provider, under the survivor-centered approach the case will only be closed when the survivor no longer requires support.

7.0 MONITORING AND EVALUATION

7.1 Mechanisms for monitoring, evaluation and reporting

All project results indicators will be disaggregated by gender to monitor the differences in participation of girls and boys in the CER Project activities. The implementation of GBV/ Action Plan will be monitored. The Project Implementing Unit (PIU) will establish a monitoring system involving the project staff at different levels (national, District, School) to ensure effective implementation of VMGP. A set of monitoring indicators will be determined before the implementation and will be followed through to ensure that they are achieved. The project support consultants will carry out monitoring, as will the World Bank social staff. Appropriate monitoring formats will be prepared for monitoring and reporting requirements.

7.2 Reporting

The progress reports shall be generated by the implementing partner based on an agreed reporting schedule. The preparation of the progress reports will be supported by the Environmental and Social Safeguards Specialists in the project at the national level. The final reports will be submitted to the Bank.

References

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5. <http://reliefweb.int/report/uganda/education-now-time-back-better>
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9. <http://www.independent.co.ug/ugandan-schools-to-open-uneb-exams-set-for-march-2021>
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ANNEX 1: ISSUES RAISED DURING THE STAKEHOLDER ENGAGEMENT

There are reports that many girls have been exposed to teenage pregnancy and early marriages during Covid-19 lockdown. What do you think has caused this? Has this been a challenge for this district before Covid-19 pandemic?

1. There is not enough data to establish the extent of pregnancies
2. Not a big problem before. But has been accelerated by the lockdown.
3. Domestic violence in homes which has caused many parents not to offer basic needs to their children thus marrying them off
4. Exposure to idle “*predators*” (Young men within the communities looking for girls as for marriage partners willing to pay dowery): for example, 5 girls tested positive for pregnancy at the start of the term when schools were reopened in one school.
5. Bad peer groups where some girls have been influenced by their friends already in marriage to also get married
6. Poverty in the community has made many parents to marry off their daughters in exchange for material possessions
7. Increased use of drugs has led to sexual abuse thus early pregnancies in girls
8. Covid-19 lockdown has accelerated the pregnancies due to the redundancy the learners especially girls are going through.
9. Some girls wanted to get married
10. Fear of responsibilities by parents thus telling their children that they are mature enough to get married

Where is the first point of reporting in cases of GBV/SRH/SEA among the young people?

- Police station
- LC 1 Chairman
- Parents
- Senior Woman teacher
- Church leaders
- Sub County offices
- Hospital/clinic

For the children that have not fallen victims of GBV, sexual abuse, the respondents said was because:

- They were guided by parents
- Had more work to engage them at home like agricultural activities, helping mothers on the shops, housework etc
- Others were focused on their learning at home
- Strict parents
- Joining useful clubs like football

GBV/SEA/SH MITIGATION MEASURES RECOMMENDATIONED BY STAKEHOLDERS

1. Strict laws against sexual abuse
2. Guiding and counseling both at school and home
3. Stopping the children from unnecessary movements
4. Sensitizing them to neglect peers with wrong intentions
5. Government should sponsor testing of all students
6. Government should provide more masks
7. Need more rooms for social distance
8. Totally stop visitors from entering the schools
9. There is consensus among GBV experts that essential forms of GBV response services must continue to be provided in order to ensure that affected survivors with urgent concerns are able to access care.