

PARTICIPATORY SEXUAL VIOLENCE AGAINST CHILDREN INCLUDING CHILD SEXUAL ABUSE (CSA) NORMS MAPPING FOR OAK PROJECT IN UGANDA

A DETAILED REPORT

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SUMMARY

This is a detailed report from a participatory social norms mapping exercise that was conducted by the International Center for Research on Women (ICRW) as support to the Western Uganda Bantwana Program (WUBP) to develop and adapt its monitoring systems to capture information about the implementation of the Child Sexual Abuse and Exploitation (CSAE) in its programme's logical framework and theory of change.

The contents of this report were generated from a participatory process that involved a Training workshop of Core and Field teams on the Social Norms Exploration Tool (SNET). The workshop generated information on behaviors of interest, main population groups, the target sites for norms mapping and number and category of participants to engage in rapid interviews.

Consequently, rapid interviews were conducted with the main population groups to identify their reference groups. The identified referenced groups were engaged in focused interviews following the 5 whys exercise as recommended in the SNET. This exercise generated various social norms that promote or prevent the behaviors of interest. The raw data about the norms was subjected to thematic analysis by the core and field teams to generate the Norm-Behavior Mapping Tables. In these tables, the norms were analyzed to determine which ones have a direct, indirect or minimum effect on the behavior of interest. The core team and field team further interrogated the norms versus their main groups and reference groups by answering whether or not the norm differs by social-economic, ethnic, or religious circumstances, how the norm aligns with the personal attitudes and preferences of the main groups and reference groups, what positive or negative sanctions are expected or enacted for adherence to/rejection of the norm, what level of agency do main and reference groups have in relation to the norm and the behavior and the kind of support the main and reference groups will get from or give to family members if they went against this norm. The results of this activity were presented in the Norms, Priority Groups, and Reference Groups Tables and consequently in form of norms profiles.

With this emerging information, community members were invited to discuss and validate the norms and make a decision using the decision tree on which norms to Fortify, Reframe, Shift and be Aware of.

Eventually 25 norms were validated and confirmed that promote or prevent the behaviors of interest associated with CSAE. Of these, it was decided that 10 be Fortified, 2 be Reframed, 11 be Shifted, and 2 be Aware of.

Consequently, the validated norms were subjected to further scrutiny by the core team to identify the desired future state of each of the norms and propose activities that can be incorporated into the WUBP. The information contained in this report should be further adapted by the core team to review the logical framework and theory of change and refine the WUB programme Monitoring and Evaluation (M and E) plan.

TABLE OF CONTENTS

SUMMARY	2
1. BRIEF BACKGROUND.....	5
2. INTERPRETATION OF THE TERMS OF REFERENCE.....	5
3. AIMS, OBJECTIVES AND ACTIVITIES	5
3.1 Aim	5
3.2 Specific objectives.....	6
3.3 Activities.....	6
4 METHODS.....	7
4.1 Target community.....	7
4.2 Tools for social norms mapping.....	7
4.3 Other tools and instruments required for social norms mapping.....	7
4.4 Timeline and Deliverables.....	7
4.5 Team that is working on the assignment.....	9
5. TASKS ACCOMPLISHED.....	10
5.1 Training workshop of Core and Field team on the SNET technique.....	10
The target sites and number of participants to engage in rapid interviews	12
5.2 Development of survey tools.....	13
5.3 Rapid interviews and identification of the reference groups	13
5.4 Focused Group Discussion (FGD) Interviews	23
5.5 Norm-Behavior Mapping.	29
5.6 Validation of Norms	45
5.7 Adoption of the validated norms into the WUB program	50
6 CONCLUSION.....	60
APPENDICES: TOOLS FOR THE SURVEY	61

1. BRIEF BACKGROUND

The International Center for Research on Women (ICRW) is a global research organization whose mission is to empower women, advance gender equality and fight poverty. In 2021, ICRW received a grant to provide technical support to OAK Foundation Grantees to integrate child sexual abuse and gender lens in the design of interventions to prevent and respond sexual violence against children. Also, ICRW is required to support each of the two grantees in developing and adapting their monitoring systems to capture information about the implementation of the CSA and gender integrated intervention toolkit. The goals of the participatory norms mapping and technical assistance services towards the local partner Western Uganda Bantwana Program (WUBP) include:

1. To map out reference groups and population sub-groups of behaviors underpinned by social norms associated child sexual abuse.
2. To map child sexual abuse social norms and the expectations and behaviors that support them.
3. To recommend adaptations to the program and Theory of Change/M&E Framework to better measure and track norm shifts and associated behaviors.

To meet these objectives, the ICRW sought the services of an experienced consultant (based in Western Uganda, Kabarole district with multi-lingual proficiencies) to undertake the activities leading to the attainment of these objectives. The consultant was expected to conduct a norms mapping exercise to inform program adaptation to deepen child sexual abuse (CSA) norm targeting in their program.

The consultant was expected to utilize participatory methodologies to build the capacity of the program to diagnose CSA norms to inform program adaptation and monitor shifts in behaviors and perceptions underpinned by CSA norms.

2. INTERPRETATION OF THE TERMS OF REFERENCE

The terms of reference provide to the consultant were clear. The details of the activities to be undertaken and the deliverables were specific. There were no any comments by the consultant to warrant any changes in the terms of reference.

3. AIMS, OBJECTIVES AND ACTIVITIES

3.1 Aim

The aim is to generate evidence for planning of inclusion social norms underpinning child sexual abuse for Western Uganda Bantwana Program (WUBP)

3.2 Specific objectives

1. To conduct a dedicated training of the process of the social norms mapping for the core team (Bantwana Staff) and the field team.
2. To map out reference groups and population sub-groups of behaviors underpinned by social norms associated child sexual abuse.
3. To map child sexual abuse social norms and the expectations and behaviors that support them.
4. To recommend adaptations to the program and Theory of Change/M&E Framework to better measure and track norm shifts and associated behaviors.

3.3 Activities

1. Conduct a workshop to understand the social norms mapping, decide on the behaviors of interest and the main population group.
2. Develop field tools for data collection for identification of reference groups.
3. Develop tools for focus group discussions with the reference groups.
4. Collect data on the social norms against the behaviors of interest.
5. Analyse the findings in light of the Bantwana programme Theory of Change and Log frame.
6. Write a short report on the emerging social norms.
7. Write a detailed report on the assignment.

4 METHODS

To undertake the social norms mapping exercise, qualitative methods were adopted.

4.1 Target community

The survey was conducted from the three districts of Kabarole, Bunyangabu, and Kyenjojo. The specific target communities are those where Bantwana implement its programme activities indicated below:

District	Specific target community
Kabarole	Kasenda SC and Hakibale SC
Bunyangabu	Kyamukube TC, Kisomoro SC, Nyakigumba TC, and Buheesi TC.
Kyenjojo	Nyabuharwa SC, Kihuura SC, Kyenjonjo TC, Butiiti SC and Kyarusenzi TC

The survey of social norms were also be conducted in sub-counties outside the areas of work of Bantwana for comparative purposes.

4.2 Tools for social norms mapping

Participatory norms mapping was conducted following the social norms exploration tool and methodology https://irh.org/wpcontent/uploads/2020/04/Social_Norms_Exploration_Tool_SNE_T-1.pdf.

4.3 Other tools and instruments required for social norms mapping

1. Tape recorders
2. Still camera
3. Video recorder
4. Computers
5. Block/sticky notes
6. Flip charts
7. Markers.
8. Screen.

4.4 Timeline and Deliverables

The entire assignment was planned for 20 days and spread over to 31st May 2022. The specific days committed to each of the activities are summarized in the table below.

Activity	Time frame	No. of days	Deliverable
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1 Plan and prepare for data collection	19th – 22nd April 2022		
1.1 Preparing an inception plan	19 th April 2022	1	An inception plan (with final work plan and tools)
1.2 Training of local implementing partner program team on social norms explorations and tools	20 th April 2022	1	A report
1.3 Work with the Core and Field Team to identify the Priority groups and the Reference Groups	21 st April 2022	1	
1.4 Work with the Core and Field Team to finalize the interview guide/Group discussion guides	22 nd April 2022	1	
2 Conduct field data collection	25th – 30th April 2022		
2.1 Conduct speed interviews with the Main Population Group(s)		1	
2.2 Identify and adapt selected exercise to behaviors of interest, Main Population Group(s) and their Reference Groups.		1	
2.3 Conduct group discussions with identified Main		3	

Population Group(s) and their Reference Groups.			
2.4 Using participatory rapid analysis methods, analyze and distill key findings for each target community		2	
2.5 Write and submit a results brief for each target community		2	
2.6 Collate the results briefs		2	
2.6 Validate the results brief		1	
2.7 Write and submit a final report		3	Final report with a cop
Total Days		20	

The 10 Days for the 2 field supervisors and 6 research assistants.
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4.5 Team that is working on the assignment

Name	Responsibility
Prof. Moses Muhumuza	Lead consultant. Responsible for administrative and technical management of the assignment and compilation and submission of reports.
Dr. Mark Kaahwa	Field Supervisor. Supervises the data collection process of the research assistants and compiles a summary of the finds from each of the target sites.
Mr. Paul Busobozi	Field Supervisor. Supervises the data collection process of the research assistants and compiles a summary of the finds from each of the target sites.
Six Research Assistants	Responsible for field data collection

5. TASKS ACCOMPLISHED

5.1 Training workshop of Core and Field team on the SNET technique

The training was conducted for 3 days (27th – 29th May 2022) in four sessions which included Ground setting, objectives and scope of the training. Understanding social norms, exploration of social norms for programming and field survey processes of social norms, validation and reporting. The participants were engaged in individuals and group exercises based on the SNET.

Below are some few pictures taken during the workshop





The output form the training workshop

From the workshop, the following outputs were generated:

Main population groups

The following categories emerged as the main population groups for the issue of child sexual abuse.

1. Care givers (Parents & Guardians)
2. Teachers (Sr.woman/man & Matron /Patron)
3. Children
4. LC1 chairpersons and committee members
5. The youth (19-25 years)
6. Teen mothers in school and out of school.

Behaviors of interest

The following behaviors of interest emerged form workshop

1. Silence about CSA
2. Not reporting CSA
3. Acceptance of CSA.
4. Urgency to intervene and prevent CSAE
5. Use of violence/Backlash in situations of CSA

The target sites and number of participants to engage in rapid interviews

The following 18 sites were identified for rapid interviews and social norms mapping.

No	Sub county	Schools	Justification
Kyenjojo			
1	Nyabuharwa	Mirongo, Badida and Rwebijuza	High number of cases reported
2	Kihuura	Bukora, Kawaruju and Gayoby	High number of cases reported Kawaruju is a ne community hence we can learn more from it
Kabarole			
3	Kasenda	Iruhura, Rwenkuba, Nyabweya	High number of cases reported

	Hakibale	Bunyoyi, Komyampere, Kyakatara	High number of case reported Buyonyi primary was selected for because of the limited number of cases reported
Bunyangabu			
	Buheesi	Kiboota, Kiryantama, Kyamatanga	
	Kisomoro	Kyamuhemba, Kinoni B, Nsongya	

For each site, 6 participants from each category of the Main population group were selected for rapid interviews.

Target	Phase one	Phase 2
Parents/caregivers Children Teachers	Rapid assessment Target participants: 36	FGD: 20
Parent/caregivers, youth Teachers (primary)	Caregivers: 6 Teachers: 6	
Parents/caregivers Teens (mothers) LCs	Teen mothers: 6 Youth 19-25(male) 6 Lcs: 6 Children	

5.2 Development of survey tools

The workshop information was beneficial for the development of survey tools for rapid interview and group discussions. The tools developed are shown in Appendix 1.

5.3 Rapid interviews and identification of the reference groups

Rapid interviews were conducted with the main population groups to identify their reference groups. Various reference groups were identified from each of the target sites as detailed in the tables below.

Reference groups identified from the main groups in Kabarole

Teen_mothers_Kabarole

	Frequency	Percent	Valid Percent	Cumulative Percent
Mother	20	35.7	35.7	35.7
Father	14	25.0	25.0	60.7
Grand Parent	4	7.1	7.1	67.9
Aunt	7	12.5	12.5	80.4
Boy friend	1	1.8	1.8	82.1
Sister in law	2	3.6	3.6	85.7
Woman Councillor	2	3.6	3.6	89.3
Maid	2	3.6	3.6	92.9
Culprit	1	1.8	1.8	94.6
Employer	1	1.8	1.8	96.4
PSW	1	1.8	1.8	98.2
Friend	1	1.8	1.8	100.0
Total	56	100.0	100.0	

Youth_Kabarole

	Frequency	Percent	Valid Percent	Cumulative Percent
CID	8	14.3	14.5	14.5
OC	5	8.9	9.1	23.6
Catechist	5	8.9	9.1	32.7
Parent	12	21.4	21.8	54.5
IMUM	5	8.9	9.1	63.6
CDO	5	8.9	9.1	72.7
PSW	7	12.5	12.7	85.5
LC1	4	7.1	7.3	92.7
Elder	2	3.6	3.6	96.4
VHT	2	3.6	3.6	100.0
Total	55	98.2	100.0	

Missing System	1	1.8		
Total	56	100.0		

Sch_children_Kabarole

	Frequency	Percent	Valid Percent	Cumulative Percent
Mother	12	21.4	21.4	21.4
Father	11	19.6	19.6	41.1
Teacher	8	14.3	14.3	55.4
care giver	1	1.8	1.8	57.1
Grand parent	7	12.5	12.5	69.6
Uncle	1	1.8	1.8	71.4
Sister	6	10.7	10.7	82.1
Aunt	2	3.6	3.6	85.7
Uncle wife	1	1.8	1.8	87.5
D-Headteacher	3	5.4	5.4	92.9
LC Chairman	1	1.8	1.8	94.6
senior woman	1	1.8	1.8	96.4
Woman	1	1.8	1.8	98.2
Councillor				
Brother	1	1.8	1.8	100.0
Total	56	100.0	100.0	

Parents_Caregivers_Kabarole

	Frequency	Percent	Valid Percent	Cumulative Percent
CID	1	1.8	1.8	1.8
OC	2	3.6	3.6	5.5
Catechist	1	1.8	1.8	7.3
Councillo r	1	1.8	1.8	9.1
IMUM	2	3.6	3.6	12.7
REV	3	5.4	5.5	18.2
Health_I C	4	7.1	7.3	25.5
CDO	12	21.4	21.8	47.3

	PSW	3	5.4	5.5	52.7
	LC1	3	5.4	5.5	58.2
	Elder	13	23.2	23.6	81.8
	VHT	9	16.1	16.4	98.2
	13	1	1.8	1.8	100.0
	Total	55	98.2	100.0	
Missing	System	1	1.8		
Total		56	100.0		

Prim_teachers_Kabarole

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	OC	2	3.6	3.6	3.6
	Catechist	1	1.8	1.8	5.5
	Parent	19	33.9	34.5	40.0
	IMUM	2	3.6	3.6	43.6
	REV	2	3.6	3.6	47.3
	Health_IC	1	1.8	1.8	49.1
	PSW	5	8.9	9.1	58.2
	LC1	2	3.6	3.6	61.8
	Elder	1	1.8	1.8	63.6
	VHT	7	12.5	12.7	76.4
	Headteacher	7	12.5	12.7	89.1
	SMC Chair	6	10.7	10.9	100.0
	Total	55	98.2	100.0	
	Missing	System	1	1.8	
Total		56	100.0		

LC1_Kabarole

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	CID	1	1.8	1.8	1.8
	OC	5	8.9	9.1	10.9
	Catechist	1	1.8	1.8	12.7

Parent	17	30.4	30.9	43.6
IMUM	1	1.8	1.8	45.5
REV	2	3.6	3.6	49.1
Health_IC	2	3.6	3.6	52.7
CDO	1	1.8	1.8	54.5
PSW	9	16.1	16.4	70.9
LC III	5	8.9	9.1	80.0
Chair				
Elder	2	3.6	3.6	83.6
VHT	9	16.1	16.4	100.0
Total	55	98.2	100.0	
Missing System	1	1.8		
Total	56	100.0		

Reference groups identified by main groups in Bunyangabu

Teen_mothers_Bunyangabu

	Frequenc y	Percent	Valid Percent	Cumulative Percent
Mother	24	36.4	38.1	38.1
Father	16	24.2	25.4	63.5
Grand Parent	3	4.5	4.8	68.3
Aunt	8	12.1	12.7	81.0
Boy friend	1	1.5	1.6	82.5
Sister in law	1	1.5	1.6	84.1
Valid Woman	2	3.0	3.2	87.3
Councillor				
Culprit	1	1.5	1.6	88.9
PSW	1	1.5	1.6	90.5
Peers	4	6.1	6.3	96.8
Health Worker	2	3.0	3.2	100.0
Total	63	95.5	100.0	
Missing System	3	4.5		
Total	66	100.0		

Sch_children_Bunyangabu

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Mother	17	25.8	27.0	27.0
Father	12	18.2	19.0	46.0
Teacher	5	7.6	7.9	54.0
care giver	1	1.5	1.6	55.6
Grand parent	6	9.1	9.5	65.1
Sister	6	9.1	9.5	74.6
Aunt	2	3.0	3.2	77.8
Uncle wife	1	1.5	1.6	79.4
D-Headteacher	2	3.0	3.2	82.5
senior woman	6	9.1	9.5	92.1
12	5	7.6	7.9	100.0
Total	63	95.5	100.0	
Missing System	3	4.5		
Total	66	100.0		

Youth Bunyangabu

	Frequency	Percent	Valid Percent	Cumulative Percent
CID	6	9.1	9.1	9.1
OC	5	7.6	7.6	16.7
Catechist	6	9.1	9.1	25.8
Parent	21	31.8	31.8	57.6
IMUM	4	6.1	6.1	63.6
REV	2	3.0	3.0	66.7
Valid Health_I C	9	13.6	13.6	80.3
CDO	4	6.1	6.1	86.4
PSW	7	10.6	10.6	97.0
LC1	1	1.5	1.5	98.5
Elder	1	1.5	1.5	100.0
Total	66	100.0	100.0	

Parents_Caregivers_Bunyangabu

	Frequency	Percent	Valid Percent	Cumulative Percent
CID	1	1.5	1.5	1.5
OC	2	3.0	3.0	4.5
Catechist	1	1.5	1.5	6.1
Councilor	1	1.5	1.5	7.6
IMUM	2	3.0	3.0	10.6
REV	7	10.6	10.6	21.2
Health_IC	4	6.1	6.1	27.3
CDO	12	18.2	18.2	45.5
PSW	8	12.1	12.1	57.6
LC1	5	7.6	7.6	65.2
Elder	12	18.2	18.2	83.3
VHT	10	15.2	15.2	98.5
13	1	1.5	1.5	100.0
Total	66	100.0	100.0	

Prim_teachers_Bunyangabu

	Frequency	Percent	Valid Percent	Cumulative Percent
OC	4	6.1	6.1	6.1
Catechist	1	1.5	1.5	7.6
Parent	20	30.3	30.3	37.9
IMUM	2	3.0	3.0	40.9
REV	1	1.5	1.5	42.4
Health_IC	1	1.5	1.5	43.9
PSW	3	4.5	4.5	48.5
LC1	2	3.0	3.0	51.5
Elder	15	22.7	22.7	74.2
VHT	13	19.7	19.7	93.9
Headteacher	2	3.0	3.0	97.0

SMC Chair	2	3.0	3.0	100.0
Total	66	100.0	100.0	

LC1_Bunyangabu

	Frequency	Percent	Valid Percent	Cumulative Percent
CID	1	1.5	1.5	1.5
OC	5	7.6	7.6	9.1
Catechist	3	4.5	4.5	13.6
Parent	25	37.9	37.9	51.5
IMUM	1	1.5	1.5	53.0
REV	2	3.0	3.0	56.1
Health_IC	2	3.0	3.0	59.1
Valid CDO	1	1.5	1.5	60.6
PSW	9	13.6	13.6	74.2
LC III Chair	2	3.0	3.0	77.3
Elder	2	3.0	3.0	80.3
VHT	11	16.7	16.7	97.0
Councillor	2	3.0	3.0	100.0
Total	66	100.0	100.0	

Reference groups identified by main groups in Kyenjojo

Teen_mothers_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Sister	5	7.6	7.9	7.9
Health-IC	12	18.2	19.0	27.0
Valid Parents	32	48.5	50.8	77.8
PSW	7	10.6	11.1	88.9
CDO	4	6.1	6.3	95.2
VHT	3	4.5	4.8	100.0

Total	63	95.5	100.0	
Missing System	3	4.5		
Total	66	100.0		

Sch_children_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Sister	8	12.1	12.5	12.5
Father	12	18.2	18.8	31.3
Mother	9	13.6	14.1	45.3
teacher	18	27.3	28.1	73.4
LC 1 chair	3	4.5	4.7	78.1
senior woman	2	3.0	3.1	81.3
Headteacher	11	16.7	17.2	98.4
9	1	1.5	1.6	100.0
Total	64	97.0	100.0	
Missing System	2	3.0		
Total	66	100.0		

Youth_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Head teacher	5	7.6	7.6	7.6
Parent	18	27.3	27.3	34.8
Grand parent	5	7.6	7.6	42.4
PSW	22	33.3	33.3	75.8
Councillor	2	3.0	3.0	78.8
CDO	2	3.0	3.0	81.8
Religious	10	15.2	15.2	97.0
8	1	1.5	1.5	98.5
9	1	1.5	1.5	100.0

Total	66	100.0	100.0	
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Parents_Caregivers_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid LC1 Chair	21	31.8	31.8	31.8
CDO	9	13.6	13.6	45.5
Woman Councillor	17	25.8	25.8	71.2
Social Worker	1	1.5	1.5	72.7
Parent	2	3.0	3.0	75.8
VHT	10	15.2	15.2	90.9
Health_IC	4	6.1	6.1	97.0
9	2	3.0	3.0	100.0
Total	66	100.0	100.0	

Prim_teachers_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Headteacher	31	47.0	47.0	47.0
Parents	10	15.2	15.2	62.1
LC1 Chair	2	3.0	3.0	65.2
SMC Chair	11	16.7	16.7	81.8
Senior Woman	6	9.1	9.1	90.9
Religious leader	4	6.1	6.1	97.0
PTA Chair	2	3.0	3.0	100.0
Total	66	100.0	100.0	

LC1_Kyenjojo

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid CID	1	1.5	1.5	1.5

OC	5	7.6	7.6	9.1
Catechist	3	4.5	4.5	13.6
Parent	25	37.9	37.9	51.5
IMUM	1	1.5	1.5	53.0
REV	2	3.0	3.0	56.1
Health_IC	2	3.0	3.0	59.1
CDO	1	1.5	1.5	60.6
PSW	9	13.6	13.6	74.2
LC III	2	3.0	3.0	77.3
Chair				
Elder	2	3.0	3.0	80.3
VHT	11	16.7	16.7	97.0
Councillor	2	3.0	3.0	100.0
Total	66	100.0	100.0	

Based on the above statistics showing the frequencies of the reference group across the Behavior of interest and across districts, the main reference groups that were considered for focus group interviews were selected as shown below:

Category 1: Main group represented by 1 member from each main group (6 members in total)

Category 2: This constituted 6 new categories as listed below:

1. Security: CID, OC station (2members)
2. Religious: Catechist, Pastor, Imum, Rev etc. (2members)
3. Health workers: In charge Health center III & VHT (2members)
4. Government workers: LCIII, CDO, Parish chief (2members)
5. Social workers: PSW & 1 NGO representative. (2members)
6. Elders: 60+ (2members)

5.4 Focused Group Discussion (FGD) Interviews

Each FDG was organized comprising a total of eighteen (18 participants). Gender balance was key and we ensured that both male and female participants were invited. Some picture below show highlights of the focused group discussion interviews.





The FGD were conducted following the 5 whys exercise as recommended in the SNET. This exercise generated various social norms that promote or prevent the behaviors of interest. The raw data about the norms was subjected to thematic analysis by the core and field teams to generate the findings summarized in the tables below.

Behavior of interest: Disclosure of CSAE	
Discourage	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Kitandugaho (It should not be the one to say it or I should not be responsible for notifying anybody)	-People always fear to report sexual abuse cases in their communities to avoid being blamed on what will happen next.
2. Ebikara munda bisemeza amalembo (It is better to remain quiet than spoiling the friendship)	-When issues regarding CSAE are not exposed or reported to the authorities, peace prevails. -When matters of CSAE are exposed, they result into hatred, it is better to keep quiet.
3. Ekitezire tikyenga (that is not fully grown up, cannot get ripe)	- When a girl grows up she gets married.
4. Biraahwa kasita birimu abakuru (The elders have intervened, the issues will be solved).	- When families intervene, they will solve the issues.
5.Omunaku tanyegerra	- The poor have no say, they rather keep their issues.
Behavior of interest: Encourage disclosure of CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Ekibi tikyesereka (Evil is never hidden)	-An evil act will be revealed, even when it is hidden, one time it will be revealed. It is better to disclose it.
2. That a child is a foundation of the family.	-Anything that happens to the child cannot be hidden.
3. Kuserekereza kusisa	- Secrecy is harmful.
4. Ekihemu tikimara bwire	- Shame lasts a short time.
5.Omwaana musingi gweka	- A child is the foundation of the home.

Behavior of interest: Silent on CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Ndakihondera nkooaha (who I am to show interest in this matter)	- Fear to be noticed by community members to be the one having the interest in the CSAE cases.
2. Biraahwa kasita birumu abakuru	- The elders have intervened in the matter, they have the best answers to the situation.
3. A woman is meant for marriage	- Girls are for marriage, thus it does not make a surprise if gets pregnant at the young age.
4. Kitanduho (it should not come from me attitude)	-The community holds an attitude that it should not come from me due to the consequence associated with reporting.

Behavior of interest: Report CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Ekibi bakitangira kara. (<i>That the situation is saved in its early stages</i>)	-Save the situation (CSAE case) before it escalates. Children are encouraged to report early than waiting.
2. Enkoko bagijunira n'Ekyaharruka	- An case should be handled early than waiting - An issue should be prevented before it happens.

Behavior of interest: Why the community accept CSAE?	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Ekitezire tikyenga (A child has grown, she is ready for marriage)	- The child is grown is a grown up, is fit for marriage. - The girl genital organs have shown that she is a grown, she has started has menstrual cycles)
2. Enyamunyu obwekura eriibwa ("That once a bunch of matooke is mature, is ready to be consumed")	- The child is free to enjoy herself, she has shown maturity.

3. Kiri hoona (It is normal, it is not for only me).	- It is not for me only, many are experiencing it.
4. Okyozaiire tonaga	- Child is a child irrespective of their conditions.

Behavior of interest: Why the community reject the CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Abaisiki tibazarra haka.	- It is forbidden for the girl to give birth from her parents' home.
2. Kuzarra muka kijogeesa eka	-That giving birth from home is a disgrace to the family
3. Ekibi tibakibyamira	-That evil is never hidden

Behavior of interest: Urgently prevent the CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Akati bakagorra kakyaaali kato	- Manage child behaviours when they are young, when they grow-up they become difficult.
2	- Prevention is better than cure

Behavior of interest: Slowness to prevent CSAE	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Bugubugu tuguba murro	- We take our time to handle issues, take it slowly.
2. Omukazi weena aswerwa kandi azaara.	- Every woman is meant for marriage (irrespective of the age)

Behavior of interest: urgency to prevent CSAE.	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Kulinda ekitiniisa ky'Omwisiki	- Keeping the dignity of the girl child.
2. Alinda kihweeyo acumita omukira	- Waiting longer you may end losing your target.

Behavior of interest: why people in the community promote use of violence in CSAE?	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Eka yaange tejoogwa	- My family is not undervalued.
2. Abandi barayegeraho	- It is a lesson for other people.

Behavior of interest: why people in the community limit use of violence in CSAE?	
Top five reasons (social norms) for the behavior of interest	Key discussion points
1. Obwiko butiinwa	- The fear of spoiling relationships.
2. Acuulire akizire (better remain calm)	- Silence is better.

5.5 Norm-Behavior Mapping.

The norm-behavior mapping process involved the analysis of each of the identified norms and generate tables where the norms were analyzed to determine which ones have a direct, indirect or minimum effect on the behavior of interest. The core team and field team further interrogated the norms versus their main groups and reference groups by answering whether or not the norm differs by social-economic, ethnic, or religious circumstances, how the norm aligns with the personal attitudes and preferences of the main groups and reference groups, what positive or negative sanctions are expected or enacted for adherence to/rejection of the norm, what level of agency do main and reference groups have in relation to the norm and the behavior and the kind of support the main and reference groups will get from or give to family members if they went against this norm.

The results of this activity were presented in the Norms, Priority Groups, and Reference Groups Tables shown below.

Child disclosure of CSAE

Current Norm	Behavior 1 Being Open	Behavior 2 Free discussion of CSAE
There is a belief that Ekibi tikiyesereka meaning that any bad thing will eventually come to light. (Evil is never hidden)	Indirect	Direct
It is believed that a child is a foundation of the family. So, children need to be protected	Direct	Direct
In this community it is believed that hiding evil causes more damage (Kuserekereza kuisa)	Direct	Direct

Disclosure of CSAE (Discourage)

Current Norm	Behavior 1 Being discreet	Behavior 2 Being insensitive
There is a general belief that it should not come from me. (Kitandugaho) . I should not be responsible for notifying anybody.	Direct	Direct
That it is better to remain quiet than opening up and spoil the friendship/relationship (Ebifera munda bisemeza amalembo)	Direct	Direct
There is a belief that a poor person cannot report; (Omunaku tanyegerra)	Direct	Direct

Reporting CSAE

Norms	Meaning	Silence on CSAE	Reporting CSAE
1.Ndakihondera nkooha (who I am to show interest in this matter)	In the community, people believe that if you are not a relative to the survivor, you don't need to report CSAE	Direct	Indirect
2. Biraahwa kasita birumu abakuru (The elders have entered into the matters)	- In the community, people believe if the elders have intervened in the matter, they have authority to decide to report or not to report CSAE.	Indirect	Indirect
3. A woman is meant for marriage	- In the community, when a girl gets breasts and goes into menstruation it means she has grown and can produce children hence meant for marriage	Direct	Indirect
4. Kitanduho (it should not come from me attitude)	-The community holds an attitude that it should not come from someone. For fear of being accused, due to the consequence associated with reporting.	Direct	No effect

5. Nanyina nawe akaswerwa yazaara (Even her mother got married and gave birth)	The community believe that if the mother got married and gave birth at an early age, its normal for a child too.	Direct	Indirect reporting
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Norm	Meaning	Silence	Reporting
2. Ekibi bakitangira kara. (An evil is <i>prevented early</i>)	-The community believe that reporting prevents further occurrence of the same CSAE to other children.	Direct	Indirect
3. Enkoko bagijunira n'Ekyaharruka (rescue the situation as possible)	- The community believe that such a CSAE should be reported there and then to avoid loss of evidence.	Indirect	Direct

Acceptance of CSAE

NORMS	Norm Build-up	The community Accepts CSAE	The community rejects CSAE
Ekitezire tikyenga	("what is not ready cannot ripen") (A girl who has menstruated, developed breasts is ready for marriage)	Direct	Indirect
Enyamunyu obwekura eriibwa	This is the same norm as the one above		
Kiri hoona	(It is normal, it is not for only me, it is happening everywhere).	Direct	Indirect
Okyozaire tonaga	"What you've given birth to, you don't throw"	The community upholds CSA due to the factor it's rampant and common (many survivors are seen living "normally")	
Abaisiki tibazarra haka. Kuzarra muka kijogeesa eka	"A girl child is not supposed to give birth from her parent's home"	Direct	Indirect
		The community won't punish/disown it's children because of any occurrences of child sexual abuse.	Direct
		Indirect	Direct

Ekibi tibakibyamira	One shouldn't keep silent about a bad doing in the community. We also think norm is meant for (Reporting or Disclosure)	A community keeps silent to save it's own respect, avoid punishments for the it's members.	Perpetrators limit the chances of committing CSA since the community is empowered to report.
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Urgency to prevent CSAE

NORM	BEHAVIOUR 1	BEHAVIOUR 2
	Slow to prevent CSAE	Urgently to prevent
Pressure in handling child sexual abuse is not a solution in reducing sexual abuse. (Bugubugu tuguba murro). Silence is created to harmonize through peace talks with the perpetrator to reach a certain compromise	Indirect (understand the way forward.) it's me as a parent where to report, what costs are involved, how many people to deal with.	Direct (to avoid causing more harm)
A girl is considered a woman after her menstruation regardless of age. (Omukazi weena aswerwa kandi azaara.) Family lineage and beliefs "if me the mother got married and gave birth at a young age am I not living."	Direct (see it as normal because it's what they went through)	Indirect (they do not think about it) no orientation offered by caregivers on how to handle themselves when they body changes.(adolescent identity and development)
A child is a foundation of a home. (Kulinda ekitiniisa ky'Omwisiki.) Parents have much hope in the children they believe "my child will be useful in the future.	Indirect (parents think girls are a source of income, parents believe that at the end of the day my daughter or girl will get married.)	Direct (parents protect their children because they expect the best out of them)
Waiting longer results to more harm. (Alinda kihweeyo acumita omukira).	Indirect	direct

Use of violence in CSAE

Norm	Behavior 1(promote the use of violence CSAE)	Behavior 2(limit the use of violence in CSAE)
<p>“Eka etajogwa.....”. Every household is autonomous and deserves utmost respect.</p>	<p>Direct</p> <ul style="list-style-type: none"> • It defends the perpetrator due to resource and power dynamics • The affected family feels helpless and lacks justice • The perpetrators use their power and resources to continuously abuse others 	<p>Indirect</p>
<p>Abandi barayegeraho. Others will learn a lesson.</p>	<p>Direct</p> <ul style="list-style-type: none"> • It sends a clear signal to the would be perpetrators 	<p>Indirect</p>
<p>Acuulire akizire Silence is better than reporting a case of child sexual abuse other than risking life.</p>	<p>Indirect</p> <ul style="list-style-type: none"> • It may indirectly contribute to enmity in the community. 	<p>Direct</p> <ul style="list-style-type: none"> • It limits physical confrontations.
<p>Obwiko butiinwa (the fear of having enmity when the child abuse occurs in a community thus spoiling relationships.</p>	<p>Indirectly</p> <ul style="list-style-type: none"> • It prevents hatred 	<p>Direct</p> <ul style="list-style-type: none"> • It creates room for negotiation through dialogue.

Norm 1: There is a belief that Ekibi tikyesereka meaning that any bad thing will eventually come to light. (Evil is never hidden)

Question	Priority Group 1 Teen Mother	Reference Group 1 Mother, Aunt, Grand parent	Reference Group 2 teacher
What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?	The norm applies to all irrespective of their circumstances	The norm applies to all irrespective of their circumstances	The norm applies to all irrespective of their circumstances
How does the norm align with their personal attitudes and preferences?	It doesn't align well with them	It gives them confidence to come out and speak about it	The teachers will feel empowered to address CSAE issues
What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?	There is appreciation for the children that come out to talk about the evil. Failure to adhere then the girl can be excommunicated from the home	The mothers are usually blamed for poor upbringing of the children	It doesn't apply to them
What level of agency do they have in relation to the norm and the behavior?	Low agency -they don't have choices	They influence decisions about the child	They influence as they send away the children from school for getting pregnant.
What kind of support will they get from or give to family members and reference	Guidance and counselling from their reference groups	They can get material moral and psychological support	They can get material moral and psychological support

groups if they went against this norm?

Question	Priority Group 1	Reference Group 1	Reference Group 2
	Children	Mother, Aunt, Grand parent	Teacher, PSW, VHT
What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?	No differences, a child is a child irrespective of their background	No differences at all	The difference lies in the fact children from different socioeconomic backgrounds receive different preferences by their teachers
How does the norm align with their personal attitudes and preferences?	It aligns well with their personal attitudes by raising their self esteem	The norm challenges parents to care for their children and bring them up well	The norm assists teachers and PSWs to have a positive attitude towards learners
What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?	When they adhere to the norm, they will be loved and regarded with high esteem	They are respected in the community and if they don't they become a laughing stock	Its impact is minimal
What level of agency do they have in relation to the norm and the behavior?	The level of agency is low	This norm is at the heart of caregivers and the family at large.	The level of agency is high for instance the protection

			in schools like CRC, SFI.
What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling which will put them in the line with family values	There is sensitization needed in terms of parenting curriculum and other programs that enhance family support system	Program for the teachers that enhance protection of children like SAPRT

Norm 2: It is believed that a child is a foundation of the family. So, children should be protected.

Question	Priority Group 1	Reference Group 1	Reference Group 2
	Teenage mothers	Mother, Aunt, Grand parent	Teacher, PSW, health in charge
What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?	This norm applies to all	This norm applies to all	These will open up on the issue to provide services to the survivor while upholding the confidentiality principle
How does the norm align with their personal attitudes and preferences?	They don't understand the magnitude of this norm. sometimes it is shaming to them for evil to be put out to	They don't understand the magnitude of this norm. sometimes it is shaming to them for evil to be put out to light	It is their responsibility to provide services and keeping evil will cause more harm in

	light unless there is high confidentiality level	unless there is high confidentiality level	the community
What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?	If the evil is hidden the teen mothers will not get services required like ANC so they are forced to talk about it hence coming to light.	When they open up the community blames the family for having spoilt children	It is a role for teachers to open up so that the children get services that are required
What level of agency do they have in relation to the norm and the behavior?	They can get peer, family and other people's support to make healthy choices.	They look for peer support in terms of counselling and guidance on what to do next. The mothers influence the child in the decision making i.e. getting married or what to do with the pregnancy	They encourage the children to disclose so that they get the needed help
What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling	Guidance and counselling	Sensitizing them on the advantages of opening up so that their children get the needed help

Norm 3: In this community it is believed that hiding evil causes more damage **(Kuserekereza kusisa)**

Question	Priority Group 1	Reference Group 1	Reference Group 2
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Teenage mothers

Mother, Aunt, Grand parent

Teacher, PSW, health in charge

What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?	This norm applies to all	This norm applies to all	These will open up on the issue to provide services to the survivor while upholding the confidentiality principle
How does the norm align with their personal attitudes and preferences?	They don't understand the magnitude of this norm. sometimes it is shaming to them for evil to be put out to light unless there is high confidentiality level	They don't understand the magnitude of this norm. sometimes it is shaming to them for evil to be put out to light unless there is high confidentiality level	It is their responsibility to provide services and keeping evil will cause more harm in the community
What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?	If the evil is hidden the teen mothers will not get services required like ANC so they are forced to talk about it hence coming to light.	When they open up the community blames the family for having spoilt children	It is a role for teachers to open up so that the children get services that are required
What level of agency do they have in relation to the norm and the behavior?	They can get peer, family and other people's support to make healthy choices.	They look for peer support in terms of counselling and guidance on what to do next.	They encourage the children to disclose so that they get

		The mothers influence the child in the decision making i.e. getting married or what to do with the pregnancy	the needed help
What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling	Guidance and counselling	Sensitizing them on the advantages of opening up so that their children get the needed help

Norm 4: There is a general belief that it should not come from me. (Kitandugaho).

c	Priority Group 1 Caregivers	Reference Group 1 Elders, religious leaders	Reference Group 2 VHT, CDOs
What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?	It differs based on ethnic, socioeconomic and religious circumstances	It differs based on ethnic, socioeconomic and religious circumstances	No differences as regards VHT and CDOs
How does the norm align with their personal attitudes and preferences?	I don't care attitude	I don't care attitude	It doesn't apply
What positive or negative sanctions do they expect or enact for adherence	Caregivers are castigated especially when the information emerges in the community.	Caregivers are castigated especially when the information emerges in the community.	It's the mandate for the above group to

to/rejection of the norm?	If you don't adhere to the norm, you would face isolation from the community and family members	If you don't adhere to the norm, you would face isolation from the community and family members	disclose the information so that the survivor gets services
What level of agency do they have in relation to the norm and the behavior?	It is something promoted by the community members	It is something promoted by the community members	They encourage the community members to talk about the issues so that the children get needed assistance
What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	They are castigated for failing to report because that's their duty

Norm 5: There is a belief that a poor person cannot report; (Omunaku tanyegerra)

Question	Priority Group 1 Caregivers	Reference Group 1 Elders, religious leaders	Reference Group 2 VHT, CDOs
What are their social-economic circumstances? Does the norm differ by social-economic, ethnic,	It differs based on ethnic, socioeconomic and religious circumstances	It differs based on ethnic, socioeconomic and religious circumstances	No differences as regards VHT and CDOs

or religious circumstances?			
How does the norm align with their personal attitudes and preferences?	I don't care attitude	I don't care attitude	It doesn't apply
What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?	Caregivers are castigated especially when the information emerges in the community. If you don't adhere to the norm, you would face isolation from the community and family members	Caregivers are castigated especially when the information emerges in the community. If you don't adhere to the norm, you would face isolation from the community and family members	It's the mandate for the above group to disclose the information so that the survivor gets services
What level of agency do they have in relation to the norm and the behavior?	It is something promoted by the community members	It is something promoted by the community members	They encourage the community members to talk about the issues so that the children get needed assistance
What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	They are castigated for failing to report because that's their duty
Question	Priority Group 1 Caregivers	Reference Group 1	Reference Group 2

<p>What are their social-economic circumstances? Does the norm differ by social-economic, ethnic, or religious circumstances?</p>	<p>It differs based on ethnic, socioeconomic and religious circumstances</p>	<p>It differs based on ethnic, socioeconomic and religious circumstances</p>	<p>No differences as regards VHT and CDOs</p>
<p>How does the norm align with their personal attitudes and preferences?</p>	<p>I don't care attitude</p>	<p>I don't care attitude</p>	<p>It doesn't apply</p>
<p>What positive or negative sanctions do they expect or enact for adherence to/rejection of the norm?</p>	<p>Caregivers are castigated especially when the information emerges in the community. If you don't adhere to the norm, you would face isolation from the community and family members</p>	<p>Caregivers are castigated especially when the information emerges in the community. If you don't adhere to the norm, you would face isolation from the community and family members</p>	<p>It's the mandate for the above group to disclose the information so that the survivor gets services</p>
<p>What level of agency do they have in relation to the norm and the behavior?</p>	<p>It is something promoted by the community members</p>	<p>It is something promoted by the community members</p>	<p>They encourage the community members to talk about the issues so that the children get needed assistance</p>

What kind of support will they get from or give to family members and reference groups if they went against this norm?	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	Guidance and counselling Protect the person's identity Helping him or her to know where to report or referral pathway	They are castigated for failing to report because that's their duty
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5.6 Validation of Norms

For the validation of Norms, community members were invited to discuss the findings from the field and make a decision using the decision tree on which norms to Fortify, Reframe, Shift and be Aware of.

Eventually 25 norms were validated and confirmed that promote or prevent the behaviors of interest associated with CSAE. Of these, it was decided that 10 be Fortified, 2 be Reframed, 11 be Shifted, and 2 be Aware of. These are presented in the tables below.

Child disclosure of CSAE

To reveal an incident of CSAE to a peer or parent or caregiver or any other person in the community by the affected child.

[Local language interpretation: Kugambiraho omuntu ondi]

<p><i>Main groups</i></p> <p><i>Teen Mother, Children, Caregivers</i></p> <p><i>Reference groups</i></p> <p><i>Mother, Aunt, Grand parent, teacher, Para Social Worker, Village Health Team (VHT) member, Health in charge, Elder, Religious leader, Community Development Officer (CDO)</i></p>	
Norms that promote the behavior of a child disclosing CSAE	Norms that prevent the behavior of a child disclosing CSAE
<p>1. Any bad thing will eventually come to light <i>[Ekibi tikiyesereka].</i> <i>[Ekibi tibakibyamira]</i> <i>Fortify the norm</i></p> <p>2. A child needs to be protected as is a foundation of a family.</p>	<p>1. The community believes that one should not be an alarmist. <i>[Kitandugaho].</i> <i>Shift the norm</i></p> <p>2. It is better to remain quiet than opening up and spoil the friendship/relationship</p>

<p><u>Fortify the norm</u></p> <p>3. Hiding evil causes more damage [<i>Kuserekereza kusisa</i>] <u>Fortify the norm</u></p>	<p>[<i>Ebifera munda bisemeza amalembo</i>] <u>Shift the norm</u></p>
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Reporting about CSAE

To take a CSAE incident to people in authority to use justice to address it.

[*Local language interpretation: Kunyegerra*]

<p><u>Main groups</u> Care givers, Teachers</p> <p><u>Reference groups</u> Chairman LC.1, Elder, Head teacher, Police, Community development officer (CDO), Grand parent, clan leader</p>	
Norm that promotes the behavior of an adult reporting CSAE	Norms that prevent the behavior of an adult not reporting (i.e keeping quiet) CSAE
<p>1. Any situation is saved in its early stages [<i>Ekibi bakitangira kara</i>] [<i>Enkoko bagijunira n'Ekyahababuka</i>]. <u>Fortify the norm</u></p>	<p>1. One cannot show interest in a matter that is not directly associated with. [<i>Ndakhondera nkooha</i>] <u>Shift the norm</u></p> <p>2. If an issue involves people who are already in authority and have power (such as the rich and chair men) then it is left such people to handle them. [<i>Biraahwa kasita birumu abakuru</i>]. <u>Shift the norm</u></p> <p>3. A child is expected to get married at puberty. <u>Shift the norm</u></p> <p>4. One should not make any alarm that will eventually lead them to blame. [<i>Kitanduho</i>] <u>Shift the norm</u></p>

	<p>5. It is better for one to remain silent than to reporting and risk his/her life. [<i>Acuulire akizire</i>] <u>Shift the norm</u></p> <p>6. A poor person does not have the capacity to report and successfully pursue a case [<i>Omunaku tanyegerra</i>] <u>Shift the norm</u></p>
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Acceptance of CSAE

To recognize a CSAE situation and take it part of normal life within a community.

[*Local language interpretation: Kutware esnonga nketkiti ekikwibirizibwa rundi
Kutwara ensonga nkekintu ekyabulikiro*]

<p><i>Main groups</i> Care givers, Teenage mother,</p> <p><i>Reference groups</i> Elder, Clan leader, care giver, teenage mother, religious leader</p>	
Norm that promotes the behavior of rejecting CSAE	Norms that prevent the behavior rejecting (i.e accepting) CSAE
<p>1. A girl child is not supposed to give birth when still living under the roof of her parents' home. [<i>Omwana Mwisiki tazarra haka</i>] <u>Fortify the norm</u></p>	<p>1. A girl who has menstruated/developed breasts is ready for sexual encounter/ marriage) [<i>Ekitezire tikyenga</i>] <u>Reframe the norm</u></p> <p>2. If an issue no matter how bad takes place frequently in homes, it is regarded as normal [<i>Kiri hoona</i>] <u>Shift the norm</u></p> <p>3. One cannot ill-treat or disenfranchise his/her own child [<i>Okyozaaire tonaga</i>] <u>Reframe the norm</u></p> <p>4. If one's mother gave birth/got marriage at underage and survived it is okay for any of her daughter to follow suit.</p>

	<u><i>Shift the norm</i></u>
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Urgency for CSAE prevention

The time it takes to take action to prevent an impending CSAE. If it takes a short time (immediately) it is fast and urgent, if it takes days or weeks then it is slow and not urgent.

[Local language interpretation: Kukwanta ensonga mu bwangu].

<p><i>Main groups</i> Caregivers, Teens</p> <p><i>Reference groups</i> Elder, LC1 chairperson, Care giver</p>	
Norms that promote the behavior of handling issues of CSA with Urgency	Norm that prevents the behavior of handling the issue of CSA with Urgency
<p>1. A child (both biological and non-biological) is a foundation of a home so her protection should be handled swiftly all the time. <u><i>Fortify the norm</i></u></p> <p>2. Parents usually have much hope in the children as they believe to rely on their children for support in future. <u><i>Be aware of the norm</i></u></p> <p>3. If one waits longer to address an issue does not get any benefit. <i>[Alinda kihweeyo acumita omukira].</i> <u><i>Fortify the norm</i></u></p>	<p>1. “Pressure” in handling child sexual abuse is not a solution in reducing sexual abuse. <i>[Bugubugu tuguba murro].</i> <u><i>Shift the norm</i></u></p>

Violence associated with CSAE

Forceful and destructive approach to CSAE.

[Local language interpretation: Kurwanisa, Kutinisiriza, Kuteera, Kusiisa ebintu]

<p><i>Main groups</i> Fathers/Husbands</p>
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Reference groups

Mother, Children, Teen mothers, Male youth

Norms that promote the use of non-violence means issues of CSA	Norms that promote the use of violence in CSA
<p>1. There are some homes and the members therein that are highly feared and dealt with carefully. <i>[Amaka agamu tigajogwa]</i> <u><i>Fortify the norm</i></u></p> <p>2. Some people fear to create permanent enmity with others and hence avoid CSAE <i>[Obwiko butiinwa]</i> <u><i>Fortify the norm</i></u></p> <p>3. A child is generally considered vulnerable and should not be treated like an adult. <i>[Omwana aikara ali mwana]</i> <u><i>Fortify the norm</i></u></p>	<p>1. Use of violence is a lesson to others. <i>[Abandi barayegeraho]</i> <u><i>Be aware of the norm</i></u></p>

5.7 Adoption of the validated norms into the WUB program

The core team worked through the validated norms to identify the future state of each of the norms that were decided to be shifted or reframed and assess the difficulty of change, adapt it into the programme by reviewing the logical framework and theory of change and refine the programme Monitoring and Evaluation (M and E) plan. A workshop was conducted to integrate social norms into existing activities or activities under development and identify gaps where additional work is needed. A summary of behaviours, attitudes, and influential CSA norms were presented. The information enabled the review of the WUBP logic model, to facilitate review of activities, refine activities to ensure they address the identified CSA norms, assess risks and Co-create a revised WUBP logic model

The following were generated by the core team as activities associated with each norm that can be adopted into the WUBP.

Current state	Decision	Future state - Positive alternative (Ideally determined by the community following dialogue, debate, reflection)	Activities
<p>Most people in my community think that having sex with a girl who has reached puberty is normal. [<i>Ekitezire tikyenga</i>]</p> <p>Girls who reach puberty stage are expected to start having sex. (So.....)</p>	<p>Shift/change</p>	<p>Very young adolescents who have gone/going through puberty are not expected to have sex</p> <p>Out of school are not expected to have sex</p>	<p>Elder, Clan leader, care giver, teenage mother, religious leader</p> <ul style="list-style-type: none"> • creating awareness through community sensitization /dialogues (Mass media, parenting groups, schools - sports & teachers & school nurses/matron etc) - Identify positive deviants to champion CSA detection, prevention and response activities - Conduct in-school and out of school adolescent-dialogues on puberty and expected behaviour - Hold mis-information, mis-perception and myth bursting dialogues with clan leaders and elders on appropriate time and age for girls to start sexual intercourse - Orient religious leaders on how CSA manifests - Work with religious leaders to co-produce and integrate harmful CSA messages in their routine sermons and teachings - Identify and teach girls who reach puberty how to make menstrual pads - Integrate CSA detection, prevention and response messages in lunch and learn sessions - Engage education, health and/or social welfare cultural ministers to promote the new norm through kingdom structures • Use of mass media-radio talk shows,print.

			<ul style="list-style-type: none">• Activities targeting to build children’s life skills-CRC, GRS,• Activities that target parents-SINOVUYO• Activities that target adolescent boys/youth-coaching boys into men• Activities that target teachers-Lunch and learn• Targeted activities with religious and cultural leaders
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<p>Some people in my community consider one an alarmist if he/she discloses incidents of child sexual abuse. [<i>Kitandugaho</i>].</p> <p>People are not expected to disclose incidents of CSA, those who do are considered alarmists</p> <p>(sanction - descriminated, threatened. Parents also dont want the shame that comes with disclosure)</p>	<p>Shift/change</p> <p>Create new reference group</p>	<p>Anyone who witnesses a CSA risk or case is expected to report, speak out and/or intervene.</p>	<p>Teen Mother, Children, Caregivers</p> <p>Reference groups</p> <p>Mother, Aunt, Grand parent, teacher, Para Social Worker, Village Health Team (VHT) member, Health in charge, Elder, Religious leader, Community Development Officer (CDO)</p> <ul style="list-style-type: none"> - Identify people (from reference groups) who are willing and able to champion the cause of reporting and/or intervening in CSA (Positive deviants) - Use of radio talk shows, print and community groups to popularise 116 - Sensitize VCCMCs on CSA advocacy - Targeted activities with religious and cultural leaders - Popularise the child helpline (116), create a district/CDO helpline of protecting the whistle blowers - Train teachers on and adapt the Early warning system to health workers (including VHTs), LCs and religious leaders - Adapt the "Kangabaije" - Community EWS
<p>Most people in my community think that a child needs to be protected as is a foundation of a family</p>	<p>comfirm and promoting it</p>	<p>we can use it under a harmful norm- used to reinforce (adapt it to another norm but not a stand alone</p>	<ul style="list-style-type: none"> • Positive parenting training for caregivers (sinovuyo) Single gender sessions that encourages and promotes positive relationships btn children and their caregivers. (<i>what time are we meeting men?? which sessions encournage shared decision making?? where do we find them?</i>)<i>eg children benefit more when parents attend as couples) sessions in sinovuyo that builds certin skills)- What creative ways can we reach out to caregivers</i>

			<p><i>especially the male</i></p> <ul style="list-style-type: none"> • Community sensitization programs such as community dialogues that emphasize the importance and values of children. • VSLAs and other economic strengthening programs that enable caregivers provide basic needs for their children in children in the group and community.
<p>Most people in my community expect a girl child not to give birth when still living under the roof of her parents' home. [Omwana Mwisiki tazarra haka] <i>Girls who get pregnant are expected to leave their parents home</i></p>	<p>shift the norm</p>	<p>respectable girls are not expected to have sex before marriage - <i>responsible parents are expected to continue caring for their pregnant girls -kyokwesimisa kuba omwana wange mulinda akaswerwa myaka kandi akazara ahikire</i></p>	<p><i>Elder, Clan leader, care giver, teenage mother, religious leader</i></p> <ul style="list-style-type: none"> • <i>Positive parenting training - SINOVUYO that encourage and promotes positive relationships btm children and their caregivers.</i> • <i>community dialogues with caregivers, parents, religious leaders and the clan leaders that emphasize the importance and values of children</i> • VSLAs and other economic strengthening programs that enable caregivers provide basic needs for their children. • CRC and GRS programs that create awareness on protective assets, children's rights and the referral pathways. • Girltalk sessions that promote making of re-usable pads and retention of girl-child in schools <i>-life skills training for girls to for targeted ages</i> • <i>Map and utilize the role models as achange agents - advocacy skilling</i> • <i>use of media and MDD sessions to raise awareness- how does the community look at it the acceptable forms and messaging (use of the community influencers)</i> • <i>the pss for caregivers with child surviors (can be linked to sinovuyo training, support groups</i>

			<p><i>and professional) intergating messages into the existing</i></p>
<p>Some people in my community think that they cannot report child sexual abuse when the child involved is not closely related to them.<i>[Ndakihondera nkooha (people think that childrenyou will follow it as who</i></p>		<p>it's a collective responsibility to keep children safe in the community <i>promote social accountability for community action (interface sessions, measurements)</i></p>	<p>reference group: Chairman LC.1, Elder, Head teacher, Police, Community development officer (CDO), Grand parent, clan leader/cultural leaders - create safe spaces in schools and community levels - hold community dialogues - community score card - legal outreaches (para legals) Involve the parents, caregivers and the impacted group (children) together to become aware, realize the impact of a norm and address it through positive parenting messages. - <i>how can we strengthen the VCCMC committees</i></p>

<p>Most people in my community think that a poor person does not have the capacity to report and successfully pursue a CSAE case [<i>Omunaku tanyegerra</i>] (power dynamics and authority and gender</p>		<p>covered under ndakihondera onkoha - it's a belief</p>	<p>Poor person has to be empowered and the government system has to be sensitized but it's a bit challenging when the sensitized are transferred each time from one place to another.</p>
<p>A child who is not in school is not considered a child <i>and so?? Non provision of basic needs, prone to marriage and sexual abuse, etc</i> <i>Not everything that is seen is talked about [tibiri byona ebibarooro babibaza]</i> <i>can we relate this to incest</i></p>		<p>all children deserve equal protection and provision from their parents either in school or out of schools <i>children are not ready to stay on their own</i></p>	<p><i>.behavior change and communication related activities</i> <i>.develop communication messages targeting the promotion of positive parenting and prevent the teen pregnancies and early marriages</i> <i>. goal setting and afframing aspiration for both boys and girls for the children (and can be enforced and promoted by the parent) eg if a girl or boy wants to be a pilot the parent can prevent the marriages until their children acheive the goals</i> <i>. identify role models to support</i> <i>. offer incentives to schools that can keep girls in school and even compete for them</i> <i>.we need to check if the sensitive topics that build the empowered of children</i></p>

			<p>Through community dialogues, single gender session and other platforms that target caregiver to help them realize children at a certain age (below 18) cannot make decisions on their own “a child remains a child no matter the circumstances.”</p>
<p>Fathers are expected to be sole providers for the child’s basic needs Transform the norm to</p>	<p><i>(refer to the above norm)</i></p>	<p>“it’s the responsibility of both parents to provide basic needs/decisions that on CSA aganistfor children”</p>	<p>What might make achieving the new norm easier? (Take notes below) In the legal laws there is no where it is stated that the father should be the only provider of basic needs however it calls for both parents. This can be seen also at the religious levels. This collective responsibility to avoid future un expected harm in the future like if we consider the father alone he may use it as a controlling factor and if he can’t provide he is stressed loses respect and children may be neglected. the current law that needs to popularised in the dialogues "family and succession act" think about the messages . gender equaity in the division of labor and roles (its a power issue)</p>

			<ul style="list-style-type: none"> . intimate patterner violence (IPV) - what approches have worked or adopted . Joint decision making for example if a child is abused the mother can easily report the case .child/adult power balance eg the power to say no to abuse, or withhold of basic needs when the children say and mean no . skill building for the children to negotiate
<p>Not everything that is seen is talked about [tibiri byona ebibaroorra babibaza] <i>can we relate this to incest</i></p>		<p>transfer to the one on protection from both parents</p>	<p>Through parenting s we need to check if the sensitive topics that build the empowered of children</p>
<p>Don't put on what will a shame you/ don't put on (ekirakuhemura okijwarana</p>		<p>transfer to enrich kitandugaho</p>	<p>Parenting session, CRC, MDD/debates</p>

<p>Boys and men have the right to have sex without consequences or reprimands Girls have a right to say no to sex if they don't want too. The community expects girls/women to always accept sexual advances from boys/men norm:Boys/men are entitled to have sex without consequences or reprimand.</p>	<p><i>There are negative consequences when a boy/man sexually abuses/ exploits a child (under 18)</i></p> <p><i>A real man/boy protects a girls from being sexually abused / exploited</i></p> <p><i>Boys/men have the power to safeguard girls from sexual abuse and exploitation without any consequences</i></p>	<p><i>reference groups: elders, parents, caregivers, religious groups, leaders of informal groups like bodabodas</i></p> <p>Through community dialogues radio programs, FGDs MDDs, parenting sessions</p> <p>activities:</p> <ul style="list-style-type: none"> - dialogues - coaching boys into men / positive masculinity (patriacal norms) - early warning systems - SBCC messages <p>'what kind of incentives are we providing to promote' people should weigh the cost of the consequences vs the refer to promondo</p>
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6 CONCLUSION

This report has detailed the process of social norms mapping that was conducted by the International Center for Research on Women (ICRW) as support to the Western Uganda Bantwana Program (WUBP) to develop and adapt its monitoring systems to capture information about the implementation of the Child Sexual Abuse and Exploitation (CSAE) in its programme's logical framework and theory of change. The report has revealed norms which have been validated that promote or prevent the behaviors of interest associated with CSAE and indicated which norms should be fortified, reframed, shifted and be aware of. Additionally, future state of each of the norms and the activities that need to be incorporated into the WUBP. The information contained in this report should be further adapted by the core team to review the logical framework and theory of change and refine the WUB programme Monitoring and Evaluation (M and E) plan.

APPENDICES: TOOLS FOR THE SURVEY

RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR TEACHERS (Sr. Woman/man, Matron /Patron and Primary school teachers)

INTRODUCTION AND CONSENT

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by Bantwana in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: silence and not reporting Child Sexual Violence and exploitation, forced child marriage and Teen Pregnancy. The interview should take less than 20 minutes.

I will be taking notes during the session to record your answers. Our interview is between only you and me. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent to participate in this interview

Name: _____ Signature: _____

Location:	Date:
Interviewer:	Category of the respondent:

Thank you for accepting and giving you consent to participate in this interview. Now I will proceed by asking you some questions

[First explain to the participant what child sexual abuse means and its forms as well as forced child marriage and how it manifests]

	Questions about Silence/Not reporting CSA				Questions about Forced Child Marriage			
	From whom do you seek advice from about a CSA?	From whom do you seek information on whether or not to report about CSA?	Who gives you support (Financial, Moral and resources) when you or not report about a sexually abused child?	From whom do you actually get advice on how to treat a situation on a CSA and how is that person related to you?	Whom do you seek advice from about forced child marriage?	To whom do you seek information on what to do when you encounter a situation of a forced child marriage?	Who gives you support (Financial, Moral and resources) on how to deal with a situation of a forced child marriage?	From whom do you actually get advice about a situation of forced child marriage and how is that person related to you.
Participant 1								
Participant 2								
Participant 3								

	Questions about Silence/Not reporting CSA				Questions about Forced Child Marriage			
	From whom do you seek advice from about a CSA?	From whom do you seek information on whether or not to report about CSA?	Who gives you support (Financial, Moral and resources) when you or not report about a sexually abused child?	From whom do you actually get advice on how to treat a situation on a CSA and how is that person related to you?	Whom do you seek advice from about forced child marriage?	To whom do you seek information on what to do when you encounter a situation of a forced child marriage?	Who gives you support (Financial, Moral and resources) on how to deal with a situation of a forced child marriage?	From whom do you actually get advice about a situation of forced child marriage and how is that person related to you.
Participant 4								
Participant 5								

Participant 6								
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Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen under your care gets pregnant?	From who do seek information on whether or not to isolate a child/teen in case of pregnancy?	Who gives you support (Financial, moral and resources) to do what you have decided in case a child/teen under your care gets pregnant? and how is this person related to you?	From whom do you actually get advice and listen to on what to do to a child/teen under your care that gets pregnant?
Participant 1				
Participant 2				

Participant 3				
Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen in your school gets pregnant?	From who do seek information on whether or not to isolate a child/teen in case of pregnancy?	Who gives you support (Financial, moral and resources) to do what you have decided in case a child/teen in your school gets pregnant? and how is this person related to you?	From whom do you actually get advice and listen to on what to do to a child/teen in your school gets pregnant?
Participant 4				
Participant 5				

Participant 6				
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At the end of interviewing each participant: Thank you for your time and useful ideas. These will be helpful for the Bantwana programme and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?

**RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR CHILDREN
(Below the age of 18)**

INTRODUCTION AND CONSENT

[This part should be introduced to both the child and their parents/ caregivers such that the parents/caregivers first give consent for the children]

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by the Bantwana in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse that are important in your community. The specific topics we'll talk about in this interview include: silence and not reporting Child Sexual Violence. The interview should take less than 20 minutes.

I will be taking notes during the session to record your answers. Our interview is between only the child and me. Your responses will only be shared with only the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing for your child to participate in this interview?

If yes, please sign here to give your consent for your child to participate in this interview

Name (Parent/Care giver): _____ Signature: _____

Name of the child for whom consent has been provided _____

Location:	Date:
Interviewer:	Category of the respondent:

Thank you for accepting and your parent/guardian giving me consent to participate in this interview. Now I will proceed by asking you some questions **[Before starting to question first explain to the participant about what sexual abuse and exploitation means and its forms]**

Questions about Silence/Not reporting CSAE				
	Whom do you trust to speak with about any issue of child sexual abuse?	From whom have you sought information or guidance from on whether or not to report or speak about an issue of child sexual abuse and how is this person related to you?	Whom do you rely on for support (Financial, moral and resources) when in a situation of sexual abuse as a child.	From whom do you actually get advice on how to handle a situation of CSAE and how is this person related to you?
Participant 1				
Participant 2				
Participant 3				

Questions about Silence/Not reporting CSAE				
	Whom do you trust to speak with about any issue of child sexual abuse?	From whom have you sought information or guidance from on whether or not to report or speak about an issue of child sexual abuse and how is this person related to you?	Whom do you rely on for support (Financial, moral and resources) when in a situation of sexual abuse as a child.	From whom do you actually get advice on how to handle a situation of CSAE and how is this person related to you?
Participant 4				
Participant 5				
Participant 6				

At the end of interviewing each participant: *Thank you for your time and useful ideas. These will be helpful the Bantwan Programe and for the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?*

RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR PARENTS AND CAREGIVERS

INTRODUCTION AND CONSENT

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by the Bantwan in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: silence and not reporting Child Sexual Violence and exploitation, forced child marriage and child isolation as a result of Teen pregnancy. The interview should take less than 20 minutes.

I will be taking notes during the session to record your responses. Our interview is between only you and me. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent to participate in this interview

Name: _____ Signature: _____

Location:	Date:
Interviewer:	Category of the respondent:

Thank you for accepting and giving your consent to participate in this interview. Now I will proceed by asking you some questions

[First explain to the participant what child sexual abuse and exploitation, forced child marriage and child isolation as a result of pregnancy mean and how they manifest]

	Questions about Silence/Not reporting CSA				Questions about Forced Child Marriage			
	Whom do you trust to talk with about any issues of CSA concerning a child under your care?	From who do seek information on whether or not to report or to keep quiet if your child is sexually abused or exploited and how is this person related to you?	Who gives you support (Financial. Moral and resources) when you decide to report or not report about a sexually abused child?	From whom do you actually get advice on whether or not to report a sexually abused child under your care and how is this person related to you?	Whom do you seek advice from about whether or not to engage a child under your care into marriage?	Whom do you trust to talk with about an issue of marriage of a child under your care and how is this person related to you?	Who gives you support (Financial. Moral and resources) in a situation of forced marriage of a child under your care and how is this person related to you?	From whom do you actually listen to and get advice on whether or not to engage a child in your care into marriage and how is this person related to you?
Participant 1								
Participant 2								
Participant 3								

	Questions about Silence/Not reporting CSA				Questions about Forced Child Marriage			
	Whom do you trust to talk with about any issues of CSA concerning a child in your care?	From who do seek information on whether or not to report or to keep quiet if your child is sexually abused or exploited and how is this person related to you?	Who gives you support (Financial. Moral and resources) when you decide to report or not report about a sexually abused child?	From whom do you actually get advice on whether or not to report a sexually abused child under your care ad how is this person related to you?	Whom do you seek advice from about whether or not to engage a child under your care into marriage?	Whom do you trust to talk with about an issue of marriage of a child under your care and how is this person related to you?	Who gives you support (Financial. Moral and resources) in a situation of forced marriage of a child under your care and how is this person related to you?	From whom do you actually listen to and get advice on whether or not to engage a child in your care into marriage and how is this person related to you?
Participant 4								
Participant 5								
Participant 6								

Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen under your care gets pregnant?	From who do seek information on whether or not to isolate a child/teen in case of pregnancy?	Who gives you support (Financial, moral and resources) to do what you have decided in case a child/teen under your care gets pregnant? and how is this person related to you?	From whom do you actually get advice and listen to on what to do to a child/teen under your care that gets pregnant?
Participant 1				
Participant 2				
Participant 3				

Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen under your care gets pregnant?	From who do seek information on whether or not to isolate a child/teen in case of pregnancy?	Who gives you support (Financial, moral and resources) to do what you have decided in case a child/teen under your care gets pregnant? and how is this person related to you?	From whom do you actually get advice and listen to on what to do to a child/teen under your care that gets pregnant?
Participant 4				
Participant 5				
Participant 6				

At the end of interviewing each participant: *Thank you for your time and useful ideas. These will be helpful for the Bantwan Programme and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?*

**RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR Youth
(Aged 19-25 years)**

INTRODUCTION AND CONSENT

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by Bantwana in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: Force Child Marriage. The interview should take less than 20 minutes.

I will be taking notes during the session to record your responses. Our interview is between only you and me. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent to participate in this interview

Name: _____ Signature: _____

Location:	Date:
Interviewer:	Category of the respondent:

Thank you for accepting and giving your consent to participate in this interview. Now I will proceed by asking you some questions

[First explain to the participant what forced child marriage and how it manifests]

Questions about Forced Child Marriage				
	Whom do trust to talk with about an issue concerning a child forced into marriage and how are you related to that person?	To whom do you seek information on whether or not to force a child into marriage?	Whom do go to seek support such as financial, moral and resources when you find yourself in a situation of engaging a child into marriage and how are you related to that person?	From whom do you actually get advice to participate or not in a situation of child marriage and how is that person related to you?
Participant 1				
Participant 2				
Participant 3				

Questions about Forced Child Marriage				
	Whom do trust to talk with about an issue concerning a child forced into marriage and how are you related to that person?	To whom do you seek information on whether or not to force a child into marriage?	Whom do go to seek support such as financial, moral and resources when you find yourself in a situation of engaging a child into marriage and how are you related to that person?	From whom do you actually get advice to participate or not in a situation of child marriage and how is that person related to you?
Participant 4				
Participant 5				
Participant 6				

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At the end of interviewing each participant: *Thank you for your time and useful ideas. These will be helpful for the Bantwana programme and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?*

**RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR LC1
CHAIRPERSONS**

INTRODUCTION AND CONSENT

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by the Bantwan in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: Child isolation as a result of Teen pregnancy. The interview should take less than 20 minutes.

I will be taking notes during the session to record your responses. Our interview is between only you and me. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent to participate in this interview

Name: _____ Signature: _____

Location:	Date:
Interviewer:	Category of the respondent:

Thank you for accepting and giving your consent to participate in this interview. Now I will proceed by asking you some questions

[First explain to the participant what child isolation as a result of pregnancy mean and how they manifest]

Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen in your community gets pregnant?	From whom do you seek information on whether or not to isolate a child/teen in your community in case she gets pregnant and how is that person related to you?	Who gives you support (Financial, moral and resources) to do what you have decided on how to treat a child/teen in your community that gets pregnant and how is this person related to you?	From all the advice you get, whose advice do you actually follow on how to treat a child/teen in your community that gets pregnant?
Participant 1				
Participant 2				
Participant 3				

Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do when a child/teen in your community gets pregnant?	From whom do you seek information on whether or not to isolate a child/teen in your community in case she gets pregnant and how is that person related to you?	Who gives you support (Financial, moral and resources) to do what you have decided on how to treat a child/teen in your community that gets pregnant and how is this person related to you?	From all the advice you get, whose advice do you actually follow on how to treat a child/teen in your community that gets pregnant?
Participant 4				
Participant 5				
Participant 6				

At the end of interviewing each participant: *Thank you for your time and useful ideas. These will be helpful for the Bantwan Programme and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?*

RAPID INTERVIEW GUIDE: MY SOCIAL NETWORKS EXERCISE FOR TEEN MOTHERS
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INTRODUCTION AND CONSENT

[This part should be introduced to both the teen mothers and their parents/ caregivers such that the parents/caregivers first give consent for the teens]

I thank you for responding to our invitation to come and meet us. My name is [_____]. I have been sent by the Bantwan in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: Child isolation as a result of Teen pregnancy. The interview should take less than 20 minutes.

I will be taking notes during the session to record your responses. Our interview is between only you and me. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may end the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent for your child to participate in this interview

Name (Parent/Care giver): _____ Signature: _____

Name of the child for whom consent has been provided _____

Location:	Date:
Interviewer:	Category of the respondent:

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Thank you for accepting and giving your consent to participate in this interview. Now I will proceed by asking you some questions

[First explain to the participant what child isolation as a result of pregnancy mean and how they manifest]

Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do in a situation you are pregnant and how is that person related to you?	From whom do you seek information on where to stay or where to go when you get pregnant and how is that person related to you?	Who gives you support (Financial, moral and resources) to do what you have decided to do when pregnant as a teen and how is this person related to you?	Whose advice do you actually follow or listen to on what to do as a teen mother or expectant teen mother?
Participant 1				
Participant 2				
Participant 3				

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Questions about child isolation as a result of teen pregnancy				
	Whom do you seek advice on what to do in a situation you are pregnant and how is that person related to you?	From whom do you seek information on where to stay or where to go when you get pregnant and how is that person related to you?	Who gives you support (Financial, moral and resources) to do what you have decided to do when pregnant as a teen and how is this person related to you?	Whose advice do you actually follow or listen to on what to do as a teen mother or expectant teen mother?
Participant 4				
Participant 5				
Participant 6				

At the end of interviewing each participant: *Thank you for your time and useful ideas. These will be helpful for the Bantwan Programe and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?*

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GROUP INTERVIEW GUIDE: THE 5 WHY'S EXERCISE

INTRODUCTION AND CONSENT

I thank you for responding to our invitation to come and meet us. My name is [_____] and my colleague is [_____]. We have been sent by Bantwana in partnership with the International Centre for Research on Women (ICRW) to talk to you about the people that are important to you in your life, and who you may turn to for advice, guidance, information and support (moral, financial and resources) before you do certain things. You have been selected and invited because we trust you have knowledge about the things we shall be taking about.

This interview is part of a larger program for Bantwana that seeks to better understand certain norms associated with Child Sexual Abuse and Exploitation that are important in your community. The specific topics we'll talk about in this interview include: the social norms that limit or promote disclosure of CSAE by children, limit or promote reporting of CSAE by adults, limit or promote acceptance of CSAE, limit or promote urgency to prevent CSAE, and limit or promote use of violence in CSAE. The interview should take less than 40-60 minutes.

We shall be taking notes during the session to record your responses. Our interview is between only us and you the selected participants. Your responses will only be shared with the assessment team members. We will ensure that any information we include in our report does not identify you or your community. You don't have to talk about anything that you don't want to, and you may exit the interview and leave at any time you wish.

Are you willing to participate in this interview?

If yes, please sign here to give your consent to participate in this interview

Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
Location:	Date:
Interviewer(s):	

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PART ONE OF THE 5 WHYS EXERCISE

Thank you for accepting and giving you consent to participate in this interview. Now we will proceed by asking you some questions.

The interviewer should first explain to the participants the meaning of the following key terms and phrases: Norms, Child Sexual Abuse and Exploitation (CSAE), Disclosure of CSAE, Acceptance of CSAE, Urgency for CSAE prevention and Violence associated with CSAE.

The first “why questions”	Hints for the interviewer
1. Why do people in this community discourage or encourage a child to disclose CSAE?	<i>The interviewer who is taking notes can draw two columns on the flip chart (one for reasons for discouragement and another for reasons for encouragement of a child to disclose) and capture any reasons as pointed out by the respondents.</i>
2. Why do adults in this community remain silent or choose to report CSAE?	<i>The interviewer who is taking notes can draw two columns on the flip chart (one for reasons for remaining silent and another for reasons for reporting) and capture any reasons as pointed out by the respondents.</i>
3. Why do people in this community accept or reject CSAE?	<i>The interviewer can follow the structure in 1 and 2 above to record the responses as they are mentioned by the respondent for question 3, 4 and 5 as well.</i>
4. Why do people in this community act urgently or slowly to prevent CSAE?	<i>Remind the participants what urgency or slowly means in the context of CSAE.</i>
5. Why do people in this community limit or promote the use of violence in CSAE? .	<i>Remind the participants examples of violence associated with CSAE.</i>

Note: Throughout the first “why” questions, encourage the participants to point out only the social or cultural reasons [not economic, political, environmental etc] and those are the only ones to be recorded. Ensure to discuss with the participants to confirm that the new reason given is different from what has already been pointed out by another participants.

PART TWO OF THE 5 WHYS EXERCISE

Divide the group into pairs and provide each pair with one or more of the social (or normative) responses that have emerged from the part one, asking them to continue asking ‘why.’ (Refer to Appendix 1 of this form on how to conduct this part).

Note: In this part two of the 5 whys exercise, encourage the participants to explain intentions, beliefs, attitudes and perceptions underlying the normative factors (i.e the social and cultural reasons). The participants should not record non normative reasons.

At the end of interviewing each participant: Thank you for your time and useful ideas. These will be helpful for the Bantwana programme and the International Centre for Research on Women. Do you have any questions that you will like to ask me or any view that you would like to bring to my attention and the team?

APPENDICES

Appendix 1: Guidance to the interviewers on Process of conducting the 5 whys exercise

1. The purpose of the exercise

The purpose is to identify social norms of Child Sexual Abuse and Exploitation associated with disclosing CSAE by children, reporting of CSAE by adults, accepting CSAE by the community, urgency of preventing CSAE by the community, and using violence in CSAE and prioritize the most important social norms to Fortify, Reframe, Shift, or just be Aware of.

2. Desired behaviors

The social norms mapping is geared towards the following desired behaviours: More cases of Child Sexual Abuse and Exploitation are disclosed by children, adults report more cases of CSAE, Rejecting CSAE by the community, CSAE is urgently reported by the community, and no violence in CSAE.

3. Required materials

- i. Flip chart paper (one per behavior)
- ii. Markers
- iii. Pens/pencils
- iv. Discussion guide
- v. Recording form
- vi. Note books

4. Meaning of some terms and phrases

<p>Norms We mean social norms which are unwritten rules of behavior shared by members of a given group or society. <i>Local language interpretation: Emigenzo, Emitwalize, ekikorro, emiringo yebintu bitwazibwamu.</i></p>
<p>Child Sexual Abuse and Exploitation (CSAE). Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity. <i>Local language interpretation: Kusitaza abaana, Kusiisa abaana, Kuteeka abaana munsonga zensoni, Kusobyaho abaana, Kukozeza abaana.</i></p>
<p>Child Disclosure of CSAE To reveal an incident of CSAE to a peer or parent or caregiver or any other person in the community by the affected child. <i>Local language interpretation: Kugambiraho omuntu ondi.</i></p>
<p>Reporting about CSAE To take a CSAE incident to people in authority to use justice to address it. <i>Local language interpretation: Kunyegerra.</i></p>
<p>Acceptance of CSAE To recognize a CSAE situation and take it part of normal life within a community. <i>Local language interpretation: Kutware esnonga nketkiti ekikwibirizibwa rundi Kutwara ensonga nkekintu ekyabulikiro.</i></p>

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Urgency for CSAE prevention

The time it takes to take action to prevent an impending CSAE. If it takes a short time (immediately) it is fast and urgent, if it takes days or weeks then it is slow and not urgent.
Local language interpretation: Kukwanta ensonga mu bwangu.

Violence associated with CSAE

Forceful and destructive approach to CSAE.

Local language interpretation: Kurunisa, Kutinisiriza, Kuteera, Kusisa ebintu.

5. The process of conducting the 5 whys exercise – Extract from Social Norms Exploration Tool

How to conduct a group discussion using the ‘Five Whys’ Exercise

1. Set up a good place to have the group discussion, ensuring that the location is somewhere close to where participants are waiting but far enough away to ensure others do not hear the interview.
2. Gather the group for introductions and an icebreaker to create a cohesive group dynamic.
3. Begin the ‘Five Whys’ exercise:
 - Write the first ‘Why’ question —‘Why does X exist?’— where X is the behavior of interest.
 - Ask the group to brainstorm why the behavior exists. Once answers are given, select only the responses that indicate a social (or cultural) reason for why the behavior exists. (For example, if the question is, ‘Why don’t married, adolescent girls seek health services?’ Responses may include ‘girls are afraid to visit a clinic’ or ‘girls can’t afford services’. The first is a socio-cultural issue, which is a good choice to explore in the exercise. The former is an economic factor and isn’t a good choice to explore further.
 - Divide the group into pairs and provide each pair with one of the social (or normative) responses to the initial ‘why’ question, asking them to continue asking ‘why.’ For example, in the next round, participants would ask ‘Why are girls afraid of visiting a clinic?’
 - Each pair will take turns: One will ask the initial question and continue to ask why for every answer the other provides, until five ‘why’ questions are asked. Each pair should record their answers. In the meantime, the facilitator is ensuring participants are focusing on normative factors.
 - The group reconvenes and reports their responses, while the facilitator or assistant facilitator notes all responses on a flip chart paper/board.
 - When the compilation is complete, begin to distinguish with the whole group what has emerged as social (or cultural) factors (for example, modern contraception is only for married women) and which are not (for example, modern contraception has harmful health side effects) and list them on your paper/flip chart or circle them on the flip chart that is recording responses.
 - Then on a new flip chart or in open discussion ask the entire group to rank the top four to eight reasons, allowing pairs of participants to share their responses and have the rest of the participants react.
 - Before closing, ask the participants some questions, such as: Who/what influences those top reasons? What their effect is on Main Population Groups and the community at large? If people don’t follow the reason or behavior, are there bad consequences or positive rewards? What are they?
4. Thank the group for their participation.
5. The Field Team records the top four to eight reasons and key discussions points on the recording form (Appendix 2).

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Appendix 2 Recording form for FGD for five why's – One form for each behavior of interest

Location:	Interviewer:
Number of Participants:	Note taker:
Behavior of interest:	Date:
Top five reasons (social norms) for the behavior of interest	Key discussion points
1.	
2.	
3.	
4.	
5.	

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APPENDIX 2

	Will powerful people be upset if the norm changes?		Will anyone lose money or become less well-off if the norm changes?		Does religion or a religious leader support the current norm?		Are there groups that are trying to keep the norm from changing?		Are there laws or policies that support the current norm?		In the broader community, do most people believe the current norm is best?		When people go against the norm do bad things happen to them?		Do the people who are most impacted by the norm feel like they can make their own decisions and take their own actions?		results 1-2 "Yes" = Easier to achieve new norm	3-5 "Yes" = Somewhat difficult to achieve new norm	activities	Would the group like the program to help the community achieve the new norm? (Document "Yes" or "No")	
	Yes	No	Yes	No	yes	No	yes	No	yes	No	yes	No	yes	No	yes	No				yes	No
Most people in my community think that having sex with a girl who has puberty is normal. <i>[Ekitezire tikyenga]</i>																	1 yes 7 No	3 yes 5 No	<ul style="list-style-type: none"> • creating awareness through community sensitization /dialogues • Use of mass media-radio talk shows, print. • Activities targeting to build children's life skills-CRC, GRS, • Activities that target parents-SINOVUYO • Activities that target adolescent boys/youth-coaching boys into men • Activities that target teachers-Lunch and learn • Targeted activities with religious and cultural leaders 		
Some people in my community consider one an alarmist if he/she discloses incidents of child sexual abuse. <i>[Kitandugaho].</i>																			<ul style="list-style-type: none"> • creating awareness through community sensitization /dialogues • Use of mass media-radio talk shows, print. • Activities targeting to build children's life skills-CRC, GRS, • Activities that target parents-SINOVUYO • Activities that target teachers-Lunch and learn • Targeted activities with religious and cultural leaders • Mechanism of protecting the whistle blowers 		

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<p>Most people in my community think that a child needs to be protected as is a foundation of a family</p>																				yes 5	<ul style="list-style-type: none"> • Single gender sessions that encourages and promotes positive relationships btn children and their caregivers. • Community sensitization programs such as community dialogues that emphasize the importance and values of children. • VSLAs and other economic strengthening programs that enable caregivers provide basic needs for their children. 	yes	
<p>Most people in my community expect a girl child not to give birth when still living under the roof of her parents' home. [Omwana Mwisiki tazarra haka]</p>																			yes 4	<ul style="list-style-type: none"> • Single gender sessions that encourage and promotes positive relationships btn children and their caregivers. • Community sensitization programs such as community dialogues that emphasize the importance and values of children. • VSLAs and other economic strengthening programs that enable caregivers provide basic needs for their children. • CRC and GRS programs that create awareness on protective assets, children's rights and the referral pathways. • Girltalk sessions that promote making of re-usable pads and retention of girl-child in schools 	yes		

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<p>Some people in my community think that they cannot report child sexual abuse when the involved child is not closely related to them. [Ndakihondera nkoooha (people think that childrenyou will follow it as who</p>																														
<p>Most people in my community think that a poor person does not have the capacity to report and successfully pursue a CSAE case [Omunaku tanyegerra] (power dynamics and authority and gender</p>																														
<p>A child who is not in school is not considered a child</p>																														
<p>Fathers are expected to be sole providers for the child's basic needs Transform the norm to "it's the responsibility of both parents to provide basic needs for children"</p>																														

