



Situational and Gender Analysis: Violence against Children in COVID 19

Research Study commissioned by the Zimbabwe National Council for the Welfare of
Children

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Executive Summary

The coronavirus disease of 2019 (COVID 19), which was first detected in China in December 2019, hit Zimbabwe in March 2020. On the 30th of March, 2022, the Government of Zimbabwe (GOZ) took steps to confine the spread of the disease through instituting lockdown measures, curfews, school closures amongst others. The global pandemic presented an emergency and humanitarian crisis that the world had not experienced in recent times, especially for developing countries like Zimbabwe. The country, which is in the midst of macroeconomic challenges, still recovering from the devastating effects of Cyclone Idai in 2019. In the first 11 days of the initial lockdown (April 2020), Musasa Project, the leading agency for gender- based violence (GBV) prevention in Zimbabwe, recorded 764 cases of GBV, when on average, the organization received 500 to 600 cases per month. United Nations Population Fund (UNFPA) Zimbabwe indicated that the COVID 19 had increased the risk of children and young people, particularly girls and young women to violence against children (VAC) and GBV. UNPFA noted that in COVID 19, sexual exploitation and abuse risks have also been exacerbated, as limited access to resources (food, water, health supplies) due to the limited freedom of movement and high demand can easily generate negative coping mechanisms such as transactional sex.

The Zimbabwe National Council for the Welfare of Children (ZNCWC) commissioned a research study: **“Situational and gender analysis: Violence against Children (VAC) in COVID 19”**. The coronavirus disease of 2019 (COVID-19) pandemic has affected children’s risk of violence in their homes, communities and online, and has compromised the ability of child protection systems to promptly detect and respond to cases of violence. The study contributes to the growing body of evidence on how COVID-19 has exacerbated all the risk factors for Violence Against children and young people and gender based -violence such as sexual exploitation, child marriages, teen pregnancies and harmful social norms.

The objectives of the situational and gender analysis study were as follows:

- To assess the perceptions of children, young people, and target groups regarding the gender differential impact of COVID 19 on the target communities (physical, social and economic impact of the pandemic on girls/women, boys and men
- To determine the child rights violations/forms of VAC and GBV experienced by children and youth, different groups of children (e.g. vulnerable groups like OVCs, children with disabilities and girls) in the context of COVID 19
- To analyse the reporting and response mechanisms that were responding to VAC and GBV in the context of COVID 19
- To gather recommendations that will be used to inform advocacy strategies for policy influencing and decision- making regards strengthening child protection systems for the prevention of VAC and GBV.

The study reached 79 children and young people, 30 parents and care-givers and 9 key informants through individual questionnaire interviews, focus group discussions (FGDs) and key informant interviews (KIIs).

In the three research sites; in which tdh-Germany has operational projects with implementing partners ZNCWC (Hopley, Hatcliffe) and Community Arts Project (Mabvuku), these communities

have intersecting vulnerabilities. Hopley and Hatcliffe are peri-urban locations which emerged from informal settlements, whereas Mabvuku is a high-density area. These are densely populated, low-income areas where unemployment rates are high. There is limited health, education, child protection and social services. There are hotspots within these areas where sexual exploitation and other forms of VAC/GBV are rife, for example, “kwa Antony” in Hopley and “Pamuzinda” in Hatcliffe. In the research study, it was determined that the COVID 19 pandemic intensified the already fragile child protection situation in these three areas. Most respondents indicated an increase in VAC and GBV incidence in the three areas since emergence of COVID 19.

Below is a brief summary of the key findings determined in the research study:

Perceptions on the impact of COVID 19 on communities

- Of the 79 children and young people interviewed, 58 % were of the opinion that their lives were greatly affected by COVID 19.
- Most children and young people i.e. 22/38 of males (57.89%) and 17/41 of females (41.46%) indicated that schooling/ education was disrupted/ including dropping out of school due to the COVID 19 pandemic
- Key informants concurred that school closures, restricted movement and lockdown restrictions had a negative impact on social services, health and education, increased vulnerability of vulnerable groups in the COVID 19 context

Violence against Children in the COVID 19 context

- The study revealed that 56.96% (45/79) of children and young people in the 3 research sites had experienced, or knew someone who had experienced some form of VAC. In comparison, 43.03% (34/79) of the respondents did not know or experience any form for VAC in the COVID 19 context.
- It is interesting to note that 22/41 of the girls and young women (53.6%) compared to 60.52% of boys/young men (18/36) stated that they had experienced, or knew someone who had experienced VAC in the pandemic
- Most children and young people (56/79= 70.88%) stated that there was an increase in the rate of VAC and GBV in the COVID 19 context. Only 1% of the respondents felt that the rate had decreased.

Reporting and response mechanisms for violence against children in the COVID 19 context

- 67% of the survivors did not report the violence to the police or service provider, or did not even try to seek help following the incident of VAC or GBV that their experienced.
- Only 11% of respondents indicated that some type of a report was made to relevant authorities.
- Of those who reported the cases of VAC and GBV, only 2% of respondents indicated that the survivors received help and whose cases were completed as indicated by the figure below.
- Approximately 29% of respondents revealed that the survivors did not receive any help, or that their cases were completed.

The following recommendations were given:

- Completion of the alignment of child rights laws to the 2013 Constitution, particularly the Children’s Amendment Bill which provides for the protection of children.
- All stakeholders should be involved in coordination initiatives and be monitored for their progress
- Ensure child and youth participation by setting up a feedback desks for youth in communities and capacity building of partners in the child protection system
- Community awareness raising campaigns on ending violence against children, and ensure services are available to children at local level.

Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
BAYM	Boys and young men
CAP	Community Arts Project
COVID 19	Coronavirus disease of 2019
CPCs	Child protection committees
CSOs	Civil Society Organizations
CWDs	Children with disabilities
GAYW	Girls and young women
FGD	Focus group discussion
GBV	Gender based violence
GOZ	Government of Zimbabwe
KII	Key informant interview
HIV	Human Immunodeficiency Virus
NGOs	Non- Governmental Organizations
OVC	Orphans and Vulnerable Children
tdh-G	Terres des Hommes- Germany
UNCRC	United Nations Convention on the Rights of the Child
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Violence against children
ZNCWC	Zimbabwe National Council for the Welfare of Children
ZRP-VFU	Zimbabwe Republic Police- Victim Friendly Unit

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Section 1: Introduction/Background to the study

ZNCWC commissioned a research study: **“Situational and gender analysis: Violence against Children (VAC) in COVID 19”**. The coronavirus disease of 2019 (COVID-19) pandemic has affected children’s risk of violence in their homes, communities and online, and has compromised the ability of child protection systems to promptly detect and respond to cases of violence. However, the need to strengthen violence prevention and response services has received insufficient attention in national and global pandemic response and mitigation strategies. The study contributes to the growing body of evidence on how COVID-19 has exacerbated all the risk factors for Violence Against children and young people and gender based -violence such as sexual exploitation, child marriages, teen pregnancies and harmful social norms. The study was commissioned by ZNCWC through a Terres des Hommes (tdh) Germany supported project titled **“Child and Youth Peace Driven Initiatives Phase II”**, which commenced in September 2021 and will run to 2023. The main objective of the project is to strengthen protection systems for children and youth (13-25 years) in selected communities in Harare Metropolitan Province from various forms of violence against children (VAC). This initiative is a continuation of the first phase of the project, which was implemented from 2019 to 2021. Given that the COVID 19 pandemic broke out in the midst of project implementation of Phase I, it was imperative that a situational and gender analysis on the impact of the pandemic in relation to child rights violations be investigated.

Through the support of tdh-Germany, ZNCWC conducted a research study on a culture of peace in 2018, to identify and understand models and approaches of non-violent forms of conflict resolution among children and adults in their respective communities. Violence and conflict against children continue to be rampant in different communities in Zimbabwe; being resolved in violent ways that expose children to different forms of abuse that includes but not limited to physical, sexual and emotional violence among others. Various forms of violence emanate from conflict between children and adults, or children are caught in between conflicts and become exposed to violence. These can include political conflict which was witnessed in Zimbabwe from period after the 2018 elections to around early 2019, where children have been heavily affected, and their rights to protection from physical harm were grossly violated.

With the advent of the COVID 19 pandemic around the globe in December 2019, government stakeholders, development partners and citizens noted an increase in cases of VAC and GBV cases, with Zimbabwe. School closures and lockdown restrictions saw children being in quarantine with potential and actual perpetrators, having limited access to child protection and social services reporting mechanisms. Schools and other institutions that were a safe haven for children, including those with disabilities were closed. Lockdown measures resulted in job losses and/or disruptions in livelihood activities, which in turn reduced household incomes. In the Child Rights and Protection Assessment conducted by ZNCWC and Plan International in April-June 2020, children and young people interviewed indicated that they witnessed or experienced

strained family relationships owing to financial related stress. This resulted in an increase in VAC and GBV, with children and young people being the victims or witnesses, suffering physical, emotional or sexual violence and exploitation.

The research study is a preliminary assessment of the COVID 19 pandemic and its impact on children and youth in the project target areas, in relation to VAC. The analysis process will assist the project team, primary actors and relevant stakeholders to develop an understanding of the gender dynamics of VAC in the COVID 19 context. The situational and gender analysis will inform the advocacy messages that will be developed by the project.

1.1 Objectives of the study/Research objectives

- To assess the perceptions of children, young people, and target groups regarding the gender differential impact of COVID 19 on the target communities (physical, social and economic impact of the pandemic on girls/women, boys and men)
- To determine the child rights violations/forms of VAC and GBV experienced by children and youth, different groups of children (e.g. vulnerable groups like OVCs, children with disabilities and girls) in the context of COVID 19
- To analyse the reporting and response mechanisms that were responding to VAC and GBV in the context of COVID 19 and
- To gather recommendations that will be used to inform advocacy strategies for policy influencing and decision- making regards strengthening child protection systems for the prevention of VAC and GBV.

1.2 Key issues to be investigated in the study

Objective 1: Perceptions on the impact of COVID 19 on communities

- How has the COVID 19 pandemic affected the general wellbeing of children, youth and other target groups? (Physical, economic, social effects)
- How has the COVID 19 pandemic affected the wellbeing of children, youth and other target groups, specifically with regards men and women, boys and girls? Has the wellbeing of men, women, boys and girls been affected differently by COVID 19, if so, how? (Physical, economic, social effects)

Objective 2: Violence against Children in the COVID 19 context

- What child rights violations, if any, are being faced by children and youth in the context of COVID 19?
- What are the causes of these child rights violations/VAC being faced by children and young people in the context of COVID 19?
- What are the types of child rights violations/VAC are being experienced by children and young people in the context of COVID 19?

- Which of these types of child rights violations/VAC are being experienced specifically by girls/young women or boys/young men in the COVID 19 context?
- Which vulnerable groups of children (children with disabilities etc.) have been affected by VAC in the COVID 19 period? How have they been affected?

Objective 3: Reporting and response mechanisms for violence against children in the COVID 19 context/recommendations for advocacy initiatives

- What responses, if any, have been taken by duty bearers and service providers in responding to child rights violations/VAC being experienced by children and youth in the COVID 19 era?
- What challenges, if any are being faced by children and youth, regarding accessing VAC response services/survivor support services in the COVID 19 context?
What, if any, are the particular challenges that girls/young women are facing? What, if any, are the particular challenges that boys/young men are facing? What recommendations do children, youth and stakeholders have regarding improving reporting and response mechanisms for VAC in the COVID 19 context?

1.3 Literature Review: Introduction

This section covers the theoretical framework and the review of literature on the International, Regional and National Violence against Children in COVID-19 and approaches applied to mitigate the impact of the pandemic. In this regard, the researcher reviewed literature from books, journals, reports, and the internet. Research and data are important to draw attention to the experiences of children during the COVID-19 pandemic, to advocate for a range of protection services to be available during the crisis and beyond, and to inform the design of violence against children (VAC) prevention and response programs (UNICEF 2020)

1.3.1 International impacts of COVID 19 on violence against children

The advent of the COVID-19 pandemic shook the entire world at a supersonic speed such that no community, society, or sector remained immune to the deleterious impacts thereof. The pandemic has far reached implications on various facets of life such that even children were not spared. The coronavirus disease of 2019 (COVID-19) pandemic has affected children's risk of violence in their homes, communities and online, and has compromised the ability of child protection systems to promptly detect and respond to cases of violence cited in UNICEF (2020). The enactment of measures to mitigate the spread of the virus by the World Health Organization (WHO) had resulted in implications to children in terms of their protection. These included, inter alia, the imposition of national lockdowns closure of schools and institutions, strict regulation of public movement, promotion and enforcement of social distancing in family and public setups, and imposition of wearing of face masks in public spaces in almost all countries. The measures to contain and respond to the pandemic have further increased the risks of physical, sexual and emotional violence against girls and boys (World Vision 2020). This was also echoed by WHO

(2021) Increases in violence against children and women can be linked to the COVID-19 pandemic and the associated response measures which have limited people's access to health and protection services and exacerbated economic insecurity.

The types of violence against children includes physical, emotional and psychological abuse. The worldwide estimations of prevalence in self-report surveys are 22.6% for physical abuse, 36.3% for emotional abuse, 7.6% among boys and 18% among girls for sexual abuse, 16.3% for physical neglect, and 18.4% for emotional neglect (Pereda & Diego 2020). A third of the global population is on COVID-19 lockdown, and school closures have impacted more than 1.5 billion children (United Nations 2020). The situation is aggravated by children's limited access to education, health, and social services and the safe space and social interaction that schools provide, the most vulnerable children – including refugees, migrants, and children who are internally displaced, living without parental care, living on the street and in urban slums, children with disabilities, and living in conflict-affected areas – are a particular concern (United Nation 2020.) Thus, the COVID-19 pandemic has been conceptualized as a multisystem cascading global disaster in which children's lives have been dramatically disrupted at many levels and for which most societies were unprepared.

1.3.2 Impacts of COVID 19: Violence against Children in Africa

The COVID-19 pandemic has greatly affected the African continent as the pandemic's impact is mostly devastating to people living under poor economic and social conditions." The COVID-19 pandemic has exacerbated and added yet another layer of vulnerability to an already dire web of vulnerabilities of girls in the African continent, which constitute about 49% of the total child population (ACPF and Plan International 2022). According to UNESCO (2020), African governments took very stringent measures to tame the spread of COVID-19 pandemic using, inter alia: "bans on all public gatherings, the indefinite closure of public institutions including schools and universities, suspension of all air travel, shutdowns of cities and towns across countries, restrictions on movement of population, and the launch of testing programs to identify, isolate and treat infected people." According to the OECD (2020), these measures and the pandemic itself constituted the worst threat to the African economies since the 2008 global financial crisis. UNESCO (2020, *ibid.*) further notes that such "measures have been geared towards preventing the spread of the virus, mitigate its impact on the population in the short-term, and pave the way to addressing the long-term socio-cultural, political and economic consequences." According to Save the Children 2020 the effects of the COVID-19 pandemic is jeopardizing Africa's children formal learning, health and safety/protection, particularly the girls, it is estimated that over 262.5 million children from pre-primary and secondary school are currently out of school because of COVID-19 closures, which translates to approximately 21.5% of the total population in Africa. It is evident that VAC in all its forms invariably affects a child's dignity, physical and psychosocial wellbeing, life, their survival, and their development. Its impact on society in terms of social, economic, and financial costs is equally serious

1.3.3 Violence Against Children in Zimbabwe

The COVID-19 pandemic brought to the fore the deep socio-economic and structural challenges bedeviling the country, and it exposed how critical social service delivery systems and structures

had been dysfunctional over the past decades (Zimbabwe Peace Project, 2021). The UNDP (2020) also noted that the pandemic hit Zimbabwe at a time when the country had targeted an economic rebound by, inter alia, getting the economic fundamentals right through the implementation of the short-term Transitional Stabilization Programme (TSP). Zimbabwe is a predominantly primary industry-dependent economy hence the pandemic and the government-imposed lockdowns greatly affected productivity across the primary, secondary and tertiary sectors of the economy.

In terms of educational access, the ZIMSTAT (2020) Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES) - Telephone Monitoring Survey report (2020) notes that “in rural areas, only one quarter of children engaged in distance learning, while in urban areas this proportion was 70 percent.” This is in line with ZPP (2021, op cit.)’s observation that the worst affected are children with disabilities, children staying in informal settlements, children infected and affected by HIV/AIDS, child-headed families, and children on the move, amongst other vulnerable groups of children.

According to UNESCO (2020), during the lockdown period, free medical care for persons with disabilities became even harder to access due to travel restrictions, which resulted in drugs running out of stock at designated places which therefore affected children with disabilities.

The COVID 19 pandemic has increased children’s vulnerability. According ZPP (2021), this has the risk of widening the emerging and growing inequalities in education. Closure of schools during lockdown took away the protective sanctuary for children offered by schools, leaving them exposed to sexual exploitation and abuse, including drug abuse, and there was reportedly an increase in child marriages during the lockdown. Children also have no income and usually beg from family members and parents for money to buy snacks as they wait to be served a daily meal at their households. This makes children more vulnerable to abuse and harassment. Therefore, the COVID 19 pandemic has exacerbated the situation of children in Zimbabwe which led to the increase cases of violation of their rights especially child marriages. The Zimbabwe Multiple Indicator Cluster Survey (MICS) of 2019 stated that at least 10,121 women and girls between the ages of 15 and 49 experienced sexual violence, with 55.1% of perpetrators being current husbands, partners, and relatives. The study survey further determined that 39.4% of girls and women have experienced physical violence, with 71.4% perpetrators being a relative or intimate partner. Childline Zimbabwe in 2019 recorded 4,239 cases of children who were sexually abused, the majority by trusted close relatives and family members. Gender-based violence remains a serious cause for concern in Zimbabwe. National statistics state that at least 27% percent of women aged 15-19 have experienced sexual violence at some point in their lives. This suggests that in emergencies, women and girls are likely to face more violence as they are restricted from moving from one place to another. Restrictions on movement, such as those that were instituted by the COVID 19 lockdown regulations, usually result in an increase in violence. UNICEF (2019) highlighted that sexual violence in homes occurs due to a family environment characterized by physical violence and conflict, poor parent-child relationship and adherence to traditional gender roles.

COVID-19 further exacerbated the incidence of sexual and gender-based violence, some of which may be reported and some of which may not, due to fears of reprisals by the perpetrators or inaccessibility of places of safety for survivors. The Government of Zimbabwe has set up only four One-Stop Centers, which are too few, and their services are insufficient for the larger population of Zimbabweans as they do not cover all of the country's 10 provinces. Moreover, it has not provided safe shelters for abused women and girls in most districts; instead, 11 of the shelters in the country are NGO-based and depend on donor funds. There are also liable to be problems when reporting to the Victim Friendly Unit as there are resource constraints which limit officers in carrying out their duties. In some districts police officers do not have fuel or even transport to conduct investigations. Thus, in an already poorly resourced child protection and gender-based violence prevention system, the COVID 19 pandemic further strained limited survivor response.

1.3.4 Measures to mitigate the impact of COVID-19 on Violence Against Children (VAC)

According to UNDP (2020), since the onset of the pandemic, the Government of Zimbabwe has instituted a number of policy, institutional and operational measures to combat the pandemic and ameliorate its effects, especially on the poor and vulnerable members of society. Accordingly, the government's response is founded on the following principles: limiting human-to-human transmission, including to health personnel; early identification, isolation and care for patients; risk communication and community engagement; narrowing knowledge gaps in disease transmission, prevention and treatment; and minimizing social and economic impact (UNDP, 2020).

The government established a National Disaster Fund to which individual and corporate entities might make contributions (UNDP, 2020). The Government and some development agencies delivered social assistance programmes to cushion poor and vulnerable groups against the impact of COVID-19 on food consumption and food and nutrition security mainly through emergency food relief provided through the Ministry of Public Service, Labour and Social Welfare (for Government sponsored aid), Government subsidized maize meal vouchers, cash transfers (both Government and NGOs), and some NGOs adjusted their food aid programmes to meet the urgent food needs of communities under their purview.

UNICEF in partnership with the Ministry of Primary and Secondary Education (MOPSE) and Microsoft recently launched the Learning Passport in Zimbabwe, as a way to provide continuous learning for students whose learning was interrupted by the COVID-19. This digital platform is providing alternative learning options by giving students and teachers free online access to learning materials including radio lessons, syllabuses, teaching guides and other interactive learning materials.

In a 2020 report to the UN Special Rapporteur on Violence against Women, the Government of Zimbabwe (GOZ) stated that it had taken various steps to curtail the impact of COVID 19 and the increased cases of violence against children, girls and young women in Zimbabwe. The measures included classifying gender-based violence response as essential services, enhancing district

specific GBV reporting pathways, running multi-media awareness campaigns and distribution of dignity kits to respond to girls and women's menstrual health needs. These measures were implemented with support from CSOs and development partners such as UNICEF. However, the same report highlighted some gaps and lessons learned that included strengthening of VAC and GBV emergency response mechanisms, increasing GBV response and handling facilities, and strengthening social protection programmes.

Section 3: Research methodology

This research utilized both quantitative and qualitative methodologies that is both field research and desk review. Field research included semi structured individual questionnaires, key informant interviews, and focus group discussions with children, youth, parents/care givers, and relevant stakeholders in the target areas. Desk review included a review of relevant policy documents, project documents, academic literature among others.

3.1 Research design matrix

Table 1: Research design matrix

Method	Respondents	Demographics	Sample size	Research site
Objectives 1 and 2: Semi structured questionnaires (Quantitative) Expected responses: General experiences with COVID 19, VAC/GBV in COVID 19	Children and young people	Boys 13-17 years Young men 18-25 years Girls 13-17 years Young women 18-25 years	38 41	Hopley Hatcliffe Mabvuku
Objectives 2-3: Focus group discussions (Qualitative) Expected responses: Perceptions and experiences of respondents regarding VAC in COVID 19, assessment of child protection systems response in COVID 19	Children and young people Parents/caregivers	Boys 13-17 years Young men 18-25 years Girls 13-17 years Young women 18-25 years Men and women 26-65+ years	38 41 30	Hopley Hatcliffe Mabvuku

Reporting mechanisms for VAC/GBV in COVID 19				
Objectives 2-3: Open ended interviews (Qualitative) Expected responses: Perceptions and experiences of respondents regarding VAC in COVID 19, assessment of child protection systems response in COVID 19 Recommendations on VAC and GBV response mechanisms in COVID 19	Relevant stakeholders/teachers, law enforcement officers (KIs)	9	Men and women 26-65+ years	Hopley Hatcliffe Mabvuku
All sections Secondary data Quantitative and qualitative Reviewing of project reports, policy documents etc.	ZNCWC	-	Staff members	Harare

3.2 Data collection methods

3.2.1 Desk/Literature Review

The research study also included a desk review/literature review. The main objective of the desk literature review was to provide a critical analysis of current knowledge on VAC and GBV affecting children and young people the COVID 19 context from the global, regional and national perspective. By conducting the literature review, the research team was able to establish the trends in current literature, the gender dynamics of VAC and GBV in COVID 19 and the challenges faced by children and young people in accessing reporting/response mechanisms. The literature review identified how this research study was aimed at contributing to the existing body of knowledge on child protection in emergency contexts. COVID 19 presented a humanitarian crisis unlike any other seen in recent times and as such, national governments around the world were unprepared for its impact. However, by conducting research such as this, ZNCWC, tdh and relevant stakeholders in devising mechanisms to reduce impact of similar emergency crises in terms of child protection programming in the future.

In conducting this literature review, the narrative methodology was used; which is the most common review method used for most social science review methods (Snyder, 2019).

3.2.2 Data collection tools and processing

Semi-structured individual questionnaires, focus group discussions and key informant interview guides were designed in line with the research protocol's research questions used to elicit research participants' views and opinions on the nature and magnitude of GBV and VAC in the COVID 19 situation. The individual questionnaires, focus group discussion and key informant interview guides were administered by the research team directly to the respondents. The respondents mainly constituted children and young people from ZNCWC's child led groups in Hopely and Hatcliffe, and from Community Arts Project (CAP) child led groups in Mabvuku. Approximately 41 girls and 38 boys (total of 79 respondents) were reached through the individual questionnaires and FGDs.

About 30 parents and care-givers (10 per research site) participated in FGDs. For the key informant interviews, 3 respondents per research site were interviewed (9 in total) from the Ministry of Primary and Secondary Education, Ministry of Public Service, Labour and Social Welfare, Ministry of Youth, Sport, Arts, and Recreation, the Zimbabwe Republic Police- Victim Friendly Unit (ZRP-VFU), Municipality of Harare (Social Services Department) and Tichakunda Welfare Organization. The research study utilized purposive sampling, targeting children, young people, adults and service providers within the child protection response referral system from ZNCWC and CAP project sites.

In terms of data processing, the quantitative data was analyzed using Microsoft Excel. The qualitative data was examined using thematic content analysis utilizing a Microsoft Excel spreadsheet. Thematic coding is a qualitative data analysis which involves identifying and categorizing data according to themes or patterns; and developing a framework from these

themes with which to analyze and present the data in response to the research questions. This analysis was used for data presentation in the key findings section of this report.

Section 3: Key Findings

3.1 Perceptions of children, young people, and target groups regarding the gender differential impact of COVID 19 on the target communities

Under this section, the research team assessed how the targeted group under the study understood and interpreted COVID 19 effects on their lives either directly or indirectly. It was important to understand if the communities under study were affected by COVID 19, how and to what extent i.e. socially and economically. The following results were determined as indicated in the table below:

Table 2: Table indicating responses: extent to which respondents were affected by COVID 19

Question: To what extent were you affected by COVID 19?	Number of responses	Percentage
To a greater extent	46	58%
Not at all	6	8%
To a lesser extent	17	22%
Other/did not know	10	13%
Total	79	100%

Of 79 interviewed respondents, 58 % were of the opinion that their lives were greatly affected by COVID 19. Those who indicated that they were greatly affected by COVID 19 stated that during the lockdowns, businesses were forced to close, and no economic activities were taking place. Those whose parents/caregivers were formally employed were either not receiving any salaries, or partial salaries, whilst a considerable number of their parents and caregivers lost their jobs. Those whose parents/caregivers are in the informal sector or rely on market gardening, vending/petty trade, domestic or other activities were unable to access markets to sell goods or services due to lockdown restrictions. It is significant to note that some of the respondents (18-25 years) are young people who are in or out of school and/or engaging in economic activities to supplement household incomes.

Approximately 8% expressed that they were not affected at all because they are dependent on their parents for survival. A few children indicated that they actually enjoyed being away from school and did not feel the effects of COVID 19 on their education since they were not in the examination seating classes.

Effects of COVID 19

Table 3: Table showing the gender differential effects of COVID 19

How were you affected by COVID 19	Individuals Male	Female	Focus group discussion.
Illness of self/parent/caregiver/household member	7	12	<p>BOYS</p> <p>Hopley: People lost their jobs, Increased uptake of drugs to reduce stress, Violence Increased and education was disrupted.</p> <p>Mabvuku: Increased Job losses and economic activities, death of family members and communities' members And widespread sickness of COVID 19 virus.</p> <p>Hatcliffe: Disruption of school and Loss of jobs.</p>
Death of parent/caregiver/household member	7	5	<p>GIRLS</p> <p>Mabvuku: Due to the introduction of lockdown as a measure to mitigate the spread of COVID 19, schools were closed and children became vulnerable to all forms of abuses.</p> <p>Hopley: Child marriages could not access sanitary ware as shops were closed and we were not allowed to move around, disruption of schooling/education, learned few days and wrote exams, number of meals per day where</p>

			reduced livelihoods were disrupted.
			Hatcliffe: Illness and disruption of schooling -increased care work in the home
Increased care work in the house	5	3	
Schooling/ education was disrupted/ dropping out	22	17	
Loss of job/livelihood were affected	13	10	
Isolation/ limited access to family and relatives	7	9	
Others	6	5	
Totals	67	61	

As indicated in the table above, most respondents i.e. 22/38 of males (57.89%) and 17/41 of females (41.46%) indicated that schooling/ education was disrupted/ including dropping out of school due to the COVID 19 pandemic. School closures as part of lockdown measures resulted in disrupted schooling/education, and increased the risk of children not returning to school due to teenage pregnancy, child marriage and child labour. Significantly, children and young people in Hatcliffe indicated that boys/young men were being engaged in illegal artisanal mining during school closures, some of whom failed to return to school once schools reopened.

In the focus group discussions, most boys and young men (BAYM) in Hopley and Mabvuku indicated the economic impact of COVID 19, i.e. job losses/loss of livelihoods. There was an increased uptake of drugs and alcohol amongst BAYM “to reduce stress”. They also stated that incidents of violence increased and education was disrupted by school closures. In Mabvuku, boys and young men stated that they were affected by movement restrictions that limited economic activities, death of family and community members and widespread sickness from the COVID 19 virus. For girls and young women (GAYW) in Mabvuku, most of the respondents stated that they were more vulnerable to all forms of abuse due to COVID 19 lockdown induced school closures. GAYW in Hopley noted an increase in child marriage among their peers. They also expressed that they had limited access to menstrual hygiene products as shops were closed and movement was restricted due to lockdown regulations. As parents and guardians either lost their jobs or means of livelihood, GAYW noted that the number of meals at home were reduced. Disruption of schooling meant that exam classes were unable to sit for their public examinations. GAYW in Hatcliffe noted that they experienced increased care work, as they were caring for sick household members.

Some respondents had this to say:

“Some of the people were affected and others even died because of COVID 19 and the majority of the population lost their jobs as well as disruptions of earnings which made their lives difficult.” Male participant from the FGD with parents in Mabvuku.

Apart from the above-mentioned effects of COVID 19 in the 3 locations under study, some of the key informants interviewed indicated that cases of drug and substance abuse were on the rise during the COVID 19 induced lockdowns which directly or indirectly led to increased cases of sexual exploitation and gender-based violence as victims were confined with their perpetrators in homes.

Some of the key informants interviewed indicated the following:

“(COVID 19) disrupted of community activities which contributed to increase in gender-based violence cases”, Female police officer, ZRP-VFU in Hatcliffe

“(COVID 19 resulted in) Loss of jobs, breakdown of families, disruption of education, delinquent behavior, with young people engaging in sexual behavior” Male police officer, ZRP-VFU, Hopely

“Schools where closed, there was no public transport, lockdown restrictions which had a negative impact on social services, health and education, increased vulnerability of vulnerable groups” Female social worker, Department of Social Development (DSD), Mabvuku

“(COVID 19 resulted in) ...loss of jobs leading to poverty & financial constraints”, Female social worker, Municipality of Harare Social Services Department

3.2 Forms of VAC experienced by children and young people and different groups of children in the context of COVID 19

This section seeks to review all forms of violence that the population under study experienced during the COVID 19 induced lockdowns. The study established that the population under investigation experienced some form of VAC or child rights violations or know someone who had experienced these kinds of violations during the COVID 19 induced lockdown in the three research locations. Due to school closures, children were confined with their possible abusers in the home. Cases of VAC and gender-based violence (GBV) increased significantly during the lockdown.

The following graph shows that those who have experienced violations or know someone who have experienced VAC. Results indicated that Mabvuku has the highest incidents of cases happening.

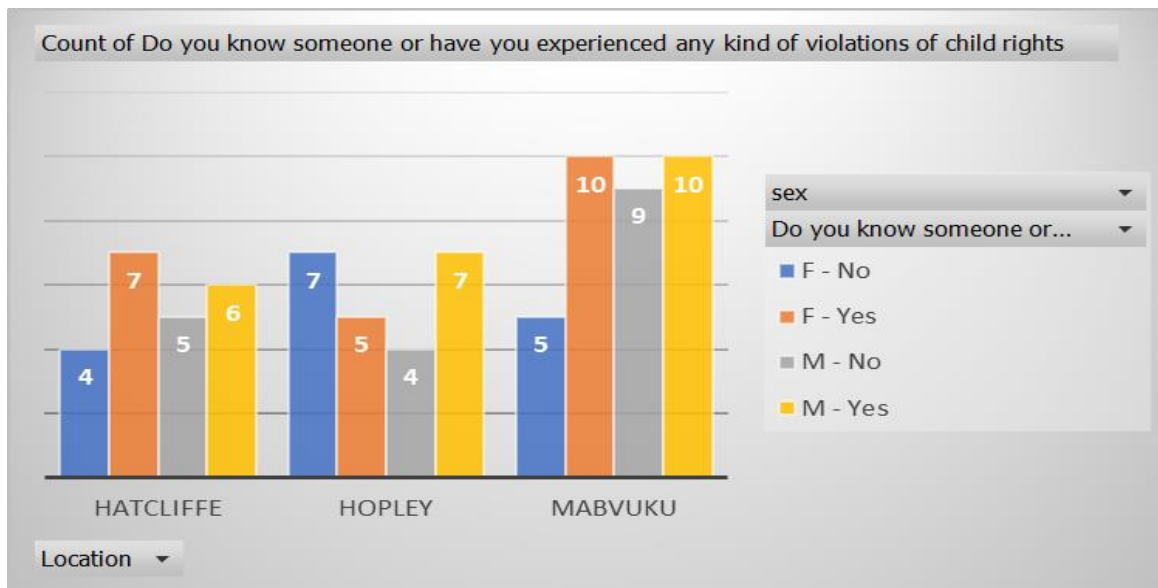


Figure 1: Graph indicating experience of VAC in the COVID 19 context

The study revealed that 56.96% (45/79) of children and young people in the 3 research sites had experienced, or knew someone who had experienced some form of VAC. In comparison, 43.03% (34/79) of the respondents did not know or experience any form for VAC in the COVID 19 context. It is interesting to note that 22/41 of the girls and young women (53.6%) compared to 60.52% of boys/young men (18/36) stated that they had experienced, or knew someone who had experienced VAC in the pandemic. Though the difference is slight, this could indicate that boys/young men in ZNCWC and CAP project sites are now more aware of VAC and are able to identify when they or someone they know is experiencing some form of child rights violation, due to ZNCWC/CAP and tdh project interventions.

Most vulnerable groups in the communities and the common perpetrators of VAC.

Most respondents revealed that orphans and vulnerable children (OVCs) were the most vulnerable groups of children in the context of VAC in COVID 19 because they have one or no biological parents to take care of them. They indicated that those OVCs in kinship care were susceptible to violence perpetrated by relatives and other care-givers even before the COVID 19 pandemic began, thus; the pandemic only worsened the situation. Respondents stated these family members and relatives have a tendency of making OVCs who are in their care work/engaging OVCs in child labour (economic exploitation). Girls/young women came through closely behind children in the OVC category as vulnerable to VAC and GBV, owing to patriarchy, their vulnerability to sexual violence, sexual exploitation and harassment. Children with disabilities, both girls and boys were identified as the third most vulnerable group to VAC in COVID 19, especially to neglect. Inherent gender inequalities leave girls and young women susceptible to teenage pregnancies and domestic violence, particularly for those caught up in child marriages. Institutions that provide a safe haven for CWDs were closed during the lockdown period and as such, these children could not access care and support. Most of the respondents indicated that OVCs, girls/young women, CWDs and children/young people in general were more

susceptible to all forms of VAC during the lockdown; survivors were more vulnerable as they were confined in one place with the perpetrators as no one was allowed to leave their homes for any economic and social activities. It was interesting to note that respondents were aware that boys/young men are vulnerable to VAC and GBV, even though violence against boys/young men may be under-reported.

The responses were summarized as follows:

The most vulnerable group of Children in communities.

Table 4: Table indicating vulnerability of different groups of children/young people to VAC and GBV in COVID 19

Group of Children/young people	Type of Violence	Reason for vulnerability
Orphans and vulnerable children (OVCs)	Physical violence, economic exploitation, sexual violence, sexual exploitation	Loss of one or both biological parents, because they are dependent on relatives, other care-givers, because they can be easily manipulated.
Girls/young women	Sexual violence, sexual exploitation, teenage pregnancies, child marriages, sexual harassment, physical violence, domestic violence	Because of the patriarchal society, gender inequalities, highly vulnerable to all forms of sexual violence
Children with disabilities	Neglect, physical violence, sexual violence	Because they heavily depend on someone for their protection, they can not protect themselves
Boys/young men	Physical violence, economic exploitation, sexual violence	Because they depend on relatives/other care givers

Responses from one key informant interview noted the vulnerability of girls/young women by indicating the following:

“Girls 6-18 years and those in early marriages (16-18 years) ... they were more vulnerable to domestic violence specifically” Female officer, ZRP-VFU, Mabvuku

Parents/care givers and spouses/partners were identified as common perpetrators of VAC and GBV during the COVID 19 induced lockdowns. In an FGD with boys/young men in Hopley, one respondent had this to say about children and young people being abused with those whom they live with:

“Loss of employment leads to mind unrest to members of the same family, gender superiority, social constructs, poverty, parents unknowingly abuse their children thinking that they are disciplining them and drug addicts because whenever they are drunk, they will start causing violence either emotionally or physically.” Male respondent, boys/young men FGD, Hopley.



Figure 2: Photo of boys and young men participating in an FGD, Hopley

Types of VAC and GBV experienced by Children in the context of COVID 19.

The study revealed that most children and young people in the 3 research sites experienced various types of VAC and GBV including emotional violence, physical violence, domestic violence, sexual violence, neglect, economic exploitation and child marriages. Respondents in FGDs with girls/young women in Mabvuku and Hopley made the following comments:

“Most children in the community their rights have been violated direct or indirectly, intentional or unintentionally and the types includes physical, emotional, sexual and child labour” Female respondent, FGD with girls/young women, Mabvuku.

“Girls in Hopley experienced gender-based violence during the COVID 19 Pandemic which includes child marriages, sexual exploitation, harassment, teen pregnancy, rape/sexual assault / indecent assault.” Female respondent, FGD with girls/young women, Hopley

Place where VAC and GBV was happening (home, school or community) in the COVID 19 context

When asked where children and young people were experiencing VAC and GBV in the COVID 19 context, it was significant to note that most children/young people who experienced or knew someone who had experienced VAC or GBV indicated that these violations were occurring in the home. Approximately 29/79 responses (36.7%) indicated that the home was where VAC and GBV were occurring, compared to 13.96 % (11/79) responses showing that VAC and GBV was happening in the home and community, whilst 11.39% stated that violence was occurring in the community. These statistics coincide that the home, where children/young people are supposed to be safe, was the place where they were most exposed to VAC and GBV. Whilst schools were closed and livelihood activities were restricted in the lockdown period, very few respondents indicated that children/young people experienced VAC and GBV in the school or work environment (1.26%). However, these statistics are worrisome as they are still indicative that the home environment was not safe for children in the COVID 19 period.

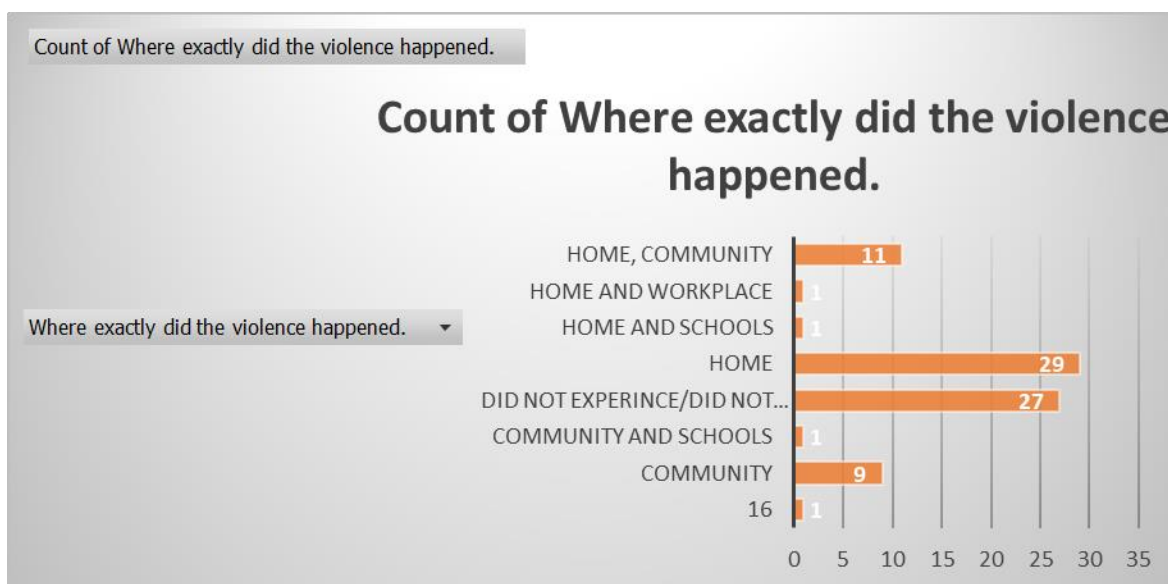


Figure 3: Graph indicating where children and young people were experiencing VAC and GBV in COVID 19

The graph summaries that most of the violence during the COVID 19 induced lockdowns happened in the home and communities. Respondents indicated that this was because victims and perpetrators were both confined in the home. Parents and caregivers were forced to stay home as livelihood activities were restricted. This in turn caused an increase in the cases of VAC and GBV. One police officer of the ZRP-VFU commented in an key informant interview, stating:

“Disruption of community activities contributed to an increase in gender based violence cases and the disruption in education which made school going children spend much of their time at home leaving them more vulnerable” Male police officer, ZRP-VFU, Hopley

Respondents further commented that community members have become a threat to children especially in Hopley, where community members sexually harass girls and young women in the streets.

How the incident of GBV or VAC happened in the COVID 19 period

For those respondents who revealed that they experienced/knew a child/young person who experienced VAC or GBV in COVID 19, various responses were given, some of which were disturbing experiences that were challenging for the research team to record. Here are some of the responses below:

One member of the community entered into the house where a girl resides at night while she was sleeping and forcibly had sexual intercourse with her.

Wife poured water on the husband for not providing for the family.

The husband used to beat the wife for misusing the money that he gave her to support the family for personal needs and also beating her up for not rendering sex to him for a long time

The husband sexually abused the wife. He forced himself on her and beat her.

The child was sexually exploited by her uncle and she ran away from home as she was afraid of him because he told her that if she happens to tell anyone he was going to kill her

Forced into child marriage by her parents because she came home late and was told to go back to where she was coming from.

VAC and GBV trends during COVID 19

When asked about the trends of VAC and GBV in the COVID 19 context, respondents were asked for their opinion as to whether they felt incidents of COVID 19 had seen an increase or decrease in cases. Most respondents (56/79= 70.88%) stated that there was an increase in the rate of VAC and GBV in the COVID 19 context. Only 1% of the respondents felt that the rate had decreased, whilst 25.3% were unsure of the trends. These responses signify how cases of VAC and GBV perpetrated against children and young people did increase and corresponds with official reports.

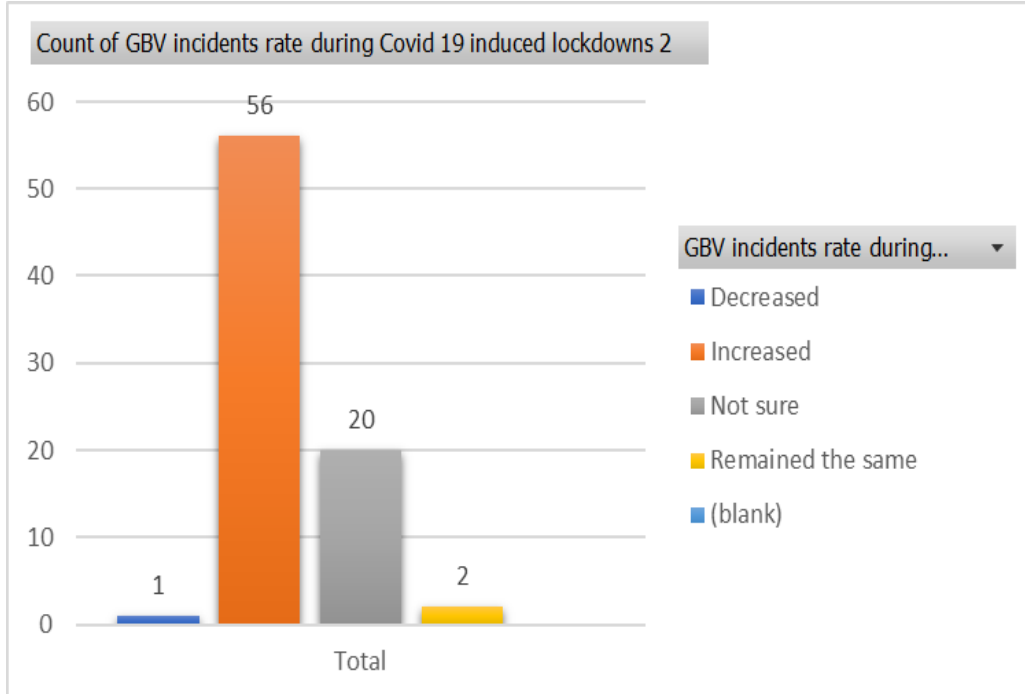


Figure 4: Graph indicating trend of VAC/GBV incidents in COVID 19

3.3 Reporting and response mechanisms for violence against children in the COVID 19 context

This section of the report gives an analysis of the reporting and response mechanisms that were available to children/young people who experienced VAC or GBV in the COVID 19 context. The study investigated if the survivors reported the incidents of VAC or GBV to any service provider (police, social services, survivor support services etc.), if survivors received assistance following reporting. The study explored the reasons for the given responses, especially for those of non-reporting and limited follow up of the reported cases, if any.

Survivors reporting incidence of VAC or GBV in the COVID 19 context

In response to the question: Did you, or some you know who experienced the incidence of VAC or GBV in COVID 19 report the violence? The following responses were given as indicated in the graph below:

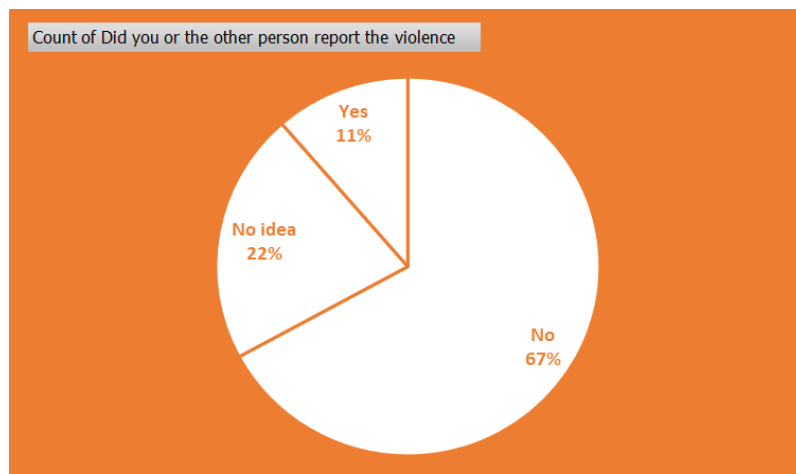


Figure 5: Graph indicating if survivors of VAC/GBV reported cases in COVID 19

Results of the above figure indicates an alarming 67% of the survivors did not report the violence to the police or service provider, or did not even try to seek help following the incident of VAC or GBV that their experienced. Only 11% of respondents indicated that some type of a report was made to relevant authorities. In the following question, the reasons for not reporting included the following:

“People do not report because they lack knowledge, some are scared to report due to threats that they will die or be thrown out of the house if they let the abuse known to anyone.” Female school head, key informant interview, Hopley

“Victims are scared to report some cases are not easy to report for example a man reporting abuse from a wife who beats him at home, and COVID-19 restriction on movement” Male respondent, FGD for boys/young men, Hopley.

“Victims do not know where to report to, they have no courage to report as some of the victims heavily depend on the perpetrators for their survival and the movement restrictions made it even more difficult for victims to go to the police and report cases of abuse happening to them.” Female respondent, FGD for girls/young women, Hopley

Of those who reported the cases of VAC and GBV, only 2% of respondents indicated that the survivors received help and whose cases were completed as indicated by the figure below. Approximately 29% of respondents revealed that the survivors did not receive any help, or that their cases were completed. Reasons for receiving no help and incompleteness of cases included movement restrictions due to lockdowns, survivors not knowing where/how to follow up their cases for progress on the reported violence, survivors feeling too scared to follow up their cases or survivors being advised by relatives/community members to solve the matter internally and not involve the police. In some instances, respondents indicated that there was no action taken by the service provider who received the cases of VAC or GBV.



Figure 6: Graph indicating assistance of VAC/GBV survivors in the COVID 19 context

Section 4: Recommendations

In the analysis of the research findings, recommendations were identified as those for the Government of Zimbabwe (GOZ) and/or policy makers, for service providers/stakeholders in the referral pathway for VAC/GBV, and measures that need to be utilized for children and young people to be better protected from VAC and GBV in emergency contexts such as COVID 19, and in general. The following recommendations were given as below:

Recommendations to the Government of Zimbabwe and/or policy makers

1. Completion of the alignment of child rights laws to the 2013 Constitution, particularly the Children's Amendment Bill which provides the framework for the protection of children from all forms of VAC. The Children's Amendment Bill ascertains that children are all persons below the age of 18 years, which will reinforce other statutes that criminalize child marriage, sexual abuse and exploitation.
2. Strict law and penalties to the perpetrators within child protection statutes.
3. Government should provide more awareness campaigns to children so that the public is made aware on the reporting mechanisms available, especially in times of humanitarian crises such as COVID 19.
4. Government should provide more places of safety for survivors of GBV and VAC which are fully supported financially.

Recommendations to improve stakeholder coordination at community and district level

1. All stakeholders in the community and district level child protection structures should be involved in coordination initiatives and be monitored for their progress (that is the ZRP-VFU, the Department of Social Services (DSD), community care workers, community health facilitators, CSO partners, representatives of government partners at community level, (education, gender, local authorities).
2. Cases of violence should be referred to departments in the survivor service referral pathway that have the capacity to handle the case.
3. Joint monitoring by community/district stakeholders of partners projects with regards to child protection to track progress.
4. Improved communication and efficiency for survivors of VAC or GBV, especially for those with disabilities.

Measures that should be put in place to ensure protection of children and youth against GBV

1. Public education and awareness campaigns on VAC and GBV prevention, reporting and response mechanisms.

2. Ensure child and youth participation by setting up a feedback desks for youth in communities and capacity building of partners in the child protection system that should be operational even during humanitarian crises.
3. Community awareness raising campaigns on ending violence against children, and ensure services are available to children at local level.
4. Provide rehabilitation services and recreational services for those children and young people caught up in drug abuse
5. Establish permanent trained VFU staff at all police stations who are well capacitated in handling cases of GBV and VAC.
6. Duty bearers may need to give special and strict rules and regulations that can control all sorts of GBV ad any other violence whilst service providers may take in form of providing relevant information, educating and encouraging people and communities on the dangers of all forms of violence.
7. Duty bearers' offices be accessible and provide more child and young people centred survivor services. The offices of these duty bearers should also be disability accessible.

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