

**PREVENTION AND RESPONSE TO CHILD SEXUAL ABUSE AND EXPLOITATION IN
WESTERN UGANDA**

**A RESEARCH STUDY ON THE IMPLEMENTATION OF THE PILOTED SAFE IN OUR
HANDS (SAFE) CSA PREVENTION CURRICULUM**

Study conducted by the International Center for Research on Women (ICRW)

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Table of Contents

List of Tables	4
List of Stakeholder Voices	6
List of Appendices	6
ACRONYMS	7
Executive Summary	9
1.0 INTRODUCTION	1
1.1 Introduction	1
1.2 Background	1
1.3 The Bantwana Initiative in Uganda	2
1.4 The SAFE Program Intervention	2
1.4.1 Theory of Change	2
1.4.2 Outcome Areas	2
1.4.3 Implementation Design	2
1.5 Purpose of the Research Study	3
1.6 Research Questions	3
1.7 Study Justification	3
1.8 Scope of the Research	4
2.0 METHODOLOGY	5
2.1 Introduction	5
2.2 Research Design	5
2.3 Study Scope, Sites and Population	5
2.4 Sample size and Sampling Procedure	6
2.5 Data Sources	7
2.6 Data Collection and Data Collection Methods	7
2.7 Data Analysis	7
2.8 Ethical Considerations	7
2.9 Quality Control and Training of Research Team	8
3.0 FINDINGS	10
3.1 Introduction	10
3.2 Pre and post-intervention Knowledge, Perceptions, Attitudes, Agency, and Intentions/Behaviors Related to Mitigating Risk Exposure to Child Sexual Abuse and Exploitation: Including Reporting and Help-Seeking	10

3.2.1	Outcome 1: Educators Actively Prevent and Respond to VACiSC, including CSA, Create Safer environments that Protect Children from Violence, and Treat Girls and Boys Equally Through Non-violent Means	10
3.2.2	Outcome 2: Caregivers Actively Prevent and Respond to VACiSC, including CSA, Adopt Positive Parenting, and Provide for and treat Girls and Boys Equally Through Non-violent Means	14
3.2.3	Outcome 3: Improved Agency of Boys and Girls to Prevent and Respond to VACiSC, including CSA, and internalize and promote new, positive gender norms	34
3.3	Extent to which the SAFE Intervention is Relevant to Addressing the CSA Problem	65
4.0	CONCLUSIONS AND RECOMMENDATIONS	69
4.1	Conclusions.....	69
4.2	Recommendations.....	69
5.0	APPENDIX	72

List of Tables

Table 1: Difference on Difference on Key SAFE Model Indicators	xiv
Table 2: Enrolment Criteria	6
Table 3: Distribution of Sample Sizes	6
Table 4: Distribution of Teachers Participating in the Baseline and Endline by Sex	11
Table 5: Proportion of Teachers aware of Child Safeguarding Policies	12
Table 6: Teachers that Report Child Sexual Abuse to Authorities Regardless of the Likely Retaliations	13
Table 7: Distribution of Caregivers Participating in the Baseline and Endline by Sex	17
Table 8: Proportion of Caregivers who Report Existence of Harmful Practices against Children in their Communities	19
Table 9: Extent to which caregivers think children who Report Sexual Abuse Can Easily be Believed	22
Table 10: Proportion of Caregivers who think a Child is believed once they Report CSA	22
Table 11: Proportion of Parents/Caregivers able to Support Children through CSA despite Unwillingness of Partner	23
Table 12: Proportion of Caregivers that Reported to ever talk/discuss with their Children 9-14 on CSA Issues	25
Table 13: Parental Self-Efficacy on Supporting Children through CSA	27
Table 14: Proportion of Caregivers who reported to frequent engagements with their children on selected parameters with a Significant Difference at Endline Compared to Baseline	29
Table 15: Parental perception on child sexual education - Proportion of caregivers that agree with the following statements on Child sexual education	30
Table 16: Distribution of caregivers and selected community norms and Community Practices that risk children into sexual abuses	31
Table 17: Caregivers who disagree with the using the following negative Disciplinary - Parenting Practices	33
Table 18: Proportion of Caregivers who received Educational Messages about CSA issues within the Reference Period of Six Months	34
Table 19: Community perception on selected gender roles	35
Table 20: Distribution of Children Participating in the Baseline and Endline by Sex	36
Table 21: Distribution of Children Participating Endline by Selected Socio-Demographic Characteristics	37
Table 22: Proportion of Children able to Mention their Basic Rights	38
Table 23: Proportion of Children able to tell ways to Protect themselves from CSA	40
Table 24: Proportion of Children able to tell at least three ways to Protect themselves from CSA	41
Table 25: Children's known Avenues to Prevent CSA	41
Table 26: Proportion of Children's who Agree with the Selected Statements Pertaining to Elders - <i>Response to risky exposures to CSA and other Violations against Children</i>	43
Table 27: Proportion of children able to report CSA and tell exactly what happened by the Different categories of Perpetrators	45
Table 28: Threats to Children's Ability to Report CSA and Perceptions towards selected Norms	47
Table 29: children's Awareness and Understanding of Sexual Abuse Prevention Concepts	49
Table 30: Children perceptions of Jemima's story	52
Table 31: Proportion of children able to Easily Talk to their Biological Mothers, Biological Fathers and Teachers	56

Table 32: Proportion of children that reported to routinely receive selected attributes from parents	58
Table 33: Proportion of Children that Report they would Speak up when they see Someone Else Being Hurt	61
Table 34: Proportion of children that experienced selected forms of sexual violence in Referenced Periods	65
Table 35: Proportion of Children who have participated in School or Community Activities in the last one Month	67
Table 36: Children's Education and Professional/Career Aspirations	67
Table 37: Difference on Confidence of Children to enact Preferences over Life Choices	69
Table 38: Challenges faced During the Implementation of the SAFE Model	81
Table 39: Interventions to Promote Sustainability and Existing Threats	83
Table 40: Recommendations on model activities	88

List of Stakeholder Voices

Xx

xx

List of Appendices

Appendix 1: Difference on Difference on Selected Indicators	92
Appendix 2: Teachers Analysis on Critical Environments that may Constrain their Ability to Report CSA	107
Appendix 3: Parental Self-Efficacy on Supporting Children through CSA	109
Appendix 4: Selected Social Demographic Characteristics of Caregivers	112
Appendix 5: SAFE Monitoring and Evaluation Framework	114
Appendix 6: Reflection on the Implementation of the Various SAFE Model Components in the Study Schools and Surrounding Communities	115
Appendix 7: Data Collection Tools	126

ACRONYMS

CDO	Community Development Officer
CSA	Child Sexual Abuse
CSAE	Child Sexual Abuse and Exploitation
CSO	Civil society organization
DCDO	District Community Development Officer
DCWC	District Child Well-being Committee
DHS	Demographic Health Survey
FAWE	Forum for African Women Educationalist Uganda
GoU	Government of Uganda
ICRW	International Center for Research in Women
KII	Key informant interview
L.C	Local Council
MoES	Ministry of Education and Sports
MoLGSD	Ministry of Gender, Labour and Social Development
NCP	National Child Policy
NCWC	National Child Well-being Steering Committee
NDP	National Development Plan
NGO	Non-Government organization
NSCM&TP	National Strategy to End Child Marriages and Teenage Pregnancy
P4	Primary Four
P5	Primary Five
P6	Primary Six
PLE	Primary Leaving Examination
RA	Research Assistant
SAFE	Safe in Our Hands
SAPRT	Sexual Assault Prevention and Response Training
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SVAC	Sexual Violence against Children
TOC	Theory of Change
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNFP	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Violence against children
VACiSC	Violence Against Children in Schools and Communities

VAW	Violence against women
VAWC	Violence against women and children
VCCMC	Village Child Case Management Committee
VSLA	Village Savings and Loan Association
VYA	Very young adolescents
WEI	World Education Initiative
WUBP	Western Uganda Bantwana Program

Executive Summary

Background

Child sexual abuse (CSA) is a problem in Uganda. One in three girls below the age of 15 (33%) were forced into their first sex encounter (UBOS 2021¹). The Government of Uganda (GoU), in its key national policies and strategies, recognizes and outlines the roles of various stakeholders in ending child sexual abuse (CSA) (National Strategy to End Child Marriages and Teenage Pregnancy (NSCM&TP 2014/2015 – 2019/2020; NSCM&TP 2022/2023 – 2026/2027).

The National Child Policy (NCP, 2020) recommends the creation of the National Child Well-being Steering Committee (NCWC) at the national level and the respective District Child Well-being Committee (DCWC) to support the delivery, maintenance, and protection of the four cardinal rights to children - survival, development, protection and participation through a well-built and coordinated protection system.

Bantwana Initiative Uganda (BIU), in partnership with the International Center for Research in Women (ICRW), with funding from the OAK Foundation, co-designed and pilot-tested an intervention that shifts the gender norms and prevents CSA, the SAFE program CSA prevention initiative (toolkit/curriculum). The SAFE program CSA prevention curriculum was piloted in 10 SAFE model intervention schools and 4 control schools in the districts of Bunyangabu, Kyenjojo, and Bundibugyo in Western Uganda; the intervention school communities included teachers, parents, and caregivers that were enrolled into the curriculum.

This report presents research findings of an endline and a baseline study assessing the effectiveness of the SAFE program's piloted CSA prevention curriculum in improving the prevention and response of CSA in Western Uganda.

Respondents reached through individual interviews included teachers, caregivers, children, and key informants. The follow-up reached 98 (76%), 412 (61%), and 483 (68%) of the 129, 674, and 707 teachers, caregivers, and children, respectively, that participated in the baseline. A difference in difference (DID) analysis technique was used to measure the changes attributable to the intervention on key indicators for which the different SAFE model components were targeted to contribute – see *Table 1* and *Appendix 1*.

Study findings

- The implementation of the SAFE model curriculum contributed to an increase in the proportion of teachers in the intervention schools aware about the existence of the child safeguarding policies in their schools compared to the control schools. The proportion of teachers aware of the existence of Child Protection Policies in the schools increased by 14% in the Intervention schools (Baseline=85%, Endline=99%, $p=0.004$) as compared to the 12% increase in the control schools (Baseline=88%, Endline=100%, $p=0.049$) at the endline compared to the baseline.
- The proportion of teachers in the intervention schools aware about existence of child protection policies in their schools as at the time of the endline is 9% higher than the target (Target=90%, Actual=99%).
- About 83% of the teachers at the endline reported that they would report a incidence of child sexual abuse to authorities even if their school administration disagreed, with the proportion dropping from 85% as at the baseline. The drop in proportions of teachers that would report despite disagreement with school authorities was majorly observed in the control communities (Baseline=86%, Endline=74%, reduction=12%) but with a 2% increase in the intervention schools at the endline as compared to the status at the baseline (Baseline=85%, Endline=87%, Increase=2%).

¹ Uganda Bureau of Statistics (2021): National Survey on Violence in Uganda

- The endline observed a 1% increase in the proportion of teachers willing to report a CSA without fear of family or community retaliation at the endline as compared to the baseline, with this increment, though not significantly different majorly observed in the intervention schools – 3% increase in intervention schools (DID=8%, $p= 0.439$)
- About 93% of the teachers indicated they would report a CSA when suspected – 1% drop from the baseline and 6% lower than the 99% target. Whereas there was an overall drop in both intervention and control schools, intervention schools recorded a 2% increase in the proportion of teachers that would report a CSA at the endline as compared to the baseline (Baseline=94%, Endline=96%).
- Whereas the SAFE model targeted an increase in proportions of caregivers aware about harmful practices (target- 85%) arising from improvement knowledge and ability of caregivers to identify these practices, the endline demonstrates a reversal; attributable to increased ability of community to put up mechanisms to address any threats to child safety (Baseline=68%, Endline=62%, decline=5%, $p=0.035$). Both intervention and control communities recorded a 5% drop in the proportion of caregivers that reported existence of harmful practices against children in their communities at the endline as compared to the baseline, and the DID was not significantly different (DID=3%, $p= 0.956$)
- Though the DID was not significantly different ($p= 0.406$), both control and intervention communities recorded a significant improvement in proportion of parents that reported to believe their children once they reported to them a CSA. The findings of the caregivers that would always believe their children once they reported CSA at the time of the endline in the intervention schools is 3% higher than the targeted 60%.
- The endline observed a drop in the proportion of caregivers that would report a CSA of a child or caregivers that would reject marrying off a child against the partners wishes at the endline as compared to the baseline, with this drop observed in both control and intervention communities and almost across all districts. Findings show women being relatively more affected in making the decision as compared to men – a percentage drop in women as compared to an increase in men reporting CSA or rejecting marrying off a girl; with this primarily attributable to the patriarchal society.
- As at the endline, caregivers in the intervention schools were 2.89 times more likely to report having talked to their children about risks that exposed them to CSA than their counterparts in the control communities (OR= 2.894, $p= 0.012$). Similarly, females were 2.929 times more likely to report to have talked to their children than their male counterparts (OR= 2.929, $p= 0.013$). Overall, 93% of the caregivers at the endline had talked to their children on issues that expose them to CSA, with this demonstrating an 8% performance above the targeted 85%.
- There are significant changes in caregivers' perceptions towards sex education and delivery of CSA messages to children 9-14 years in the intervention schools as compared to control schools. The endline also observes significant changes in the child to parent relationships as well as involvement of caregivers in sensitization of children on CSAs.
- Findings show that children were twice more likely to tell at least three of their rights as compared to the status at the baseline (OR=2.969, $p<0.05$). The proportion of children able to tell at least three of their rights in the intervention schools compared a 3% performance higher than the target 86% at the endline.
- The SAFE model demonstrates significant contributions towards children's awareness on ways on how to protect themselves from CSA (DID= 0.129, $p= 0.038$). As at the endline, children in the intervention schools were 1.663 times more likely to tell at least three ways to protect themselves from CSA (OR= 1.663, $p= 0.014$) but with no significant variation across districts or between boys and girls. The top three and most common ways mentioned by children in preventing CSA include not moving at night, don't move alone, and avoid bad groups (peers).

- There is a drop-in proportion of children that felt it was ok to say no to an adult at the endline as compared to the baseline, with this drop observed across districts and in both intervention and control schools (no significant variation by sex, district, intervention or control communities, children age). This reversal/drop in proportion of children saying No to an adult at the endline compared to the baseline is attributable to; respect (curriculum encourages children to respect elders, and ambiguity in the indicator definition - broad to say No rather than specific to Say No to CSA. The implementation under the SAFE model had target of 70% of the children noting it is at times ok to say “no” to an adult.
- Though not significantly different, intervention schools recorded a 6% in the proportion of children who would report a sexual abuse at the endline as compared to the baseline (Baseline=91%, Endline=97%), compared to a 5% increment in the control communities (Baseline=93%, Endline=98%). The endline, just like the baseline, however, observes a relatively lower portion of children that indicated they would report if they themselves encountered a CSA (95%) as compared to when the CSA is against a colleague, with the distribution not differing between intervention and control schools, across districts or between boys and girls.
- There was a marginal increase in the proportion of children that stayed with their mothers and felt free to talk to them at the endline compared to the baseline (Baseline=83%, Endline=88%, $p=0.050$). As at endline, girls who stayed with their mothers, girls who stayed with their mothers were 5 times more likely to freely talk to them (their mothers) as compared to the boys (OR= 5.068, $p<0.05$); and this likelihood improved from twice as much the status at the baseline (OR=2.245, $p=0.001$).
- Looking at the interaction of children and their fathers, the endline data showed no significant changes in the proportion of children who stayed with and freely talked to their fathers in both the control and intervention communities compared to baseline findings. Boys were 2.8 times more likely to report being free to talk to their fathers than girls (OR=2.802, $p<0.05$) with this likelihood like the status at the baseline (OR=2.535, $p<0.05$).
- Whereas the endline did not record a significant difference in the proportions of children who reported to freely talk to their caregivers (fathers/mothers), stakeholder voices in Box 4 show voices of male caregivers who reported to have learnt to allocate more time to attend to their children following their participation in parenting sessions.
- There is a significant change in the proportion of children who reported to have a teacher they can easily talk too at the endline in the intervention schools as compared to the baseline compared to the children in control schools at the endline compared to the baseline (DID= 0.119, $p= 0.005$, *Appendix 1*). As at the endline, children in the intervention schools were 3 times more likely to report having a teacher they freely talked too as compared to their counterparts in the control schools (OR=3.156, $p=0.001$). Whereas as at the baseline, girls were less likely to have a teacher they freely talked too as compared to boys (OR=.596, $p=0.013$), the endline observed an improvement – no variation between boys and girls. The 95% proportion of children in the intervention schools that reported having a teacher they can easily talk too at the endline is 10% higher than the target of 85%.

Conclusions and Recommendations

Research findings show that there was a significant contribution and improvements, especially in improving the agency of boys and girls to prevent and respond to VACiSC including CSA in communities where the SAFE intervention was implemented. In cases where the DID is not statistically significant, there are observed increments in performance at the endline compared to the baseline. Trainings were relevant to remind caregivers of their responsibilities. Some of the recommendations on the SAFE CSA prevention curriculum are; more focus should be placed on social and gender norms sessions in the curriculum during implementation. Adopt evidence-based practice implementation of the SAFE curriculum, translate the curriculum into local languages for consistency in message delivery.

1.0 INTRODUCTION

1.1 Introduction

Bantwana Initiative in Uganda (BIU), in partnership with the International Center for Research in Women (ICRW), with funding from the OAK Foundation, co-designed and pilot-tested an intervention (the SAFE program CSA prevention initiative (toolkit/curriculum)) to shift gender norms and prevent CSA. The quasi-experimental study was designed, and the SAFE program CSA prevention curriculum was piloted in 10 SAFE model intervention schools and 4 control schools in the districts of Bunyangabu, Kyenjojo, and Bundibugyo in Western Uganda; the intervention school communities included teachers, parents, and caregivers that were enrolled into the curriculum.

The study aimed to pilot and assess the effectiveness of the SAFE program's CSA prevention curriculum in improving the prevention and response of CSA in Western Uganda. The research was done on the pre-and post-intervention knowledge, perceptions, attitudes, agency, and intentions/behaviors related to mitigating risk exposure to child sexual abuse and exploitation, including reporting and help-seeking in 10 SAFE Model pilot interventions and 4 control schools.

This report presents the key research findings of the study.

1.2 Background

Many children in Uganda continue to experience violations of their rights to care and protection, while many more children are inadequately protected against risks. Efforts to effectively protect children from violence, abuse, exploitation, and neglect continue to be undermined by the weak implementation and enforcement of existing policies and laws, poverty, the limited capacity of a proactive and responsive statutory workforce, and the weakening of family structures. (Ministry of Gender Labour and Social Development and UNICEF, 2015). Among 13–17-year-olds, 4 in 10 girls and 6 in 10 boys reported sexual violence experiences suffered during the previous year, and from 18–24-year-olds, nearly 6 out of every 10 girls and 7 out of every 10 boys reported experiencing physical violence before the age of 18 years (National Violence Against Children (VAC) Survey).

The impact of COVID-19 on children and girls, in particular, has underscored deeply entrenched negative social and gender norms and “adultism” that reinforce unequal power structures between men and women and adults and children and are at the root of violence against children in schools and communities (VACiSC). Unequal social and gender norms, harsh parenting approaches, and household poverty contribute to fractured relationships between caregivers and between caregivers and their children and are proven drivers of gender-based violence (GBV) and Child Sexual Abuse (CSA) at the family level. At the school level, normalized corporal punishment, bullying, and violence; limited adherence to teachers’ codes of conduct; harmful gender stereotypes; and weak knowledge about the impacts of school-related gender-based violence (SRGBV) contribute to the prevalence of violence.

In 2023, ICRW undertook a cross-sectional research study in Western Uganda. Findings showed limited disclosure of CSA, negotiations with perpetrators, fears of retaliation in case of reporting, lack of faith in the justice system, and police corruption. Furthermore, findings show that in the districts of Kyenjojo, Bunyangabu, and Kabarole, one in every five children (21%) reported having experienced at least one form of sexual abuse within 12 months before the survey (boys=14%, girls=28%), and one in every four caregivers (27%) reported having a child in the household who experienced sexual abuse in the 12-month reference period (control=30%, intervention=26%).

According to the National Child Policy (NCP, 2020), system strengthening is critical to support the delivery, maintenance, and protection of the four cardinal rights to children - survival, development, protection, and participation through a well-built and coordinated protection system. The policy framework recognizes the creation of a National Child Wellbeing Steering Committee (NCWC), and at district and lower local government levels, including the District Child Well-being Committee (DCWC); Sub- County Child Wellbeing Committee (SCWC), and community structures to address and resolve VAC/CSA issues by bringing together service providers in regularly held CWC meetings at different levels.

1.3 The Bantwana Initiative in Uganda

Bantwana Initiative in Uganda (BIU) has since 2008 been implementing a socioecological program - the Western Uganda Bantwana Program (WUBP) on violence against children in schools and communities (VACiSC) with the long-term goal of preventing and reducing sexual and other forms of violence against pre-adolescent and adolescent girls and boys.

1.4 The SAFE Program Intervention

The Safe in Our Hand (SAFE) model is a multi-component SVAC primary prevention and response intervention funded by the Oak Foundation and another donor. The program aims to reduce sexual violence against children (SVAC), including child sexual abuse and exploitation (CSAE) in target communities of Western Uganda.

1.4.1 Theory of Change

The SAFE Theory of Change hypothesizes and assumes that with continuous sensitizations and empowerment of community structures on key thematic areas including children's rights, negative norms contributing to the CSA in communities and schools shall be broken. It is projected that improved SVAC prevention skills will enable adults to act against SVAC and children to have increased voice and agency, including bodily integrity and help-seeking behavior. The revised school community engagement model (Sexual Abuse Prevention and Response Training (SAPRT), School Leadership training, and School-based CSA campaigns) will create an enabling environment for improved knowledge about attitudes, practices, and self-efficacy toward mitigating CSA risk exposure and reporting.

SAFE will enhance enforcement of the Children's Act to protect children against sexual abuse through building the capacity of schools' leaders, communities (VCCMCs), child rights organizations, and local government authorities around child protection to prevent and respond to VACiSC and advance gender equality.

1.4.2 Outcome Areas

The SAFE program has the following short-term outcomes presented in the Monitoring and Evaluation Framework – see *Appendix 5*.

1. Educators actively prevent and respond to violence against children in schools and communities (VACiSC), including CSA, create safer environments that protect children from violence, and treat girls and boys equally through non-violent means.
2. Caregivers actively prevent and respond to VACiSC, including CSA, adopt positive parenting, and provide for and treat girls and boys equally through non-violent means.
3. Improved agency of boys and girls to prevent and respond to VACiSC, including CSA, and internalize and promote new, positive gender norms.
4. Local government authorities have the capacity to deliver VACiSC mitigation, prevention, and response programming in communities and schools across their respective sub-counties.

1.4.3 Implementation Design

ICRW and BIU conducted a child sexual abuse social norms mapping for the Safe in Our Hands (SAFE) Program in September 2022 in Western Uganda. The following are the top four identified social norms underpinning child sexual abuse (CSA) disclosure, reporting, and help-seeking behaviors as follows - a girl who has reached puberty or is out of school is ready for adult responsibilities (including sex, marriage, etc.); people disclosing CSA are considered alarmists; and boys/men are entitled to sex without consequences or reprimand. This rigorous process provided information on the social, cultural and geographical context of prioritized gender-discriminatory CSA norms. The SAFE curriculum was then revised adapted with new content drawn from the existing evidence-based source material, and the identified norms were mapped against the curricula. As a result we got the SAFE CSA prevention curriculum.

ICRW undertook a cross-sectional research baseline study in 2023. This pre-intervention research study established a baseline status for the future assessment of the effectiveness of the SAFE curriculum. The study assessed pre-intervention knowledge, perceptions, attitudes, agency, and intentions/behaviors related to mitigating risk exposure to child sexual abuse and exploitation: including reporting and help-seeking in 10 SAFE Model pilot intervention and 4 control schools.

The SAFE CSA prevention curriculum Program has three main pillars

- i. FRESH Start Package: This is aimed at a school environment that enables school leaders, teachers, and pupils to protect children from all forms of abuse.
- ii. Nest Package: Norms diffusion and community skill, economic strengthening, and parenting training. This involves the provision of a synchronized training package to a cohort of primary caregivers and children. The layered toolkit of curriculum interventions is designed to be delivered to the same individuals over roughly a 4–6-months period.
- iii. Triple S Package: Formal and informal Safe Systems Strengthening

The SAFE CSA prevention curriculum was piloted and tested in 10 new schools in Western Uganda. This curriculum is aligned with the course guidelines provided in the National Sexuality Education Framework (2018) for children 9-14 years, with the study exploring children’s current levels of knowledge on the attributes.

The implementation design of the SAFE program CSA prevention curriculum included a three-day workshop for school leadership in each of the intervention schools, parents/caregivers participating in positive parenting sessions (10 sessions of up to 2 hours each), children aged 9-14 years attending 10 sessions of up to same length and teachers attending ten 1- hour Lunch and Learn sessions.

1.5 Purpose of the Research Study

The overall objective of the study is to assess the effectiveness of the curriculum in improving the prevention and response to child sexual abuse and exploitation in Western Uganda.

Specific objectives are to:

1. Assess post-intervention knowledge, perceptions, attitudes, agency, and intentions/behaviors related to mitigating risk exposure to child sexual abuse and exploitation including reporting and help-seeking in 10 SAFE Model pilot intervention and 4 control schools.
2. Assess the extent to which SAFE intervention is relevant to addressing the CSA problem.

1.6 Research Questions

- i. What is the post-intervention status of child and parental knowledge, perceptions, attitudes, intentions/behaviours to mitigate child sexual abuse including reporting and help-seeking in 10 SAFE Model pilot intervention and 4 control schools?
- ii. To what extent are teachers/educators in intervention schools creating an enabling environment that mitigates CSA risk exposure and promotes reporting?
- iii. Was the SAFE intervention relevant to addressing the CSA problem in target communities?

1.7 Study Justification

Whereas Uganda has recorded significant progress in terms of laws and policies for child protection against all forms of abuse, challenges which include child abuse, neglect, and deprivation still exist (NDPIII (2020/21 – 2024/25, pg. 168). Similarly, the National Sexuality Education Framework (2018) highlights the significant existence of sexual and reproductive challenges in schools.

BIU implements the SAFE Curriculum, which is an integrated toolkit for agender and child sexual abuse prevention, with a package of layered interventions to be piloted and tested in 10 new schools in Western Uganda. The aim is to enhance knowledge, attitudes and practices on identification and prevention of child sexual abuse. The direct target populations include children (9-14 years), teachers, and parents/guardians or caregivers.

This research study provides findings that will advance learning and eventual evidence on what works to address harmful social norms for the prevention of and response to SVAC including CSAE in East Africa.

1.8 Scope of the Research

The research targeted key influencers (children, teachers, parents/caregivers, community members, local government) in the 3 districts of Kabarole and, Kyenjojo, and Bunyangabu in Western Uganda.

2.0 METHODOLOGY

2.1 Introduction

This chapter presents an outline of the methodology used in the research.

2.2 Research Design

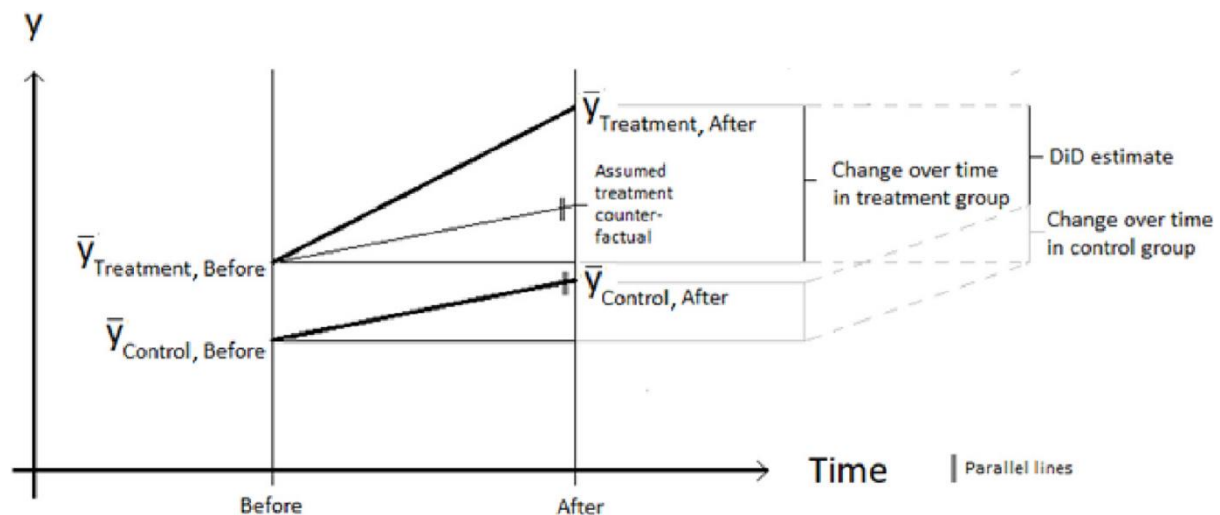
ICRW's research study used a pre-post-test longitudinal cohort study design. The measurement and attribution of impacts utilized a quasi-experimental design with a double difference (difference-in-difference) to estimate the causal effect². The DID provides opportunities for combination of before-after and treatment-control group comparisons.

With two groups and two periods, and with a sample of data from the population of interest, the DiD estimate is expressed as follows:

$$DiD = (\bar{y}_{Treatment,t=After} - \bar{y}_{Treatment,t=Before}) - (\bar{y}_{Control,t=After} - \bar{y}_{Control,t=before})$$

where y is the outcome variable, the bar (\bar{y}) represents the average value (averaged over individuals, typically indexed by i), and t is time. The assumed treatment group counterfactual equals the treatment group pre-reform value plus the after-before difference from the control group – see **Figure 1**. Difference in difference estimates on the core indicators are presented in **Appendix 1**.

Figure 1: Illustration of the two-group two-period DiD estimate.



2.3 Study Scope, Sites and Population

The research targeted the school communities (intervention and control) and research participants that were covered during the baseline. The study participants within the school communities included teachers, parents and caregivers. Whereas in control schools there was no intervention (100% sample not exposed), those in the intervention school communities were enrolled into the curriculum, attended the required minimum number of sessions and participated in the baseline.

Registers of teachers, children and parents enrolled into and graduated in the SAFE Program were provided by BIU/ICRW and were used as the master sampling frame. Table 2 compared the primary sampling criteria for eligibility into the post intervention research study.

² effect of a specific intervention or treatment by comparing the changes in outcomes over time between a population that is enrolled in a program (the intervention group) and a population that is not (the control group)

Table 2: Enrolment Criteria

Category of respondents	Intervention	Control
Parents/caregivers	<ul style="list-style-type: none"> ● Participated in the baseline ● Completed SAFE curriculum - graduated ● Provides consent to participate in the research study 	<ul style="list-style-type: none"> ● Participated in the baseline ● Provides consent to participate in the research study
Children	<ul style="list-style-type: none"> ● Participated in the baseline ● Completed SAFE curriculum – graduated ● Parent/caregiver provided consent for child to participate in the research study ● Child assents to participate in the the research study 	<ul style="list-style-type: none"> ● Participated in the baseline ● Parent/caregiver provided consent for child to participate in the research study ● Child assents to participate in the the research study
Teachers	<ul style="list-style-type: none"> ● Participated in the baseline ● Completed SAFE curriculum – graduated ● Provides consent to participate in the research study 	<ul style="list-style-type: none"> ● Participated in the baseline ● Provides consent to participate in the research study
Key informants	<ul style="list-style-type: none"> ● Provides consent to participate in the research study ● Provided a critical role in the implementation of the SAFE curriculum or addressing sexual violence against children 	

2.4 Sample size and Sampling Procedure

The primary sampling frame included teachers, caregivers and children that participated in the baseline survey (longitudinal – Panel survey). In addition to willingness to participate in the survey – informed consent, enrollment into the endline study for intervention communities required the participant to have completed the minimum number of sessions for the trainings – see **Table 2** for eligibility criteria. **Table 3** compared the distribution of respondents reached through individual interviews at both the endline and baseline research.

Table 3: Distribution of Sample Sizes

	Baseline	Endline	Success/Attrition rate
Teachers	129 (Control=43, Intervention=86)	98 (Control=31, Intervention=67)	76% (Control=72%, Intervention=78%)
Caregivers	674 (Control=188, Intervention=486)	412 (Control=165, Intervention=247)	61% (Control=89%, Intervention=51%)
Children	707 (Control=207, Intervention=500)	483 (Control=157, Intervention=326)	68% (Control=76%, Intervention=65%)

2.5 Data Sources

Both primary and secondary data was collected. Primary data was collected through individual interviews and group discussions with children, parents/caregivers, and key informants. Focus Group Discussions were held with children (boys and girls) as caregivers (male and female) to explore their assessment of the program further.

Key informants included BIU technical staff, SAFE Curriculum Facilitators, Para social Workers and Grassroot Soccer Coaches, Representatives of the Child Wellbeing Committees at the Parish (Parish Chiefs), Subcounty (Subcounty Chiefs) and District levels (CDO, CAO, Probation Officers), Programme Focal Persons, ICRW Project Contact Persons, Project Partners in provision of thematic services such as Psychosocial Support, Legal services etc.

Secondary data was extracted from administrative records or project databases – such as information on direct project beneficiaries, sessions conducted. Project documents such as progress reports, activity reports, baseline report, project Monitoring and Evaluation Framework, and workplans etc. Key statistics are compared with national statistics – such as publications from Uganda Bureau of Statistics (UBOS).

2.6 Data Collection and Data Collection Methods

Data was collected using a mixture of qualitative and quantitative data collection methods. These included;

- i. In-person interviews with – a) caregivers, b) children; teachers and Key Informants – these include Trained course facilitators, district and subcounty focal persons in addressing CSA;
- ii. Participatory sessions with children–10-16 participants per session;
- iii. Participatory sessions with caregivers – averagely 10-16 participants per session;
- iv. Literature review/secondary data extraction.

Computer Assisted Personal Interview (CAPI) with Open Data Kit (ODK) interface will be used to collect quantitative data. **Table 2** compared the primary sampling criteria for eligibility into the study research study.

2.7 Data Analysis

Quantitative data from children, caregivers and teachers was exported as Comma Delimited and analyzed using STATA. The results were triangulated with data collected through KII, participatory sessions (FGDS), and literature review. Statistical tests were done where necessary to explore the significance of variation in the levels of disaggregation and status at the baseline compared to the endline. The study objectives guided analysis. Content analysis was used to analyze qualitative data based on condensation and abstraction of main themes.

The data analysis and presentation of findings is guided by the research study objectives and the SAFE program Monitoring and Evaluation Framework.

2.8 Ethical Considerations

Participation in the study was voluntary. All respondents provided verbal and written consent to participate in the survey. Children provided assent after receiving consent from their caregivers.

If a parent declined to consent to their child's participation, the child was not enrolled in the study. Likewise, if a child was unwilling to participate (withheld assent), despite consent from the caregiver, the child was not enrolled but the consenting guardian was. This was considered in the study design to safeguard the child from potential backlash.

Training on Protection of Research Participants was conducted. All members of the Research Team signed the Safeguarding Principles and Child Protection Policies of ICRW and BIU.

All data collected was treated with confidentiality. No identifying information was shared in collected datasets or compiled reports. All members of the research team committed to adhering to Child and

Adult Safeguarding. The team maintained ethical principles of confidentiality, informed consent, and doing no harm. Interviews were conducted in secure and neutral environments, moderators-maintained discipline and ensured that participants respected each other.

2.9 Quality Control and Training of Research Team

Computer Assisted Personal Interview (CAPI) with Kobo Collect interface were used to collect quantitative data while qualitative discussions were transcribed. Kobo Collect questionnaires have quality checks for data validation and skip logic.

Data was collected by well-trained and experienced research assistants who were able to speak local languages and had a minimum of a bachelor's degree. Interviews were conducted in local languages to minimize non-response errors.

The training of research assistants covered various topics, including research ethics and protocol, scope of work, methodology, translation and understanding of data collection tools, through the online questionnaire and mock interviews. A pretest was conducted at Muhangi Primary School on the 26th of February, 2024.

Participants during the training included 16 Research Assistants (9F, 7M), and 2 BIU Staff. Photo 1 compared some of the activities during the training (training, group sessions and team building activities).

Photo 1: Training of Research Assistants



3.0 FINDINGS

3.1 Introduction

This chapter presents the findings of the endline research relative to the baseline, guided by the objectives of the research and the SAFE Model Monitoring and Evaluation Framework.

3.2 Pre and post-intervention Knowledge, Perceptions, Attitudes, Agency, and Intentions/Behaviors Related to Mitigating Risk Exposure to Child Sexual Abuse and Exploitation: Including Reporting and Help-Seeking

The pre and post-intervention research assessment provides a difference-in-difference assessment on the magnitude of change attributable to the intervention. The assessment provides a comparison of the status of core indicators in the Monitoring and Evaluation Framework of the SAFE model at the time of the endline and the baseline in the intervention communities as compared to the control communities.

3.2.1 Outcome 1: Educators Actively Prevent and Respond to VACiSC, including CSA, Create Safer environments that Protect Children from Violence, and Treat Girls and Boys Equally Through Non-violent Means

The pathway to the achievement of the outcome areas was through implementation of the school leaders and Teachers Able to Retain and Protect Children (START) curriculum. The curriculum design required exposed teachers to attend ten 1- hour Lunch and Learn sessions, through which they discussed issues of CSA.

At the endline, 111 teachers (54 males, 57 females) in the 10 SAFE study schools had completed the training – 84 of these teachers participated in the baseline and therefore constituted the sampling frame for which the below indicators were measured at the endline (67 of the 84 participated in the endline while 17 were lost to follow-up – either transferred or absent on days of data collection (transferred=8 absent=9). See **Table 4** for details on the composition of teachers participating in the baseline and endline surveys.

3.2.1.1 Demographic Characteristics of Teachers

The endline successfully followed up 98 out of the 129 teachers that participated in the baseline for the endline, giving a 76% success rate (Control=72%, Intervention=78%, see **Table 4**). The attrition rate of teachers at the endline was primarily due to teacher transfers.

There was no significant variation in the composition of teachers reached by sex at the endline (Male=43%, Female=57%) compared to the baseline (Male=45%, Female=55%) in both intervention and control schools – see **Figure 2**.

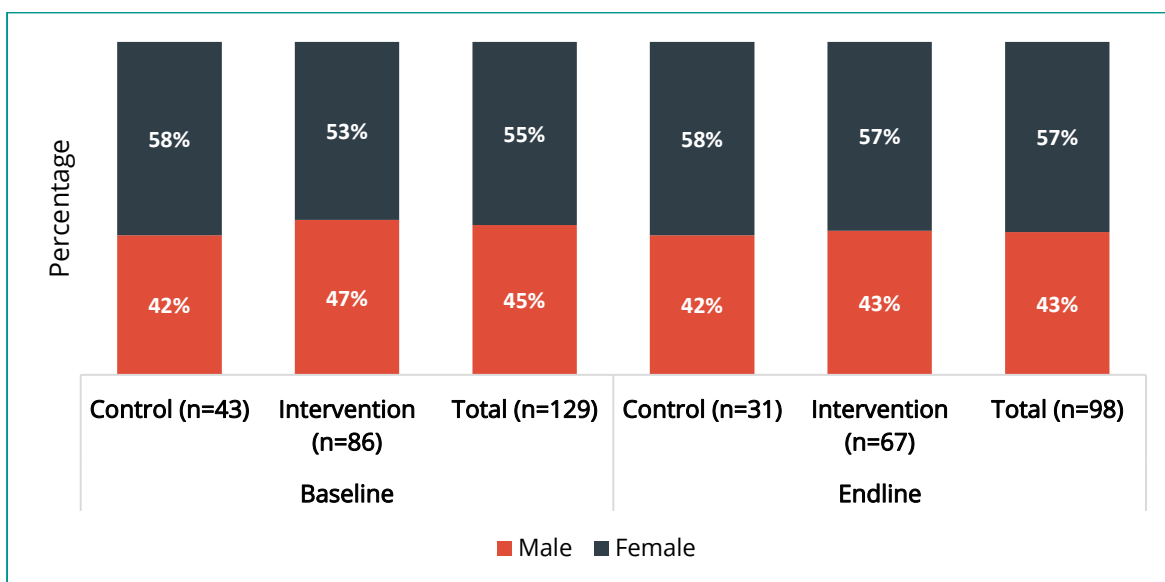
On average, teachers were 41 years old during the endline study, though not significantly different, and females were relatively younger than males (Males=42 years, females=40 years, $p>0.05$). The average age of the teachers at the endline does not significantly differ from their average age at the baseline (baseline=39 years, Endline=41 years, $p>0.05$).

Table 4: Distribution of Teachers in the Baseline and Endline by Sex and Location

	District			Category		
	K	K	B	C	I	T o t a l
	a	y	u	o	n	
	b	e	n	n	t	
	a	n	y	t	e	
	r	j	a	r	r	
	o	o	g	o	v	
	l	j	a	r	e	
	e	o	b	o	n	
			u	n		

Baseline	Male	20	22	16	18	40	58
	Female	16	26	29	25	46	71
	Total	36	48	45	43	86	129
Endline	Male	15	13	14	13	29	42
	Female	12	21	23	18	38	56
	Total	27	34	37	31	67	98
% of baseline teachers reached the endline	Male	75	59	88	72	73	72
	Female	75	81	79	72	83	79
	Total	75	71	82	72	78	76
		%	%	%	%	%	%

Figure 2: Distribution of Teachers Interviewed at the Baseline and Endline by Sex



3.2.1.2 *Indicator 1A: Teachers' Awareness of Children's Rights and Understanding of how to Protect Children from CSA*

Intervention and control schools recorded a significant increase in the proportion of teachers aware about the existence of child safeguarding policies in their schools at the endline compared to the baseline. Similarly, higher proportions of teachers at the endline as compared to baseline in both intervention and control schools reported that their schools actively enforced the child safeguarding policies.

- The proportion of teachers aware of Child Protection Policies in the schools increased by 14% in the Intervention schools (Baseline=85%, Endline=99%, $p=0.004$) as compared to the 12% increase in the control schools (Baseline=88%, Endline=100%, $p=0.049$) at the endline compared to the baseline.
- The proportion of teachers in the intervention schools aware of the existence of child protection policies in their schools at the time of the endline is 9% higher than the project target (Target=90%, Actual=99%).
- About 98% of the teachers reached during the endline reported that child safeguarding policies were actively implemented and enforced by their schools (Control=100%, Intervention=97%, Overall=98%), demonstrating a 17% increase from the status at the baseline (Control=79%, Intervention=81%, Overall=81%).

Whereas at the time of the endline, high proportions of teachers reported that their schools had child safeguarding policies and that the schools actively forced these policies (>98%), the proportion of teachers with copies of these policies remains low (14% at endline having increased from 13% at baseline), with this low proportion partly attributable to lack of duplicating/photocopying services in the schools. About 16% of the teachers in the intervention schools, as compared to 10% of their counterparts in the control schools, had copies of the child safeguarding policy.

There is no significant evidence to attribute the changes in proportions of teachers' awareness of the existence of the child safeguarding policies or their perceptions on the implementation of these policies to their participation in the SAFE curriculum ($p>0.05$); **Appendix 1**.

Table 5: Proportion of Teachers aware of Child Safeguarding Policies

Proportion of		District			Category		Sex		
		Ka ba ro le	Ky en jo jo	Bu ny an ga bu	Co nt rol	Int er ve nti on	Ma le	Fe ma le	Ov er all
Teachers aware of the child safeguarding policies in their school	Baseline	72%	92%	91%	88%	85%	84%	87%	86%
	Endline	100%	100%	100%	100%	99%	100%	98%	99%
	% change	28%	8%	9%	12%	14%	16%	11%	13%
	P	0.013	0.084	0.063	0.049	0.004	0.007	0.024	0.000
Teachers who report that the schools where they teach actively enforce the child safeguarding policy	Baseline	69%	90%	80%	79%	81%	76%	85%	81%
	Endline	96%	97%	100%	100%	97%	100%	96%	98%
	% change	27%	7%	20%	21%	16%	24%	11%	17%
	P	0.007	0.200	0.004	0.007	0.003	0.001	0.028	0.000
Teachers who have a copy of the child safeguarding policy	Baseline	17%	19%	4%	14%	13%	14%	13%	13%
	Endline	11%	21%	11%	10%	16%	17%	13%	14%
	P	0.533	0.836	0.271	0.726	0.643	0.691	0.976	0.810

3.2.1.3 *Indicator 1B: Teachers show a Positive Shift in Attitudes Towards Recognizing, Reporting and Protecting Children from CSA.*

Overall, all teachers, in line with meeting their professional responsibility, observed that it is important for teachers to be involved in reporting child sexual abuse for the safety of children as well as to prevent long-term consequences for children. Similarly, all teachers in both intervention and control schools noted child sexual abuse reporting guidelines are necessary for teachers. Equally, all teachers reached during the endline indicated that it was their responsibility to protect children and their rights, the proportion improving from 99% at the time of the baseline. Results presented in **Table 6** show that;

- about 83% of the teachers at the endline reported that they would report child sexual abuse to authorities even if their school administration disagreed, with the proportion dropping from 85% as at the baseline. The drop in proportions of teachers that would report despite disagreement with school authorities was majorly observed in the control communities (Baseline=86%, Endline=74%, reduction=12%) but with a 2% increase in the intervention schools at the endline as compared to the status at the baseline (Baseline=85%, Endline=87%, Increase=2%).

- There is a 1% increase in the proportion of teachers willing to report CSA without fear of family or community retaliation at the endline compared to the baseline (Baseline=86%, Endline=87%). The Proportion of teachers in intervention schools are willing to report a CSA without fear of family or community retaliation increased from 85% at baseline to 88% at the endline while the proportion dropped from 88% at the baseline in control schools to 84% at endline.
- The proportion of teachers who would report CSA despite disagreement with school authorities or family/ community retaliation at the endline was lower than the project target of 90%.

Whereas there is an increment in the intervention schools as compared to the drop in control schools, there is no significant evidence to; attribute the changes in the proportion of teachers who report a CSA without fear of family or community retaliation to exposure to the SAFE curriculum (DID=8%, p= 0.439, Appendix 1); b) report a CSA against the advice of the school administration (DID=0.135, p= 0.198, *Appendix 1*).

Table 6: Teachers that will Report Child Sexual Abuse to Authorities Regardless of the Likely Retaliation

Proportion of ...		District			Category		Sex		
		Ka bar ole	Ky enj ojo	Bu ny an ga bu	Co ntr ol	Int erv ent ion	Ma le	Fe ma le	Ov era ll
Teachers that report Child Sexual Abuse to authorities even if school administration disagreed	Baseline	67%	94%	91%	86%	85%	83%	83%	85%
	Endline	81%	82%	84%	74%	87%	81%	84%	83%
	% change	15%	-11%	-7%	-12%	2%	-2%	1%	-3%
	P	0.190	0.104	0.313	0.199	0.768	0.817	0.586	0.593
Teachers that would report child sexual abuse despite fear of family/ community retaliation	Baseline	86%	85%	87%	88%	85%	86%	86%	86%
	Endline	89%	88%	84%	84%	88%	86%	88%	87%
	% change	3%	3%	-3%	-4%	3%	0%	2%	1%
	P	0.743	0.712	0.713	0.576	0.571	0.944	0.795	0.881
Teachers that indicate that they would report a child sexual abuse when they suspect it	Baseline	92%	96%	93%	93%	94%	95%	95%	94%
	Endline	78%	97%	100%	87%	96%	93%	93%	93%
	% change	-14%	1%	7%	-6%	1%	-2%	-2%	-1%
	p	0.119	0.771	0.11	0.39	0.713	0.682	0.982	0.777

3.2.1.4 *Indicator 1C: Active Participation by Teachers to Mitigate Risks to Children's Safety in and Around the School*

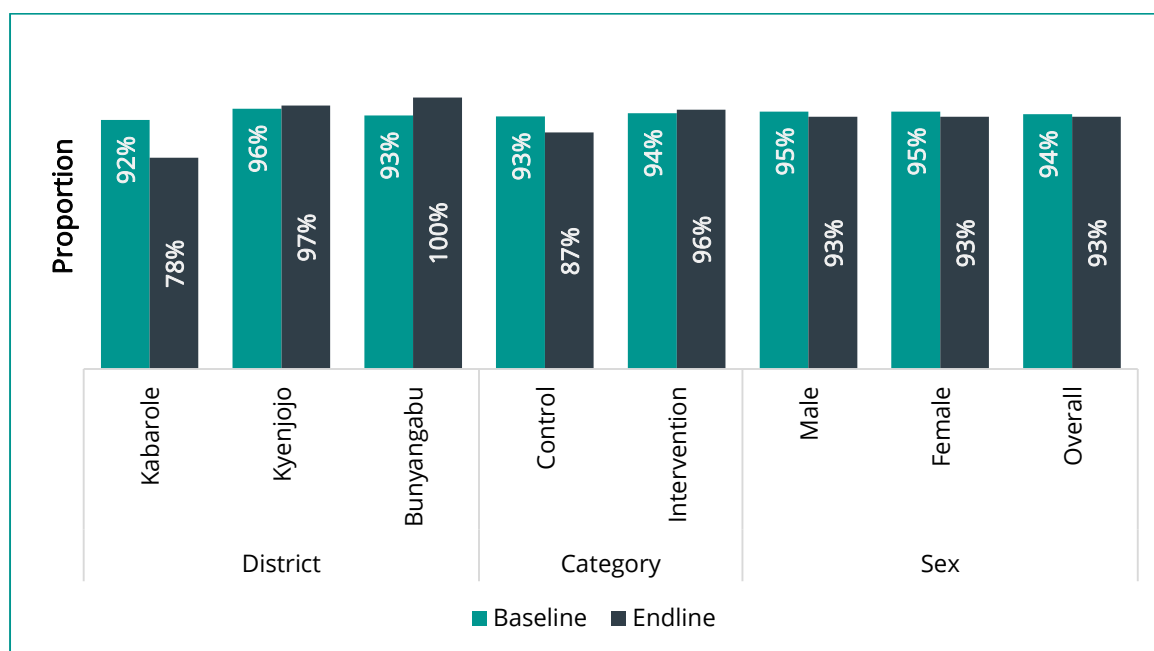
At the endline, about 93% of the teachers indicated they would report a CSA when suspected – 1% drop from the baseline and 6% lower than the 99% target. Results presented in Figure 3, however, show that

whereas there was an overall drop in both intervention and control schools, intervention schools recorded a 2% increase in the proportion of teachers that would report a CSA at the endline as compared to the baseline (Baseline=94%, Endline=96%).

The magnitude of change (DID) in the intervention schools at the endline compared to the baseline is not significantly different from the status in the control schools at the endline and the baseline ($p= 0.310$, *Appendix 1*).

The constraints to teachers ability to report suspected CSA related to fear of family/community retaliation, disagreement with the administration on the matter (see Table 6 and Appendix 2), fear that parents may be aggressive or abusive to the child, lack of evidence (fear that teacher attempting to report child sexual abuse with little evidence may instead get into trouble), perceived stress involved in reporting and following up on CSA and lack of awareness on procedures for reporting CSA.

Figure 3: Teachers that indicate that they would Report Child Sexual Abuse when they Suspect it



3.2.2 Outcome 2: Caregivers Actively Prevent and Respond to VACiSC, including CSA, Adopt Positive Parenting, and Provide for and treat Girls and Boys Equally Through Non-violent Means

The SAFE CSA prevention curriculum contributed to this second outcome area through Norms Diffusion, Skills, Economic Strengthening and Parenting Training (NEST). This was central in providing avenues to create awareness of violations against children as well as undertake necessary steps to identify, prevent, and respond to violence against children within schools and surrounding communities - empower stakeholders to identify unsafe places and appropriate actions to improve child safety – see Appendix 6.

A total of 782 caregivers (202 males, 579 females) were reached through Positive Parenting Sessions (Graduated and ongoing), and wider audiences were reached through community dialogues and radio talk compared.

3.2.2.1 Demographic Characteristics of Caregivers

The endline reached 412 (61%) of the 674 caregivers that participated in the baseline (see Table 3 and *Table 7*). The rest were either lost to follow-up or had not completed the minimum number of required parenting sessions. Overall, the endline reached 51% of the caregivers that participated in the baseline in intervention schools compared to 88% in the control schools.

Of the 412 caregivers at the endline, 292 (71%) were females and 120 (29%) were males. Whereas the proportion of females at the endline was relatively higher than the proportion at the baseline (Baseline=66%, Endline=71%) compared to the proportion of men (Baseline=34%, Endline=29%), the difference was not significant - there was no significant variation in the sex composition of caregivers at the baseline compared to the endline, between control and intervention communities or across districts ($p>0.05$).

The average age of caregivers was 44 years at the endline, but the males' age was significantly higher than that of females (Male=46 years, Females=43 years, $p<0.05$). The average age difference at the endline and baseline was insignificant (Baseline=44.2 years, Endline=44.9 years, $p>0.05$) and not significantly different between intervention and control communities or across districts.

With regards to occupation and main sources of income, study communities majorly relied on agriculture/farming (see *Appendix 4*)- 79% of the caregivers depended on farming, 10% relied on business with other sources such as transport (Bodaboda), casual labor – 6%, and other professional areas such as teaching, nursing, etc., housewife combined constituting the 5%.

Considering the marital status, just like at the baseline, 70% of the caregivers were married/cohabiting, and 24% were either widowed or separated/divorced (widowed=12%, separated=12%), with the never married constituting 6% - see Appendix 4.

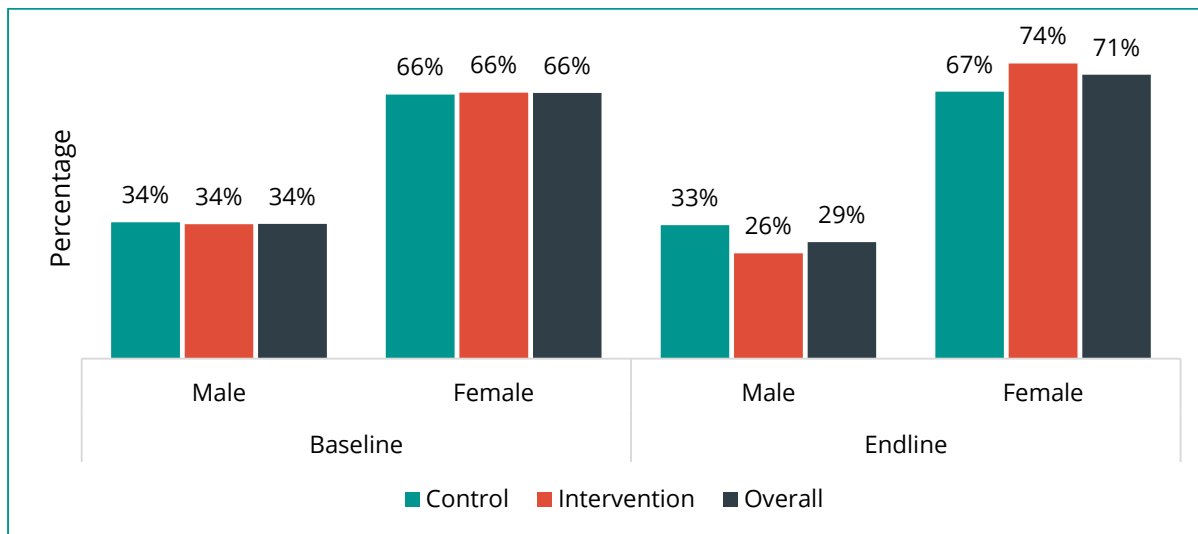
By education level, only about one in three of the caregivers (33%) completed O level or other higher level, and 67% did not complete Primary; comparing this finding with the national statistics on Toro region, 54% and 45% of the population aged 13+ in Toro and in Uganda respectively never completed Primary education cycle, according to UBOS 2017)³. Caregivers in this study that completed university or tertiary institution constituted only 2%.

Table 7: Distribution of Caregivers Participating in the Baseline and Endline by Sex

		District			Category		Total
		Kabaroole	Kyenjojo	Bunyangu	Control	Intervention	
Baseline	Male	61	94	72	64	163	227
	Female	130	190	127	124	323	447
	Total	191	284	199	188	486	674
Endline	Male	32	48	40	55	65	120
	Female	70	134	88	110	182	292
	Total	102	182	128	165	247	412
% of baseline caregivers at endline	Male	52	51	56	86	40	53
	Female	54	71	69	89	56	65
	Total	53	64	64	88	51	61

³ UBOS (2017): Education: A Means for Population Transformation - Thematic Series Based on The National Population and Housing Census 2014 (pg 38)

Figure 4: Distribution of Caregivers Interviewed at the Baseline and Endline by Sex



3.2.2.2 Indicator 2A: Caregivers' awareness of Children's Rights, Risks to Abuse, and understanding how to protect them from CSA.

3.2.2.3 Caregivers' Awareness of Harmful Practices against Children in their Communities

Overall, there was a significant drop in the proportion of caregivers who reported awareness of the existence of harmful practices against children in their communities at the endline as compared to the status at the baseline (Baseline=68%, Endline=62%, decline=5%, p=0.035) in both intervention and control school communities.

Both intervention and control communities recorded a 5% drop in the proportion of caregivers that reported the existence of harmful practices against children in their communities at the endline compared to the baseline – see Figure 5 and Table 8.

The M&E Framework compared that the project targeted an increase in proportions of caregivers reporting awareness about harmful practices (target- 85%) from improvement knowledge and ability of caregivers to identify these practices; the endline research findings show a decline . Stakeholders reached through in-depth interviews noted that through community dialogues, stakeholders identified hot spots of harmful practices against children in the communities for which appropriate duty bearers were mandated to take actions. – see stakeholder voices in **Box 1** on what has been done to address abuses against children.

Whereas efforts are taken to address harmful practices against children, stakeholders at the endline noted that child abuses, including early marriages and pregnancies, child labor – engagement of children in excessive work, child neglect, child beating and use of abusive words, rape and defilement, and alcohol and drug abuse still exist (see stakeholder voices **Box 6**). With no significant variation of the baseline, overall, only three in any five caregivers at the endline felt their children were safe while in the communities – see **Table 8**

Figure 5: Proportion of Caregivers who Report Existence of Harmful Practices against Children in their Communities.

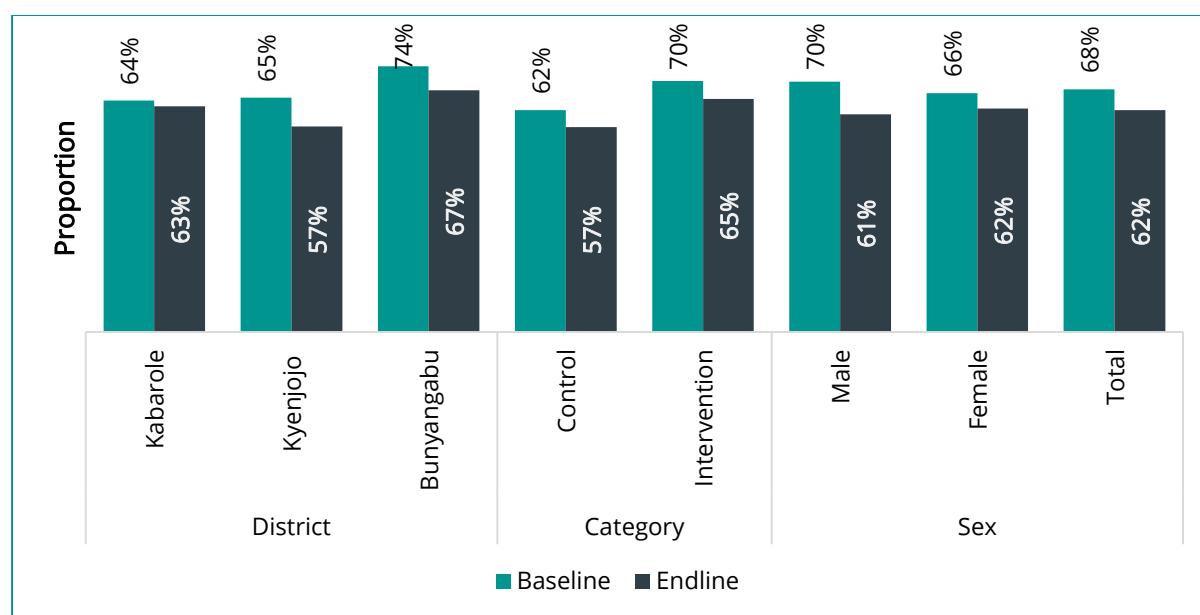


Table 8: Proportion of Caregivers who Report Existence of Harmful Practices against Children in their Communities.

		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Male	Female	Total
Caregivers who report existence of harmful practices against children in their communities	Baseline	64%	65%	74%	62%	70%	70%	66%	68%
	Endline	63%	57%	67%	57%	65%	61%	62%	62%
	% change	-2%	-8%	-7%	-5%	-5%	-9%	-4%	-6%
	P	0.649	0.074	0.193	0.334	0.137	0.100	0.160	0.035
Caregivers who feel children are safe (free from sexual violence/abuse) within their communities	Baseline	59%	56%	58%	54%	59%	54%	60%	58%
	Endline	64%	62%	55%	64%	57%	62%	59%	60%
	% change	5%	5%	-3%	11%	-2%	8%	0%	2%
	p	0.446	0.267	0.581	0.045	0.609	0.157	0.944	0.439

Box 1: Stakeholder Voices on actions they take to address child abuse

“There are harmful practices in the community, such as children leaving school to marry at a young age. However, we now know how to manage such cases if they happen. I would approach the local leadership and the Community Development Officer (CDO) if I become aware of such a situation. We would then locate the child take her to the hospital for pregnancy and disease checks. If all medical examinations yield negative results, we would speak to the child’s parents and involve the authorities regarding the man involved” – Female, FGD

“We have been monitoring a case involving a child from Nsongya school who eloped to the neighboring village of Kahondo. She was in Primary Six and had been promoted to Primary Seven. Together with the girl’s parents, we tracked them down. However, when the man learned that the case had been reported to the police, he fled, leaving the girl at the house. We retrieved her, took her to the health center, where, fortunately, she was not pregnant and had not contracted any diseases. At the beginning of this term, I visited the girl at her home and encouraged her to return to school. Currently, the girl is stable and back at school” – Female, FGD

“There is another girl of 14 years who has been impregnated. When we went to arrest the man, he ran away. All these events are happening in our community” – Female, FGD

“There are minor issues where parents still send children out at night, but we are collaborating with the local leadership to address these behaviors” – Male, FGD

“Another concerning behavior in the community is when foster parents engage in sexual activities with children brought by their wives from previous marriages. For instance, in Lwamabya village, there was a case where a 13-year-old child who was abused by a 28-year-old man. When this misconduct persisted, the child confided in a neighbor who then informed me (the Para social worker). I engaged the local leadership, Community Development Officer (CDO), and the police. Together, we apprehended the man and took him to Kisomoro prison. Unfortunately, the child became fearful because her mother blamed her for disclosing the situation to the neighbor and held her responsible for her husband's imprisonment. When I heard about this, I went to the police, got a letter, and took the child to the hospital to confirm if indeed there was any penetration, which was true. The woman threatened the child to change the statement, saying it’s not the foster father who has been having sex with her, and that she should say she has other boys who have been using her. We informed Bantwana, and the man was transferred to another prison in Fort Portal. All this is happening in our community” – Female, KI

“I will put the blame on parents because sometimes you find a child engaging in bad behavior due to the failure of a parent to understand their responsibilities. In the training, they taught about unsafe places where we are not supposed to allow children to go, but you find some parents going to such places with children” – Female, FGD

3.2.2.4 Indicator 2B: Caregivers who show a Positive Shift in Attitudes Towards Reporting and Protecting Children from CSA

3.2.2.4.1 Caregivers that would believe their children if they reported to them a CSA (most of the time or always).

The SAFE model, through the NEST component aims to lead to a shift to positive norm, such as parents believing their children who report or disclose to them suspected CSA.

Endline results presented in Figure 6 show that about two in every three caregivers (65%) mentioned that a child who reports CSA can be believed, signifying a 9% improvement from the status at the baseline ($p < 0.05$). Both control and intervention communities recorded a significant improvement in proportion of parents that mentioned that children who report CSA can be believed at the endline compared to the baseline – the difference significant at 10% level (Control= 11% change from 56% at baseline to 67% at endline; Intervention = 6% change from 56% at the baseline to 63% at the endline; $p < 0.1$). The findings at the endline of the proportion of caregivers in the intervention communities that indicated that a child who reports CSA can be believed is 3% higher than the project target of 60%. However, here is no statistically significant evidence for attributing to this change of the caregivers’ participation in the piloted SAFE CSA prevention curriculum (DID=0.054, $p = 0.406$, **Appendix I**). Table 9 compared higher proportions of caregivers who reported, that children who report CSA can be believed sometimes (Control=29%, Intervention=30%).

Figure 6: Proportion of Caregivers who Mentioned that a Child Reporting CSA is Believed

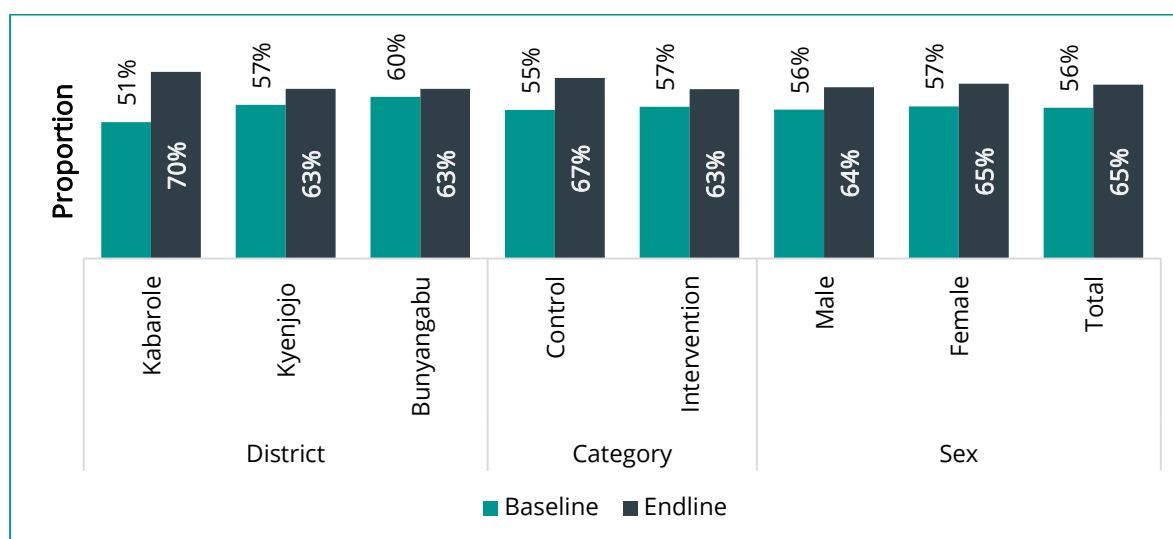


Table 9: Extent to which caregivers think that children who report sexual abuse can easily be believed.

	District			Category		Sex		
	Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Male	Female	Total
Not at all	2.0	2.7	3.1	1.2	3.6	2.5	2.7	2.7
Sometimes	25.5	28.6	32.8	28.5	29.6	31.9	28.0	29.1
Most of the times	46.1	39.0	40.6	38.8	42.9	37.8	42.7	41.3
Always	23.5	24.2	22.7	28.5	20.2	26.1	22.5	23.5
Not sure	2.9	5.5	0.8	3.0	3.6	1.7	4.1	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Endline research findings show that 66% of the caregivers believed children opened up on CSA cases with the proportion significantly improving from 59% at the baseline. The difference in proportion of caregivers who believe children report CSA at the endline compared to the status at the baseline is significant in the intervention communities as compared to control communities; and among female caregivers than the male caregivers – see Table 10. Caregivers reached through individual interviews and group discussions present varying reasons children may not report CSA, including fear of repercussions from parents or victims, corruption among those reported to, children or parents are given money, fear of shame/loss of dignity.

Table 10: Proportion of Caregivers who think a Child children Open up and Report CSA

	District	Category	Sex
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	Kab arole	Kye njojo	Bun yang abu	Cont rol	Inter venti on	Male	Fem ale	Tota l
Baseline	61%	58%	58%	60%	58%	59%	59%	59%
Endline	75%	63%	64%	67%	66%	68%	66%	66%
% change	13%	5%	6%	7%	7%	8%	7%	7%
p	0.023	0.242	0.297	0.163	0.061	0.142	0.051	0.015

3.2.2.5 Caregivers' willingness to report CSA if the child confides in him/her even if the partners is against it

Caregivers' ability and resolve to support a child through CSA despite the unwillingness of a partner remains a challenge.

Within the intervention schools, findings at the baseline show that 71% of the caregivers would report a CSA against the partners will and 74% would reject marrying off a child against the partners wish with these proportions reducing from 75% and 79% respectively at the baseline. Looking at control communities, there was a marginal variation from the status at the baseline – 67% of the caregivers at the endline would report a CSA against the wish of the partners as compared to 66% at the baseline; 78% of the caregivers would reject marrying off a child against the wish of the partner at the ending as compared to 74% at baseline – see Table 11

Findings show relatively lower proportions of females as compared to standings against the wish of the partner in marrying off a child or reporting a CSA with this primarily attributable to the patriarchal society. The proportion of caregivers at the endline able to report CSA against the wish of the partner is lower than the 77%. **Table 11: Proportion of Parents/Caregivers able to support children through CSA despite unwillingness of a partner**

<i>Proportion of</i>		District			Category		Sex		
		Ka ba ro le	Ky en jo jo	Bu ny an ga bu	Contro l	Int er ve nti on	M ale	Fe m ale	To tal
Caregivers that would report child sexual abuse if my child confides in him/her even if partner is against it	Baseline	67%	70%	83%	66%	75%	69%	75%	73%
	Endline	69%	67%	73%	67%	71%	65%	71%	69%
	% change	2%	-3%	-9%	1%	-4%	-4%	-4%	-4%
	p	0.779	0.597	0.052	0.972	0.290	0.536	0.295	0.268
Caregivers that would reject marrying off their child even if partner wants it	Baseline	74%	78%	83%	76%	79%	76%	80%	78%
	Endline	78%	76%	73%	78%	74%	71%	78%	76%
	% change	5%	-2%	-9%	3%	-5%	-5%	-2%	-2%
	p	0.383	0.785	0.052	0.556	0.187	0.365	0.718	0.464

3.2.2.6 *Indicator 2C: Caregivers Demonstrating Increased Accountability and Responsibility Towards their Children.*

The SAFE model targets empowering caregivers to openly and confidently talk to their children on how to prevent and respond to CSA among other risky behaviors to child safety.

- Discussion with children on risks that may expose him or her to sexual violence either at home, school or anywhere else in the community: The endline observed a 11% increase in the proportions of caregivers that reported having talked to their young and adolescent children (9-14 years) about risks that expose them to sexual violence at the endline as compared to the baseline (Baseline=82%, Endline=93%, $p<0.05$) – see Figure 7; with this increment at the endline compared to baseline significantly higher among female caregivers than the males (Males=6%, Females=12%). As at the endline, caregivers in the intervention communities were 2.89 times more likely to report having talked to their children about risks that exposed them to CSA than their counterparts in the control communities (OR= 2.894, $p= 0.012$). Females were 2.929 times more likely to report to have talked to their children than their male counterparts (OR= 2.929, $p= 0.013$). Overall, 93% of the caregivers at the endline in the intervention communities had talked to their children on issues that expose them to CSA, with this demonstrating an 8% performance above the project target of 85%.
- Forming healthy relationships between boys and girls: As at the endline, caregivers in the intervention communities were twice more likely to report having talked to their children 9-14 years on healthy relationships between boys and girls than their counterparts in the control schools (OR= 2.008, $p= 0.024$). The proportion of caregivers in the intervention communities who reported to have talked to their children on health relationships increased from 69% at the baseline to 91% at the endline as compared to an increase from 70% at baseline to 83% at endline in the control schools (DID= 0.105, $p= 0.057$, **Table 12, Appendix 1**). Child body changes as he or she grows up: There was a 13% increase in the proportion of caregivers in the intervention communities who reported to have discussed with their children 9-14 years on body changes (Baseline=77%, Endline=90%) as compared to a 4% increase in the control communities at the endline compared to the status at the baseline (Baseline=75%, Endline=79%, DID= 0.089, $p= 0.090$). As at the endline, caregivers in the intervention communities were twice more likely to have discussed child body issues with their children (OR= 2.198, $p= 0.007$). Female caregivers were thrice more likely to have discussed body changes with their children than their male counterparts (OR= 2.957, $p<0.000$).
- Girl's period or monthly cycle: Though not significantly different from the status at the baseline in both control and intervention communities, 7 out of any ten caregivers reported to have discussed issues related to when a girl gets monthly cycles with their children – as at the endline, female caregivers were more likely to have discussed issues related to monthly cycles than their male counterparts (OR=7.747, $p<0.000$), and the status of women involvement in discussing issues related menstrual cycle at the endline was more than twice the status at the baseline (OR=3.078, $p<0.05$)
- Discussed with child about avoiding peer pressure to engage in sex – though not different in intervention as compared to control communities, there is a 10% increase in the proportion of caregivers who reported talking to their children about avoiding peer pressures that lead them into CSA practices such as having sex (Baseline=83%, Endline=93%). Female caregivers were 2.5 times more likely to note having talked to their children about avoiding peer pressures that expose them to CSA than their male counterparts (OR= 2.527, $p= 0.023$)
- Discussed with their children on avoiding early pregnancies – the proportion of caregivers who reported to have talked to their children 9-14 years on avoiding early pregnancies increased

from 78% at the baseline to 92% at the endline, with the increment not significantly different between intervention and control schools.

Figure 7: Proportion of Caregivers who reported ever Talking/Discussing with their Children 9-14 years about Risks that may Expose them to CSA

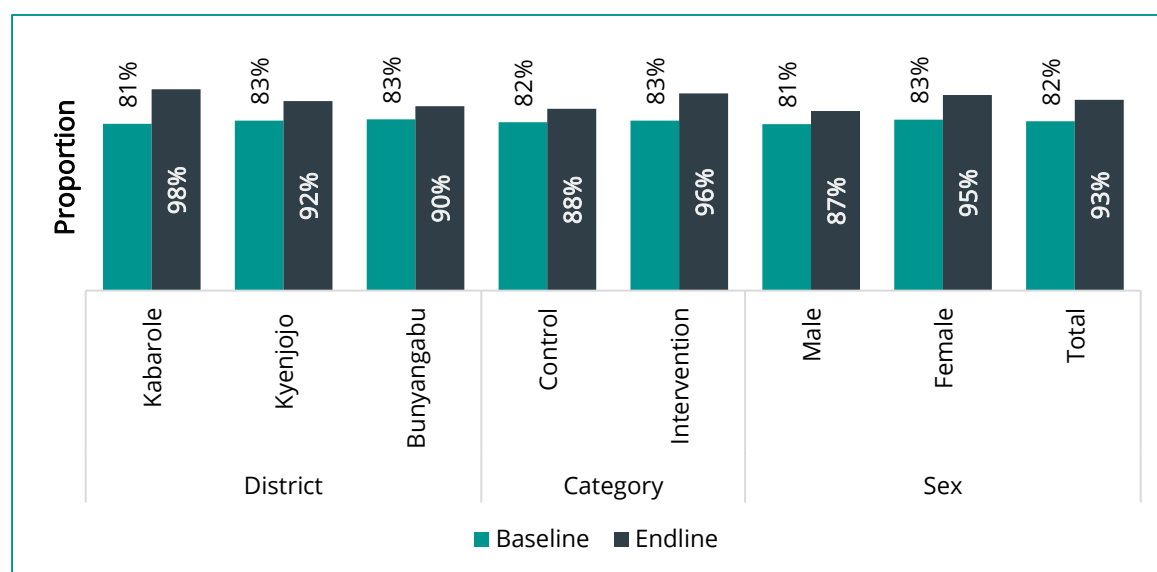


Table 12: Proportion of Caregivers who reported ever talking/discussing with their children 9-14 on CSA issues

Caregivers that talked to child 9-14 years about		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Male	Female	Total
Risks that may Expose him or her to Sexual violence either at Home, School or Anywhere else in the Community	Baseline	81%	83%	83%	82%	83%	81%	83%	82%
	Endline	98%	92%	90%	88%	96%	87%	95%	93%
	% change	17%	10%	6%	7%	13%	6%	12%	10%
	p	0.000	0.003	0.103	0.085	0.000	0.126	0.000	0.000
Ways to seek help when he/she feels at risk of sexual abuse in any situation	Baseline	82%	83%	79%	80%	82%	76%	84%	81%
	Endline	91%	93%	90%	91%	92%	88%	93%	92%
	% change	10%	10%	10%	11%	10%	12%	9%	10%
How to form health relationships between boys and girls	Baseline	68%	70%	68%	70%	69%	67%	70%	69%
	Endline	93%	85%	88%	83%	91%	85%	89%	88%
	% change	26%	14%	20%	13%	22%	17%	19%	19%
	p	0.000	0.000	0.000	0.007	0.000	0.000	0.000	0.000
about how his or her body changes as he or she grows up	Baseline	75%	75%	79%	75%	77%	66%	81%	76%
	Endline	91%	85%	83%	79%	90%	75%	90%	86%
	% change	16%	10%	4%	4%	13%	9%	9%	10%

Caregivers that talked to child 9-14 years about		District			Category		Sex		
		Ka ba ro le	Ky en jo jo	Bu ny an ga bu	Co nt rol	Int er ve nti on	Ma le	Fe ma le	To tal
	p	0.001	0.013	0.383	0.327	0.000	0.087	0.001	0.000
when a girl gets her period or monthly cycle	Baseline	64%	67%	65%	65%	66%	48%	74%	66%
	Endline	71%	75%	63%	71%	70%	39%	83%	70%
	% change	6%	8%	-2%	6%	4%	-10%	9%	5%
	p	0.285	0.061	0.706	0.228	0.302	0.098	0.006	0.120
Avoiding peer pressure to engage in sex	Baseline	81%	85%	84%	80%	85%	80%	85%	83%
	Endline	97%	91%	94%	93%	94%	89%	95%	93%
	% change	16%	6%	10%	12%	9%	9%	10%	10%
	p	0.000	0.044	0.008	0.001	0.000	0.033	0.000	0.000
strategies to avoid early/under-age marriage	Baseline	78%	76%	82%	78%	79%	71%	82%	78%
	Endline	92%	93%	91%	91%	93%	90%	93%	92%
	% change	14%	17%	8%	13%	14%	19%	11%	14%
	p	0.002	0.000	0.039	0.001	0.000	0.000	0.000	0.000

While endline data showed that a large proportion of caregivers reported having talked with their children about issues that expose them to CSA, there was also indication that the caregivers faced challenges in doing so successfully. These challenges included limited comfort and ability to adequately engage children in CSA discussions (see Appendix 3 and **Table 13**).

- Low proportions of caregiver givers at the endline reported that their children have approached them to ask about issues related to child sexual abuses and exploitation (<10% in both control and intervention communities). Only about half of the caregivers at the endline rated /considered their children to be free to ask them questions on what they wanted to know (Control=44%, Intervention=54%, Male=41%, female=54%, Overall=50%).
- Only about 47% (Control=41%, Intervention=51%) of the caregivers at the endline reported to be comfortable responding to a CSA related question from a child with this proportion increasing from 41% at the baseline (Control=33%, Intervention=33%, Intervention=44%). Lower proportions of male caregivers than their female counterparts were comfortable responding to a CSA question from a child (Male – 36% at endline having dropped from 42% at baseline; females – 51% having improved from 51% at the baseline).
- Less than two in three caregivers (64%) agree that educating children about sexual abuse is a good way to prevent their sexual victimization (Control=62%, Intervention=66%, Male=57%, Females=67%, Overall=64%).
- One in every two caregivers considered themselves to have adequate information about sexual violence against children including, sexual abuse and exploitation, to talk to my child about the topic (Control=46% having improved from 32% at baseline, intervention=54% signifying an 8% increase from the 46% at the baseline). Higher proportions of female caregivers (baseline=43%, endline=48%) than their male counterparts (baseline=41%, females=52%) considered themselves to have adequate information on CSA to freely discuss with their children.

Table 13: Parental Attitudes/Self-efficacy on supporting Children through CSA

o		District			Category		Sex		
		K a b a r o l e	K y e n j o j o	B u n y a n g a b u	C o n t r o l	I n t e r v e n t i o n	M a l e	F e m a l e	T o t a l
Has your child ever asked you about sexual violence against children including sexual abuse and exploitation?	Baseline	10%	9%	13%	8%	12%	8%	11%	10%
	Endline	2%	3%	3%	2%	4%	1%	4%	3%
	% change	-8%	-6%	-10%	-6%	-8%	-8%	-8%	-8%
If my child asked me a question about a sex issue, I would be comfortable to answer his or her question with the information he or she needs.	Baseline	40%	41%	41%	33%	44%	42%	40%	41%
	Endline	47%	46%	48%	41%	51%	36%	51%	47%
	% change	7%	5%	8%	8%	8%	-6%	12%	6%
Educating children about sexual abuse is a good way to prevent their sexual victimization	Baseline	56%	61%	66%	59%	61%	58%	62%	61%
	Endline	63%	64%	66%	62%	66%	57%	67%	64%
	% change	7%	3%	1%	2%	5%	-1%	5%	3%
I have adequate information about sexual violence against children including, sexual abuse and exploitation, to talk to my child about the topic	Baseline	42%	41%	44%	32%	46%	41%	43%	42%
	Endline	51%	50%	52%	46%	54%	48%	52%	51%
	% change	9%	9%	8%	14%	8%	7%	9%	9%
My child is free to ask me the questions he or she really wants to know about sex issues.	Baseline	49%	42%	44%	41%	47%	46%	44%	45%
	Endline	52%	47%	52%	44%	54%	41%	54%	50%
	% change	3%	5%	8%	3%	8%	-5%	9%	5%
When my child asks me about sex issues, I am able to adequately explain the things that he or she needs to know about sexual violence against children including sexual abuse and exploitation	Baseline	50%	46%	48%	38%	51%	46%	48%	48%
	Endline	55%	52%	54%	47%	57%	48%	55%	53%
	% change	5%	5%	6%	9%	6%	2%	7%	5%
I can talk to my child about sexual abuse as a safety issue	Baseline	55%	52%	56%	50%	55%	52%	55%	54%

o		District			Category		Sex		
		K a b a r o l e	K y e n j o j o	B u n y a n g a b u	C o n t r o l	I n t e r v e n t i o n	M a l e	F e m a l e	T o t a l
	Endline	58 %	55 %	63 %	52 %	63 %	51 %	62 %	58 %
	% change	3%	3%	8%	1%	8%	-1%	7%	4%
I know how to talk to my child about sex issues.	Baseline	54 %	49 %	51 %	46 %	53 %	47 %	53 %	51 %
	Endline	58 %	54 %	62 %	49 %	63 %	53 %	60 %	58 %
	% change	3%	5%	11 %	3%	10 %	6%	6%	6%
I can support my child through a medical examination following sexual abuse	Baseline	71 %	75 %	82 %	68 %	79 %	76 %	76 %	76 %
	Endline	71 %	71 %	76 %	70 %	74 %	68 %	75 %	73 %
	% change	0%	-3%	-6%	3%	-5%	-8%	-1%	-3%
I can support my child through legal process following sexual abuse	Baseline	71 %	75 %	82 %	69 %	79 %	76 %	77 %	76 %
	Endline	70 %	68 %	72 %	67 %	71 %	67 %	71 %	69 %
	% change	-2%	-8%	10 %	-3%	-8%	-9%	-6%	-7%
When I talk to my child about sexual violence against children, I also give him or her time to ask questions and give his or her opinions.	Baseline	61 %	61 %	64 %	59 %	63 %	60 %	63 %	62 %
	Endline	55 %	58 %	59 %	53 %	61 %	50 %	61 %	58 %
	% change	-6%	-3%	-4%	-6%	-2%	10 %	-2%	-4%

3.2.2.6.1 Child-parent relationship and parental involvement in child affairs

Table 14 compared the parameters on parental involvement in child affairs (9-14 years) with a significant magnitude of change at the endline compared to the baseline in the intervention schools in comparison to control schools. The endline findings indicate a drop in the proportion of caregivers involved or participating in the learning activities of their children, rewarding of children for good work done, and parental guidance in undertaking selected activities as compared to the baseline. The drop is primarily observed in the control communities. Reduced participation in activities such as PTA

meetings or other school activities is partly because the endline was conducted at a time when schools had just resumed.

At the time of the endline, caregivers in the intervention communities were:

- 2.3 times more likely to report having frequent talks with their children 9-14 years than their counterparts in the control communities (OR= 2.279, p= 0.001)
- 1.8 times more likely to report participation or attendance of any activity that their child/children is/are involved in (such as sports, boy/girl scouts, church youth groups) than those in the control schools (OR= 1.759, p=0.006). caregivers in the intervention schools were 1.6 times to report attending a PTA meeting than those in control schools (OR= 1.620, p= 0.069)
- 1.5 times more likely to report complimenting their child/children when he/she/they does/do something well than those in the control schools (OR= 1.473, p= 0.079) and more likely among female caregivers than the males (OR= 1.780, p= 0.013). Female caregivers were more likely to report having hugged their children for something they did well than the male caregivers (OR= 1.653, p= 0.024).
- 2.4 times more likely to report to have told their children to help out with some work at home than those in the control schools (OR= 2.428, p= 0.001) and more likely among female caregivers than males (OR= 1.850, p=0.030).

Table 14: Proportion of caregivers who reported to have frequent engagements with their children on selected parameters with a significant difference at endline compared to baseline

Caregivers who reported to -----	Baseline		Endline		Change	
	Control	Intervention	Control	Intervention	Difference	P>t
• have frequent friendly talks with their children	87%	81%	69%	83%	21%	0.000
• frequently help or participated in special activities that their child/children is/are involved in (such as sports, boy/girl scouts, church youth groups)	71%	58%	45%	59%	27%	0.000
• frequently reward or give something extra to your child/children for obeying you or behaving well	68%	62%	52%	58%	12%	0.060
• frequently compliment their child/children when he/she/they does/do something well	81%	76%	65%	74%	13%	0.020
• frequently hug their child/children when he/she/they do something well	57%	52%	42%	49%	13%	0.052
• frequently have their child/children goes/go out without a set time to be home	11%	18%	9%	5%	-11%	0.010

	Baseline		Endline		Change	
	C o n t r o l	I n t e r v e n t i o n	C o n t r o l	I n t e r v e n t i o n	D i f f e r e n c e	P>t
Caregivers who reported to -----						
● frequently let their child/children out of a disciplinary intervention early (like lift restrictions earlier than you originally said)	70 %	57 %	41 %	50 %	21 %	0.001
● frequently attend PTA meetings, parent/teacher conferences, or other meetings at your child's/children's school	92 %	89 %	78 %	86 %	11 %	0.015
● frequently tell their child/children that you like it when he/she/they help(s) out around the house	86 %	84 %	76 %	89 %	14 %	0.003

3.2.2.6.2 Parental Perception on Sexual Education with Children

Overall, Table 15 compared a shift in the mindset of the caregivers on sexual education to children at the baseline compared to the endline;

- There is a 4% increase in the proportion of caregivers at the endline who agreed that it is their duty to sensitize their children on sexual related risks (Baseline=91%, Endline=95%), with the proportion relatively higher in the intervention communities than in the control (Control=94%, intervention=96%).
- There is a significant reduction in the intervention communities at the endline in the proportion of caregivers who thought talking to a child about issues surrounding risks about sexual abuse including body changes would encourage him or her to have sex as compared to the status at the baseline (DID= -0.099, p= 0.070). The proportion of caregivers in the intervention schools who thought talking to a child about issues surrounding risks of sexual abuse would encourage them to have sex reduced from 27% at baseline to 16% at endline signifying a 11% reduction as compared to a 1% reduction in the control communities (Baseline=20%, Endline=19%). As at the time of the endline, male caregivers were more likely to think talking to a child about issues of sexual abuse would encourage them to have sex as compared to females (OR=1.697, p= 0.052)
- There is a marginal reduction in the proportion of caregivers who think a child who talks to a caregiver/parent about sexual related issues that include being harassed is sexually active at the endline as compared to the baseline (Baseline=23%, Endline=18%, p=0.075). Though no significant evidence to attribute the change to participation in the SAFE curriculum (DID=0.045, p=0.405), intervention communities (Baseline=23%, Endline=17%) as compared to control communities (Baseline=22%, Endline=21%) recorded a significantly higher drop in proportion of caregivers who thought a child talking about sexual related issues is sexually active at the endline as compared to the baseline. Relatively higher proportions of male caregivers than the females at the endline still think a child who talks to a caregiver/parent about sexual related issues that include being harassed is sexually active (OR=1.657, p= 0.060)

- There is a significant reduction in the proportion of caregivers at the endline who thought a child 9-14 years is still too young to learn about issues that expose him or her to sexual abuse in the intervention schools at the endline as compared to the baseline compared to control schools at the endline compared to the baseline (DID=-0.109, p=0.065). The proportion of caregivers in the intervention schools who thought a child 9-14 years was too young to learn about sexual abuse issues reduced from 32% at baseline to 22% at endline as compared to a zero percent (0%) reduction in control schools (Baseline=25%, Control=25%).

Table 15: Parental perception on child sexual education - Proportion of caregivers that agree with the following statements on child sexual education

		District			Category		Sex		
		K ab ar ole	K ye nj o j o	Bu ny an ga bu	Co nt rol	In te r ve nti on	M ale	Fe m ale	To tal
• It is the parent's duty to make sure a child knows about sexual related risks.	Baseline	92%	90%	91%	93%	90%	89%	92%	91%
	Endline	97%	94%	95%	94%	96%	93%	96%	95%
	% change	5%	4%	4%	1%	6%	5%	4%	4%
	p	0.072	0.117	0.183	0.746	0.005	0.154	0.033	0.009
• Talking to a child about issues surrounding risks about sexual abuse including body changes encourage him or her to have sex.	Baseline	25%	23%	28%	20%	27%	27%	24%	25%
	Endline	20%	18%	16%	19%	16%	23%	15%	17%
	% change	-6%	-6%	-12%	-1%	-11%	-4%	-9%	-8%
	p	0.286	0.144	0.012	0.847	0.001	0.421	0.003	0.003
• A child 9-14 years is still too young to learn about issues that expose him or her to sexual abuse.	Baseline	30%	33%	27%	25%	32%	31%	30%	30%
	Endline	20%	22%	28%	25%	22%	28%	22%	23%
	% change	-10%	-11%	1%	0%	-10%	-3%	-8%	-7%
	p	0.058	0.012	0.845	0.922	0.003	0.518	0.012	0.013
• A child who talks to a caregiver/parent about sexual related issues that include being harassed is sexually active.	Baseline	21%	22%	26%	22%	23%	22%	23%	23%
	Endline	14%	20%	20%	21%	17%	24%	16%	18%
	% change	-8%	-2%	-6%	-2%	-6%	2%	-7%	-5%
	P	0.106	0.596	0.228	0.692	0.050	0.651	0.015	0.075
• It is important to share information about issues that increase risk of sexual abuse with their child	Baseline	92%	89%	88%	88%	91%	91%	89%	90%
	Endline	88%	87%	88%	88%	87%	86%	88%	88%
	% change	-4%	-2%	-1%	1%	-4%	-5%	-1%	-2%
	P	0.270	0.491	0.798	0.835	0.123	0.163	0.631	0.241

3.2.2.7 *Other Findings on Caregivers*

3.2.2.7.1 **Social Norms and Practices on Sexual Related Aspects**

The SAFE curriculum targeted to address the norms that contributed to CSA - a girl who has reached puberty or is out of school is ready for adult responsibilities (including sex, marriage etc.); people disclosing CSA are considered alarmists; and boys/men are entitled to sex without consequences or reprimand. The endline however did not find significant variations attributable participation in the SAFE curriculum in the perceptions of caregivers the intervention communities compared to control communities at the endline compared to the status at the baseline.

- A girl who has reached puberty or is out of school can have sex: The endline observes an increase in the proportion of caregivers who believe a child who has reached puberty or out of school is ready for sex, with the proportion higher in control communities than intervention communities. The proportion of caregivers in the intervention communities who believe that a child who has reached puberty or has dropped out of schools is ready for sex increased from 5% at the baseline to 6% at endline as compared to an increase from 3% at baseline to 7% at endline (DID=0.035, p=0.245).
- People should not disclose child sexual abuse: Within intervention communities, the proportion of caregivers who think people should not disclose CSA decreased from 4% at the baseline to 3% at endline. On the other hand, the proportion in the control communities increased from 2% at baseline to 5% at endline.
- Boys/men should be entitled to have sex with a girl/woman without consequences – the proportion of caregivers who believe boys and men are entitled to have sex with a girl without consequences in the intervention communities reduced from 5% at the baseline to 4% at the endline as compared to a reduction from 6% at the baseline to 5% at endline in the control communities

Looking at the perceptions of the caregivers in respect to their community members on the social norms, the following were observed.

- A girl who has reached puberty or is out of school can have sex – About 32% of the caregivers at the endline as compared to 33% at the baseline in the intervention communities reported existence of members of their communities who believed a girl who reached puberty or is out of school can have sex. Whereas there was a drop in intervention communities, control communities on the other hand observed an increase in the proportion of caregivers who reported existence of community members who believed that a girl who has reached puberty or dropped out of school is ready for sex at the endline as compared to the baseline (Baseline=23%, Endline=37%).
- People should not disclose child sexual abuse and those who do are alarmists: about one in every four caregivers in both intervention and control communities at the endline observed existence of community members who believe people should not disclose CSA (Control=27%, Endline=25%). Whereas control communities recorded an increase in the proportion of caregivers who reported existence of members of the community who were against reporting CSA (Baseline=19%, Endline=27%), the proportion did not differ in the intervention communities at the endline compared to the baseline (Baseline=25%, Endline=25%).
- Boys/men should be entitled to have sex with a girl/woman without consequences or reprimand: As at the endline, 22% of the caregivers in the intervention communities as compared to 23% in the control schools reported existence of members in their communities who believe boys and men are entitled to sex with a girl without reprimand. Control schools recorded a 7% increase in the proportion of caregivers who reported existence of community members who believed boys and men are entitled to sex with a girl

without any reprimand (Baseline=16%, Endline=23%) as compared to a 2% increase in intervention communities (Baseline=20%, Endline=22%).

Table 16: Distribution of Caregivers and selected community norms and community practices that risk children into sexual abuses

	Baseline		Endline		Change	
	C o n t r o l	I n t e r v e n t i o n	C o n t r o l	I n t e r v e n t i o n	D i f f i n - D i f f	P>t
<i>Caregivers who reported to have experienced a child in the community in the last six months who experienced a Violation ...</i>						
● was denied a meal as a punishment	26%	20%	11%	18%	13%	0.014
● was in child labour	40%	32%	17%	25%	17%	0.004
● was separated from family (ran away, chased)/neglected	39%	29%	19%	21%	13%	0.026
● was stigmatised/ discriminated due to illness, disability or otherwise	22%	17%	7%	11%	10%	0.036
● experienced abusive words/language	48%	35%	28%	34%	19%	0.002
<i>Caregivers who disagree to the selected norms (Community perspectives)</i>						
● a girl who has reached puberty or is out of school is ready to have sex	77%	67%	63%	68%	15%	0.012
● a girl who has reached puberty or is out of school can take on adult responsibilities and roles	77%	69%	62%	66%	12%	0.046
● people should not disclose child sexual abuse and those who do are alarmists	81%	75%	73%	75%	7%	0.201
● boys/men should be entitled to have sex with a girl/woman without consequences or reprimand.	84%	80%	77%	78%	6%	0.295
● children who cause their perpetrators to sexually abuse them	60%	64%	73%	68%	-9%	0.152
<i>Caregivers who disagree to the selected norms (Individual perspectives)</i>						
● a girl who has reached puberty or is out of school can have sex	97%	95%	93%	94%	4%	0.245
● people should not disclose child sexual abuse	98%	96%	95%	97%	4%	0.135

	Baseline		Endline		Change	
	C o n t r o l	I n t e r v e n t i o n	C o n t r o l	I n t e r v e n t i o n	D i f f - i n - D i f f	P>t
<ul style="list-style-type: none"> boys/men should be entitled to have sex with a girl/woman without consequences 	94%	95%	95%	96%	1%	0.862
<ul style="list-style-type: none"> it is the children who cause their perpetrators to sexually abuse them 	65%	73%	79%	78%	-8%	0.165
<ul style="list-style-type: none"> If a relative or teacher engages in sexual contact with a child, the family should keep silent about the issue to maintain the respect of the family and the teacher 	96%	95%	97%	96%	1%	0.762

Table 17: Caregivers who disagree with using certain Parenting Practices

	Baseline			Endline		
	C o n t r o l	I n t e r v e n t i o n	O v e r a l l	C o n t r o l	I n t e r v e n t i o n	O v e r a l l
Proportion of caregivers who disagree that						
Your child/children sometimes comes/come home from school more than an hour past the time you expect him/her/them	87%	86%	86%	89%	91%	90%
sometimes you find that the punishment you give your children depends on your mood	63%	67%	66%	67%	72%	70%
sometimes your child/children is/are at home without adult supervision	76%	72%	73%	78%	79%	79%
Sometimes, you give your child/children extra chores as a disciplinary action	70%	69%	69%	80%	74%	76%
sometimes, you ignore your child when he/she is misbehaving.	72%	83%	80%	82%	85%	84%
At times, you slap your child when he/she has done something wrong	60%	60%	60%	51%	54%	53%
At times, you withhold basic provisions such food, from your child as a disciplinary intervention.	92%	89%	90%	93%	94%	94%

	Baseline			Endline		
	Control	Intervention	Overall	Control	Intervention	Overall
Proportion of caregivers who disagree that						
At times, you send your child away from home or lock them out of the house at night as a disciplinary intervention	91%	95%	94%	98%	95%	96%
Sometimes, you hit your child with a belt, rod, or other object when he/she deviates from family values	70%	74%	73%	60%	62%	61%
sometimes, you yell or scream at your child when he/she deviates from family values	54%	46%	48%	49%	52%	51%
Always, you calmly explain to your child why his/her behaviour deviates from family values or when he/she misbehaves.	25%	19%	21%	19%	9%	13%
Sometimes you use time out punishments (such as make him/her sit or stand in a corner) as disciplinary intervention	83%	83%	83%	82%	86%	84%

3.2.2.7.2 Access to Educational Messages about Child Sexual Abuse

A high proportion of caregivers at the endline in the intervention schools as compared to control schools had seen and or heard media educational messages about child sexual abuse issues in the last 6 months (Control=55%, Endline=76%) within the reference period of six months prior to the survey date (DID=0.259, $p<0.05$). Whereas there was a drop in the proportion of caregivers who reported to have received media messages on CSA at the endline as compared to the baseline in the control communities (Baseline=77%, Endline=55%), there was a 3% increase in the intervention schools at the endline compared to the baseline (Baseline=73%, Endline=76%). Radio and community engagements/meetings were the leading and most common avenues through which caregivers received messages on CSA.

At endline, caregivers in the intervention schools were; -

- 2.8 times more likely to report to have received education messages on CSA in the last six months than their counterparts in the control communities (OR= 2.77, $p<0.05$);
- 15 times more likely to have participated in a community session where CSA issues were discussed in the last six months prior to the survey date than their counterparts in the control communities (OR=15.10, $p<0.05$)
- 3 times more likely to report having structures or people in the community that they can freely talk too or discuss with on issues CSA than those in the control communities (OR=3.016, $p<0.05$)

Table 18: Proportion of Caregivers who received Educational Messages about CSA issues within the Reference Period of Six Months

	District	Category	Sex
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		K a b a r o l e	K y e n j o j o	B u n y a n g a b u	C o n t r o l	I n t e r v e n t i o n	M a l e	F e m a l e	T o t a l
Caregivers who have seen and or heard media educational messages about child sexual abuse issues in the last 6 months	Baseline	73 %	80 %	68 %	77 %	73 %	77 %	73 %	74 %
	Endline	79 %	65 %	60 %	55 %	76 %	69 %	66 %	67 %
	% change	7%	-14 %	-8 %	22 %	2%	-7%	-7%	-7%
Caregivers who participated in a session where you discussed CSA in last six months	Baseline	31 %	30 %	31 %	23 %	33 %	30 %	30 %	30 %
	Endline	63 %	52 %	63 %	23 %	81 %	58 %	58 %	58 %
	% change	32 %	22 %	33 %	0%	48 %	28 %	27 %	28 %
Caregivers with structures or people in the community that they can freely talk to or discuss with on issues CSA	Baseline	75 %	68 %	64 %	61 %	72 %	67 %	70 %	69 %
	Endline	75 %	66 %	73 %	56 %	80 %	70 %	71 %	70 %
	% change	0%	-2 %	10 %	-5 %	8%	3%	1%	2%

3.2.2.8 Community Perceptions on Gender Roles

The endline findings show a shift in community perceptions on selected gender roles as compared to the status at the baseline – see **Table 19**.

- Boys and girls should be equally responsible for household chores: Whereas there was a significant drop in proportion of caregivers who think boys and girls should be equally responsible for household chores in the control schools at the endline as compared to the baseline (Baseline=82%, Endline=72%), the proportion of caregivers who think boys and girls should be equally responsible for household chores in the intervention schools showed a 1% increase at endline as compared to the baseline (Baseline=79%, Endline=80%)
- A woman should obey her husband in all matters: The endline observes a drop in the proportion of caregivers who accept that a woman should obey her husband in both intervention and control communities. Control communities however had a higher reduction in the proportion of caregivers who accept that a woman should obey her husband at the endline as compared to the baseline (Baseline=88%, Endline=73%) as compared to intervention communities (Baseline=82%, Endline=79%).
- There is a reduction in the proportion of caregivers at the endline as compared to the baseline who think men should be the ones who bring money home for the family, not women with the reduction higher in the Control communities (Baseline=48%, Endline=26% as compared to intervention communities (Baseline=32%, Endline=29%).

Table 19: Community Perception on selected Gender Roles

	Baseline		Endline		Change	
	C o n t r o l	I n t e r v e n t i o n	C o n t r o l	I n t e r v e n t i o n	D i f f - i n - D i f f	P>t
Caregivers who agree - Boys and girls should always defend themselves even if it means fighting	75 %	70 %	87 %	80 %	-2%	0.779
Caregivers who agree - Girls need their parents' protection more than boys	92 %	85 %	81 %	82 %	8%	0.075
Caregivers who agree - boys and girls should be equally responsible for household chores	82 %	79 %	72 %	80 %	12 %	0.034
Caregivers who agree - A woman's role is taking care of her home and family	85 %	76 %	70 %	73 %	12 %	0.034
Caregivers who agree - A woman should obey her husband in all matters	88 %	82 %	73 %	79 %	11 %	0.029
Caregivers who agree - Men should be the ones who bring money home for the family, not women	48 %	32 %	26 %	29 %	19 %	0.002

3.2.3 Outcome 3: Improved Agency of Boys and Girls to Prevent and Respond to VACiSC, including CSA, and internalize and promote new, positive gender norms

The Get Proud Component of the piloted SAFE CSA prevention curriculum aimed at equipping children with skills to prevent and respond to child sexual abuses and other forms of abuse. A total of 565 children (Male=272, Female=293) across the 10 schools were enrolled into the curriculum. **Demographic Characteristics of Children**

Of the 707 children surveyed at baseline, 483 were reinterviewed at the endline, signifying a 68% rate (Control=76%, Intervention=65%, see Table 20). Of the 500 (Boys=237, Girls=263) children in the intervention schools that participated in the baseline, 438 (Boys=209, Girls=229) participated in the curriculum and graduated. Of these, 326 (Boys=151, Girls=175) took part in the endline study—signifying 74% of the eligible in the intervention schools were reached (participated in the baseline and SAFE activities).

The reduction in the number of children at the endline was mainly due to school absenteeism and dropout from schools..

Table 20: Distribution of Children in the Baseline and Endline by Sex and Location

	Sex	District			Category		Total
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	
Baseline	Boy	83	145	101	92	237	329
	Girl	118	155	105	115	263	378
	Total	201	300	206	207	500	707
Endline	Boy	62	91	65	67	151	218
	Girl	84	112	69	90	175	265
	Total	146	203	134	157	326	483
% of baseline children reached the endline	Boy	75%	63%	64%	73%	64%	66%
	Girl	71%	72%	66%	78%	67%	70%
	Total	73%	68%	65%	76%	65%	68%

About 55% of the children at the endline were girls, with the boys constituting 45% - there was no variation in the sex composition of the children at the endline compared to the baseline ($p=0.634$) – see Table 21. The baseline research study was conducted (July/August 2023), and the endline was conducted at the start of a new academic year (Feb/March 2024); by this time, most children had transitioned to new classes (below P6=12%, P6=51% and P7=37%). At the time of the baseline, most of the children were in P5 (52%), P6 (42%) and below P5 (6%). By age group, 85% of the children at the endline were below 15 years (11-14 years), with 15% above 14 years (Below 13 years=14%, 13 years=31%, 14 years=40%, and above 14 years=15%). Of any five children, at least four (81%) lived with at least one of their biological parents (both parents=46%, one of the parents=35%), with 19% living with other relatives – (grandparents -13%, others – 6%). The proportion of children that stayed with their biological fathers and biological mothers was 55% and 72,% respectively.

Table 21: Distribution of Children Participating in Endline by Selected Socio-Demographic Characteristics

Sex		District			Category		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Overall
Baseline	Boy	41%	48%	49%	44%	47%	47%
	Girl	59%	52%	51%	56%	53%	53%
Endline	Boy	42%	45%	49%	43%	46%	45%
	Girl	58%	55%	51%	57%	54%	55%

3.2.3.1 Indicator 3A: Children have increased Knowledge and Awareness of their Rights, Responsibilities, and VACiSC, including CSA

3.2.3.1.1 Children who can Tell their Rights as Children

The Government of Uganda recognizes the importance of ensuring children’s four cardinal rights to survival, development, protection, and participation through a well-built and coordinated protection system⁴.

The baseline and endline explored from children their known rights. Within the intervention schools, the proportion of children able to tell at least three children's rights increased from 76% at the baseline to 91% at the endline, giving rise to a 15% increment. On the other hand, the proportion of children aware of at least three of their rights as children in the control schools increased from 60% at the baseline to 80% at the endline – signifying a 20% increase.

Regardless of the district, control or intervention schools, or sex of the children, findings show a significant difference in the proportion of children able to mention at least three of their rights at the endline compared to the baseline.

Overall, children were twice more likely to tell at least three of their rights as compared to the status at the baseline (OR=2.969, p<0.05). Similarly, at both the baseline and endline, children in intervention communities were at least twice more likely to tell at least three of the children’s rights than their counterparts in the control schools (Baseline – OR= 2.023, p<0.05; Endline - OR=2.498, p<0.05).

The proportion of children able to tell at least three of their rights in the intervention schools compared a 5% performance higher at the endline than the project’s target of 86%.

Just like at the baseline, the common rights of children that children are aware of (see Figure 9) include the right to play, food, education, shelter/accommodation, parents, health, and worship. Others were sleep/rest, speech/speak, peace and love, clothing, to be heard, security/protection, right to have a name.

Figure 8: Proportion of Children able to Mention at least Three of their Basic Rights

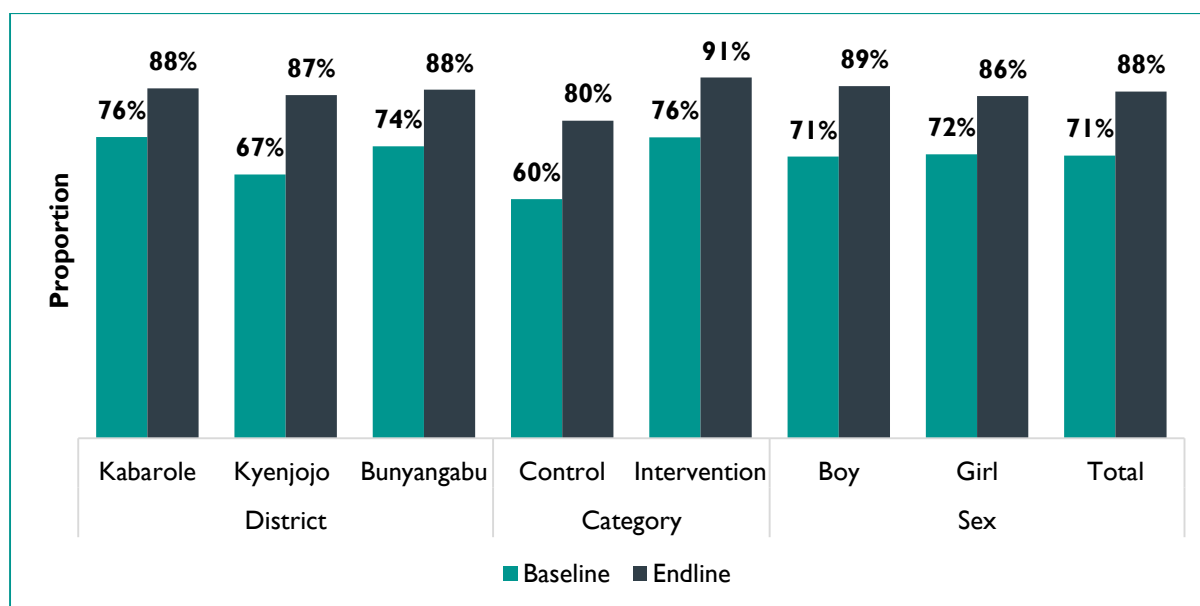
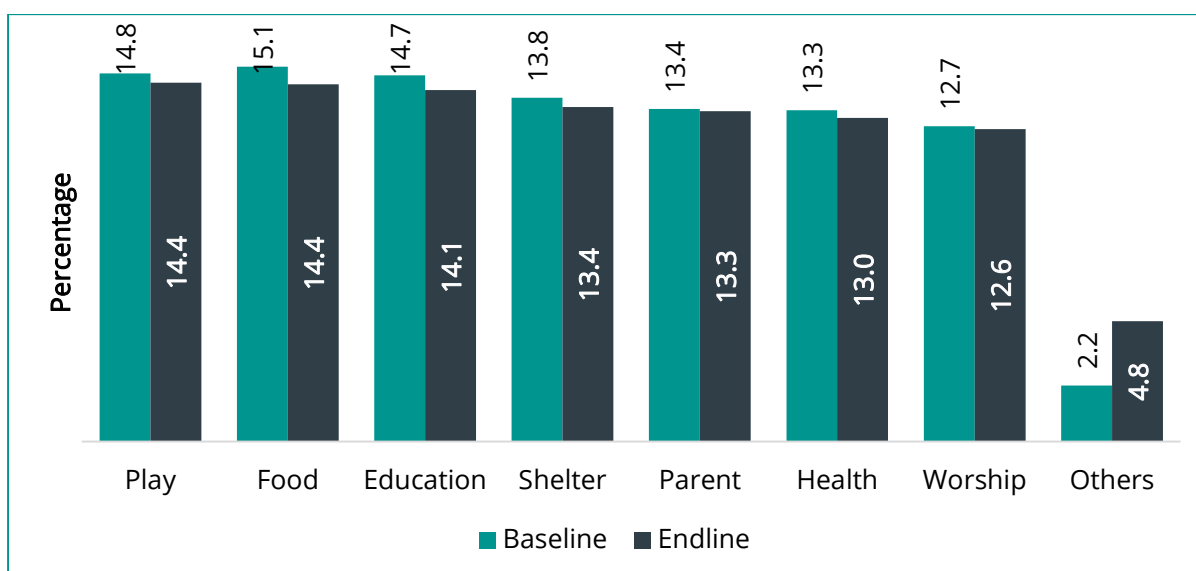


Table 22: Proportion of Children able to Mention their Basic Rights

⁴ Ministry Of Gender, Labour and Social Development: National Child Protection Policy (2020)

		District			Category		Sex		
		K ab ar ole	K ye nj o j o	Bu ny an ga bu	Co nt rol	In ter ve nti on	Bo y	Gi rl	To tal
Children able to Mention at least Three of their Basic Rights	Baseline	76%	67%	74%	60%	76%	71%	72%	71%
	Endline	88%	87%	88%	80%	91%	89%	86%	88%
	% change	12%	20%	14%	20%	15%	18%	15%	16%
	p	0.004	0.000	0.001	0.000	0.000	0.000	0.000	0.000
Children able to Mention at least one of their Basic Rights	Baseline	80%	71%	77%	63%	80%	76%	75%	75%
	Endline	92%	89%	91%	85%	94%	91%	91%	91%
	% change	12%	18%	14%	22%	13%	15%	16%	16%
	p	0.001	0.000	0.001	0.000	0.000	0.000	0.000	0.000

Figure 9: Distribution of Common Children Rights known by Children



3.2.3.2 Children that can tell Ways to Protect Themselves from CSA

The SAFE CSA prevention curriculum significantly contributed to children’s awareness of protecting themselves from CSA. At the endline, 96% of the children in the intervention schools compared to 92% of their counterparts in the control schools could tell at least one way to protect themselves (DID= 0.084, $p= 0.036$) – see **Table 23** and **Appendix 1**.

Results presented in Figure 10 show that the proportion of children in the intervention schools able to tell at least three ways to protect themselves from CSA increased from 51% at baseline to 71% at the endline compared to an increase from 53% at baseline to 61% at endline in control schools (DID= 0.129, $p= 0.038$, **Appendix 1**). As at the endline, children in the intervention schools were 1.663 times more likely to tell at least three ways to protect themselves from CSA (OR= 1.663, $p= 0.014$) but with no significant variation across districts or between boys and girls.

The proportion of children able to tell at least three ways to prevent CSA at the endline compared to the baseline compared a 7% increase in the control schools as compared to a 20% increase in the intervention schools – demonstrating a 13% increase point in the intervention schools as compared to

the control schools at the endline compared to the baseline. The performance of children able to tell at least three ways to protect themselves from CSA in the intervention schools is 1% performance above the set project target of 70%.

The top three and most common ways mentioned by children to prevent CSA include not moving at night, not moving alone, and avoiding bad groups (peers) –Table 23 and children's voices in Box 2.

Table 23: Proportion of Children able to tell ways to Protect themselves from CSA

		District			Category		Sex		
		K ab ar ole	K ye nj o j o	Bu ny an ga bu	Co nt rol	In ter ve nti on	Bo y	Gi rl	To tal
Children able to tell at least three ways to Protect themselves from CSA	Baseline	59%	47%	51%	53%	51%	49%	54%	52%
	Endline	67%	64%	75%	61%	71%	65%	71%	68%
	% change	8%	17%	24%	7%	20%	16%	16%	16%
	p	0.132	0.000	0.000	0.160	0.000	0.000	0.000	0.000
Children able to tell at least one way to Protect themselves from CSA	Baseline	90%	85%	81%	88%	83%	82%	88%	85%
	Endline	95%	94%	96%	92%	96%	94%	95%	95%
	% change	5%	9%	15%	4%	12%	12%	8%	10%
	p	0.099	0.001	0.000	0.211	0.000	0.000	0.001	0.000

Box 2: Children's Voices on Prevention of CSA

“Going home early after school. Stop moving unnecessarily and be obedient to our elders. Avoid going to places where children aren't entertained” – Girl, Nyabweya PS.

“If you have a parent who disturbs you, try to change location, maybe go and stay with your grandparents” – Girl, Nyabweya PS

“You refuse when the boy wants to engage you in sex” - Girl, Nyabweya PS

“Don't allow boys to touch their private parts, running away in case of abuse” – Girl, Nyakatonzi Ps

“If someone tells me something I don't understand as a child I should always tell my parents and teachers” – Boy, Kigarale PS

Figure 10: Proportion of Children able to tell at least three ways to Protect themselves from CSA

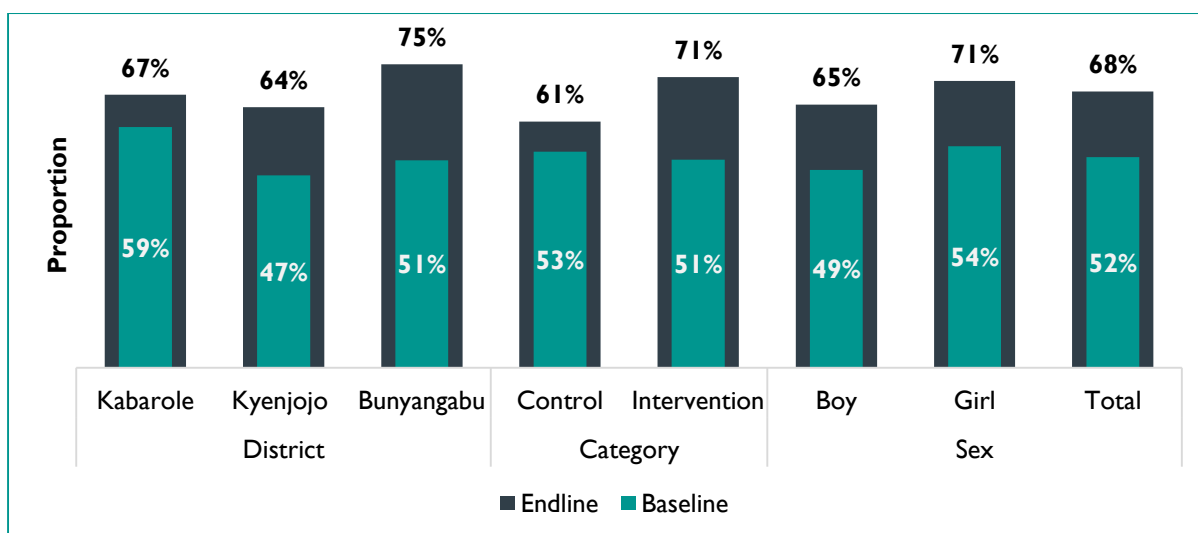


Table 24: Proportion of Children able to tell at least three ways to Protect themselves from CSA

	District			Category		Sex		Total
	Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Boy	Girl	
Baseline	59%	47%	51%	53%	51%	49%	54%	52%
Endline	67%	64%	75%	61%	71%	65%	71%	68%
% change	8%	17%	24%	7%	20%	16%	16%	16%
P	0.132	0.000	0.000	0.160	0.000	0.000	0.000	0.000

Table 25: Children's known Avenues to Prevent CSA

Children's known avenues to prevent CSA	Baseline	Endline
Stop moving at night	21.1	25.0
Don't move alone	15.5	19.8
Avoid bad groups (peers)	13.8	17.8
Dress decently	9.6	9.4
Listen to elders/parents	8.9	8.1
Don't use addictive like alcohol	5.6	4.6
Don't allow anyone to play with their private parts	5.4	3.3
Report expected perpetrators	5.5	3.1
Encourage children/youth to report	4.1	1.4
Train them on harmful practices	2.6	1.2
Authorities should act when reported to them	2.1	0.7
Others	5.7	5.8
Total	100.0	100.0

3.2.3.3

Indicator 3B: Children who hold a Belief in their Ability to Resist Abuse and Possess a Sense of Self-efficacy in Reporting CSA.

3.2.3.3.1 Children who note it is at times ok to Say “no” to an Adult

The SAFE CSA prevention curriculum aims to empower children to have the confidence to “SAY NO” to CSA. Children at the endline, like at the baseline, were asked whether they felt that “Sometimes it’s OK to say “no” to a grown-up”.

Results in Figure 11 show a drop in the proportion of children that felt it was ok to say no to an adult at the endline compared to the baseline, with this drop observed across districts and in both intervention and control schools (no significant variation by sex, district, intervention or control communities, children’s age). Control schools had a higher drop of children who felt it was Ok to say No to an adult at the endline compared to the baseline (Baseline =69%, Endline=56%, drop=13%) as compared to the intervention communities (Baseline=67%, Endline = 61%, drop=6%); and with the drop relatively higher among boys than girls. At the endline, children in intervention schools were at a 10% significance level 1.386 times more likely to say No to a grown-up than their counterparts in the control schools (OR=1.386, p=0.097).

Triangulation of children saying No to an adult with other qualified areas assessed during the survey on children’s response to CSA threats from adults (see Table 26) show that;

- a) Ninety-one percent (91%) of the children would say no and move away if someone touched them in a way they don’t like (though the proportion also dropped from 95% at baseline, with the drop observed in both control and intervention schools).
- b) There was a significant increase in the proportion of children in the intervention schools at the endline compared to baseline who think it was not right for children to allow adults touch them [in a sexual way] – whether these children wanted or not (Baseline=84%, Endline=91%, p=0.003). For the control schools, findings do not show significant changes at the endline compared to the baseline in the proportion of children who think it was not right for children to allow adult touch them in a sexual way (Baseline=88%, Endline=92%, p=0.166).
- c) Whereas at the endline, there was a drop in the proportion of children who felt it was ok to say no to someone touching them (Control=90%, Intervention=95%) as compared to the baseline (Control=98%, Intervention=96%), the drop was more significant in the control schools as compared to intervention schools (DID= 0.073, p= 0.009). Whereas there was no significant variation by the sex of the children, children in the intervention schools were twice more likely to say it was ok to say no to someone touching them as compared to those in the control schools (OR= 2.204, p= 0.032).
- d) Respect for elders Vs taking caution on CSA risky exposures - whereas at the endline, girls were twice more likely to say no to a caregiver telling them to undress at an inappropriate time compared to boys (OR= 2.278, p= 0.087), they were similarly twice at risk of accompanying a dad’s friend who has presented them a request to accompany him look for a lost cat compared to boys (OR= 2.154, p<0.05).

The SAFE CSA prevention curriculum aimed to increase the proportion of children who agree that it is at times ok to say “no” to an adult” to 70%.

Figure 11: Proportion of Children who agree that it is at times Ok to say No to an Adult

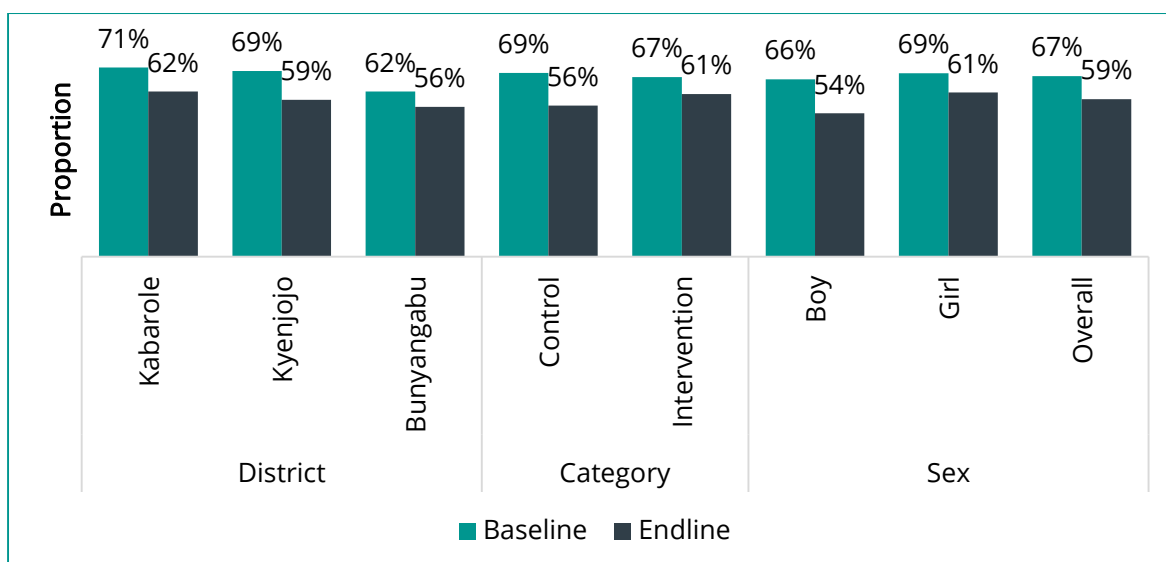


Table 26: Proportion of Children who Agree with the Selected Statements about Elders - Response to risky exposures to CSA and other Violations against Children

		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Boy	Girl	Total
Children who think sometimes it's OK to say "no" to a grown-up	Baseline	71%	69%	62%	69%	67%	66%	69%	67%
	Endline	62%	59%	56%	54%	61%	56%	61%	59%
	% change	-9%	-11%	-6%	-15%	-6%	-10%	-8%	-9%
	p	0.079	0.013	0.297	0.003	0.097	0.02	0.042	0.002
Children who think they always have to do what an adult tells them to do	Baseline	45%	51%	50%	53%	48%	52%	47%	49%
	Endline	27%	29%	28%	33%	25%	34%	23%	28%
	% change	-18%	-22%	-23%	-20%	-22%	-18%	-24%	-21%
	p	0.001	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Children who rightly think it's not right to accept a request from his/her dad's friend to accompany him/her look for a cat	Baseline	56%	63%	54%	57%	59%	55%	62%	59%
	Endline	71%	72%	81%	78%	72%	66%	80%	74%
	% change	14%	9%	27%	21%	13%	11%	18%	15%
	p	0.007	0.045	0.000	0.000	0.000	0.008	0.000	0.000
Children who think it's OK to say "no" and move away if someone touches you in a way you don't like	Baseline	92%	96%	97%	96%	95%	95%	96%	95%
	Endline	90%	89%	94%	90%	91%	89%	92%	91%
	% change	-2%	-7%	-3%	-5%	-4%	-6%	-3%	-4%
	P	0.594	0.005	0.166	0.047	0.037	0.017	0.102	0.005
Children who rightly think it's OK to say	Baseline	94%	96%	98%	98%	96%	97%	96%	96%
	Endline	95%	94%	91%	90%	95%	93%	94%	93%

		District			Category		Sex		
		K ab ar ole	K ye nj o	Bu ny an ga bu	Co nt rol	In ter ve nti on	Bo y	Gi rl	To tal
"no" if you don't like how someone is touching you	% change	0%	-2%	-7%	-8%	-1%	-4%	-2%	-3%
	p	0.846	0.237	0.003	0.002	0.733	0.035	0.285	0.029
Children who rightly think it's not right to let an adult touch them [children] (whether the child wants it or not)	Baseline	84%	86%	85%	88%	84%	84%	86%	85%
	Endline	94%	89%	93%	92%	91%	90%	92%	92%
	% change	10%	3%	8%	4%	7%	6%	7%	6%
	p	0.004	0.347	0.036	0.166	0.003	0.047	0.008	0.001
Children who rightly believe that if someone touches you in a way that does not feel good, you should keep on telling them to stop	Baseline	79%	85%	89%	85%	84%	84%	85%	84%
	Endline	88%	86%	87%	87%	87%	88%	86%	87%
	% change	9%	1%	-2%	3%	2%	4%	1%	3%
	P	0.029	0.784	0.67	0.463	0.338	0.146	0.762	0.227
Children who rightly believe it's not right and would not undress when instructed by a caregiver to do so at a time not appropriate (not time to get undressed for bed)	Baseline	90%	91%	94%	88%	93%	92%	91%	92%
	Endline	95%	98%	93%	97%	95%	94%	97%	96%
	% change	6%	7%	-1%	9%	2%	2%	7%	4%
	p	0.056	0.001	0.739	0.002	0.158	0.461	0.001	0.003
Children who would say no to an instruction/order on what to do from a mean looking child	Baseline	68%	69%	69%	67%	70%	67%	71%	69%
	Endline	85%	81%	85%	90%	80%	84%	83%	83%
	% change	17%	12%	16%	23%	10%	17%	12%	14%
	p	0.000	0.003	0.001	0.000	0.001	0.000	0.000	0.000

3.2.3.4 Children who say that they would Report a Sexual Abuse

The endline survey results presented in Figure 12 compared that the proportion of children who noted that they would report sexual abuse against a colleague was 98% - a 6% increase from the 92% at the baseline. Though not significantly different, intervention schools recorded a 6% in the proportion of children who would report sexual abuse at the endline as compared to the baseline (Baseline=91%, Endline=97%), compared to a 5% increment in the control communities (Baseline=93%, Endline=98%). As at the endline, the proportion of children that would report a CSA did not significantly differ between control and intervention schools or between boys and girls.

The proportion of children who would report sexual abuse in the intervention schools at the endline is 6% higher than the targeted 92%. Higher proportions of children in both control and intervention schools reported they were confident in disclosing the identities of the perpetrators -regardless of whether the perpetrator is a teacher or relative; see Table 27.

The endline, just like the baseline, observes a relatively lower portion of children that indicated they would report if they encountered a CSA (95%) as compared to when the CSA is against a colleague, with the distribution not differing between intervention and control schools, across districts or between boys and girls – see Table 27.

Figure 12: Proportion of Children who would Report a Sexual Abuse against a Colleague

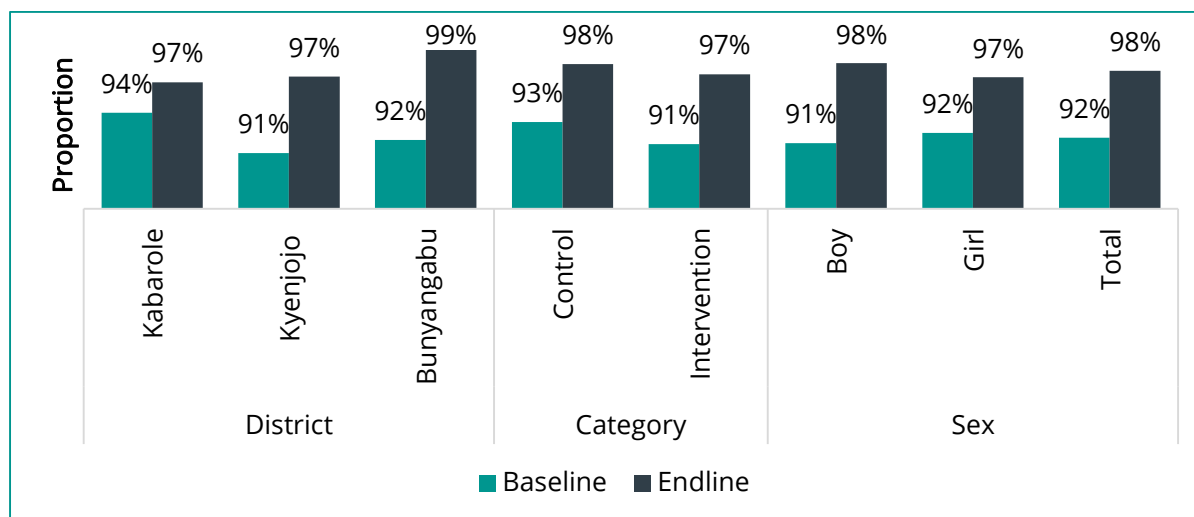


Table 27: Proportion of children able to report CSA and tell exactly what happened by the Different categories of Perpetrators

Proportion of		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Boy	Girl	Overall
Children would report Sexual Abuse against a colleague (regardless of who the perpetrator is)	Baseline	94%	91%	92%	93%	91%	91%	92%	92%
	Endline	97%	97%	99%	98%	97%	98%	97%	98%
	% change	3%	6%	7%	5%	6%	7%	5%	6%
	p	0.278	0.005	0.003	0.03	0.001	0.001	0.013	0.000
Children who think their peers who don't report child sexual abuse want the sexual abuse to continue	Baseline	70%	67%	69%	70%	68%	66%	70%	68%
	Endline	73%	64%	70%	67%	70%	71%	67%	68%
	% change	3%	-3%	1%	-3%	2%	5%	-3%	0%
Children who would report in case a teacher engages in sexual	Baseline	91%	91%	93%	93%	91%	91%	93%	92%
	Endline	93%	96%	93%	94%	94%	99%	92%	94%

Proportion of		District			Category		Sex		
		K ab ar ole	K ye nj oj o	Bu ny an ga bu	C o n t r o l	In t e r v e n t i o n	Bo y	Gi rl	O v e r a l l
behavior with fellow friend	% change	2%	5%	0%	1%	3%	8%	-1%	2%
Children who think a teacher who engages in sexual contact with a child should be reported	Baseline	88%	90%	94%	90%	91%	90%	91%	90%
	Endline	95%	96%	98%	95%	97%	98%	95%	96%
	% change	7%	6%	4%	5%	6%	8%	4%	6%
Children who think a relative who engages in sexual contact with a child should be reported	Baseline	82%	77%	82%	80%	80%	77%	83%	80%
	Endline	94%	98%	97%	96%	97%	99%	95%	96%
	% change	12%	21%	15%	16%	17%	22%	12%	16%
Children who are confident to report if CSA happened to them	Baseline	91%	93%	93%	97%	90%	91%	93%	92%
	Endline	93%	96%	97%	95%	95%	96%	95%	95%
	% change	2%	3%	4%	-2%	5%	5%	2%	3%
Children who feel confident report and tell all what happened without fear if CSA happened to them	Baseline	90%	91%	87%	93%	88%	90%	89%	90%
	Endline	95%	92%	93%	95%	91%	89%	95%	93%
	% change	5%	1%	6%	2%	3%	-1%	6%	3%
Children who feel confident to disclose the identity of the perpetrator of CSA	Baseline	90%	95%	96%	98%	92%	94%	94%	94%
	Endline	98%	97%	100%	98%	98%	97%	98%	98%
	% change	8%	2%	4%	0%	6%	3%	4%	4%
Children who would report a physical Abuse against a Colleague (regardless of who the perpetrator is)	Baseline	87%	88%	89%	94%	85%	87%	88%	88%
	Endline	99%	95%	99%	96%	98%	97%	98%	97%
	% change	12%	7%	10%	2%	13%	10%	10%	9%

The endline findings show other threats to children's ability to report CSA linked to norms. .

- a) The proportion of children who believe it's always good to keep secrets increased from 31% at the baseline to 38% at the endline, this increment more significant in the control schools (Baseline=26%, Endline=37%, p=0.026) than in the intervention schools (Baseline=33%, Endline=38%, p=0.109).

- b) Whereas 81% of the children indicated they would tell someone if somebody touched them in a way they didn't like, a significant 19% would not, with the proportion highest in control schools (Control=21%, Intervention=18%). The endline compared a significant increase in the proportion of children who indicated that they would report or tell someone about a person who touches them in a way they don't like in the intervention schools as compared to the baseline (Baseline=75%, Endline=82%, $p=0.036$), but with no significant changes in the control schools (Baseline=80%, Endline=79%, $p=0.865$).
- c) The endline research compared an increase in the proportion of children who would fault themselves for a bad touch from someone as compared to the baseline (Baseline=25%, Endline=30%, $p=0.083$). Though not significantly different, endline results show relatively higher proportions of children in the control schools than interventions would fault themselves for the bad touch from someone (Control=35%, Intervention=28%), and this is higher among boys than girls (boys=32%, girls=28%).
- d) A significant proportion of children at the endline think boys should not be worried if someone touches their private parts, with a higher proportion among girls than boys (Boys=13%, Girls=23%).
- e) With no significant variation by sex, district, or in control and intervention schools; and with no significant variation from the status at the endline, about 20% of the children cannot recognize that sometimes hugs and tickles can turn into bad touches if they go on too long.

Table 28: Threats to Children's Ability to Report CSA and Perceptions towards selected Norms

		District			Category		Sex		
		Kabarole	Kyejojo	Bunyabu	Control	Intervention	Boy	Girl	Total
Children who think it's always good to always keep secrets	Baseline	33%	30%	29%	26%	33%	29%	32%	31%
	Endline	40%	37%	35%	37%	38%	40%	35%	38%
	% change	8%	7%	6%	11%	5%	11%	4%	7%
	p	0.147	0.097	0.248	0.026	0.109	0.008	0.324	0.012
Children who rightly think that if someone touches you in a way you don't like, you should tell someone	Baseline	78%	76%	77%	80%	75%	79%	75%	77%
	Endline	81%	78%	84%	79%	82%	78%	83%	81%
	% change	3%	3%	7%	-1%	6%	-2%	9%	4%
	p	0.469	0.489	0.108	0.865	0.036	0.675	0.008	0.093
Children who rightly know they are not at fault for someone touches you in a way that you don't like	Baseline	76%	75%	73%	70%	76%	76%	73%	75%
	Endline	70%	68%	72%	65%	72%	68%	72%	70%
	% change	-6%	-6%	-1%	-5%	-4%	-8%	-2%	-5%
	p	0.232	0.128	0.853	0.304	0.195	0.037	0.658	0.083
Boys have to worry about someone touching their private parts	Baseline	79%	83%	67%	80%	76%	82%	74%	77%
	Endline	79%	81%	85%	84%	80%	87%	77%	82%
	% change	0%	-2%	18%	4%	4%	5%	4%	4%
	p	0.937	0.525	0.000	0.341	0.159	0.126	0.271	0.080
Children who rightly know that they shouldn't just keep quiet if someone	Baseline	90%	90%	93%	93%	90%	91%	91%	91%
	Endline	93%	95%	98%	97%	94%	95%	95%	95%
	% change	4%	5%	5%	4%	4%	4%	4%	4%

		District			Category		Sex		
		Kabarele	Kye njojo	Bunyangabu	Control	Intervention	Boy	Girl	Total
walks in while they are having a bath and feel uncomfortable	p	0.246	0.039	0.060	0.092	0.022	0.060	0.031	0.004
Children able to recognise that sometimes hugs and tickles can turn into bad touches if they go on too long	Baseline	85%	79%	82%	84%	81%	78%	84%	82%
	Endline	84%	73%	84%	85%	77%	75%	83%	80%
	% change	-1%	-6%	2%	1%	-4%	-3%	-1%	-2%
	p	0.832	0.121	0.632	0.769	0.187	0.384	0.642	0.365
Children who rightly recognize that boys/men cannot/shouldn't have sex with a girl/woman without consequences or reprimand	Baseline	86%	92%	90%	93%	88%	90%	89%	90%
	Endline	96%	95%	99%	96%	97%	97%	96%	96%
	% change	10%	3%	9%	3%	9%	7%	7%	7%
	p	0.002	0.141	0.001	0.269	0.000	0.004	0.001	0.000

Knowledge/Perception on strangers: a stranger is someone you don't know⁵. About 71% (Control=75%, Endline=70%) of the children at the endline describe a stranger to be someone you don't know, even if they say they know you, but with this proportion dropping from 81% at the baseline (control=83%, intervention=80%).

Table 29: children's Awareness and Understanding of Sexual Abuse Prevention Concepts

		District			Category		Sex		
		Kabarele	Kye njojo	Bunyangabu	Control	Intervention	Boy	Girl	Total
Children presenting knowledge of a the description of a stranger	Baseline	93%	90%	88%	92%	89%	88%	92%	90%
	Endline	88%	91%	93%	90%	91%	92%	89%	91%
<ul style="list-style-type: none"> A stranger is someone you don't know, even if they say 	Baseline	78%	82%	82%	83%	80%	78%	84%	81%
	Endline	75%	70%	69%	75%	70%	70%	73%	71%

⁵ Longman Dictionary of Contemporary English

		District			Category		Sex		
		Kab arole	Kye njojo	Bun yang abu	Cont rol	Inter venti on	Boy	Girl	Tota l
they know you									
<ul style="list-style-type: none"> You can always tell who's a stranger - they look mean 	Baseline	56%	61%	50%	54%	58%	54%	59%	57%
	Endline	58%	57%	58%	43%	64%	58%	57%	58%
<ul style="list-style-type: none"> Strangers look like ordinary people 	Baseline	56%	44%	62%	46%	55%	51%	54%	53%
	Endline	47%	45%	36%	31%	48%	49%	38%	43%
Boys/men cannot/should not have sex with a girl/woman without consequences or reprimand	Baseline	86%	92%	90%	93%	88%	90%	89%	90%
	Endline	96%	95%	99%	96%	97%	97%	96%	96%
	% change	10%	3%	9%	3%	9%	7%	7%	7%
	p	0.002	0.141	0.001	0.269	0	0.004	0.001	0
Forcing a child to get married before 18 years is a form of Abuse	Baseline	88%	93%	95%	92%	92%	93%	92%	92%
	Endline	95%	90%	85%	87%	91%	88%	92%	90%
	% change	6%	-3%	-10%	-5%	-1%	-5%	0%	-2%
	p	0.04	0.183	0.001	0.157	0.505	0.032	0.941	0.156
Girls, just like boys, should never be sexually abused	Baseline	89%	93%	95%	94%	92%	92%	93%	93%
	Endline	92%	90%	92%	89%	92%	91%	91%	91%
	% change	3%	-4%	-3%	-5%	0%	-1%	-2%	-1%
	p	0.285	0.139	0.293	0.079	0.908	0.6	0.474	0.382
Children who think an adolescent girl who wears very revealing clothes is asking to be sexually abused	Baseline	80%	82%	83%	77%	84%	81%	83%	82%
	Endline	75%	70%	73%	76%	71%	68%	76%	72%
	% change	-5%	-12%	-10%	-1%	-13%	-13%	-7%	-9%
	p	0.29	0.002	0.021	0.738	0	0.001	0.032	0
Adolescents who act in a seductive manner take blame for sexual abuses	Baseline	87%	84%	91%	85%	87%	86%	87%	87%
	Endline	82%	82%	74%	80%	80%	77%	82%	80%
	% change	-5%	-1%	-17%	-5%	-8%	-9%	-5%	-7%

		District			Category		Sex		
		Kab arole	Kye njojo	Bun yang abu	Cont rol	Inter venti on	Boy	Girl	Tota l
	p	0.199	0.681	0	0.222	0.003	0.007	0.076	0.002
If a girl wears clothes exposing her and is sexually abused, it is her fault for not dressing properly	Baseline	81%	85%	83%	78%	85%	84%	83%	83%
	Endline	87%	79%	79%	82%	81%	76%	86%	81%
	% change	6%	-7%	-4%	4%	-4%	-7%	3%	-2%
	p	0.115	0.058	0.365	0.357	0.093	0.031	0.376	0.386

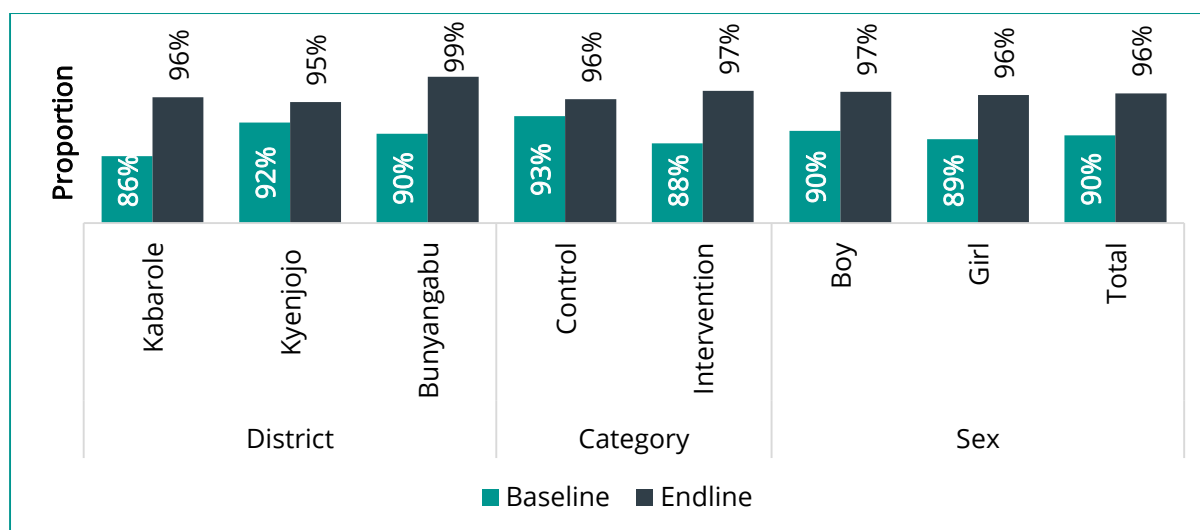
Children's perceptions on selected CSA Norms

Nine out of every ten children interviewed at baseline rightly observe that:

- marrying off a girl before the age of 18 years is a form of abuse with the proportion not significantly varying from the status at the baseline or between intervention and control schools. The endline, however, compared a significant drop in the proportion of boys as compared to girls at the endline who rightly observe that marrying off a girl before she is 18 years old is a form of abuse (Baseline=93%, Endline=88%, $p=0.032$).
- Girls just like boys should never be sexually abused- 92% of the children at the endline in the intervention schools reported that girls just like boys should not be sexually abused with the proportion not changing from the status at the baseline (92%). However, the endline observes a drop in control schools in the proportion of children who think girls just like boys should never be abused (Baseline=94%, Endline=89%)
- A man or boy should not have sex with a girl without consequences or reprimand - There is a significant reduction in the proportion of children who felt boys/men should have sex with girls/women without consequences/reprimand in the intervention schools compared to the control schools at the endline in comparison with the status at the baseline (DID= 0.059, $p=0.077$, **Appendix 1**). The proportion of children who believe that boys or men should not have sex with a girl without reprimand increased from 88% at the baseline to 97% at the endline in the intervention schools, signifying a 9% increase as compared to a 3% increase in the control schools (Baseline=93%, Endline=96%) - see **Figure 13**.
- Teacher or relatives who engage in sexual contact with a child should be reported – see **Table 27**

The endline also compared a significant reduction in the proportion of children who would blame CSA on the dressing code of the girl. The proportion of children who thought a girl who wears revealing clothes calls for sexual abuse reduced from 84% at the baseline to 71% at the endline in the intervention schools implying a 13% reduction as compared to a 1% in the control schools at the endline compared to the baseline (DID= -0.114, $p=0.029$).

Figure 13: Proportion of Boys/men who Rightly know that boys or men cannot or should not have Sex with a Girl/Woman without Consequences or Reprimand



3.2.3.4.1 Vignette Attitudes to Child Sexual Abuse

Children were told of a story of a 12-year-old girl called Jemima who was sexually abused on her way home from school – see (Box 3) following a late release from school by the teacher. At the time, Jemima was putting on a skirt that appeared short on her. The baseline study explored children’s perceptions of key characters in the scenario – including who was to blame for the sexual abuse. Children were asked to tell what they would have done in the personality of Jemima

Box 3: Story of Jemima to children

Now think about 12-year-old girl Jemima who attends a nearby school. Although school normally ends at 5pm, one teacher usually asks Jemima to stay behind and help him with some chores. Jemima has recently grown and height and her uniform skirt appears short on her. Her blouse looks tight across her bust. That day she had to return home late; and on the way, a man waylaid her and sexually defiled her.

As presented in **Table 30** and **Figure 14**, children present multiple points of blame for the sexual abuse against Jemima. About 90% of the children at both the baseline and endline blamed the teacher for releasing Jemima late with a similar proportion equally blaming the perpetrator (89%). While about two in three children at both the baseline and endline noted that Jemima was not responsible for the defilement in anyway, high proportions impose blame on her for – a) accepting to stay behind with the teacher (71%), c) putting on a provocative uniform (92%), and c) moving home alone (91%). About 98% of the children think Jemima should report – police, media, women’s group (97%) and to family/relatives (92%).

The endline however observes significant shift compared to the baseline in the intervention schools as compared to control schools on;

- a) Proportion of children who think the girl (Jemima) should have refused to stay behind (DID= 0.129, p= 0.019). Whereas the proportion of children who indicated that Jemima should have refused to stay behind increased from 69% at the baseline to 81% at the endline in the intervention schools, the proportion of children with the same perception in the control schools remained almost similar (Baseline=78%, Endline=77%)

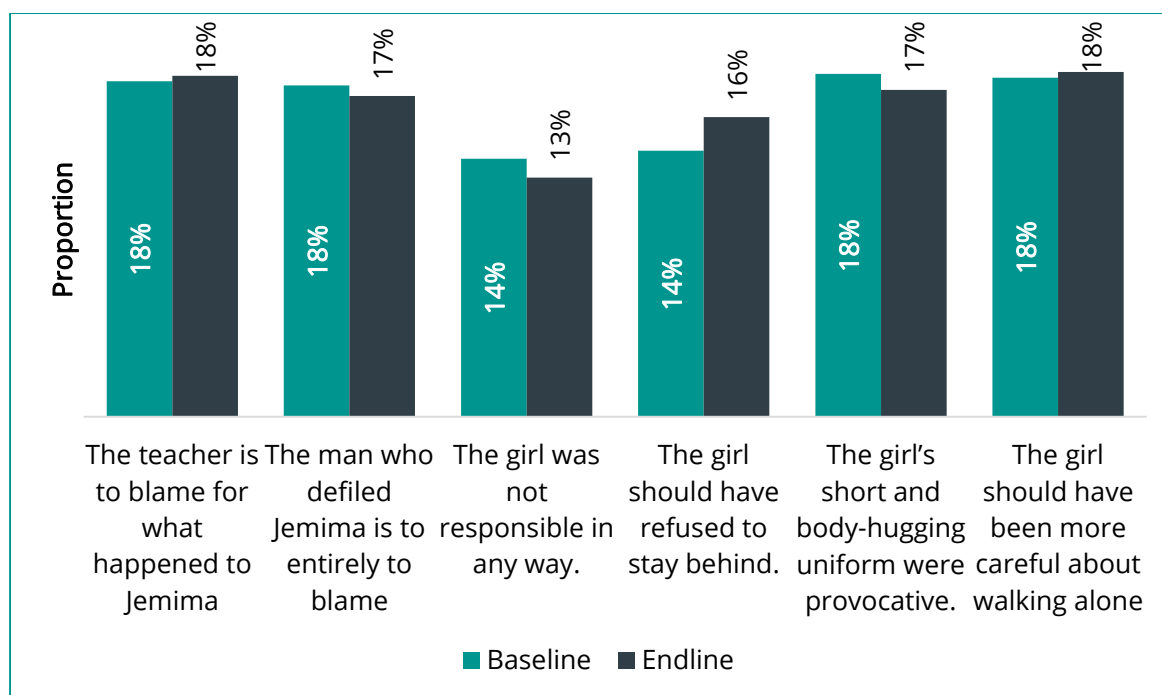
- b) There is a significant drop in the proportions of children that blamed Jemima for her dress/uniform in the intervention schools as compared to the control schools at the endline compared to the status at the baseline (DID=-0.073, p=0.055). whereas the proportion of the children that blamed Jemima for the dress dropped from 92% at baseline to 84% at endline in the intervention schools (p=0.001), the proportion remain the same in control schools (Baseline=93%, Endline=93%, p=0.928).

Table 30: Children’s perceptions of Jemima’s story

		District			Category		Sex		
		Kabale	Kyenjojo	Bunyangu	Control	Intervention	Boy	Girl	Overall
Who to blame									
The teacher is to blame for what happened to Jemima	Baseline	91%	92%	86%	95%	88%	89%	91%	90%
	Endline	90%	90%	92%	91%	90%	93%	89%	91%
	% change	-1%	-2%	6%	-4%	2%	4%	-2%	1%
	p	0.84	0.471	0.128	0.178	0.302	0.088	0.277	0.738
The man who defiled Jemima is entirely to blame	Baseline	88%	92%	85%	90%	88%	89%	89%	89%
	Endline	86%	85%	85%	85%	85%	84%	86%	85%
	% change	-2%	-7%	0%	-5%	-3%	-5%	-3%	-4%
	p	0.504	0.016	0.927	0.144	0.189	0.063	0.401	0.061
The girl was not responsible in any way.	Baseline	63%	71%	73%	75%	67%	69%	69%	69%
	Endline	66%	61%	65%	62%	64%	64%	63%	64%
	% change	3%	-10%	-8%	-13%	-3%	-5%	-6%	-5%
	p	0.557	0.02	0.1	0.007	0.444	0.177	0.117	0.038
The girl should have refused to stay behind.	Baseline	70%	72%	72%	78%	69%	74%	69%	71%
	Endline	84%	78%	77%	77%	81%	80%	80%	80%
	% change	14%	6%	5%	-1%	12%	6%	11%	9%
	p	0.002	0.129	0.303	0.873	0	0.127	0.003	0.001
The girl’s short and body-hugging uniform were provocative.	Baseline	87%	94%	94%	93%	92%	91%	93%	92%
	Endline	90%	86%	85%	93%	84%	85%	88%	87%
	% change	3%	-8%	-9%	0%	-8%	-6%	-5%	-5%
	p	0.448	0.003	0.005	0.928	0.001	0.059	0.024	0.004

		District			Category		Sex		
		Kabale	Kyenjojo	Bunyangu	Control	Intervention	Boy	Girl	Overall
The girl should have been more careful about walking alone % change	Baseline	90%	92%	91%	93%	90%	90%	92%	91%
	Endline	93%	91%	92%	94%	90%	91%	92%	92%
	% change	3%	-1%	1%	1%	0%	1%	0%	1%
	p	0.31	0.689	0.865	0.689	0.89	0.691	0.899	0.705
Possible actions Jemima should take after the incident									
Report	Baseline	96%	99%	98%	99%	98%	99%	97%	98%
	Endline	100%	98%	97%	99%	98%	98%	98%	98%
	% change	4%	-1%	-1%	0%	0%	-1%	1%	0%
	P	0.015	0.198	0.535	0.462	0.961	0.555	0.412	0.756
<ul style="list-style-type: none"> Report to the police, media, women's group 	Baseline	89%	96%	95%	93%	94%	95%	92%	94%
	Endline	98%	96%	96%	99%	95%	97%	96%	97%
	% change	9%	0%	1%	6%	1%	2%	4%	3%
	p	0.002	0.973	0.873	0.004	0.004	0.432	0.042	0.038
<ul style="list-style-type: none"> Report to family and let them make the decision 	Baseline	92%	85%	94%	91%	89%	88%	91%	90%
	Endline	96%	91%	90%	93%	92%	90%	94%	92%
	% change	4%	6%	-4%	2%	3%	2%	3%	2%
	p	0.108	0.052	0.25	0.556	0.13	0.521	0.093	0.102

Figure 14: Percentage distribution of children’s perception on who takes blame for sexual abuse of Jemima at Endline and Baseline



3.2.3.5 Indicator 3C: Children taking on a more Active Role in Preventing and Reporting Child Sexual Abuse within Schools and Communities

3.2.3.6 Children who easily talk to Mother, Father, Teachers when face with Something that is Worrying

While at home, parents remain the closest adult persons that children stay with and teachers on the hand while at school. To the best, with best parenting practices, children need to be open and freely discuss or disclose any worrying issues in their lives with their immediate caregivers – parents. **Table 31** compared the proportion of children who reported staying with their parents and felt they would easily talk to them.

There was a marginal increase in the proportion of children that stayed with their mothers and felt free to talk to them at the endline compared to the baseline (Baseline=83%, Endline=88%, $p=0.050$) but with no significant variation between intervention (Baseline=84%, Endline=88%) and control schools (Baseline=80%, Endline=88%). As at endline, girls who stayed with their mothers, girls who stayed with their mothers were 5 times more likely to freely talk to them (their mothers) as compared to the boys (OR= 5.068, $p<0.05$); and this likelihood improved from twice as much the status at the baseline (OR=2.245, $p=0.001$).

Looking at fathers, the endline observes no significant changes in the proportion of children who stayed with and freely talked to their fathers in both the control and intervention communities as compared to the status at the baseline – see Table 31. Boys were 2.8 times more likely to report being free to talk to their fathers than girls (OR=2.802, $p<0.05$) with this likelihood like the status at the baseline (OR=2.535, $p<0.05$).

Whereas the endline did not record a significant difference in the proportions of children who reported to freely talk to their caregivers (fathers/mothers), stakeholder voices in Box 4 show voices of male caregivers who reported to have learnt to allocate more time to attend to their children following their participation in parenting sessions.

Regardless of who the person was, all children at the endline, almost all children (99.6%) indicated to have someone at home they freely talked to when faced with a troubling situation, having increased from 97% at the baseline (Control=98%, Intervention=97%). Biological mothers (56%), biological fathers (18%) and grandmothers (10%), uncle/aunt (6%) and elder sister (4%) are the leading and most common caregivers that children talked too, with the other household members combined constituting 6%.

Box 4: Voices of Caregivers on how the Project has Impacted on their time availability to attend to Children.

“I didn’t have time to discuss with my children. Every time the children wanted to tell me something, I would shout at them to “leave me alone.” But these days, everything has changed” – Male, FGD

“As a parent, what excited me the most was when they taught us how to create time for the family. I used to spend most of my time at the trading center, only coming back to eat and sleep. However, all of this has changed. Lately, I am able to discuss with the children, along with their mother, and plan what needs to be done. I am thankful to God for the organization of Bantwana.” – Male, FGD

“I used to think that by paying school fees and providing food, my responsibilities were fulfilled. When Bantwana came, they taught us that we have the responsibility of checking their books, helping with homework, inquiring about their day at school, showing love to our children, and engaging in discussions with them. This has greatly helped me as it has brought me closer to my children. Another aspect I appreciated was learning how to start income-generating businesses. Initially, I had nothing at home, which is why I mentioned having two exotic pigs now” – Male, FGD

“What I appreciated about Bantwana is that they came and taught us the seven rules and regulations of life. These teachings have significantly changed me. I used to speak loudly, but now I have learned to live peacefully and cooperate with those around me. They also taught me time management. Previously, I would sleep without purpose, but now I wake up early, plan my day, and manage to accomplish everything on time. Additionally, they educated us on home development. As a result, I have purchased five pigs that we are all taking care of” – Male, FGD

“Among all the sessions, one thing I particularly liked was the emphasis on setting aside special time with my wife and children. Regardless of the day's events, it is crucial to create time to talk to your spouse and children, understand their experiences, and plan for the future. For instance, discussing how to care for them, raise school fees, and provide food. Being a parent who simply comes home to eat and sleep will not earn the respect of your children” – Male, FGD

At the school level, the proportion of children who reported having a teacher they can easily talk too increased from 83% at the baseline to 92% at the endline with the highest increment observed among girls than boys (Girls =12% increase, Boys=5% increase) and in the intervention schools as compared to the control schools (Control=1% increase, intervention=13% increase).

There is a significant change in the proportion of children who reported to have a teacher they can easily talk to at the endline in the intervention schools as compared to the baseline and compared to the children in control schools at the endline compared to the baseline (DID= 0.119, p= 0.005, **Appendix I**). As at the endline, children in the intervention schools were 3 times more likely to report having a teacher they freely talked to as compared to their counterparts in the control schools (OR=3.156, p=0.001). whereas as at the baseline, girls were less likely to have a teacher they freely talked to as compared to boys (OR=.596, p=0.013), the endline observed an improvement – no variation between boys and girls.

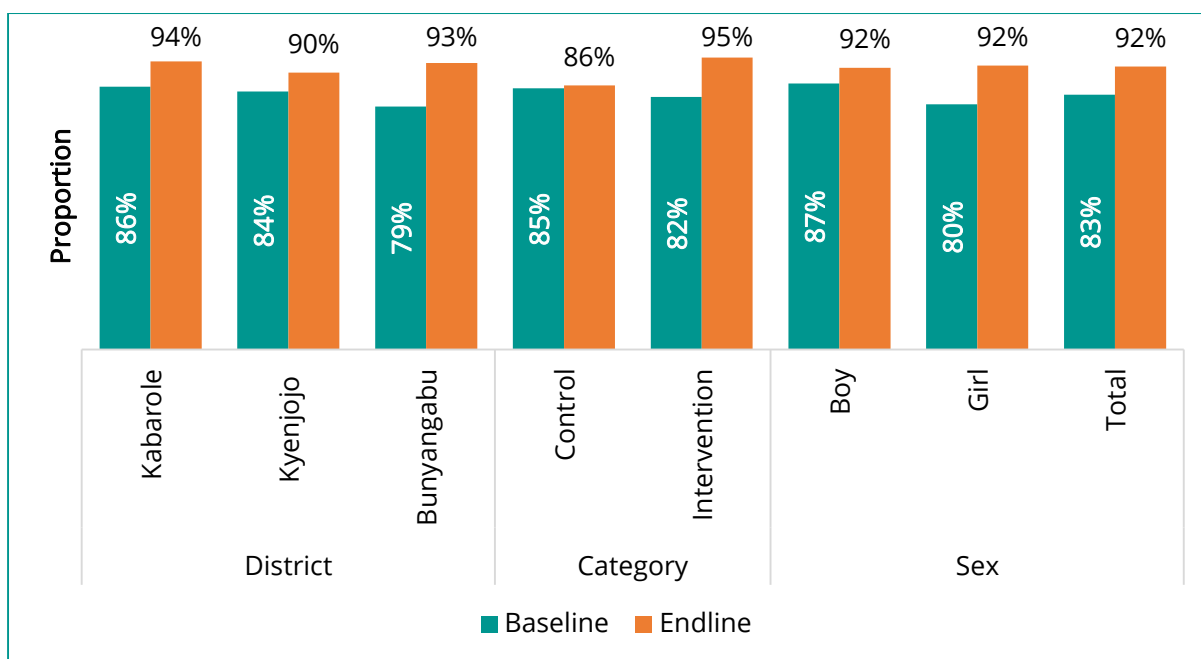
The 95% proportion of children in the intervention schools that reported having a teacher they can easily talk to at the endline is 10% higher than the project target of 85%. Almost all children (100%) interviewed at the endline had a person (teacher or other person such as a fellow child) that they could easily talk to in case of a troubling situation with this proportion significantly improving from 95% at the baseline. The common categories of people children would talk to at school in case they faced a

troubling situation include the headteachers (11%), class teachers (37%), senior teacher (22%), other teachers (13%), classmates (15%) and others such as relatives (brother/sister) constituting 2%.

Table 31: Proportion of children able to easily talk to their biological mothers, biological fathers and teachers

		District			Category		Sex		
		K ab ar ole	K ye nj o	Bu ny an ga bu	Co nt rol	In ter ve nti on	Bo y	Gi rl	To tal
Children with a person at home they can talk to incase of a worrying situation	Baseline	97%	99%	96%	98%	97%	97%	98%	97%
	Endline	100%	99%	100%	100%	99%	100%	99%	100%
	% change	3%	0%	4%	2%	3%	3%	2%	2%
	p	0.023	0.537	0.013	0.137	0.013	0.004	0.136	0.002
Stay with mother, easily talk to mother	Baseline	85%	83%	80%	80%	84%	77%	88%	83%
	Endline	83%	91%	88%	88%	88%	79%	95%	88%
	% change	-2%	8%	8%	8%	4%	2%	7%	5%
	p	0.662	0.031	0.116	0.112	0.183	0.566	0.016	0.050
Stay with father, easily talk to father	Baseline	26%	36%	37%	43%	30%	44%	25%	34%
	Endline	37%	36%	29%	35%	34%	47%	24%	34%
	% change	11%	0%	-7%	-7%	4%	3%	-1%	1%
	p	0.116	0.936	0.305	0.306	0.382	0.599	0.864	0.886
Children with a person at school they can talk to incase of a worrying situation	Baseline	94%	98%	91%	97%	94%	96%	94%	95%
	Endline	99%	100%	100%	100%	100%	100%	100%	100%
	% change	5%	2%	9%	3%	6%	4%	5%	5%
	p	0.010	0.085	0.000	0.039	0.000	0.001	0.000	0.000
Children with a teacher they can easily talk too	Baseline	86%	84%	79%	85%	82%	87%	80%	83%
	Endline	94%	90%	93%	86%	95%	92%	92%	92%
	% change	8%	6%	14%	1%	13%	5%	12%	9%
	p	0.015	0.048	0.000	0.796	0.000	0.065	0.000	0.000

Figure 15: Proportion of Children with teacher they can easily talk to



3.2.3.6.1 Children and their connection to caregivers

An assessment of parent-child relationship was conducted using selected measures. Endline findings show significant changes in the proportion of children who indicated that they can engage and discuss with their caregivers on issues of CSA. Significant changes (see **Table 32, Appendix 1**) are observed in the proportion of children who noted that;

- a) their caregivers show respect to them and give them freedom/peace (DID=0.117, p= 0.021)
- b) their caregiver understands them when they explain (DID= 0.109, p= 0.024)
- c) their caregiver gives them advice and guidance (DID= -0.101, p= 0.016)
- d) their caregiver encourages them to pray before going to bed (DID= 0.096, p= 0.049)
- e) their caregiver talks to them on dangers of early parenting (DID= 0.148, p= 0.020)
- f) parent or guardian talk to you about your body changes as you grow up (DID= 0.110, p= 0.083)
- g) their parent or guardian discuss with them about risks that may expose them to sexual violence either at home, school or anywhere else in your community (DID= 0.167, p= 0.009)
- h) their parent or guardian discusses with them about how to avoid peer pressure that can lead to engage in sex prematurely (DID= 0.152, p= 0.015)
- i) parent or guardian discusses with them about ways to seek help when they feel unsafe in any situation (DID= 0.167, p= 0.008)
- j) they are comfortable asking my parent or guardian a question about sex (DID= 0.228, p<0.05)
- k) they are confident that your parent or main caregiver has adequate information about sexual violence against children including sexual abuse and exploitation to talk to me (DID= 0.291, p<0.05)
- l) When your parent or main caregiver talks to you about sexual violence against children including sexual abuse and exploitation issues, he or she gives you time to ask questions and give my opinions (DID= 0.117, p= 0.062)
- m) are satisfied with the interaction you have you're your parent/ caregiver in discussing issues of sexual abuse and exploitation targeting children (DID= 0.192, p= 0.002)
- n) have ever discussed with your parent about strategies to avoid early/under-age marriage (DID= 0.203, p<0.05)

- o) freely discuss with your parent/caregiver about ways to seek help when you feel at risk of sexual abuse in any situation (DID= 0.254, p<0.05)
- p) their caregivers usually like to hear about their ideas (DID=0.104, p=0.024)

Table 32: Proportion of children that reported to routinely receive selected attributes from parents

	Before		After		Change	
	Control	Intervention	Control	Intervention	Diff-in-Diff	P>t
The caregiver respects and give you freedom/peace	87%	80%	74%	79%	12%	0.021
The caregiver understands you when you explain	89%	85%	73%	79%	11%	0.024
The caregiver gives you advice and guidance	84%	91%	88%	85%	-10%	0.016
The caregiver encourages you to pray before going to bed	87%	82%	77%	82%	10%	0.049
The caregiver talks to on dangers of early parenting	61%	50%	55%	59%	15%	0.020
Your parent or guardian talk to you about your body changes as you grow up	53%	43%	41%	43%	11%	0.083
Your parent or guardian discuss with you about risks that may expose you to sexual violence either at home, school or anywhere else in your community	59%	47%	47%	52%	17%	0.009
Your parent or guardian discusses with me about how to avoid peer pressure that can lead to engage in sex prematurely	66%	59%	54%	62%	15%	0.015
Your parent or guardian discusses with me about ways to seek help when I feel unsafe in any situation	65%	55%	52%	59%	17%	0.008
You are comfortable asking my parent or guardian a question about sex	48%	43%	39%	56%	23%	0.000
You are confident that your parent or main caregiver has adequate information about sexual violence against children including sexual abuse and exploitation to talk to me	68%	59%	56%	77%	29%	0.000
When your parent or main caregiver talks to you about sexual violence against children including sexual abuse and exploitation issues, he or she gives you time to ask questions and give my opinions.	63%	57%	55%	61%	12%	0.062

	Before		After		Change	
	Control	Intervention	Control	Intervention	Diff-in-Diff	P>t
You are satisfied with the interaction you have you're your parent/ caregiver in discussing issues of sexual abuse and exploitation targeting children	62%	53%	64%	74%	19%	0.002
You have ever discussed with your parent about strategies to avoid early/under-age marriage	73%	68%	64%	79%	20%	0.000
You have ever discussed with your parent about strategies to avoid early/under-age marriage	74%	68%	63%	82%	25%	0.000
Your parents usually like to hear about your ideas	91%	84%	81%	84%	10%	0.024

3.2.3.6.2 Children who indicate that they can Speak up when they see Someone else being Hurt

It is important that children have the confidence to speak out issues or violations against them - no matter who the person is, no matter what position they hold in the family or society. As at the endline, there was a 3% increase in the proportion of children that reported that they would speak up in case they saw violation against a colleague (someone being hurt) as compared to the status at the baseline (Baseline=92%, Endline=95%). Though not significantly different, the increment is higher in the control schools as compared to intervention schools (Control=7% increment, Intervention=2% increment). By district, Bunyangabu had the highest increase in the proportion of children that would report a violation against a colleague at the endline as compared to the baseline (Kabarole=6% increase, Kyenjojo=5% increase, Bunyangabu=10% increase).

The proportion of children in the intervention schools that indicate that they can speak up when they see someone else being hurt observed at the time of the endline is a 1% point lower than the project target of 95% (Target=95%, Actual=94%).

Figure 16: Proportion of Children that Report they would Speak up when they see Someone Else Being Hurt

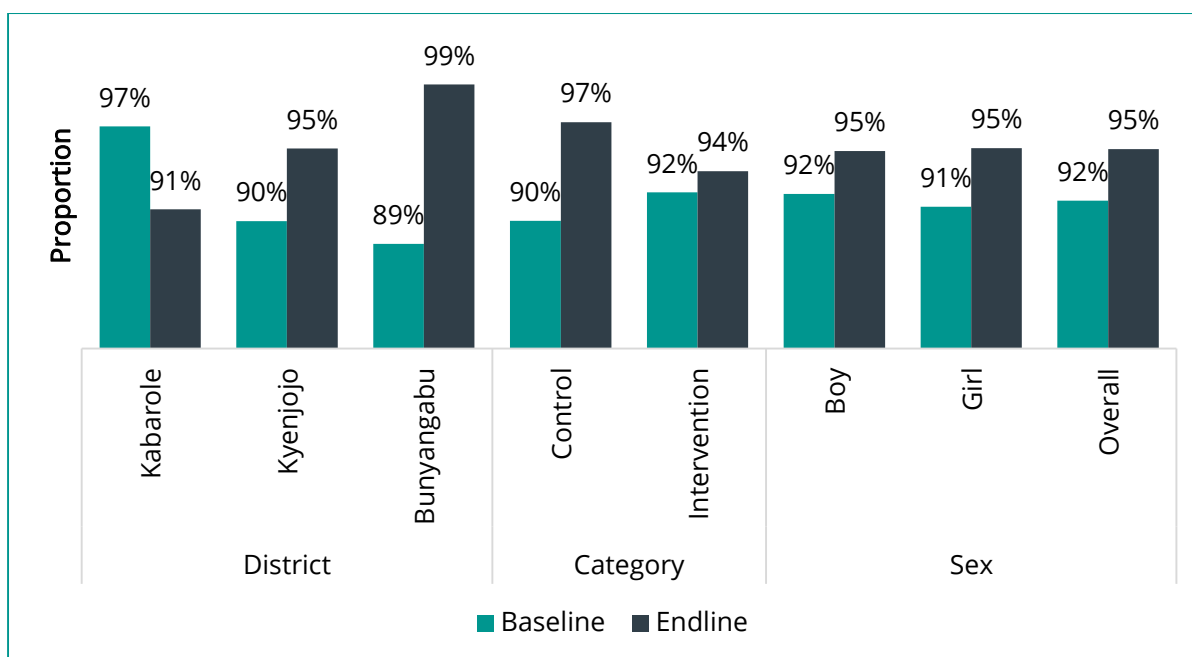


Table 33: Proportion of Children that Report they would Speak up when they see Someone Else Being Hurt

	District			Category		Sex		
	Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Boy	Girl	Overall
Baseline	97%	90%	89%	90%	92%	92%	91%	92%
Endline	91%	95%	99%	97%	94%	95%	95%	95%
% change	-5%	5%	10%	6%	1%	3%	4%	3%
P	0.032	0.051	0.000	0.105	0.103	0.024	0.281	0.025

3.2.3.7 Other Research Findings on Children

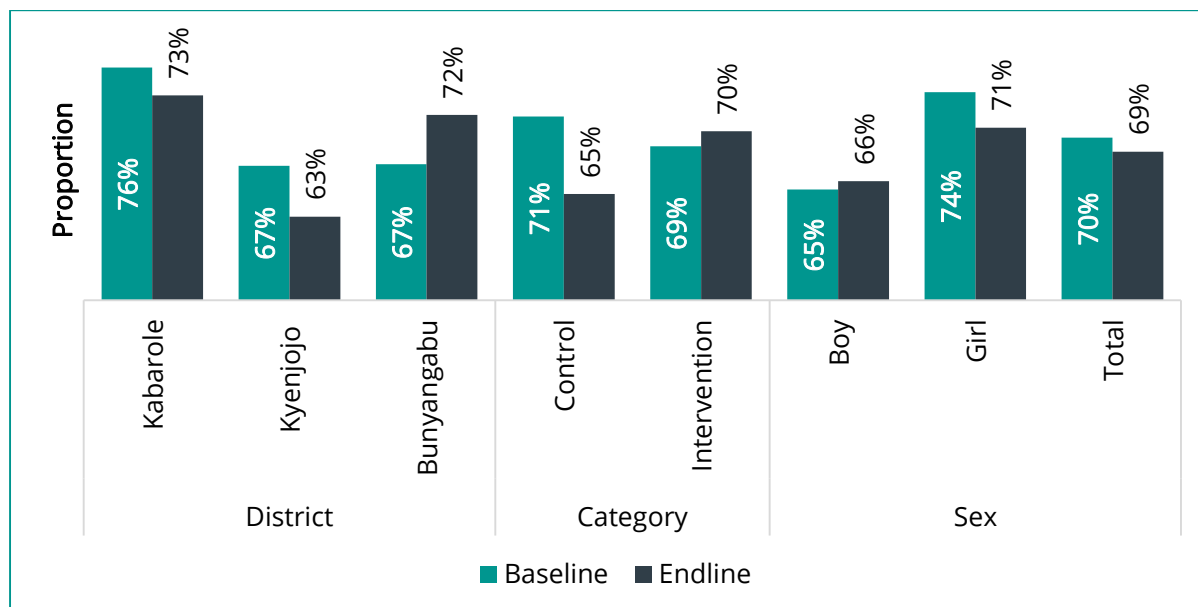
3.2.3.7.1 Children and their Awareness of Harmful Practices Against Children in the Communities

About 69% of the children at the endline still reported existence of harmful practices against children in their communities, with this proportion only dropping by 1% as compared at the time of the baseline with the status not showing any significant difference in the intervention schools at the endline compared to the baseline compared to the status in the control schools at the endline compared to the baseline (DID= 0.078, p= 0.187).

Just like at the baseline, children through individual interviews and group sessions during the endline identified various harmful practices in the communities against children including defilement and rape, child buttering/beating, Use of abusive/insulting words, child labor, child neglect, kidnapping and ritual killing, early marriages and early pregnancies, bullying, children forced to sleep outside, denying children food, bad touches, children getting into sexual relationships, children stopped from attending

school (denied education). Children also reported cases of children disrespecting parents, children stealing items of their colleagues, alcohol and drug abuse, corporal punishments both at school and homes.

Figure 17: Proportion of Children who Report Existence of Harmful Practices against Children in their Communities.



Box 5: Children's Voices on Harmful Practices Against Children in the Communities

“Male parents marry off their children” – Girl, Pupil

“Parents make their girl children stop schooling, when money is lost and they take boys to school and girls not” – Boy, Pupil

“Parents no longer care for their children, the children that provide financial help to parents are the children that are cared for. There is discrimination by the parents” – Boy, Pupil

“The men chase the children and wife out of the house to sleep out when they come back drunk.” – Boy, Pupil

“The man comes back drunk he begins to mistreat the children at the home, he beats and chases them from home” – Boy, Pupil

“Parents marry off children when they are still young because they want money. A girl in the village was married off while she was in primary seven” – Boy, Pupil

“Parents sell maize and use the money to take alcohol and don't pay school fees for their children hence staying home” – Boy, Pupil

“Parents no longer discipline their children; the children go out and come back late at 11pm and they say nothing to them” – Male Pupil

“When adults have misunderstandings, they transfer the anger to the children for example neighbors quarreled and one of them drowned the other child”- Boy, Pupil

3.2.3.7.2 Children’s reported exposure to unsafe situations

Avoided going home, going to school or opening door at home for fear of being sexually abused in last 3 months.

About one in every four of the children (26%) at the endline reported to have encountered a situation that put them into a worry/fear of being sexually abused in the reference period of three months with the proportion dropping from 39% as at the time of the baseline. Just like at the baseline (OR= 3.260, $p<0.05$), girls were three times more likely to report having experienced a situation that threatened them into sexual violence as compared to boys (OR= 3.367, $p<0.05$).

The proportion of children who reported experiencing situations that scared them into sexual violence significantly reduced in the intervention schools from 41% at the baseline to 27% at the endline as compared to a reduction from 32% in the control schools at the baseline to 23% at the endline (DID= -0.045, $p= 0.454$).

Table 34: Proportion of children that experienced selected forms of sexual violence in Referenced Periods

		District			Category		Sex		
		K ab ar ole	K ye nj o j o	Bu ny an ga bu	Co nt rol	In ter ve nti on	Bo y	Gi rl	To tal
Avoided going home, going to school or opening door at home for fear of being sexually abused in last 3 months	Baseline	49%	34%	34%	32%	41%	24%	51%	39%
	Endline	29%	23%	26%	23%	27%	14%	35%	26%
	% change	-20%	-11%	-8%	-9%	-14%	-10%	-16%	-13%
	p	0.000	0.007	0.104	0.048	0.000	0.004	0.000	0.000
Children who reported encountering a moment when they felt unsafe or threatened when they were in their neighborhood, on the way to school, or in school in last 6 months	Baseline	26%	20%	21%	14%	25%	18%	26%	22%
	Endline	15%	11%	11%	11%	13%	10%	14%	12%
	% change	-11%	-9%	-10%	-3%	-12%	-8%	-12%	-10%
	p	0.012	0.010	0.020	0.366	0.000	0.015	0.000	0.000

Children who reported moments of feeling unsafe or threatened when they are in their neighborhood, on the way to school, or in school - For example, afraid of being attacked, bullied, or being hurt.

There was a significant reduction in the intervention schools in the proportion of children who reported to have experienced moments of insecurity within the reference period of six months at the endline compared to the baseline as compared to those in the control schools at the endline compared to the baseline (DID=-0.090, $p=0.063$, Appendix 1). The proportion of children who felt afraid significantly reduced from 25% at the baseline to 13% at the endline signifying a 12% reduction in the intervention schools as compared to a 3% reduction in the control schools (Baseline=14%, Endline=11%) – see **Table 34**. As at the time of the baseline, children in the intervention schools were twice more likely to report a moment when they felt unsafe (OR=2.099, $p=0.001$) as compared to their counterparts in the

control schools and girls were 1.6 times more likely to report feeling unsafe (OR=1.652, p=0.008) with this trend reversed at the time of the endline.

3.2.3.7.3 Children's Participation in School, or Community Activities

There was a drop in the proportion of children that had participated in at least one school or community activity at the endline as compared to the baseline (Baseline=91%, Endline=89%) with this drop at the endline as compared to the baseline more significant in the control schools as compared to the intervention schools (DID= 0.064, p= 0.086) - Intervention schools had a less than one percent drop at endline compared to the baseline (Baseline=91%, Endline=91%) as compared to the 6% drop in the control schools at the endline compared to the baseline (Baseline=92%, Endline=86%).

Overall, the drop is partly attributable to the fact that the evaluation was conducted within the first one month after the school resumed from holidays. However, the relatively higher engagement in the intervention schools as compared to the control schools is also partly due to the weekly grassroots soccer activities to which children in intervention schools were involved. Children in the intervention schools were 1.6 times more likely to have participated in a school or community activity in the reference period of one month at the endline as compared to their counterparts in the control schools (OR= 1.658, p= 0.094).

Just like at the baseline, at the endline, the common school/community activities in which children have participated in the last one month included games and sports (43%), hygiene and sanitation clubs (13%), children parliaments (10%), school or church choir (10%), drama clubs (8%), reading clubs (7%) and others such as wildlife clubs, debate clubs constituting 8%.

Table 35: Proportion of children who have participated in school or community activities in the last one month.

	District			Category		Sex		Total
	Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Boy	Girl	
Baseline	91%	94%	88%	92%	91%	94%	89%	91%
Endline	90%	89%	90%	86%	91%	90%	89%	89%
% change	-1%	-5%	1%	-6%	0%	-4%	0%	-2%
P	0.679	0.070	0.731	0.052	0.959	0.122	0.850	0.263

3.2.3.8 Career Aspirations of children

Just like at the baseline, the endline observes sex-based variations in career aspirations of the children (see Table 36). The leading career aspirations mentioned by girls at the endline included nurse/midwife (60%), doctor (12%), and teaching (13%). On the other hand, career aspiration mentioned by boys were mainly doctor (41%) and teaching (12%). Other common career aspirations among the children included lawyer, security services (police/army), pilot/driver, engineer, religious and political leadership, mechanic, saloon and hairdressing, tailoring.

Table 36: Children's Education and Professional/Career Aspirations

	Baseline					Endline				
	Control	Intervention	Boy	Girl	Total	Control	Intervention	Boy	Girl	Total
Nurse/Midwife	32.4	29.6	1.5	55.6	30.4	36.9	33.1	2.8	60.4	34.4
Doctor	27.1	23.8	41.3	10.3	24.8	25.5	25.2	41.3	12.1	25.3
Teacher/Headteacher	13.5	17.4	13.1	19.0	16.3	10.8	12.6	11.5	12.5	12.0
Lawyer	5.8	4.2	6.1	3.4	4.7	5.1	5.8	5.5	5.7	5.6
Pilot	3.4	4.2	7.0	1.3	4.0	5.1	4.0	6.4	2.6	4.3
Mechanic	2.4	2.0	4.0	0.5	2.1	3.8	3.7	8.3	0.0	3.7
Police/Military	4.3	4.2	7.6	1.3	4.2	3.8	2.8	5.0	1.5	3.1
Engineer	1.9	3.8	6.4	0.5	3.3	1.9	3.7	6.4	0.4	3.1
Others	9.2	10.8	13.1	7.9	10.3	7.0	9.2	12.8	4.9	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

3.2.3.8.1 Children Life Skills

The endline observes significant changes in selected parameters of children's confidence and life skills – see **Table 37** and **Appendix 1**.

- Children who reported to feel good about all the choices they make: the proportion of children in the intervention schools who felt good about the choices they make improved from 68% at the baseline to 89% at endline as compared to an increase from 78% at baseline to 80% at endline in the control schools (DID= 0.184, $p < 0.05$). As at the endline, children in the intervention schools were twice more likely to say they felt good about the choices they make in life as compared to their counterparts in the control schools (OR=2.040, $p = 0.007$); and girls were 1.5 times likely to report feeling good about their choices than boys (OR= 1.55, $p = 0.095$).
- Children who reported to finish almost everything that you are determined to do (DID= 0.119, $p = 0.020$): As at the time of the endline, 85% of the children in the intervention schools reported finishing almost everything that they are determined to do – an improvement from 74% from the baseline. On the other hand, the proportion of children who reported to finish almost everything that you are determined to do in the control schools did not change at the endline as compared to the status at the baseline (Baseline=83%, Endline=82%)
- Children who report that things happening in their life are mostly determined by themselves: whereas there was a drop in the proportion of children who reported determining things they do in life by themselves in the control schools (Baseline=55%, Endline=49%), there was a significant increase in the intervention schools at the endline as compared to the baseline (Baseline=44%, Endline=62%, DID= 0.228, $p < 0.05$). children at the endline in the intervention schools were more likely to report determining things happening in their lives by themselves as compared to those in the control schools (OR= 1.695, $p = 0.007$)
- Children who noted that, even friends pressure them to do something, they what they believe is right: There was a significant increase in the proportion of children who report to do what they believe is right regardless of the peer pressure in the intervention schools at the endline as compared to the baseline (Baseline=82%, Endline=95%). The control schools however recorded no significant

changes at the endline as compared to the status at the baseline in the proportion of children who reported that they would do what is right regardless of the pressure from their peers (Baseline=95%, Endline=96)

- Children who report they cannot have sex with a person even if he/she has power over them, like relative, local leader, teacher, etc. As at the endline, 91% of the children in the intervention schools as compared to 85% of their counterparts in the control schools rightly noted that they cannot have sex with a person even if he/she has authority over them (DID= 0.173, $p < 0.05$). children at the endline in the intervention schools were 1.7 times more likely to say they cannot have sex with a person even if they who has power and authority over them compared to those in control schools (1.76, $p = 0.059$)
- Children who report talking to friends about problems they have because they can offer help (DID= 0.087, $p = 0.046$). the proportion of children who reported to talk to a friend for help increased from 81% at the baseline to 91% at the endline in the intervention schools as compared to an increase from 88% at the baseline to 90% at the endline in the control schools.
- Children who reported to sometimes feel lonely at school: The proportion of children who reported to at times feel lonely at school in the intervention schools reduced from 39% at baseline to 15% at endline signifying a 24% reduction as compared to a 10% reduction in control schools (Baseline=32%, Endline=22%, DID= -0.136, $p = 0.017$). children at the endline in the control schools were 1.58 times more likely to report facing moments of loneliness at school than those in intervention schools (OR=1.58, $p = 0.064$)
- Children who, when in class, you sometimes feel shy to say things in front of teachers or fellow children: The proportion of children who reported to be afraid of talking in front of others in class reduced in the intervention schools reduced from 35% at baseline to 18% at endline as compared to a reduction from 29% at baseline in control schools to 18% at endline (DID= -0.095, 0.094).
- Children who are confident to; a) seek out support services in case of abuse (DID= 0.107, $p < 0.05$), b) resist pressure to engage in sex from your teacher or relative (DID= 0.100, $p = 0.002$), c) report CSA (DID= 0.048, $p = 0.125$), d) seek medical attention if someone forced or lured them to have sex with them (DID= 0.134, $p = 0.002$), report the person to authorities and tell all what happened without fear if someone forced or lured them into sex (DID= 0.116, $p = 0.001$), and disclose the identity of the perpetrator (DID= 0.075, $p = 0.004$).

Table 37: Confidence of children to enact preferences over life choices

	Baseline		Endline		Change	
	Control	Intervention	Control	Intervention	Difference	P>t
Proportion of -----						
Children who note they feel good about all the choices they make	78%	68%	80%	89%	18%	0.000
Children who report to finish almost everything that you are determined to do	83%	74%	82%	85%	12%	0.020

Proportion of -----	Baseline		Endline		Change	
	C o n t r o l	I n t e r v e n t i o n	C o n t r o l	I n t e r v e n t i o n	D i f f - i n - D i f f	P>t
Children who report that things happening in their life are mostly determined by themselves	55 %	44 %	49 %	62 %	23 %	0.000
Children who noted that, even friends pressure them to do something, they what they believe is right	95 %	82 %	96 %	95 %	13 %	0.001
Children who report they cannot have sex with a person even if he/she has power over you, like relative, local leader, teacher, etc.	91 %	80 %	85 %	91 %	17 %	0.000
Children who report talking to friends about problems they have because they can offer help	88 %	81 %	90 %	91 %	9% %	0.046
Children who report that their parents usually like to hear about their ideas	91 %	84 %	81 %	84 %	10 %	0.024
Children who reported to sometimes feel lonely at school	32 %	39 %	22 %	15 %	- 14 %	0.017
Children who, when in class, you sometimes feel shy to say things Infront of teachers or fellow children	29 %	35 %	22 %	18 %	- 10 %	0.094
Children who feel good at and like mathematics	85 %	76 %	74 %	75 %	11 %	0.050
Children who noted having things about their lives that they would like to change	50 %	54 %	40 %	58 %	13 %	0.042
Children who reported to sometimes, feel foolish or fear to say things or talk to teachers	15 %	20 %	15 %	7% %	- 12 %	0.006
Children who indicate they are confident to seek out support services in case of abuse when you need them	97 %	91 %	93 %	98 %	11 %	0.000
Children who indicate they are confident to resist pressure to engage in sex from your teacher or relative	94 %	91 %	90 %	97 %	10 %	0.002
Children who indicate that they are confident that if someone forced or lured them to have sex with them, they would seek a medical attention	95 %	87 %	80 %	86 %	13 %	0.002
Children who note that they are confident that if someone forced or lured them into sex, they would go report the person to authorities and tell all what happened without fear	93 %	88 %	89 %	95 %	12 %	0.001
Children who indicate that they are confident that if someone forced or lured them into sex you would disclose the identity of the perpetrator	98 %	92 %	97 %	99 %	8% %	0.004

3.3 Extent to which the SAFE Intervention is Relevant to Addressing the CSA Problem

During a general reflection on the implementation of the SAFE intervention with key stakeholders, including the Program facilitators, teachers, coaches, caregivers, children and local government personnel, various benefits of the intervention were highlighted – see stakeholder voices in Box 7.

Generally, stakeholders noted that the SAFE interventions remained relevant in addressing the existing CSA challenges. They noted that the trainings reached only a few selected caregivers, however the trainings were relevant reminding caregivers of their responsibilities. Despite the efforts being made stakeholders reported that there are still cases of child abuse in the communities, at times perpetrated by family members, children exposed to activities that put them at risk to abuse such as working with parents in bars, children being left at home alone – see **Box 6**.

Box 6: Voices of stakeholders on the relevancy of the SAFE intervention

“I would say yes because there are very few of us who attended the training. I would request Bantwana to come and train more parents in the community because I believe that when families have peace, the community also benefits. Therefore, I am requesting that Bantwana continue these activities, this time involving the whole community” – Female, FGD

“I would love for these activities to continue so that we can always remind ourselves of what we have been taught. I strongly feel that if we stop now, we may end up forgetting all that has been taught” – Male, FGD

“Here at Nsongya Primary School, there are parents who admire us. So, I suggest that Bantwana should train more parents to benefit like us.” – Female, FGD

“Another issue is some parents concealing cases of defilement and some parents having sex with their daughters in the community. Female parents do not report such cases for fear of humiliating their husbands in the community. Such cases are not heard of because some parents choose to keep quiet. Our children have been abused due to poverty in our homes. For example, some parents set up their young girls to engage in early sexual activities to extort money or other material items from the boys' parents” – Female, FGD

“We have parents who use abusive language towards children” – Female, FGD

“What I have also seen in the community is some parents asking their children to work with them in bars. When they are touching the mother, the children are watching. Such behaviors have a negative impact on children because they tend to imitate what they see the mother or father doing in the bar” – Female, FGD

“Domestic violence in homes has negatively affected children. For example, a man will start beating their mother while the children are watching. We have tried to talk to such parents using the knowledge we have acquired from the trainings, and some of them have changed” – Female, FGD

“We still have cases of rape and defilement in the community, which parents sometimes promote. As a parent, you cannot allow a child to be out of the home beyond 7:00 PM” – Female, FGD

“Some parents have no control over their children; when they go to night discos, they tell their parents not to close the door because they may come home late and not find a way to enter” – Male, FGD

“Some parents leave children at home alone without anything to eat. This issue pains me to see children loitering around without any adult to attend to them” – Male, FGD

“I was able to understand the challenges children face when they experience body changes from 9 to 18 years. As a parent, they taught us that you have to move along with your child so that you are in a position to understand and guide where necessary. This has helped me a lot because when a child makes a mistake, I quickly analyze the age bracket and then advise accordingly. I no longer question my husband even if he comes home late because I was taught how to talk to my husband politely” – Female, FGD

Other outcomes emerging from discussions with study participants on the SAFE intervention, demonstrating its relevancy

- Increased agency (children have skills to prevent and respond to cases of abuse) - children able to identify and report abuses; children able to identify hot spot areas and take appropriate actions for safety; coaches be able to identify children requiring PSS and undertake necessary remedies such as referral; enhanced children life skills - LEARNING to SAY NO, and No means NO; children who have graduated from the Girl Talk sessions;
- Stakeholders interacted with reported that children know safe and unsafe places, disclose cases of sexual abuse to their teachers and caregivers.
- Restoration of hope to survivors of child sexual abuse and Teen mothers through psychosocial support. BIU collaborated with other stakeholders such as Fort Healthy Minds and Bishop Magambo Counsellors and Training Institute to offer professional and targeted psychosocial support to GBV survivors and teen mothers. During interaction with teen mothers through FGD, some disclosed that they were contemplating committing suicide since their caregivers had rejected them for getting pregnant when still young. However, the counselling offered to them, and the community engagements restored their hope and now they are live in harmony with their caregivers.
- Girls empowered in making sanitary pads, improved menstrual hygiene, menstrual period management hence improved school attendance and reduce school dropouts.
- Teen mothers (adolescent girls and young mothers) forming parenting groups and these groups graduating into VSLA; reduced early pregnancies; teenage mothers receiving comprehensive services; improved quality of life and better acceptability in the community – society accepts and reduces stigmatising these teenage mothers;
- Community members and leaders/duty bearers play an active role in identification of hot spots and developing action points to make places safe; duty bearers are accountable and play their roles to make communities safe; caregivers volunteer and enroll into parenting sessions; caregivers' improved ability to identify warning signs for violence against children as well as prevent and respond to VAC. Community dialogues provide opportunities for reflection and follow-up on agreed upon action points to improve child safety. During the community dialogues, community members interacted with police, the medical in charges, and CDOs, and people got to know, how to handle cases of sexual abuse;
- Parents learned alternative strategies to enforcing discipline to children than use of corporal punishments or canning – such as engaging children to write an apology. Caregivers reported they had learned how to control anger and openly discuss with family members to resolve issues. During the group sessions, one of the female caregivers observed that
“the training from Bantwana has taught us how to control anger. I would get so angry that when children asked for school fees, I would shout and quarrel with them. My husband and I would quarrel so much about small issues that can be resolved calmly. But from the sessions with Bantwana, all is history because we have been taught how to take care of our homes.”
Another female caregiver also mentioned that
“I used to have excess anger that I would transfer to the children; I would beat and abuse them. I thank Bantwana because it has taught me how to control anger”.
- Teachers' participation in the sessions helped them gain deeper knowledge on issues of child sexual abuse prevention, response, and mitigation. Stakeholders noted that teachers were increasingly creating a safe space/environment for children and integrating VAC messages in schools. Schools develop and implement safeguarding policies and talking compounds to ensure zero tolerance to child abuse. Teachers' ability to identify early warning signs for VAC

as well as provision of basic psychosocial support to children was enhanced. Some schools opened case reference books (record keeping) and there were efforts to integrate VAC prevention and response messages into the daily school activities.

- The engagements have improved the relationship between teachers and caregivers, improved attendance of PTA meetings; improved parental involvement in school activities - support to school developments; helped address power dynamics across the duty bearers – (especially between teachers and children). Caregivers were reported to be more involved in interacting with teachers and got to know what is taking place in schools. *A female caregiver, reflecting on the benefits of the sessions reported that*
“I also have peace in my home. Before, I would struggle a lot with my husband when it comes to paying school fees, but these days from the trainings we have had, he pays school fees on time.”
- Training helped caregivers and teachers to better understand their responsibilities in child protection. Caregivers reported they were in a better position to discuss with their children on issues that exposed them to sexual violence. During the FGD session, *a male caregiver noted that* “Bantwana taught me that it’s my responsibility to chat with my children, ask them about school, check their books, and plan with them. This has helped me in time management. For example, these days, I make sure that by 7:00 pm, I am home planning with my family. This has brought me closer to my children, which was not the case before.”
- The engagements have not only contributed to the life skills of children but also caregivers. Caregivers for example, noted that they had gained confidence talking in public, and trainings improved their communication with their children and spouses – “I remembered one thing while we were training; there is one person who said that as an individual, you must avoid leaving any meeting without saying something [a word]. This statement instilled confidence in me. I can bravely express myself without fear. “I was that kind of parent who would leave meetings without opening my mouth” – noted a Female Caregiver during a group session.

Box 7: Voices of study participants regarding benefits from the Bantwana intervention

“There was a lot of domestic violence in most homes in this community, and the most affected were the children because if both parents cannot agree, then the children have no channel of communication. We have been taught about everyone’s responsibilities in a home. For example, if we have fifty thousand, we agree to pay ten thousand for each child and see what we can do with the remaining ten thousand. We are free with each other, and our children can freely share with us what is bothering them or even decide on what to eat. Our community has benefited in that when homes have disciplined children, the rate of cases reduces” – Female, FGD

“I have benefited from development and peace in my home and all the children because when you have peace as parents, the children are the first beneficiaries. I used to have excess anger that I would transfer to the children; I would beat and abuse them. I thank Bantwana because it has taught me how to control anger” – Female, FGD

“Before Bantwana came, I was a quarrelsome woman; I would not listen at all to my husband. “My home was always a war zone,” but now we have peace because I have been taught how to take care of my home talk to my husband and children. The children are stable in school” – Female, FGD

“Since July 2023, I am a changed man. I no longer quarrel with my children and my wife. I became stable and am now concentrating on my activities” – Male, FGD

“I had children who didn’t like school; after getting the training, I went and sat them down and told them that if they are not going back to school, I will report them to Bantwana who will take them to prison because I accept being imprisoned because of them. “What don’t you have? There is money for school fees and food.” The children listened to me, and right now they are stable in school and always the first to reach school” – Female, FGD

“These days, I check the books of my children and talk to them. My children used to be late for school, but now I make sure they prepare early and rush to school. Also, they would not return to school after lunch but now they pack food. This has excited me because I would feel bad paying for school fees for children who are not responsible” – Female, FGD

“I reached out to some children in my village who were not attending school. I successfully convinced three of them to enroll, and they are now studying well. “You know, illiteracy is a disease.” – Male, FGD

“In the community of Lwamabwa, children were being negatively influenced; they lacked interest in school, faced early pregnancies, and were victims of high rates of defilement. People were reluctant to report such cases, especially if it involved influential individuals. However, since Bantwana intervened, they have sensitized us on children's rights. Parents now feel empowered to report these incidents to the social worker, who then involves the police.

Another aspect of Bantwana's work that I appreciate is the significant improvement in the safety of children. Previously, children could be found loitering in the trading center as late as 9:00 PM, but now, even by 7:00 pm, no child can be seen there.

Additionally, there has been a noticeable increase in the number of children who pack food for lunch since Bantwana began their training. These positive changes have brought me great joy and hope for the community's future” – Female, FGD

“What excites me so much is the special time I have with my family, his has brought peace and harmony between my husband and me.” – Female, FGD

Table 38: Research study Limitations

<p>I. The research study assessed a pilot intervention following about 4-6 months of implementation. This means that norms shift, and major behavioural aspects may not be detectable. However, intermediate practice changes may be detected including perception of self-efficacy/agency and well behavioural intentions because of participation in the program</p> <p>II. The attrition rate faced at the endline may to some extent affect the findings of the study.</p>
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4.0 CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

Research findings show that there was a significant contribution and improvements, especially in improving the agency of boys and girls to prevent and respond to VACiSC including CSA (Outcome 3) in communities where the piloted SAFE CSA prevention curriculum was implemented. In cases where the DID is not statistically significant, there are observed increments in performance at the endline compared to the baseline. Additionally, findings show that the SAFE toolkit demonstrates significant contributions in the proportions of children who are aware of ways to prevent themselves from CSA and the proportions of children reporting a teacher they can freely talk to in the intervention schools compared to the control schools. Trainings were relevant to remind caregivers of their responsibilities. Despite the efforts are being made, stakeholders reported that there were still cases of child abuse in the communities at times perpetrated by family members, children exposed to activities that put them at risk to abuse.

4.2 Recommendations

Recommendation on the SAFE CSA prevention curriculum and its implementation

- More focus should be placed on social and gender norms sessions in the curriculum during implementation. Research findings show that this is one of the areas where positive shifts have been minimal.
- Adopt an evidence-based practice: Reflect on the research findings and their implication on curriculum, review and contextually adapt the conte of the curriculum. Additionally, reflect on the implementation process of the SAFE CSA prevention curriculum, document the best practices and contextually adapt to improve the implementation. This includes reflection on the indicators and indicator definitions, targets and assumptions.
- Undertake more follow-up research studies (post-intervention studies) to understand changes in behaviour of the curriculum beneficiaries at different points in time..
- Translate the curriculum into local languages for consistency in message delivery.

Table 40: Recommendations for the piloted SAFE CSA prevention curriculum components

SAFE curriculum components	Recommendation for future programming - what needs to be promoted or done differently
Child Rights Clubs/ Grassroot Soccer	<ul style="list-style-type: none"> • Expose children to alternative avenues for reporting; maintain ideal of 25 children per two coaches as compared to 60 children per 2 coaches and one session per week to enhance practice; • Equip coaches with knowledge on case management including detection of early warning signs, documentation

SAFE curriculum components	Recommendation for future programming - what needs to be promoted or done differently
	<p>of success stories and arising issues (template used was considered too summarised to capture details); Print out key messages for display in areas within schools and classrooms for children to read;</p> <ul style="list-style-type: none"> ● Organise at least quarterly reflection meetings for coaches. Curriculum needs to be translated into the local languages to standardise content delivery - ensure consistency; ● Undertake routine mentorship needs assessments for coaches, ● Provide coaching Mentorship and Support Supervision (CSV); Integrate within school programme for sustainability through creation of peer reference groups - because of the likely loss to follow-up of support from coaches after children have graduated
Girl Talk sessions	<ul style="list-style-type: none"> ● Need to train ToTs in making quality pads; lobby for funding from the government to provide financial support and materials for making pads; streamline curriculum and SOPs for girl talk sessions; Enhance partnerships to enhance funding, learning; Build capacities of Bantwana staff to provide technical support to the school levels in making pads.
Empowerment of adolescent girls and young mothers)	<ul style="list-style-type: none"> ● Undertake a socio-demographic survey for the enrolled adolescent girls and young mothers to better provide extended services; ● Need to link the teenage mothers discussions to the parenting sessions for a positive acceptability in the community - integration of sessions targeting caregivers and the teenage mothers for better community acceptability; ● Providing opportunities for sharing experiences and leading in training sessions; ● Enhance skilling for the teenage mothers; ● integrate nutrition and feeding training into sessions; ● provide training and startup kits for economic growth; need for support supervision and monitoring of the girls enrolled in the groups; ● Empower and encourage caregivers into positive parenting - accepting the teenage mothers as well as taking them back to schools; ● linking the teenage mothers to government structures for support; ● involve men in the implementation of adolescent girls empowerment sessions
Community dialogues	<ul style="list-style-type: none"> ● Enhance follow-up on implementation of recommendations from community dialogues; ● Organise at least one dialogue per school community per quarter as compared to one dialogue per subcounty per quarter; ● Recorded messages on VAC enhance community awareness - and align areas of debate and discussions; improve coordination, participation, reporting, dissemination and sharing of information and action on emerging community issues among duty bearers

SAFE curriculum components	Recommendation for future programming - what needs to be promoted or done differently
Positive Parenting	<ul style="list-style-type: none"> ● Graduated groups from parenting sessions need to be linked to government programs; Enhance male engagement in positive parenting - do deliberate activities targeting men as the heads of household. ● Integrate reflective sessions on positive parenting curriculum to graduated groups for continuity of the curriculum (mini-parenting, IGAs). ● Stakeholders noted that some sessions in the curriculum need to be contextualised to the circumstances of the community - dynamics hinder applicability
Sexual Abuse Prevention and Response Training (SAPRT) through Lunch and Learn	<ul style="list-style-type: none"> ● Training of teachers to document (keep records) of case management - some schools have no records; ● have SAPRT sessions once a month to minimise loss of time in schools; content is ideal and entertaining - requiring 2-3 hours for effective delivery (especially for the first three sessions); ● integrate reflective sessions in the lunch and learn sessions
Social Behavioural Change Communication (SBCC) - community dialogues, radio talk compared, jingos, DJ mentions, drama series, posters and fliers, use of social media, community-based champions and role models/leaders, community speakers/radios	<ul style="list-style-type: none"> ● Consider community radios (Village radios); ● explore the most listened to and most preferred media for SBCC; ● Explore possibilities of having community dialogues on child protection broadcast on radio to enable community members who are far to attend to the sessions - extend reach of participation. ● Engage districts in the development of IEC materials on child protection - visible in communities are IEC materials by CSOs.
Professional Psychosocial support	<ul style="list-style-type: none"> ● Enhance refresher trainings for teachers and Para social workers on counselling; ● Enhance coordination between Bantwana, schools and the service providers for the targeted PSS.

5.0 APPENDIX

Appendix 1: Difference in Difference on Key SAFE intervention Indicators

	Baseline		Endline		Change	
	Diff (T-C)	P>t	Diff (T-C)	P>t	Diff-in-Diff	P>t
Outcome 1: Educators Actively Prevent and Respond to VACiSC including CSA, Create Safer environments that Protect Children from Violence, and Treat Girls and Boys Equally Through Non-violent Means						
Teachers aware of the child safeguarding policies in their school	▲0.03 5	0.492	▲0.01 5	0.8	▼0.02 0	0.798
Teachers who report that the schools where they teach at actively enforces the child safeguarding policy	▼0.02 3	0.693	▲0.03 0	0.663	▲0.05 3	0.556
Teachers that have a copy of the child safeguarding policy	▲0.01 2	0.857	▼0.06 7	0.37	▼0.07 9	0.426
Teachers that report child sexual abuse to authorities even if school administration disagreed	▲0.01 2	0.865	▼0.12 4	0.121	▼0.13 5	0.198
Teachers that would report child sexual abuse despite fear of family/ community retaliation	▲0.03 5	0.59	▼0.04 2	0.578	▼0.07 7	0.439
Teachers that indicate that they would report a child sexual abuse when they suspect it	▼0.01 2	0.803	▼0.08 4	0.121	▼0.07 3	0.31
Outcome 2: Caregivers Actively Prevent and Respond to VACiSC including CSA, Adopt Positive Parenting, and Provide for and treat Girls and Boys Equally Through Non-violent Means						
Caregivers who report existence of harmful practices against children in their communities	▼0.08 2	0.046**	▼0.07 8	0.101	▲0.00 3	0.956

	Baseline		Endline		Change	
	Diff (T-C)	P>t	Diff (T-C)	P>t	Diff-in-Diff	P>t
Caregivers who think a child is believed by the caregivers once they Report CSA	▼0.01 3	0.764	▲0.04 1	0.404	▲0.05 4	0.406
Caregivers who think that children open up and report CSA	▲0.01 7	0.689	▲0.01 7	0.73	▼0.00 0	0.998
Caregivers that will report child sexual abuse if my child confides in him/her even if partner is against it	▼0.08 4	0.030**	▼0.04 6	0.312	▲0.03 8	0.522
Caregivers that would reject marrying off their child even if partner wants it	▼0.03 3	0.364	▲0.03 7	0.383	▲0.07 0	0.21
Caregivers that reported to ever talk/discuss with their children 9-14 years about risks that may expose him or her to sexual violence either at home, school or anywhere else in the community	▼0.00 8	0.783	▼0.07 5	0.028**	▼0.06 7	0.136
<i>Outcome 3: Improved Agency of Boys and Girls to Prevent and Respond to VACiSC including CSA, and internalize and promote new, positive gender norms</i>						
Children able to mention at least three of their basic rights	▼0.15 6	0.000** *	▼0.10 8	0.006** *	▲0.04 8	0.353
Children able to tell at least three ways to Protect themselves from CSA	▲0.01 9	0.629	▼0.11 0	0.020**	▼0.12 9	0.038* *
Children who felt at times it was Ok to say No to an Adult	▲0.01 6	0.686	▼0.07 8	0.092*	▼0.09 4	0.122
Children who would report a sexual abuse against a colleague	▲0.01 8	0.339	▲0.00 8	0.707	▼0.01 0	0.739
Children who stay with and easily talk to their mothers	▼0.03 8	0.289	▼0.00 2	0.959	▲0.03 6	0.513

	Baseline		Endline		Change	
	Diff (T-C)	P>t	Diff (T-C)	P>t	Diff-in-Diff	P>t
Children who stay with and easily talk to their fathers	▲0.12 6	0.017**	▲0.01 4	0.827	▼0.11 2	0.176
Children who easily talk to a teacher	▲0.01 6	0.672	▼0.07 3	0.111	▼0.08 8	0.133
Children that report they would speak up when they see someone else being hurt	▼0.01 9	0.376	▼0.00 2	0.94	▲0.01 7	0.606

Appendix 2: Difference in Difference on Selected Indicators

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
1	Teachers aware of the child safeguarding policies in their school	0.884	0.849	▲0.03 5	0.492	1.000	0.985	▲0.01 5	0.8	▼0.02 0	0.798
2	Teachers who report that the schools where they teach at actively enforces the child safeguarding policy	0.791	0.814	▼0.02 3	0.693	1.000	0.970	▲0.03 0	0.663	▲0.05 3	0.556
3	Teachers that have a copy of the child safeguarding policy	0.140	0.128	▲0.01 2	0.857	0.097	0.164	▼0.06 7	0.37	▼0.07 9	0.426
4	Teachers that report child sexual abuse to authorities even if school administration disagreed	0.860	0.849	▲0.01 2	0.865	0.742	0.866	▼0.12 4	0.121	▼0.13 5	0.198
5	Teachers that would report child sexual abuse despite fear of family/ community retaliation	0.884	0.849	▲0.03 5	0.59	0.839	0.881	▼0.04 2	0.578	▼0.07 7	0.439

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
6	Teachers that indicate that they would report a child sexual abuse when they suspect it	0.930	0.942	▼0.01 2	0.803	0.871	0.955	▼0.08 4	0.121	▼0.07 3	0.31
7	Caregivers who report existence of harmful practices against children in their communities	0.620	0.702	▼0.08 2	0.046**	0.570	0.648	▼0.07 8	0.101	▲0.00 3	0.956
8	Caregivers who think a child is believed by the caregivers once they report CSA	0.553	0.566	▼0.01 3	0.764	0.673	0.632	▲0.04 1	0.404	▲0.05 4	0.406
9	Caregivers who think that children open up and report CSA	0.601	0.584	▲0.01 7	0.689	0.673	0.656	▲0.01 7	0.73	▼0.00 0	0.998
10	Caregivers that would report child sexual abuse if my child confides in him/her even if partner is against it	0.665	0.749	▼0.08 4	0.030**	0.667	0.713	▼0.04 6	0.312	▲0.03 8	0.522
11	Caregivers that would reject marrying off their child even if partner wants it	0.755	0.788	▼0.03 3	0.364	0.782	0.745	▲0.03 7	0.383	▲0.07 0	0.21
12	Caregivers that Reported to ever talk/discuss with their Children 9-14 Years about risks that may expose him or her to sexual violence either at home, school or anywhere else in the community	0.819	0.827	▼0.00 8	0.783	0.885	0.960	▼0.07 5	0.028**	▼0.06 7	0.136
13	Children able to mention at least three of their basic rights	0.604	0.760	▼0.15 6	0.000***	0.803	0.911	▼0.10 8	0.006***	▲0.04 8	0.353
14	Children able to tell at least three ways to protect themselves from CSA	0.531	0.512	▲0.01 9	0.629	0.605	0.715	▼0.11 0	0.020**	▼0.12 9	0.038**
15	Children who felt at times it was Ok to say No to an adult	0.686	0.670	▲0.01 6	0.686	0.535	0.613	▼0.07 8	0.092*	▼0.09 4	0.122
16	Children who would report a sexual abuse against a colleague	0.932	0.914	▲0.01 8	0.339	0.981	0.972	▲0.00 8	0.707	▼0.01 0	0.739

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
17	Children who stay with and easily talk to their mothers	0.800	0.838	▼0.038	0.289	0.875	0.877	▼0.002	0.959	▲0.036	0.513
18	Children who stay with and easily talk to their fathers	0.427	0.302	▲0.126	0.017**	0.354	0.341	▲0.014	0.827	▼0.112	0.176
19	Children who easily talk to a teacher	0.850	0.822	▲0.028	0.309	0.860	0.951	▼0.091	0.005***	▼0.119	0.005***
20	Children that report they would speak up when they see someone else being hurt	0.903	0.922	▼0.019	0.376	0.949	0.951	▼0.002	0.94	▲0.017	0.606
21	Children with a person at home that they can easily talk to incase of a worrying situation	0.981	0.968	▲0.013	0.254	1.000	0.994	▲0.006	0.638	▼0.007	0.703
22	Children with a person at school that they can easily talk to incase of a worrying situation	0.971	0.940	▲0.031	0.029**	1.000	0.997	▲0.003	0.854	▼0.028	0.203
23	Children who participated in school or community activities in the last one month	0.923	0.910	▲0.013	0.599	0.860	0.911	▼0.051	0.071*	▼0.064	0.086*
24	Children able to mention at least one of their basic rights	0.628	0.802	▼0.174	0.000***	0.847	0.936	▼0.088	0.016**	▲0.086	0.075*
25	Children who report existence of harmful practices against children in their communities	0.715	0.690	▲0.025	0.513	0.650	0.702	▼0.053	0.24	▼0.078	0.187
26	Children able to tell at least one way to Protect themselves from CSA	0.884	0.834	▲0.050	0.052*	0.924	0.957	▼0.033	0.268	▼0.084	0.036**
27	Children who experienced Sexual Abuses	0.256	0.304	▼0.048	0.172	0.153	0.181	▼0.028	0.496	▲0.020	0.714
28	Children who experienced Sexual Exploitation	0.280	0.298	▼0.018	0.614	0.146	0.193	▼0.047	0.261	▼0.029	0.596
29	Children who experienced Emotional Violence	0.357	0.400	▼0.043	0.277	0.344	0.258	▲0.086	0.061*	▲0.129	0.033**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
30	Children who experienced physical violence	0.150	0.144	▲0.006	0.83	0.108	0.071	▲0.038	0.231	▲0.032	0.439
31	Children who experienced a sexual violence scare/threat	0.324	0.412	▼0.088	0.022**	0.229	0.273	▼0.044	0.336	▲0.045	0.454
32	Children who would say no to an instruction/order on what to do from a mean looking child	0.667	0.698	▼0.031	0.377	0.898	0.801	▲0.097	0.019**	▲0.129	0.019**
33	Children who rightly think it's not right to let an adult touch them (whether child wants it or not)	0.879	0.840	▲0.039	0.147	0.924	0.911	▲0.013	0.693	▼0.027	0.522
34	Children who think sometimes it's OK to say "no" to a grown-up	0.686	0.670	▲0.016	0.686	0.535	0.613	▼0.078	0.092*	▼0.094	0.122
35	Children who rightly think It's OK to say "no" and move away if someone touches you in a way you don't like	0.957	0.948	▲0.009	0.678	0.904	0.911	▼0.007	0.785	▼0.015	0.634
36	Children who rightly think it's OK to say "no" if you don't like how someone is touching you	0.976	0.956	▲0.020	0.267	0.898	0.951	▼0.053	0.012**	▼0.073	0.009***
37	Children who think they always must do what an adult tells them to do (not qualified)	0.531	0.476	▲0.055	0.163	0.331	0.255	▲0.077	0.1	▲0.021	0.729
38	Children who rightly believe that if someone touches you in a way that does not feel good, you should keep on telling them to stop	0.845	0.844	▲0.001	0.961	0.873	0.868	▲0.005	0.895	▲0.003	0.945
39	Children who rightly think it's not right to accept a request from his/her dad's friend to accompany him/her look for a cat	0.570	0.592	▼0.022	0.574	0.777	0.721	▲0.056	0.221	▲0.078	0.194

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
40	Children who rightly believe it's not right and would not undress when instructed by a caregiver to do so at a time not appropriate (not time to get undressed for bed)	0.879	0.930	▼0.05 1	0.014**	0.968	0.954	▲0.01 4	0.559	▲0.06 5	0.041**
41	Children who rightly recognize that boys/men cannot/shouldn't have sex with a girl/woman without consequences or reprimand	0.928	0.882	▲0.04 6	0.037**	0.955	0.969	▼0.01 4	0.587	▼0.05 9	0.077*
42	Children who think an adolescent girl who wears very revealing clothes is asking to be sexually abused	0.773	0.838	▼0.06 5	0.056*	0.758	0.709	▲0.04 9	0.216	▲0.11 4	0.029**
43	If a girl wears clothes exposing her and is sexually abused it is her fault for not dressing properly	0.783	0.854	▼0.07 1	0.023**	0.822	0.810	▲0.01 2	0.748	▲0.08 3	0.086*
44	Jemimah Vignette to Child Sexual Abuse _ Teacher to blame	0.947	0.882	▲0.06 5	0.008***	0.911	0.905	▲0.00 6	0.836	▼0.05 9	0.118
45	Jemimah Vignette to Child Sexual Abuse - The man who defiled Jemima is to entirely to blame	0.903	0.884	▲0.01 9	0.479	0.854	0.853	▲0.00 1	0.982	▼0.01 9	0.659
46	Jemimah Vignette to Child Sexual Abuse - The girl was not responsible in any way.	0.749	0.670	▲0.07 9	0.042**	0.618	0.644	▼0.02 6	0.564	▼0.10 5	0.079*
47	Jemimah Vignette to Child Sexual Abuse - The girl should have refused to stay behind	0.778	0.688	▲0.09 0	0.012**	0.771	0.810	▼0.03 9	0.351	▼0.12 9	0.019**
48	Jemima Vignette to Child Sexual Abuse - he girl's short and body-hugging uniform were provocative	0.932	0.916	▲0.01 6	0.507	0.930	0.840	▲0.08 9	0.002***	▲0.07 3	0.055*
49	What Jemima should do - Report to the police, media, women's group	0.932	0.940	▼0.00 8	0.675	0.994	0.951	▲0.04 3	0.046**	▲0.05 0	0.073*

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
50	What Jemima should do - Report to family and let them make the decision	0.913	0.888	▲0.025	0.298	0.930	0.920	▲0.010	0.732	▼0.015	0.679
51	H1a. Your parent/caregiver supports and encourages you to study hard	0.937	0.928	▲0.009	0.69	0.860	0.905	▼0.045	0.097*	▼0.054	0.128
52	H1b. Your caregiver gives you attention and listens to you	0.889	0.910	▼0.021	0.439	0.803	0.844	▼0.041	0.201	▼0.020	0.637
53	H1c. The caregiver/parent show you love/affection	0.903	0.924	▼0.021	0.415	0.860	0.862	▼0.002	0.944	▲0.019	0.635
54	H1d. The caregiver praise or thank you when you do good	0.899	0.916	▼0.017	0.498	0.854	0.865	▼0.012	0.703	▲0.006	0.882
55	H1e. The caregiver comforts you when you are challenged	0.826	0.844	▼0.018	0.561	0.834	0.822	▲0.012	0.734	▲0.030	0.525
56	H1f. The caregiver respects and give you freedom/peace	0.870	0.802	▲0.068	0.040**	0.739	0.788	▼0.049	0.2	▼0.117	0.021**
57	H1g. The caregiver understands you when you explain	0.894	0.850	▲0.044	0.161	0.726	0.791	▼0.065	0.075*	▼0.109	0.024**
58	H1h. The caregiver trusts you	0.874	0.892	▼0.018	0.551	0.732	0.813	▼0.080	0.021**	▼0.063	0.168
59	H1i. The caregiver gives you advice and guidance	0.841	0.912	▼0.071	0.008***	0.879	0.850	▲0.029	0.356	▲0.101	0.016**
60	H1j. The caregiver provides for your necessities	0.787	0.866	▼0.079	0.011**	0.803	0.825	▼0.023	0.532	▲0.056	0.239
61	H1k. The caregiver spends time with you	0.643	0.700	▼0.057	0.143	0.592	0.629	▼0.036	0.428	▲0.021	0.728
62	H1l. The caregiver gets annoyed at you	0.159	0.142	▲0.017	0.518	0.057	0.098	▼0.041	0.197	▼0.058	0.161

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
63	H1m. The caregiver barks/shouts at you	0.155	0.136	▲0.019	0.478	0.045	0.089	▼0.044	0.149	▼0.063	0.119
64	H1n. The caregiver encourages you to pray before going to bed	0.874	0.824	▲0.050	0.11	0.771	0.816	▼0.045	0.221	▼0.096	0.049**
65	H1o. The caregiver encourages you to go to church/mosque/place of worship	0.865	0.864	▲0.001	0.98	0.828	0.871	▼0.043	0.199	▼0.044	0.32
66	H1p. The caregiver encourages you to read your books	0.903	0.928	▼0.025	0.294	0.892	0.902	▼0.010	0.714	▲0.014	0.689
67	H1q. The caregiver talks to on dangers of early parenting	0.609	0.496	▲0.113	0.006***	0.554	0.589	▼0.035	0.47	▼0.148	0.020**
68	H1r. Your parent or guardian talk to you about how boys and girls form healthy relationships	0.464	0.422	▲0.042	0.307	0.420	0.396	▲0.025	0.607	▼0.017	0.786
69	H1s. your parent or guardian talk to you about your body changes as you grow up	0.527	0.432	▲0.095	0.021**	0.414	0.429	▼0.015	0.749	▼0.110	0.083*
70	H1t. Your parent or guardian discuss with you about risks that may expose you to sexual violence either at home, school or anywhere else in your community	0.585	0.474	▲0.111	0.007***	0.465	0.521	▼0.057	0.244	▼0.167	0.009***
71	H1u. Your parent or guardian discusses with me about how to avoid peer pressure that can lead to engage in sex prematurely	0.657	0.586	▲0.071	0.079*	0.541	0.623	▼0.081	0.087*	▼0.152	0.015**
72	H1v. Your parent or guardian discusses with me about ways to seek help when I feel unsafe in any situation	0.652	0.552	▲0.100	0.014**	0.522	0.589	▼0.067	0.165	▼0.167	0.008***
73	H2a. You are comfortable asking my parent or guardian a question about sex	0.478	0.426	▲0.052	0.202	0.389	0.564	▼0.176	0.000***	▼0.228	0.000***

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
74	H2b. You are confident that your parent or main caregiver has adequate information about sexual violence against children including sexual abuse and exploitation to talk to me	0.676	0.592	▲0.08 4	0.030**	0.561	0.767	▼0.20 6	0.000***	▼0.29 1	0.000***
75	H2c. When your parent or main caregiver talks to you about sexual violence against children including sexual abuse and exploitation issues, he or she gives you time to ask questions and give my opinions.	0.633	0.572	▲0.06 1	0.135	0.554	0.610	▼0.05 6	0.239	▼0.11 7	0.062*
76	H2d. You are satisfied with the interaction you have you're your parent/ caregiver in discussing issues of sexual abuse and exploitation targeting children	0.623	0.530	▲0.09 3	0.019**	0.637	0.736	▼0.09 9	0.033**	▼0.19 2	0.002***
77	H2e. You have ever discussed with your parent about strategies to avoid early/under-age marriage	0.729	0.678	▲0.05 1	0.167	0.637	0.788	▼0.15 1	0.001***	▼0.20 3	0.000***
78	H2e. You have ever discussed with your parent about strategies to avoid early/under-age marriage	0.744	0.678	▲0.06 6	0.072*	0.631	0.819	▼0.18 8	0.000***	▼0.25 4	0.000***
79	children who reported encountering a moment when they felt unsafe or threatened when they were in their neighborhood, on the way to school, or in school	0.140	0.254	▼0.11 4	0.000***	0.108	0.132	▼0.02 4	0.523	▲0.09 0	0.063*
80	Children who note they feel good about all the choices they make	0.778	0.684	▲0.09 4	0.006***	0.796	0.887	▼0.09 0	0.024**	▼0.18 4	0.000***
81	Children who report to finish almost everything that you are determined to do	0.831	0.740	▲0.09 1	0.006***	0.822	0.850	▼0.02 8	0.471	▼0.11 9	0.020**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
82	Children who report that things happening in their life are mostly determined by themselves	0.546	0.444	▲0.10 2	0.013**	0.490	0.617	▼0.12 6	0.009***	▼0.22 8	0.000***
83	Children who noted that, even friends pressure them to do something, they what they believe is right	0.952	0.816	▲0.13 6	0.000***	0.955	0.948	▲0.00 8	0.796	▼0.12 8	0.001***
84	Children who report they cannot have sex with a person even if he/she has power over you, like relative, local leader, teacher, etc.	0.913	0.798	▲0.11 5	0.000***	0.854	0.911	▼0.05 8	0.088*	▼0.17 3	0.000***
85	Children who report talking to friends about problems they have because they can offer help	0.879	0.808	▲0.07 1	0.012**	0.898	0.914	▼0.01 6	0.631	▼0.08 7	0.046**
86	Children who report that their parents usually like to hear about their ideas	0.908	0.836	▲0.07 2	0.015**	0.809	0.840	▼0.03 2	0.367	▼0.10 4	0.024**
87	Children who reported to sometimes feel lonely at school	0.324	0.390	▼0.06 6	0.071*	0.223	0.153	▲0.07 0	0.107	▲0.13 6	0.017**
88	Children who, when in class, you sometimes feel shy to say things Infront of teachers or fellow children	0.290	0.352	▼0.06 2	0.090*	0.217	0.184	▲0.03 3	0.45	▲0.09 5	0.094*
89	Children who feel good at and like mathematics	0.850	0.758	▲0.09 2	0.008***	0.739	0.752	▼0.01 3	0.756	▼0.10 5	0.050*
90	Children who noted having things about their lives that they would like to change	0.498	0.544	▼0.04 6	0.259	0.401	0.577	▼0.17 5	0.000***	▼0.12 9	0.042**
91	Children who reported to sometimes, feel foolish or fear to say things or talk to teachers	0.150	0.196	▼0.04 6	0.111	0.146	0.071	▲0.07 6	0.026**	▲0.12 2	0.006***
92	Children who indicate they are confident to seek out support services in case of abuse when you need them	0.971	0.910	▲0.06 1	0.002***	0.930	0.975	▼0.04 6	0.045**	▼0.10 7	0.000***

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
93	Children who indicate they are confident to resist pressure to engage in sex from your teacher or relative	0.942	0.910	▲0.03 2	0.123	0.904	0.972	▼0.06 8	0.005***	▼0.10 0	0.002***
94	Children who indicate that they are confident that they would report if you they witnessed or experienced child sexual abuse	0.966	0.904	▲0.06 2	0.002***	0.962	0.948	▲0.01 4	0.561	▼0.04 8	0.125
95	Children who indicate that they are confident that if someone forced or lured them to have sex with them, they would seek a medical attention	0.947	0.866	▲0.08 1	0.004***	0.803	0.856	▼0.05 3	0.102	▼0.13 4	0.002***
96	Children who note that they are confident that if someone forced or lured them into sex, they would go report the person to authorities and tell all what happened without fear	0.932	0.882	▲0.05 0	0.033**	0.885	0.951	▼0.06 6	0.018**	▼0.11 6	0.001***
97	Children who indicate that they are confident that if someone forced or lured them into sex you would disclose the identity of the perpetrator	0.981	0.922	▲0.05 9	0.001***	0.968	0.985	▼0.01 7	0.406	▼0.07 5	0.004***
98	Caregivers who reported to have a community member who withheld a meal to punish a child	0.261	0.202	▲0.05 9	0.080*	0.109	0.178	▼0.06 9	0.080*	▼0.12 8	0.014**
99	Caregivers who reported to have a community member who involved child in child Labour	0.404	0.315	▲0.08 9	0.021**	0.170	0.251	▼0.08 1	0.073*	▼0.17 1	0.004***
100	Caregivers who reported to have a child in community faced a family separation (ran away, chased)/Neglected	0.394	0.286	▲0.10 8	0.005***	0.188	0.211	▼0.02 3	0.61	▼0.13 0	0.026**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
101	Caregivers who reported to have had a child in the household/community who was stigmatised/discriminated due to illness, disability or otherwise	0.223	0.165	▲0.059	0.051*	0.067	0.105	▼0.039	0.274	▼0.097	0.036**
102	Caregivers who reported to have a child in the household/community that experienced abusive words/language	0.484	0.354	▲0.130	0.002***	0.279	0.340	▼0.061	0.202	▼0.191	0.002***
103	Caregivers who disagree to the norm - most people in the community expect that a girl who has reached puberty or is out of school is ready to have sex	0.771	0.667	▲0.105	0.009***	0.630	0.680	▼0.050	0.286	▼0.154	0.012**
104	Caregivers who disagree to the norm - Most people in the community expect that a girl who has reached puberty or is out of school can take on adult responsibilities and roles	0.766	0.685	▲0.081	0.043**	0.618	0.660	▼0.042	0.371	▼0.123	0.046**
105	Caregivers who disagree to the norm - Most people in the community believe that people should not disclose child sexual abuse and those who do are alarmists	0.814	0.753	▲0.061	0.099*	0.733	0.745	▼0.012	0.787	▼0.072	0.201
106	Caregivers who disagree to the norm - Most people in the community believe that boys/men should be entitled to have sex with a girl/woman without consequences or reprimand.	0.840	0.796	▲0.044	0.202	0.770	0.781	▼0.012	0.773	▼0.056	0.295
107	Caregivers who disagree to the norm - Most people in the community believe that it is the children who cause their perpetrators to sexually abuse them	0.601	0.638	▼0.037	0.367	0.733	0.680	▲0.053	0.265	▲0.090	0.152

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
108	Caregivers who disagree to the norm - a girl who has reached puberty or is out of school can have sex	0.973	0.947	▲0.027	0.167	0.927	0.935	▼0.008	0.727	▼0.035	0.245
109	Caregivers who disagree to the norm - people should not disclose child sexual abuse	0.979	0.963	▲0.016	0.312	0.952	0.972	▼0.020	0.27	▼0.036	0.135
110	Caregivers who disagree to the norm - boys/men should be entitled to have sex with a girl/woman without consequences	0.941	0.949	▼0.007	0.703	0.952	0.964	▼0.012	0.579	▼0.005	0.862
111	Caregivers who disagree to the norm - it is the children who cause their perpetrators to sexually abuse them	0.654	0.728	▼0.074	0.049**	0.788	0.781	▲0.007	0.883	▲0.081	0.165
112	Caregivers who disagree to the norm - If a relative or teacher engages in sexual contact with a child, the family should keep silent about the issue to maintain the respect of the family and the teacher	0.963	0.949	▲0.014	0.412	0.970	0.964	▲0.006	0.762	▼0.008	0.762
113	Caregivers who have you seen and or heard media educational messages about child sexual abuse issues in the last 6 months	0.781	0.733	▲0.047	0.217	0.545	0.757	▼0.212	0.000***	▼0.259	0.000***
114	Caregivers who have participated in a session where CSA issues were discussed in the last 6 months	0.230	0.335	▼0.105	0.006***	0.230	0.814	▼0.583	0.000***	▼0.479	0.000***
115	Caregivers who participated in a session where you discussed CSA in last six months	0.230	0.335	▼0.105	0.006***	0.230	0.814	▼0.583	0.000***	▼0.479	0.000***
116	Caregivers with structures or people in the community that they can freely talk too or discuss with on issues CSA	0.626	0.717	▼0.091	0.020**	0.564	0.798	▼0.234	0.000***	▼0.143	0.018**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
117	Caregivers who reported to have frequent friendly talks with their children	0.872	0.809	▲0.06 4	0.058*	0.691	0.834	▼0.14 3	0.000***	▼0.20 7	0.000***
118	Caregivers who report to frequently help or participated in special activities that their child/children is/are involved in (such as sports, boy/girl scouts, church youth groups)	0.707	0.576	▲0.13 1	0.002***	0.448	0.587	▼0.13 9	0.005***	▼0.27 0	0.000***
119	Caregivers who report to frequently reward or give something extra to your child/children for obeying you or behaving well	0.681	0.619	▲0.06 2	0.142	0.515	0.575	▼0.06 0	0.223	▼0.12 1	0.060*
120	Caregivers who report to frequently compliment their child/children when he/she/they does/do something well	0.809	0.763	▲0.04 5	0.225	0.648	0.737	▼0.08 8	0.042**	▼0.13 3	0.020**
121	Caregivers who report to frequently hug their child/children when he/she/they do something well	0.569	0.516	▲0.05 3	0.219	0.418	0.494	▼0.07 6	0.131	▼0.12 8	0.052*
122	Caregivers who report to frequently have their child/children goes/go out without a set time to be home	0.112	0.183	▼0.07 1	0.011**	0.085	0.045	▲0.04 0	0.218	▲0.11 2	0.010***
123	Caregivers who report to frequently let their child/children out of a disciplinary intervention early (like lift restrictions earlier than you originally said)	0.702	0.574	▲0.12 8	0.002***	0.412	0.498	▼0.08 6	0.082*	▼0.21 4	0.001***
124	Caregivers who report to frequently attend PTA meetings, parent/teacher conferences, or other meetings at your child's/children's school	0.920	0.889	▲0.03 1	0.274	0.782	0.858	▼0.07 6	0.023**	▼0.10 8	0.015**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
125	Caregivers who frequently tell their child/children that you like it when he/she/they help(s) out around the house	0.862	0.842	▲0.02 0	0.517	0.764	0.887	▼0.12 3	0.001***	▼0.14 3	0.003***
126	Caregivers who disagree - sometimes, you ignore your child when he/she is misbehaving.	0.718	0.833	▼0.11 5	0.001***	0.824	0.846	▼0.02 2	0.573	▲0.09 3	0.068*
127	Caregivers who disagree - At times, you send your child away from home or lock them out of the house at night as a disciplinary intervention	0.915	0.955	▼0.04 0	0.034**	0.976	0.947	▲0.02 8	0.197	▲0.06 8	0.019**
128	Caregivers who disagree - sometimes, you yell or scream at your child when he/she deviates from family values	0.543	0.461	▲0.08 2	0.057*	0.491	0.518	▼0.02 7	0.587	▼0.10 9	0.100*
129	Caregivers who disagree -Sometimes, you hit your child with a belt, rod, or other object when he/she deviates from family values	0.702	0.745	▼0.04 3	0.28	0.600	0.619	▼0.01 9	0.675	▲0.02 3	0.702
130	Caregivers who think - Talking to a child about issues surrounding risks about sexual abuse including body changes encourage him or her to have sex	0.202	0.270	▼0.06 7	0.058*	0.194	0.162	▲0.03 2	0.442	▲0.09 9	0.070*
131	Caregivers who think - It is the parent's duty to make sure a child knows about sexual related risks	0.931	0.899	▲0.03 2	0.162	0.939	0.960	▼0.02 0	0.448	▼0.05 2	0.138
132	Caregivers who think - A child who talks to a caregiver/parent about sexual related issues that include being harassed is sexually active	0.223	0.233	▼0.00 9	0.796	0.206	0.170	▲0.03 6	0.382	▲0.04 5	0.405

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
133	Caregivers who think - A child 9-14 years is still too young to learn about issues that expose him or her to sexual abuse	0.250	0.323	▼0.07 3	0.057*	0.255	0.219	▲0.03 6	0.423	▲0.10 9	0.065*
134	Caregivers who think -it is important to share information about issues that increase risk of sexual abuse with their child	0.878	0.907	▼0.03 0	0.268	0.885	0.870	▲0.01 4	0.647	▲0.04 4	0.286
135	Caregivers who have discussed with their children on - How to form health relationships between boys and girls	0.707	0.683	▲0.02 4	0.496	0.830	0.911	▼0.08 1	0.054*	▼0.10 5	0.057*
136	Caregivers who have discussed with their children - about how his or her body changes as he or she grows up	0.750	0.765	▼0.01 5	0.652	0.794	0.899	▼0.10 5	0.009***	▼0.08 9	0.090*
137	Caregivers who have discussed with their children - about avoiding peer pressure to have sex	0.649	0.658	▼0.01 0	0.814	0.709	0.696	▲0.01 3	0.787	▲0.02 2	0.72
138	Caregivers who have discussed with their children - about avoiding early pregnancies	0.777	0.788	▼0.01 1	0.714	0.909	0.931	▼0.02 2	0.546	▼0.01 1	0.825
139	Caregivers who agree - Boys and girls should always defend themselves even if it means fighting	0.745	0.695	▲0.04 9	0.18	0.867	0.802	▲0.06 5	0.13	▲0.01 6	0.779
140	Caregivers who agree - Girls need their parents' protection more than boys	0.920	0.846	▲0.07 5	0.015**	0.812	0.822	▼0.01 0	0.787	▼0.08 4	0.075*
141	Caregivers who agree - boys and girls should be equally responsible for household chores	0.819	0.786	▲0.03 3	0.348	0.715	0.798	▼0.08 2	0.047**	▼0.11 6	0.034**
142	Caregivers who agree - A woman's role is taking care of her home and family	0.851	0.759	▲0.09 2	0.012**	0.697	0.725	▼0.02 8	0.518	▼0.12 0	0.034**

		Baseline				Endline				Change	
		Control	Intervention	Diff (T-C)	P>t	Control	Intervention	Diff (T-C)	P>t	Diff-in-Diff	P>t
143	Caregivers who agree - A woman should obey her husband in all matters	0.878	0.821	▲0.057	0.091*	0.733	0.789	▼0.056	0.153	▼0.113	0.029**
144	Caregivers who agree - Men should be the ones who bring money home for the family, not women	0.479	0.319	▲0.160	0.000***	0.261	0.291	▼0.031	0.51	▼0.191	0.002***

Appendix 2: Teachers Analysis on Critical Environments that may Constrain their Ability to Report CSA

	Kabarole		Kyenjojo		Bunyanga bu		Control		Interventi on		Overall	
	Ba sel in e	E nd lin e	Ba sel in e	E nd lin e	Ba sel in e	E nd lin e	Ba sel in e	E nd lin e	Ba sel in e	E nd lin e	Ba sel in e	E nd lin e
Proportion of teachers who -----												
Will report child sexual abuse when its suspected	92%	78%	96%	97%	93%	100%	93%	87%	94%	96%	94%	93%
will report child sexual abuse without fear of family/community retaliation	86%	89%	85%	88%	87%	84%	88%	84%	85%	88%	86%	87%
Despite the need to maintain the school’s dignity, will reporting a case of child sexual abuse of a girl	94%	89%	100%	97%	100%	100%	98%	97%	99%	96%	98%	96%
Will report a child sexual abuse of a boy	86%	96%	98%	97%	98%	97%	100%	97%	92%	97%	95%	97%
Are familiar with procedures for reporting child sexual abuse	72%	93%	63%	68%	78%	84%	79%	71%	66%	85%	71%	81%
Feel its professional responsibility reporting suspected cases of child sexual abuse	97%	96%	98%	100%	100%	100%	98%	100%	99%	99%	98%	99%
consider reporting child sexual abuse as necessary for the safety of children	94%	100%	100%	100%	100%	100%	100%	100%	98%	100%	98%	100%
Think that regardless of the stress, they would report a CSA case rather than keeping quiet	69%	56%	60%	71%	60%	68%	67%	68%	60%	64%	63%	65%
would report child sexual abuse even if child will be mistreated at home - e.g. know child would be removed from their home/family	75%	93%	85%	97%	89%	86%	81%	94%	85%	91%	84%	92%
Reporting child sexual abuse can enable services to be made available to children and families	89%	96%	88%	85%	91%	89%	93%	90%	87%	90%	89%	90%

	Kabarole		Kyenjojo		Bunyanga bu		Control		Interventi on		Overall	
	Bas elin e	End lin e	Bas elin e	End lin e	Bas elin e	End lin e	Bas elin e	End lin e	Bas elin e	End lin e	Bas elin e	End lin e
Proportion of teachers who -----												
will report child sexual abuse without fear of being stigmatized by the community	89%	89%	88%	82%	89%	86%	86%	77%	90%	90%	88%	86%
consider there is a lot of sensitivity associated with reporting child sexual abuse	94%	96%	100%	88%	84%	84%	95%	90%	92%	88%	93%	89%
Consider Child sexual abuse reporting guidelines are necessary for teachers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Think It is important for teachers to be involved in reporting child sexual abuse to prevent long-term consequences for children	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Believe that the current system for reporting child sexual abuse is effective in addressing the problem	72%	78%	79%	88%	84%	95%	86%	84%	76%	90%	79%	88%
Teachers who report child sexual abuse with little evidence will not get into trouble	11%	33%	21%	21%	38%	38%	28%	29%	22%	31%	24%	31%
Believe reporting a CSA is not a waste of time, someone will follow up on the report	89%	96%	94%	91%	93%	89%	88%	84%	94%	96%	92%	92%
Will still report child sexual abuse even if my school administration disagreed with me	67%	81%	94%	82%	91%	84%	86%	74%	85%	87%	85%	83%
Will Consult with an administrator before I report child sexual abuse	94%	85%	100%	82%	96%	92%	98%	90%	97%	85%	97%	87%
Will report a child sexual abuse report without fear of parent becoming more abusive towards the child	44%	30%	48%	44%	38%	41%	51%	39%	40%	39%	43%	39%

Appendix 3: Parental Self-Efficacy on Supporting Children through CSA

		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Male	Female	Total
R1. Has your child ever asked you about sexual violence against children including sexual abuse and exploitation?	Baseline	10%	9%	13%	8%	12%	8%	11%	10%
	Endline	2%	3%	3%	2%	4%	1%	4%	3%
	% change	-8%	-6%	-10%	-6%	-8%	-8%	-8%	-8%
R2. If my child asked me a question about a sex issue, I would be comfortable to answer his or her question with the information he or she needs.	Baseline	40%	41%	41%	33%	44%	42%	40%	41%
	Endline	47%	46%	48%	41%	51%	36%	51%	47%
	% change	7%	5%	8%	8%	8%	-6%	12%	6%
R3. Educating children about sexual abuse is a good way to prevent their sexual victimization	Baseline	56%	61%	66%	59%	61%	58%	62%	61%
	Endline	63%	64%	66%	62%	66%	57%	67%	64%
	% change	7%	3%	1%	2%	5%	-1%	5%	3%
R4. I have adequate information about sexual violence against children including, sexual abuse and exploitation, to talk to my child about the topic	Baseline	42%	41%	44%	32%	46%	41%	43%	42%
	Endline	51%	50%	52%	46%	54%	48%	52%	51%
	% change	9%	9%	8%	14%	8%	7%	9%	9%
R5. My child is free to ask me the questions he or she really wants to know about sex issues.	Baseline	49%	42%	44%	41%	47%	46%	44%	45%
	Endline	52%	47%	52%	44%	54%	41%	54%	50%
	% change	3%	5%	8%	3%	8%	-5%	9%	5%
R6. When my child asks me about sex issues, I am able to adequately explain the things that he or she needs to know about sexual violence against children including sexual abuse and exploitation	Baseline	50%	46%	48%	38%	51%	46%	48%	48%
	Endline	55%	52%	54%	47%	57%	48%	55%	53%
	% change	5%	5%	6%	9%	6%	2%	7%	5%
R7. I can talk to my child about sexual abuse as a safety issue	Baseline	55%	52%	56%	50%	55%	52%	55%	54%
	Endline	58%	55%	63%	52%	63%	51%	62%	58%

		District			Category		Sex		
		Kabarole	Kyenjojo	Bunyangabu	Control	Intervention	Male	Female	Total
	% change	3%	3%	8%	1%	8%	-1%	7%	4%
R8. I know how to talk to my child about sex issues.	Baseline	54%	49%	51%	46%	53%	47%	53%	51%
	Endline	58%	54%	62%	49%	63%	53%	60%	58%
	% change	3%	5%	11%	3%	10%	6%	6%	6%
R9. I can report child sexual abuse if my child confides in me even if my partner may be against it	Baseline	67%	70%	83%	66%	75%	69%	75%	73%
	Endline	69%	67%	73%	67%	71%	65%	71%	69%
	% change	2%	-3%	-9%	0%	-4%	-4%	-4%	-4%
R10. I can support my child through a medical examination following sexual abuse	Baseline	71%	75%	82%	68%	79%	76%	76%	76%
	Endline	71%	71%	76%	70%	74%	68%	75%	73%
	% change	0%	-3%	-6%	3%	-5%	-8%	-1%	-3%
R11. I can support my child through legal process following sexual abuse	Baseline	71%	75%	82%	69%	79%	76%	77%	76%
	Endline	70%	68%	72%	67%	71%	67%	71%	69%
	% change	-2%	-8%	-10%	-3%	-8%	-9%	-6%	-7%
R12. I can reject marrying off my child even if my partner wants it	Baseline	74%	78%	83%	76%	79%	76%	80%	78%
	Endline	78%	76%	73%	78%	74%	71%	78%	76%
	% change	5%	-2%	-9%	3%	-5%	-5%	-2%	-2%
R13. When I talk to my child about sexual violence against children, I also give him or her time to ask questions and give his or her opinions.	Baseline	61%	61%	64%	59%	63%	60%	63%	62%
	Endline	55%	58%	59%	53%	61%	50%	61%	58%
	% change	-6%	-3%	-4%	-6%	-2%	10%	-2%	-4%

Appendix 4: Selected Social Demographic Characteristics of Caregivers

		<i>District</i>			<i>Category</i>		<i>Sex</i>		
		<i>Kabarole</i>	<i>Kyenjojo</i>	<i>Bunyangabu</i>	<i>Control</i>	<i>Intervention</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Occupation									
Baseline	Farmer	72.3	75.0	73.9	69.7	75.5	67.0	77.4	73.9
	Casual Worker	16.2	12.7	6.5	9.6	12.8	19.4	8.1	11.9
	Others	11.5	12.3	19.6	20.7	11.7	13.7	14.5	14.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Endline	Farmer	77.5	75.3	86.7	76.4	81.4	77.5	80.1	79.4
	Casual Worker	8.8	7.7	1.6	3.6	7.7	7.5	5.5	6.1
	Others	13.7	17.0	11.7	20.0	10.9	15.0	14.4	14.6
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Education Level									
Endline	Did not Complete Primary	74.5	64.3	64.8	62.4	70.0	59.2	70.2	67.0
	Complete Primary & Incomplete O-Level	19.6	24.7	22.7	24.8	21.5	26.7	21.2	22.8
	Completed O level or other higher level	5.9	10.9	12.5	12.7	8.5	14.1	8.5	10.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Marital Status									
Baseline	Single	12.0	10.2	7.5	8.0	10.7	5.7	12.1	9.9
	Married/Cohabiting	64.8	71.8	74.9	68.6	71.2	89.4	60.9	70.5
	Widowed	13.2	8.5	9.5	10.6	10.1	2.2	14.3	10.2
	Separated/Divorced	14.3	9.5	8.0	12.8	8.0	2.6	12.8	9.3
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	N	191	284	199	188	486	227	447	674
Endline	Single	5.0	7.1	9.4	6.1	6.9	2.5	8.2	6.6
	Married/Cohabiting	65.0	68.7	73.4	69.1	70.0	88.3	62.0	69.7
	Widowed	17.5	10.4	10.9	14.5	10.1	4.2	15.1	11.9
	Separated/Divorced	12.5	13.7	6.3	10.3	13.0	5.0	14.7	11.9

		<i>District</i>			<i>Category</i>		<i>Sex</i>		
		<i>Kabarole</i>	<i>Kyenjojo</i>	<i>Bunyangabu</i>	<i>Control</i>	<i>Intervention</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
	Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
	N	102	182	128	165	247	120	292	412

