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“This Pandemic Has Opened Another Box of War”: COVID-19, Safeguarding, and Research on Human Trafficking and Modern Slavery in Kenya and Uganda

Catherine Barasa Asekenye^a, Alex Balch^b, Willis Okumu^c, Geoffrey Omony^d, Linnea Renton^b, and Jassi Sandhar^e

^a Development Footprints International, Kampala, Uganda; ^bDepartment of Politics, University of Liverpool, Liverpool, UK; ^cAnglican Development Services, Kenya; ^dYouth Leaders for Restoration and Development (Yolred), Gulu, Uganda; ^eLaw School, University of Bristol, Bristol, UK

ABSTRACT



There is growing evidence of the significant impacts of COVID-19 and government responses for those who experience human trafficking and modern slavery (HTMS). There is less known about experiences of service-providers, effects on international partnerships, and the implications of funder responses. This article uses the prism of safeguarding to explore the challenges faced during the pandemic for service-providers in Kenya and Uganda, paying attention to the power dynamics embedded within international development and knowledge production. The research included interviews conducted with a diverse set of organizations in 2020 and 2021. Our findings contribute to human rights approaches to HTMS, laying bare the effects of the pandemic on shared meanings around protection and harm prevention. The analysis identifies fresh challenges and additional risks that research on the effects of COVID-19 on HTMS places on local fieldworkers and research participants. The discussion emphasizes the dangers of opportunistic research, and the importance of addressing local needs as a focus and priority. The article concludes by arguing that the centering of safeguarding should be the basis for future strategy to address SDG8.7, with potential to provide a pathway for genuinely collaborative research that foregrounds equity in both partnership-building and knowledge production.

KEYWORDS

Human trafficking; Modern Slavery; safeguarding; Kenya; Uganda

Introduction

This article presents evidence on how the COVID-19 pandemic has affected the safety and safeguarding for those working with, and supporting, people who have experienced human trafficking and modern slavery (HTMS) in Kenya and Uganda.¹ The authors are researchers and community leaders working with, and for, service-providers and organizations developing essential responses for those experiencing different forms of HTMS in the region. The article interrogates the impacts of COVID-19 through the prism of ‘safeguarding’ to explore the increased pressure and risks encountered by service-

CONTACT Alex Balch  abalch@liverpool.ac.uk  Department of Politics, University of Liverpool, 8-12 Abercromby Square, Liverpool L69 7WZ, UK.

Author note: Willis Okumu is now working at ENACT (Enhancing Africa’s response to transnational organized crime), Institute for Security Studies (ISS)

Linnea Renton is now working as an independent consultant

¹We use the term human trafficking and modern slavery (HTMS) to refer to a range of exploitative practices that are included under SDG8.7 (Sustainable Development Goal 8.7: Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labor in all its forms)

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providers working against HTMS and protecting their clients, and the extent to which safeguarding principles extend to those seeking to partner and collaborate with these organizations to conduct research on HTMS during the pandemic.

Safeguarding has fallen more closely under the radar of major funders in the international development and NGO sectors since news broke of the Oxfam sexual exploitation scandal in Haiti in 2018. Workers for Oxfam delivering humanitarian aid in the aftermath of the 2010 earthquake had been sexually exploiting women and children, but after discovering this, the charity allowed the individuals to resign and work elsewhere (Charity Commission, 2019). The subsequent investigation found not just issues around internal governance, culture, and transparency, but wider systemic factors affecting safety and safeguarding in the whole international aid and development sector (Phillips, 2019).

Although comparable to the concept of ‘protection,’ we begin by defining safeguarding in a broad sense, using a definition from the UK Collaborative on Development Research (UKCDR) where safeguarding is understood as: “taking all reasonable means to prevent harm from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.” In the context of research, this includes all steps (from funding, planning and conducting research to dissemination and feedback) and harms include: “sexual exploitation, abuse and harassment of research participants, communities and research staff, plus any broader forms of violence, exploitation and abuse relevant to research such as bullying, psychological abuse and/or physical violence” (UKCDR, 2020). We see this as aligned with a human rights based approach to international development and HTMS, placing the rights of those affected at the center of strategies (Gallagher, 2010; Stoyanova, 2017), which requires transparency and reflection on the impacts of the research process itself.

By using the UKCDR definition of safeguarding we are not proposing that this is the ‘correct’ or only way of understanding issues of protection. Rather, we decided that starting in this way was the best method of exploring ambiguities and boundaries of what is included and excluded from safeguarding practice in relation to the impact of COVID-19 on HTMS, as well as shine a light on the additional risks that new research on the effects of COVID-19 on HTMS may place on local researchers, fieldworkers, and research participants. As an international and multi-disciplinary team based in both the Global North and Global South, we are keen to foster equitable collaborations and partnerships. This research project thus provided a useful opportunity to reflect upon our own positions in this system and relationships around power and equity within the context of work on HTMS in Uganda and Kenya.

The team is drawn together from collaborations and partnerships that have been developed through the Antislavery Knowledge Network (AKN),² a UK GCRF-funded project led by the University of Liverpool. The AKN’s approach is community-based and community-driven, drawing on qualitative, participatory and arts-based methods to develop collaborative and impactful research projects. Between 2017 and 2021, the AKN commissioned 14 community-engaged projects across eight countries in Africa: Niger, Mali, Ghana, Sierra Leone, Nigeria, DRC, Uganda, and Kenya. These projects have involved collaborations between 32 partners (including universities, community enterprises, charities, and faith-based organizations) and research approaches that draw from at least 18 different disciplines (including, among others, politics, history, heritage, archeology, film-making, communication studies, drama, and architecture).

The authors of this article have been working together since 2019 on the safeguarding work stream within the AKN which has explored, assessed, and collaborated over safeguarding practice and methods in the countries where the network’s commissioned projects are based. This work involved

²The Antislavery Knowledge Network (AKN) is a ‘Network Plus’ award (2017–2021), funded by the UK Arts and Humanities Research Council (AHRC) and Global Challenges Research Fund (GCRF). The AKN commissions projects across Africa that use arts and humanities methods to develop community-based responses to modern slavery. Core partners are based at the Department of Archeology and Heritage Studies, University of Ghana (Legon), the Wilberforce Institute for Slavery and Emancipation (WISE) at the University of Hull, and the Rights Lab at the University of Nottingham.

a range of creative approaches to critique and expand concepts of power, dignity, and voice that we believe are central to understandings of safeguarding within the context of research into HTMS (for a summary see: Renton & Vaughn, 2020). It also led to the production of a report published by UKCDR about how to anticipate, mitigate, and address potential and actual harms in the funding, design, delivery, and dissemination of research (Balch et al., 2020a). This report was then used to produce guidance on how to ensure the rights of victims/survivors and whistle-blowers, equity and fairness, transparency, accountability, and governance in research (Balch et al., 2020b).

The importance of safeguarding has heightened during the COVID-19 pandemic where there is evidence, globally, of new risks, particularly in the areas of domestic violence, sexual exploitation and abuse, and other forms of neglect (i.e., limited access to medical attention or healthcare for at-risk populations; UK Aid Direct, 2020). There is also the danger that individuals and organizations working to support survivors of HTMS may not be able to adequately protect their clients in the rush to address immediate survival needs. Within research projects, there is also the risk that, during COVID-19 and as more virtual qualitative research is being conducted, normal governance and oversight processes around research ethics may be ignored or overlooked (Renton, 2020).

The rest of this article provides a summary and analysis of our research, which was undertaken between June-July of 2020, and July of 2021. It begins with a brief review of context and relevant literature before thematically presenting the results of the research to consider a) conceptual issues around safeguarding and terminology, b) impacts of COVID-19 on safeguarding practice, c) additional challenges and risks for researchers and research participants around the design, implementation, and dissemination of research during COVID-19, and d) implications for partnerships and partnership building. The article finishes with discussion and recommendations to improve safeguarding and research practice in the field of HTMS.

HTMS, COVID-19 and East Africa

There are specific issues relating to patterns of HTMS in Kenya and Uganda, particularly with regard to the exploitation of workers and refugees. There have long been concerns over labor trafficking within the region, with many workers being sent from East Africa, with Kenya operating as a migrant-sending hub for many of these workers (Daghar, 2020); upon return many of these individuals face considerable challenges with reintegration (Njiru & Laiboni, 2018).

Pre-COVID-19, increasing levels of mobility within East Africa, combined with either a lack of economic opportunities or efforts to prevent trafficking by governments, have been associated with a rise in HTMS in the region (Nyeko, 2018). A police operation in early 2020 underlined the challenge of trafficking from the region to the Middle East, with officials from Uganda and Kenya collaborating to identify a number of potential victims of trafficking in Nairobi, many of whom were Ugandans preparing to fly to the United Arab Emirates (Urn, 2020). However, there are additional challenges, faced by the two countries. For example, Uganda is hosting a significant number of refugees, many of whom are vulnerable to exploitation (AFP, 2018; D'Orsi, 2020). According to UNHCR data (December 2021 figures) the majority are from South Sudan (61%), with 29% coming from the DRC and 3% from Burundi.³

There is ample evidence that, since the start of the COVID-19 pandemic, there have not only been increasing levels of HTMS in affected regions and countries but that the situation raises a host of issues around protection and safeguarding including for those involved in researching HTMS, or indeed other similar issues (Redfern, 2020; Renton, 2020). The first COVID-19 cases in Kenya were onth March 13, 2020, and in Uganda the first case was confirmed on 21st March 2020. Uganda had its first national lockdown from March 30, with restrictions easing on 21st July 2020 and its second from June 18th to 31st July 2021, and Kenya its first from 25th March 2020 with restrictions easing in July 2020, with

³Country data for Uganda, taken from <https://reporting.unhcr.org/> (accessed 4th December 2021).

subsequent measures put in place periodically since. At the time of writing (July 2021) reported mortality rates remain low when compared on a global scale, as in other parts of Africa (Lawal, 2021), but the social and economic impacts of lockdowns and border closures have had ‘extreme consequences,’ particularly for informal settlements in urban areas (UNECA, 2020). Cases of domestic violence (Kobuthi-Kuria, 2020) and online exploitation of children (Kaberia, 2020) have been reported, and curfews have led to gross violations of human rights. In Kenya there have been reports of police brutality (Citizen Reporter, 2020) toward precarious workers in depressed urban settings. By June 2, 2020, the Kenyan Police had killed 15 people as part of enforcement of the 7pm curfew rules. The rules to stop movement within the country led directly to lack of access to essential services among vulnerable groups. The Kenyan Anti-Human Trafficking and Child Protection Unit (AHTCPU) reported a spike in exploitation affecting internally displaced and trafficked children during COVID-19 (Kaberia, 2020); Uganda Youth Development Link (UYDEL) reported a rise in sexual exploitation of young people in informal settlements during lockdown (Achan, 2020).

The urgency with which organizations in the wider international field of HTMS, at national and international levels, have responded to COVID-19 is notable. A short time after the World Health Organization sounded the alarm about a new infectious disease, organizations began to work together with stakeholders in the development community to quickly establish key research priorities around COVID-19 and identify what governments and businesses needed to do to help identify and mitigate risks (Smith & Cockayne, 2020). The WalkFree publication ‘Protecting People in a Pandemic’ highlighted a number of risks for vulnerable workers, including many being stranded without the means to support themselves or their families (e.g., through remittances), inadequate health and safety measures, reduced scrutiny, enforcement of protections by governments and businesses, increased levels of discrimination and xenophobia and exacerbation of gendered inequalities (e.g., with increased levels of violence toward women; Walk Free, 2020). Other work underway seeks to develop survivor-led methodologies to explore the potential for technology in remote monitoring of survivors in Kenya (Brady et al., 2020)

While these rapid assessments have identified a number of research questions (Rights Lab, 2020) and the importance of partnerships (Walk Free, 2020), what they have not, as yet, been able to reveal is: a) how the pandemic lays bare differences in shared meanings regarding concepts around health and safety, protection, or safeguarding, and their analysis; or b) discussion or reflection upon the role of the research process itself in terms of wider notions of avoiding, preventing, or addressing harm and the impact of the urgent demands for information (e.g., from donors), about the evolving situation ‘on the ground.’

Method

The study on avoiding harm in international development research in the context of COVID-19 pandemic was conducted for a period of 8 weeks with the majority of interviews carried out between May and July 2020, and some additional interviews in July 2021. This was due to the availability of informants, and allowed us to add further insights following the main set of interviews (we did not interview the same individuals twice). The study sought to create context-based understanding of safeguarding within HTMS policy, research and practitioner sectors in Kenya and Uganda during the COVID-19 pandemic. The study was guided by the following key question: What is the contextual understanding of the concept of safeguarding in Kenya and Uganda among practitioners and policy makers working on HTMS during the COVID-19 pandemic? A qualitative approach was taken to data gathering, drawing on networks of local knowledge and expertise. This was considered more appropriate than alternative methods, such as a larger scale quantitative survey, partly because of the difficult

conditions for research during the pandemic, but mainly due to the advantages of the qualitative approach for exploring in depth respondents' understanding of key issues related to the research question.

Data Collection in Kenya and Uganda

The study was carried out in Kenya and Uganda through Antislavery Knowledge Network (AKN) project partners in East Africa. The AKN project partner in Kenya is Anglican Development Services Kenya⁴ (ADS-K), the development arm of the Anglican Church of Kenya. In Uganda, data was collected through Youth Leaders for Restoration and Development (YOLRED⁵) and an independent consultant. The data presented here was collected through virtual key informant interviews with community workers, administrators, survivors of human trafficking, policy makers and researchers in Kenya and Uganda. All of the respondents were initially contacted through phone or via e-mail. Subsequent interviews were conducted virtually through phone calls, Skype, Google Meet or Zoom in order to respect COVID-19 prevention measures, Kenyan and Ugandan government restrictions and the University of Liverpool's protocol on research involving human subjects during the pandemic. Interviews were transcribed and anonymized and data were kept on secure servers.

The respondents identified in Kenya can be divided into two distinct groups. First were practitioners/co-ordinators with expertise regarding the national implementation of anti-human trafficking interventions in Kenya and beyond. Their significance in the study can therefore be seen in elucidating the policy framework, interpretation, and identification of structural and systemic challenges that inhibit anti-trafficking agencies' effective delivery of interventions especially within the context of COVID-19 pandemic. The second cluster of respondents was drawn from community-level practitioners. These included local community workers and civil servants situated at international border areas (Kenya-Uganda border). This selection was made to bring out community-level challenges and vulnerabilities that have emerged in regard to protection and prevention mechanisms in the context of travel restrictions, lockdowns, closure of schools and workplaces due to the COVID-19 pandemic in Kenya.

In Uganda, the respondents can be divided into three distinct groups. First were policy and research managers working with local non-governmental organizations (NGOs) in Kampala and Gulu. More specifically, the policy and research respondents were drawn from organizations that offer safeguarding advice, conduct research on vulnerability and social protection among victims of human trafficking and also identify, support, and reintegrate trafficked children back to their families. The second cluster of respondents from Uganda work in the administrative/law enforcement sector where they are involved in legislation, advocacy and evacuation of survivors. The third cluster of respondents from Uganda consisted of the community workers/survivors of human trafficking, based at the community level with a focus on providing psychosocial and post-trauma support and healing through art to enable the reintegration of survivors of trafficking back into their families and communities. While every attempt was made to gain a broad sample in each country, our approach which drew on expert networks meant that the two samples did not have the same profile, and unlike in Uganda, for the Kenya participants it was not possible to include a trafficking survivor (see Table 1).

⁴Anglican Development Services Kenya coordinates the development work of the Anglican Church of Kenya. <http://www.adskenya.org/>

⁵YOLRED is a youth-led organization, working with ex-child soldiers based in Gulu, Uganda. <http://www.yolred.org/>

Table 1. Profile of key informants.

Identifier	Country	Profile
U1	Uganda	Senior staff member of grassroots organization for former child soldiers
U2	Uganda	Senior staff member of project for refugees and forced migrants
U3	Uganda	Senior staff member of community-based organization for women and children
U4	Uganda	Staff member of organization for women and children affected by conflict
U5	Uganda	Senior staff member of municipality sub-office
U6	Uganda	Senior staff member of organization that works with trafficked children
U7	Uganda	Social protection researcher and consultant
U8	Uganda	Child protection and anti-trafficking researcher in private sector body
U9	Uganda	Anti-trafficking officer in Immigration Department
U10	Uganda	Trafficking survivor, campaigner and advocate
K1	Kenya	Manager of anti-human-trafficking project for faith-based organization
K2	Kenya	Project co-ordinator for community development programmes
K3	Kenya	Staff member of regional organization working on migration and human trafficking
K4	Kenya	Senior staff member of national anti-human-trafficking network
K5	Kenya	Project officer on migration, trafficking and extremism in continental organization
K6	Kenya	Children's officer in a border area county office

COVID-19 Safety Measures and Considerations during the Study

Conducting social science research during a global pandemic is a challenging task. To ensure the protection of human dignity and avoid the spread of COVID-19, all respondents were contacted through phone or e-mail. This was also due to travel restrictions put in place by governments, and protocols applied by research organizations such as universities, to manage risks associated with the pandemic. Further, each respondent was given a 'Participant Information Sheet' which provided the definition of safeguarding used for this project. The information sheet also offered information related to participating in the study including benefits, risks and the freedom to withdraw from the interview process without any consequences. All respondents were required to fill in and sign a consent form confirming that participation in the study was voluntary.

Results

Defining and Understanding Safeguarding in Work on HTMS

Safeguarding is the right word because it has a cross-cutting element . . . it is not only about safeguarding the beneficiaries, but it has to do something with the people who are involved in carrying out either the activities or doing the research . . . they all have rights not only the beneficiaries. (Respondent U1)

All respondents acknowledged the vital role of safeguarding and implementing of safeguarding measures within their organizations in relation to groups perceived to be at-risk or vulnerable. We found that NGOs already in receipt of international funding were most likely to recognize the definition we shared that is used by UKCDR. There was a distinction between governmental, organizational and community or household understandings of safeguarding. The former recognizes, at least formally, the role of political, social, and economic power dynamics that affect the ability of people to access livelihood resources. For the latter, at the community level, there is a much narrower framing. The custodians of power are older male relatives; they own land and therefore have a greater influence in allocation of resources and in how safeguarding works in practice. Their power can be used to protect the vulnerable members of society such as orphaned and vulnerable children or it can be used in a way that allows the exploitation of these vulnerable groups.

For many of our respondents, the term safeguarding was considered somewhat similar to protection. For service-providers safeguarding thus encompasses important elements of protecting the people they work with. There was mixed support for the UKCDR's broader definition of safeguarding.

A minority felt that a narrower focus on protection and ‘do no harm’ was more realistic and simpler to understand, while others welcomed the idea that research, policy and practice should go beyond protection and to actually do some good, rather than merely to ‘do no harm.’

I felt this safeguarding word is used interchangeably with protection . . . Uganda is a host community for refugees, I have been hearing this term used more in refugee camps when dealing with situation of vulnerable, disadvantaged and those at risks in their programming. (Respondent U4)

Others responded similarly. For instance, participant U5 said, “We could bring protection but safeguarding is the right word, protection is a little weaker,” K1 added, “It [safeguarding] is mostly understood as protection from harm or danger. Alternative phrase would be protection or keep safe.” Participant K2 likewise explained, “Safeguarding is protection, it implies preventive action.” There were concerns raised by respondents that common understandings of safeguarding only included serious or violent conduct, and not bullying or sexual harassment which may be more prevalent. To illustrate, K5 noted, “Most people do not understand sexual exploitation and are unlikely to report it when it had consent irrespective of underlying reasons. They therefore only consider sexual violence to qualify for safeguarding.” We also encountered support for a deeper understanding of safeguarding where there is a need to recognize and respond appropriately to challenging behaviors. We were given the example of working with male sex-trafficking survivors who have been socialized to perform masculinity in a certain way. When this is compounded with experiences of sexual violence, they may exhibit extreme anger when engaging with others. If this is met with a mirroring response from the service-providers, then that relationship can become damaged very quickly and the potential to help them is lost.

Others noted that the word carries the assumption that people can be made safe through organizational processes, when for those facing extreme situations this feels displaced from their reality. Instead of guaranteeing safety, what is needed is to restore faith and hope in the possibility of safety and making them feel that they can be a bit safer than they were previously (in whatever situation they were in to bring them to the service provider). The understanding of safeguarding amongst beneficiary groups emerges as more complex and uneven. This is largely due to power dynamics which can influence the way individuals supported by service-providers position themselves: some may feel quite powerless, vulnerable, and not know their rights. This was particularly in relation to children (i.e. those under-18) but also more broadly for young people (16–25).

The importance of power-dynamics was emphasized when discussing potential harms in relation to research. We were told of research projects where participants do not recognize that they have power and rights and instead feel bound by unequal power dynamics (especially if the researcher is international). As a result, many participants felt harmed from the research rather than protected during and after.

One of the issues that relates to power is that our beneficiaries remain in a most vulnerable position and I think the impact of Coronavirus has not been equally distributed because when you look at our beneficiaries who used to earn their living from hand to mouth, now they are no longer able to do such kinds of work. (U1)

Overall, there was less consensus that, in practice, the concept of safeguarding should include all aspects of the research process, and/or the potential risks of participation in research (e.g., wider implications of involvement). One respondent shared with us that their understanding of safeguarding was generally associated with children with a limited focus on research. They added that in their experience research ethics are seldom followed around HTMS due to limited time and resources.

The Impact of COVID-19 on Safeguarding Practice in the HTMS Sector

One immediate impact for service-providers working in the field of HTMS in Kenya and Uganda was a shift to basic needs provision for their clients.

The big ones in [city] are rent, food and medical supply, in the settlements the rent isn't required but food is more of an issue. As we discussed earlier, food prices have gone up even more in the last month, they have gone up even more in the settlements than they have in the urban areas. So there's a big disconnect between what peoples' income is and what it can buy. (U2)

Another immediate impact related to restrictions on travel involving potential Ugandan and Kenyan victims of trafficking abroad who had been identified and were due to return home who became stranded because of these restrictions. This was further complicated with many foreign embassies stopping return operations.

Government restrictions on mobility and travel, as well as social distancing measures, led to a rapid halt or reduction in many services or activities of service-providers, as they themselves had to adhere to restrictions on mobility and other pandemic safety measures (including working remotely and with limits on staff working together). Referral pathways and service centers were effectively shut down, and service-providers were unable to continue many of their programs, particularly those which involve community mobilization. As part of the government response in Kenya, almost all schools were closed for up to 6 months; courts were also closed, leading to increased delays in the prosecution of perpetrators or repatriation of victims of HTMS. Authorities reported reduced access to rescue centers because of the halting of movement to Nairobi.

In terms of the operations of service-providers, we did hear that COVID-19 restrictions led to increased communications between partnerships and consultation when online access was available. For example, the Stop the Traffik Network in Kenya continued to hold its online meetings to monitor and participate in anti-trafficking operations. However, many service-providers in healthcare and other areas of work have not been paid their entitlements or salaries since the lockdown started. Some have been laid off. Apart from creating new vulnerabilities this has contributed to a major decline in services for the population, particularly for the most vulnerable groups including survivors of trafficking. Respondents were keen to note that safeguarding responsibilities remain, but enforcement of guidelines and appropriate psychosocial support is not always possible: expectations and client needs have altered, leaving service-providers with little choice but to focus on supply of food or help with accommodation. U6 explained, "The overall demand for anti-trafficking support services has gone up and yet with limited ability by actors in this field to respond due to disrupted contact, weakened referral pathways and partnerships unlike before COVID-19." U1 likewise responded:

During the first lockdown [March – June 2020] it was difficult for us grassroot organizations, as we were not well versed with technology. We also did not always have access to such kinds of technology. Sometimes it became difficult for us to start working remotely, and this remains a challenge even during the second national lockdown [June – July 2021].

Participant U2 explained as follows:

If we were doing counselling, it was face-to-face, right now it is generally by phone. So, what is the safety of that sort of remote counselling compared to face-to-face counselling? It is absolutely laden with risk. In the sense, you can't read properly what the dynamic is, you don't actually know what space your client is in, and whether their space is safe, who else might be listening in, if someone else is listening in, whether the client feels able to tell you.

Similarly, participant U4 said:

When a client comes to the office or you meet a client, you expect them to put on a face mask before they can talk to you. That has a problem in the kind of listening, if it affects active listening and then recognising somebody's pains for your support.

The implications of COVID-19 are not just resources ringfenced for other activities being re-purposed it is combined with a restricted ability of victims or bystanders to report safeguarding breaches or concerns:

Now with the social distancing, given the fact that most of our beneficiaries are people [who] do not have any knowledge about the technological knowhow, it becomes a problem for someone to report or mention anything that they feel is not moving on well in relationship to their safeguarding. Even more than a year after this pandemic began. (U1)

These impacts are naturally highly gendered, affecting those providing services as well as those receiving them:

Working from home . . . has raised the need to consider gender disaggregated staff working hours to take into account increasing women's workload and hours given that, at home, they double up and do household chores even as they continue to handle office work. (K3)

Transport and food costs have significantly increased, along with loss of livelihoods, so getting supplies in terms of availability and logistics, particularly with medical-related items, has become extremely difficult. One NGO reported the death of 12 clients in the months of March–June to whom they would have ordinarily been able to supply medicine (a level of protection they could offer pre-COVID-19). Participant U1 explained, “One new harm or safeguarding issue [is] our increased need to support some of the women with life necessities . . . Food mobilization as well as other hygiene and sanitary products has become an essential part of our work now.”

A lack of means of communication has meant an inability to reach out to the NGOs to report on safeguarding issues, both due to social distancing and lack of access to technology. In regular routine activities, there is frequent engagement between clients and service-providers, as staff mobilize and reach community groups residing in villages or remote areas where they can monitor the safety and wellbeing of their clients.

Safeguarding responsibilities have been greatly affected especially in regard to information sharing. Before the Corona crisis, it was easy to get information at the community level through chiefs' barazas, church, but due to Coronavirus, there has been a ban on public meetings, the people can't get information through these community engagements [and] forums, this has made it difficult for communities to acquire information that could enhance safeguarding. (K2)

As movement for civil society organizations is restricted, they are unable to reach these areas of operation where they would ordinarily offer support in various ways. This has also led to a lack of access to information on COVID-19: many communities residing in villages or within refugee camps are receiving limited information on COVID-19, due to lack of technology (i.e. access to the internet). Moreover, particularly those residing in villages are finding that fears of, and about the virus are heightened due to hearsay and that communication (about how to stay safe) is not being channeled effectively to them, which is exacerbating the problem and causing tension between community members.

Psychosocial support and counseling (which pre-lockdown would take place face-to-face) is now taking place via the phone, if it is able to take place at all, and this comes with its own set of risks. For example, it is difficult to read body language or understand if someone is at risk (as they may not be alone in the room and cannot disclose such information openly), so being able to protect that individual, in a similar manner as with face-to-face counseling, is limited. Moreover, if there are concerns about an individual's safety or if there is a situation of abuse, service-providers are only able to call authorities or those in higher positions, and this may often not be a desired option for the at-risk individual.

When someone is in real need, in normal circumstance, you just look at them and you can tell. What you see, or what they show, the physical circumstances when you go on home visits; just the body language, you can tell with some degree of accuracy how the situation is, not 100%, but now you have to take more risks in your judgment and decision-making about your resource allocations. (U2)

Increased Risks and Harms Relating to COVID-19

There were concerns that the full extent of harms emerging in relation to COVID-19 may not be known for some time, especially with an absence of funding to track what is happening. However, there was a consensus that COVID-19 has exacerbated vulnerability and risk of harm among survivors, particularly with regard to children and new challenges related to lockdown. The gendered nature of these increased risks was emphasized by the majority of the respondents, with specific risks around domestic abuse and online cases of trafficking reported by several interviewees:

There has been an increase in silent defilement of children during lockdown by relatives and people they trust. In the current circumstances, children cannot speak out or share their challenges and experiences. They are subdued by adults due to increased vulnerability. Child labour coupled with poor feeding has increased too. (U6)

Respondent K1 noted, “There are an increased number of cases of online child trafficking being reported, more gender-based violence and sexual violence being reported. Limited safe spaces with closures of most shelters due to the risk of infection by COVID-19.” To illustrate further, participant K4 explained, “In the last few weeks, there has been an increase in online cases of trafficking with most victims being young children (male and female) as well as young adults (male and female).” These sentiments were reiterated by U3, who explained:

The cases of child abuses have gone high in the community and these are gaps that need to be addressed . . . Sexual violence against young children, domestic violence, the cases have really increased highly during this outbreak. We have seen homes breaking, children not learning, right now there is no child that is learning.

COVID-19 has added to existing drivers of trafficking, increasing the vulnerability of individuals to abuse resulting from scarcity and poverty, lack of empowerment and isolation from social support. There is a general impression that post-COVID-19 more cases of trafficking will be registered due to increases in poverty:

This pandemic has opened another box of war to them, that you have to fight hunger, poverty so you find that you are sliding back to poverty. Before you were working hard towards fighting poverty but now it is taking you back to where you were running away from. (U5)

A number of challenges came from political demands and strict enforcement to clear those living on the streets as part of the COVID-19 response.

In Uganda, the lockdown was enforced by police and the military, effectively limiting any kind of movement outside or into the household. This militarised response created violence and stringent clamp-down of subsistence traders, domestic workers and casual labourers. (K3)

One NGO reported that they were involved in providing care for children who had been removed from the streets and put into temporary shelters, but there was no screening for COVID-19, as well as challenges in providing basic resources for these children. The shutdown of the legal system resulted in different forms of abuse going unattended with survivors having no recourse to law. We were told that re-trafficking has certainly increased due to desperation among survivors who are forced back into abusive situations resulting in forced marriages and teenage pregnancies. Domestic violence (against both men and women) has risen significantly as a result of lockdown measures. Participant U4 explained, “Women are not able to access family planning unit as they used to, [it] is a challenge . . . Early child marriage and having many children that the family may not be able to support, is going to be a challenge.”

Numerous Kenyan respondents felt similarly. To illustrate, K6 commented:

Given the Coronavirus crisis, the abuse is now done by close relatives. This means that there is a small margin between a protector and an abuser. Close relatives are also not ready to disclose the abuse that a child may have gone through due to family ties.

Respondent K3 added:

Domestic violence and abuse are some of the new risks and forms of harm that have emerged under COVID-19. They are directly related to the relocation of new workplace space to the household, and the loss of household income in most rural and peri-urban informal settlements or slum locations. And, from participant K5, the following was explained:

The long period of children and young adults at home on lockdowns have also significantly exposed them to abuse by the adults they live with. Desperation for livelihood have increased vulnerabilities of individuals and households making them less concerned by protection of their rights in labour supply.

We were told that, due to particular constructions of masculinity, domestic violence has increased with many men suddenly finding themselves unable to deliver or provide for their families as they did pre-COVID-19, and women are trapped in situations that they ordinarily may have been able to escape from. Gender-based violence, and sexual and child abuse has increased. Children who would normally attend school, libraries, nurseries were now bound to their homes and villages which led to greater risks exacerbated by the lack of independent supervision. There are associated risks that children are missing out on education and no longer learning during the lockdown.

The biggest challenge for implementing effective safeguarding is mobility to access those in need, so there are problems when it is not possible to move to those groups who require support. Gaining access may require sharing of sensitive information with authorities which contravenes safeguarding norms. K1 explained, “Information on the victim, some of which may be confidential, has to be shared by several levels of administration that approve movements during the pandemic period, where movement is limited except on approval.” Respondent U10 followed up with, “When survivors need support, they have nowhere to turn to. Companies are protected by individuals at the Ministry. Systems for complaints handling are non-existent and need to be put in place.”

A lack of access to masks and protective gear, for example, in more rural areas of Northern Uganda, is proving a challenge for many of the beneficiary groups. Social distancing is also difficult within many communities where families reside very closely to their neighbors. Many community members within the villages also do not have appropriate sanitary/hygiene materials and are thus less able to protect themselves against infection. It was reported to us that this is heightening fear and creating more tension amongst the public with risks around misinformation:

There is a lot of mixed communication that comes in because people read internet, because some people are politically driven, in many cases they try to politicize this issue so that people are derailed from the right information they should get. So there can be a lot of mixed communication [that] can affect or can even create harm to the community . . . as when you hear somebody [who] has Coronavirus should just be killed. When you see how those suspects are being treated. (U4)

At a more practical and technical level, another impact of COVID-19 has been on the ability for organizations to carry out training on safeguarding, capacity building and conducting recruitment checks, or to put in place other measures to ensure safety. U5 explained, “Because we are working in an emergency, at times you do not have the time to do that capacity building, you don’t have the time and space to do it. So it has been affected.” The respondent was not alone, with others indicating, for instance:

Every staff stayed at home during the lockdowns. Any kind of training that we might have had especially in relationship to safeguarding standard, is something that we cannot go ahead to do it . . . I strongly stand on the point that it is really important to have a training especially on the code of conduct by the staff and all other people involved to [organisation’s] work so that they are in position in the future to handle safeguarding issue. (U1)

The ban on public meetings has impacted on organising trainings, at the community level, most of these trainings take place either through public meetings or through the church, these are no longer possible. Passing information to staff or any form of capacity building now only happens in smaller groups so this has had a negative impact on safeguarding at the local level. (K2)

Safeguarding and the Design, Conduct, and Dissemination of Research

Some of our respondents confirmed that they have experienced significant demand for research exploring the impact of COVID-19 on HTMS as a development challenge, but there were concerns about the purpose and benefits of this work.

We're going to see a lot of COVID-19 related research come from this now, which is opportunistic and rushed, and will further neglect the most urgent needs of people . . . It would be interesting to see what happens with all this research and if it actually makes a difference to people's lives or has some sort of impact. (U2)

Funders' interests have become re-prioritized in line with many governments' agendas for international development aid. Some of the general concerns expressed around this were that COVID-19-related research agendas will be self-serving, extractive or driven purely by funders' priorities and the global development agenda rather than addressing the needs and challenges faced by communities.

The methodological implications of research during COVID-19 are significant. In the field of HTMS, community-based approaches that are participatory or action-oriented are often seen as preferable, but these elements are becoming side-lined during the pandemic, reintroducing somewhat problematic research practices, largely to serve the agendas of international researchers. As virtual fieldwork methods become more standard practice, this naturally risks exclusion of the most marginalized communities who do not have access to adequate technology. It means that those who are in most need are the least likely to be able to connect with new and ongoing research projects. Lack of access to smartphones or laptops on the part of individuals and communities is a major obstacle, but even with such access, unfamiliarity with these forms of technology is more likely to make the research feel artificial, distressing, or uncomfortable.

It's a challenge because we had planned to have several trainings and refresher courses for our key actors but now most the trainings are online, but we understand that they need this knowledge and skills to be able to protect children, so we have to train them even if it is to be done online. (K6)

Respondent U3 noted further:

I have answered so many questionnaires in this COVID-19 through emails. But the big question is this, how many people can access internet and have computers? So it is for me and for you who have access to computer and internet. But that is a small percentage of people.

Participant U4 had similar concerns, saying:

There should be a mechanism of reaching those who don't have access to IT or media or other ways of getting information. After a research [sic] is done, the people who participated in the research need to be contacted. They need to validate their responses.

Accessibility issues were raised by others as well, including respondent U4 who rhetorically asked, "I think there should be consideration for persons with disability . . . Is the research capturing those who are persons with disability or special need who would require a special translator to reach them?" K1 outlined additional considerations, explaining "Virtual data collections require consideration of the interviewees, forms of communication that are applicable to them, time required for the interviews as they tend to take longer."

The COVID-19 pandemic has impacted on several essential aspects in the conduct of research. First, there are the safety implications and socio-economic impacts of the situation itself which must be taken into account when designing research projects:

The design should factor in the socio-economic impact of the pandemic to the participants and be sensitive to them. Research questions should not be too many as many people are clouded with worry and uncertainty to give a lot of time for researchers. The design should focus on the convenience of the participants to participate either virtually or physically without making demands they are unable to meet. (K5)

Another area is consent which of course remains of high importance. There are new risks here if the project is related to COVID-19 – those who have tested positive or survived could be stigmatized if this fact is exposed, meaning that confidentiality and anonymity become even more vital. With research taking place virtually, informed consent is more challenging to achieve. This is something that would normally be addressed through human interaction where face-to-face it is much easier to reach mutual understanding around these issues.

The issue of consent is very key as a formality. They need to understand why and what [the] outcome of what you are doing will be, for example, if you are going to interview a person who have recovered from COVID-19, you might end up spreading the information and bring more stigma to the person. So during the planning stage I think we should consider more on the consent of the person . . . The interview protocol must be followed in a research undertaking. I think that can reduce harm. (U5)

The building of rapport has also been affected by the shift to virtual research methods. Researchers and fieldworkers need to have time to get to know marginalized or vulnerable groups within this region in order to align themselves with local, cultural, social, and political values and sensitivities over a long period of time. The virtual option risks indicating a lack of commitment or unwillingness to wait until the pandemic has passed in order to carry out a research project. The building of rapport is very important when working with marginalized groups, and the urgency of COVID-19 research may lead to haste in obtaining information, leading to evidence that may be inauthentic or not solid enough to establish concrete findings. One NGO claimed that most researchers conduct research in a hurry and leave communities psychologically harmed as a result:

I think to have this done in a way that it does not cause them harm, is that for the researcher who is going to get involved in the research to plan for more time and to allow for themselves to build a good rapport with the participant . . . [It] has always been the tendency of someone coming all the way from the UK and wants to spend only one week in Gulu and wants to be done with the interview and research . . . If I am doing a research [sic], these are people, I am always with them. I know the culture, I have been with them before, so it is not as hard like [someone] coming from [abroad] and [they] are meeting somebody here for the first time to start engaging them in a conversation. (U1)

Participant K4 explained:

Most researchers I have encountered tend to focus on victims of trafficking as a source of information instead of human beings who have endured traumatic events. This can be seen in the questions they ask, time allotted for interviews and sometimes with the support they bring on board (for example, translators). I think that even at the design phase of the research, researchers should try to change their perspective. It will help in not only getting better data but by also protecting those they interact with during the process.

Outputs are not always oriented toward the groups the research is actually supposed to benefit, or is about. The language can be inaccessible and may require participants to have access to technology. Researchers should make an effort to find a way of sharing those outputs with the participants and community:

Innovation and creativity during this time are important. For example, at the end of a recent research on dance therapy for victims of trafficking, the researcher took us through a 30-minute session of 'group therapy' on a video call, then shared a 10 minute debrief of her preliminary findings. She turned what would have been another video call, in an endless list of video calls, into a brief experiential learning environment. I'm not saying we should dance when you communicate the updates from this research but something other than (or in addition to) a long email/video call would be great. (K4)

Partnership Building During COVID-19

Partnership and collaboration are essential for the responses to COVID-19 to be effective, but a key weakness to date has been different sectors often working independently, with a lack of resources from governments and little coordination by donors. State capacity in Kenya and Uganda provides little

resilience to shocks and they have not been responsive or flexible enough to take on such an emergency response comprehensively. The pandemic has raised the need for a disaster risk fund with guidelines for when it can be used, and prioritization of funding, for example, for children at risk.

The COVID-19 crisis has demonstrated the need for governments to partner more effectively with NGOs. The charity sector in Kenya and Uganda has been to a large extent locked out of the government response to COVID-19. Shelters for survivors have been shut down leaving no options for those in need. NGO workers were not listed as essential staff thus the majority have been staying at home. As the entire response has been government-led, this leaves the sector in a precarious situation, as indicated by K5 who remarked, “Government and CSOs (civil society organizations) budgetary allocations for anti-trafficking services have been repurposed during the Coronavirus pandemic. Resources have been significantly cut back and some re-purposed. There is very little resource available for research since the onset of the pandemic.”

In the context of international development, the COVID-19 crisis has illustrated the need for equity in collaboration and partnership, and for knowledge to be co-produced with partners from the Global North and Global South. There is a distinction here between existing partnerships and potential new partnerships. In the former scenario, we heard good examples where funders have been on the whole understanding of the need for changes in working practices and the shift in priorities/working patterns, and delays in outputs. There has been a good level of joint effort to develop revised workplans and programs to fit the current situation (though some have been unable to change activities and budget lines):

I feel that the issue of ‘power up and power down’ has been well handled with our partnerships especially with [international NGOs X and Y] where we have had meetings to redesign our programmes that is supposed to suit the situation, much as we don’t have any opportunity to change activities and budget lines and all that. They have been really good and I think they have been listening to us to see the challenges that we are facing in comparison to what they are facing and come up with a more workable solution to our situation. (U3)

However, there were examples where funders have been more demanding, and required new workplans/budgets very quickly, or made assumptions about varying requirements and needs of international vs local researchers:

We have got some donors who literally within a week of the lockdown were saying ‘We need a revised work-plan and budget from now till the end of the year.’ We [had] been in lockdown for one week, we are in a beginning of a process that nobody knows or can predict what will happen next, and you want us to plan as if we did know . . . We had some immediate issues to sort out, like staff who were not able to get back home in time for the lockdown, clients that had had operations and were still hospitalized. It is difficult to know how to provide support until they get home, even how to get them home. There are some really immediate and urgent matters to be paying attention to in the first couple of weeks of the lockdown; than answering to some bureaucrat need who want to pretend that they have got the situation under control. (U2)

Respondent K3 provided additional insight, remarking:

There has been funding for international researchers because of the top-down and northern-dominance of funding agencies. The international researchers are often presumed to need more funding for travel, upkeep, developing, administering and analysing data while the locals are presumed to need less because they live in the geo-political research locations that are in the Global South. Whereas international agencies easily form consortia and leverage on their financial profiles to access large funding, local researchers are unable to get into such partnerships and when they join international consortia, they are often hired as secondary/support to the principle international researchers.

Some of these tasks take several weeks to put together, and when there are more urgent tasks, such as mobilizing medical supplies or personal protective equipment (PPE), then drawing up a new workplan feels like it should not be priority, although not complying could jeopardize essential funding.

In the context of potential new partnerships, many funders have been quick to rearrange their research priorities as a result of COVID-19, with a number now wanting to explore the impact of the pandemic on various aspects of people’s lives (or providing direct support to assist those most affected

by the virus). Some potential grants or offers of support have been rescinded or postponed due to this reprioritization. Overall, whilst demand for services from civil society organizations has increased, the level of support available for them has significantly decreased. The smaller NGOs feel greater impacted from this, as small grassroots organizations have less capacity to develop new proposals or spend time reaching new potential donors:

We have submitted so many proposals and of late we have been receiving feedback, 'Oh due to COVID-19, you will not be considered', or 'Due to COVID-19, we have postponed our activities for now'. The project we have been so hopeful to receive funding from, we have not received funding! (U3)

At the moment, we are not having any partnership running. The project we were implementing [went] into conclusion but again getting back on our feet, to ensure that we try to design another programme, is a challenge because as you try to think of what other thing to design that may not directly deal with COVID-19, is out of current business. (U4)

Discussion

It is widely acknowledged that the most severe impacts of the pandemic, together with the repercussions of measures taken to contain it, are very unevenly distributed. As Malik (2020) noted, we are not 'all in this together.' This is particularly the case for those experiencing HTMS, as issues that disproportionately affect those experiencing poverty, unemployment, or those who live under oppressive political and socio-economic systems. Our research pointed to an exacerbation of existing harms for vulnerable groups (including children, particularly orphaned children, young men and women, and widowed young women), and significant new risks related to the pandemic itself and the response of governments in restricting mobility.

In the midst of a crisis generated by a global pandemic it is important to hear the voices of, and understand the challenges for, service-providers who are trying to protect the vulnerable. The evidence and analysis presented here shows the myriad ways in which service-providers working to achieve SDG8.7 have been affected, and how initiatives and research projects grounded in communities are now facing fresh challenges to continue upholding safeguarding standards. However, international demands for remote research with communities (who may already be cautious and reluctant to engage with foreign researchers) can threaten ethical research practices and should be considered in the context of a priority for safeguarding in international development research.

Based on our experiences and the responses from our interviewees, we suggest that international researchers considering a new research project which explores the impacts of COVID-19 on populations in the Global South should take the time to assess local needs thoroughly and consider whether and why they need to carry out new research during COVID-19 about COVID-19. There are clear risks involved in terms of safety and safeguarding, and there could also be accusations of opportunism on the part of the researchers. The authors of this article are, of course, not immune from such accusations, which was why we only proceeded after careful consideration and on the basis of genuine collaboration with a research design driven by local needs and interests, sensitive to the issues highlighted in this article, and with an equitable understanding of knowledge production at its core.

Research needs to be more localized and actively involve local people as leaders so that their ideas and perspectives are not co-opted and to ensure that people involved in supporting the study at the local level should not be forgotten. As a team of Global North and Global South researchers that were already collaborating together, we were able to carry out this work through researchers already familiar and known to communities, and therefore able to maintain an atmosphere of mutual trust and respect.

Efforts to address HTMS as a development issue have been criticized for a lack of strategic vision (ICAI, 2020) with programmes characterized as being too small-scale, poorly designed and lacking rigorous methodology and evaluation (Bryant & Landman, 2020). This framing lends itself to 'solutions' that are grand in both vision and scale, naturally requiring increased focus and investment from

the main international development actors and organizations. But there have been questions raised about the appropriateness of approaches based on international legal orders such as that created by the Palermo Protocol (Giammarinaro, 2020).

A good example of the preference for large-scale solutions is ‘Developing Freedom,’ a project led by the United Nations University to provide direction for efforts to address SDG8.7. The report was particularly critical of the tendency of development actors to see HTMS as a safeguarding issue, as incidental or a risk to be managed in relation to other development goals, concluding that a safeguarding approach is an obstacle to a more strategic vision (Cockayne, 2021). However, in our experience, the wide-ranging and complex set of phenomena such as those covered by SDG8.7 would make it unlikely such a unified ‘grand strategy’ could eradicate HTMS. Progress will only be made by varied, differentiated and locally-driven, context-specific approaches which also prioritize human rights.

Safeguarding may therefore be a more appropriate concept to build a shared strategy, avoiding the language of ‘slavery’ – a terminology with obvious drawbacks in the international development space (Dottridge, 2017). An alternative is to centralize safeguarding in work to address SDG8.7, raising it to a strategic priority that can inform policy and programming but also provide a pathway for research and the funding process to foreground equitable partnerships and knowledge production. As has been demonstrated here, this approach can satisfy the urgent need for accurate and high-quality evidence about impacts but can also align with a shared commitment for research to be co-produced with in-country leadership and appropriate involvement of local researchers.

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