

A close-up photograph of a hand holding a traditional wooden gourd. The gourd has a large, rounded body and a long, narrow neck. A woven basket, made of light-colored fibers, is attached to the neck of the gourd. The background is a blurred blue sky.

BUILDING SAFE COMMUNITIES:
The SAFE Programme's Journey
to Reducing Violence Against
Children in Western Uganda

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List of Acronyms

CDO	Community Development Officers
CRC	Child Rights Clubs
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSOs	Civil Society Organisations
DCDO	District Community Development Officers
FGD	Focus Group Discussion
GRS	Grassroot Soccer
IDI	In-depth Interview
KAP	Knowledge Attitudes and Practices
KII	Key Informant Interview
NCP	National Child Policy
NGOs	Non-Governmental Organisations
OVC	Orphans and Vulnerable Children
PDM	Parish Development Model
SAFE	Safety at all time for Every child
SAPRT	Sexual Abuse Prevention and Response Training
VAC	Violence Against Children
VAC	Violence Against Children in Schools and the surrounding Communities
VSLA	Village Savings and Loans Associations
WHO	World Health Organisation
WUBP	Western Uganda Bantwana Programme

Foreword

It is my honour to present this Outcome Study Report, which documents the impact of our collective efforts to improve the lives of vulnerable children, adolescents, and their families. This study offers critical evidence of what works, while also highlighting the challenges that remain as we strive for stronger, more resilient communities.

At Bantwana Initiative Uganda, we are deeply committed to ensuring that every child has the opportunity to grow, thrive, and realize their full potential. Rigorous research, such as this outcome study, helps us not only to measure progress but also to refine our approaches and scale interventions that truly make a difference.

I would like to extend my heartfelt appreciation to our partners, implementing teams, and stakeholders who contributed to this important work. In particular, I wish to acknowledge our collaboration with The Africhild Centre, whose technical expertise and partnership were instrumental in producing this study. Most especially, I am grateful to the children and families who shared their stories and experiences, their voices are at the heart of this report and continue to inspire us to strengthen our programs and advocacy.

As you read through this report, I invite you to reflect on the progress achieved and the lessons learned.

Susan Kajura

Executive Director

Bantwana Initiative Uganda

Acknowledgement

This Outcome Study Report would not have been possible without the dedication and support of many individuals and institutions who contributed their time, expertise, and resources.

We extend our sincere appreciation to the SAFE Team at Bantwana Initiative Uganda for their commitment and tireless work in Bunyangabu, Kabarole, and Kyenjojo Districts. We are equally grateful to the parasocial workers, whose close engagement with communities and families made it possible to capture meaningful insights for this study.

Our heartfelt thanks go to our partners at The AfriChild Centre for their technical expertise and collaboration throughout the research process, as well as to the Ministry of Gender, Labour and Social Development for their guidance and support.

We also wish to acknowledge the generous support of the Oak Foundation, whose funding made this research possible.

Above all, we are deeply indebted to the children, caregivers, and community members who shared their experiences and voices. Their openness and courage provided the foundation for this report and continue to inspire our mission to create lasting impact in the lives of Uganda's most vulnerable children and families.

Executive Summary

The Bantwana Initiative Uganda, through its Safety At all times For Every child (SAFE) Programme, has made remarkable progress in reducing violence against children—including child sexual abuse across schools and surrounding communities in Western Uganda. Operating in twenty nine (29) schools in the districts of Kabarole, Kyenjojo, and Bunyangabu, the Programme adopts a comprehensive social norms change approach in the prevention and response, engaging children, parents and caregivers, teachers, community leaders, and local government to foster safer environments for children aged nine to fourteen.

To assess the effectiveness of the SAFE Programme, a post-intervention outcome study was conducted in 2025, building on a baseline evaluation carried out in 2021 across all 29 participating schools. For this outcome study, ten schools including four role model schools were purposively selected to represent the broader intervention areas. The study measured changes in knowledge, attitudes, and practices related to violence against children and child sexual abuse through a mixed-methods approach.

The findings of this outcome study highlight key patterns and measurable changes observed over the course of the intervention including significant improvements across indicators illustrating the Programme's strong impact on individual behaviours, household dynamics community norms.

There was a notable increase in participation, among both children and caregivers, in activities aimed at enhancing household incomes, parenting skills and creating awareness on children's rights. Caregiver involvement in group savings rose from 63% to 97%, and participation in parenting-related training increased from 39% to 97%.

Children's participation in school clubs rose from 14.9% to 77.7%. Awareness of children's rights became nearly universal among child respondents, while knowledge and attitudes toward harmful practices shifted positively. For example, understanding that verbal abuse is emotionally damaging increased significantly, and recognition that it is illegal to employ school-age children also increased.

In the communities and schools where the programme worked, fewer people now believe it's okay to beat children. The number of children who said it is okay for teachers to beat them dropped from 39% to 10%, and acceptance of beating by caregivers dropped from 57% to 20%. Children also reported feeling more supported and respected at home and school. These results show a strong improvement in attitudes toward non-violent discipline and child well-being.

There were also notable improvements in how people think about gender roles and teenage pregnancy. Boys who believe they should respect girls increased from 67% to 93%. At the same time, more caregivers now take shared responsibility for teenage pregnancy rising from 26% to 31% for girls, and 31% to 41% for boys. Also, no caregivers said they would chase away a pregnant girl, compared to 2% before. This shift shows that the community is becoming more caring and fairer in handling CSA.

Children now feel safer and more aware of their rights. The number of children who said they feel safe in their communities rose from 49% to 79%, and those feeling safe at school increased from 89% to 92%. Fewer children are missing school due to fear and this went down from 26% to just 9%. Also, agreement that child marriage is wrong went up from 59% to 97%, and belief in a child's right to say "NO" to sex, even after receiving gifts,

rose from 59% to 96%. These changes act as evidence that the SAFE Programme is helping children grow up in safer, more respectful environments.

The Programme effectively embedded itself within the community by working through trusted structures such as para-social workers, local councils, and school leadership. Community dialogues and social norms mapping contributed to powerful local ownership and accountability. The programme worked synergetically to foster resilient families, safe schools and communities across the board.

While respect between genders has improved, the growing polarization of chore responsibilities may reinforce traditional gender norms rather than challenge them, highlighting the need for further interventions that promote shared responsibility across genders

Based on these findings, the study recommends scaling holistic, community-based caregiver training that integrates parenting, financial literacy, and practical livelihood skills, delivered through peer mentorship and local learning hubs. Strengthening child protection systems requires expanding and professionalizing community resource personnel, building clear case management and referral pathways, and ensuring that abuse cases are followed

through the justice system. To reduce household economic vulnerability—a known driver of child neglect and exploitation—economic empowerment interventions should be expanded with increased access to savings groups, seed funding, and tailored vocational skills training. The active engagement of cultural and religious leaders is essential for sustaining social norms change, while integrating SAFE Programme activities into district and national government structures will ensure long-term sustainability and broader scale.

While the SAFE Programme model shows strong potential for national-scale replication, further rigorous research is needed to deepen understanding of the causal pathways, refine intervention strategies, and strengthen the evidence base necessary to inform effective scale-up

Overall, the SAFE Programme has delivered transformative results. Its integrated, community-led approach has not only improved child safety and well-being but has also catalyzed broader social transformation—empowering caregivers, shifting harmful norms, and building a culture of collective responsibility for child protection. This model presents a powerful blueprint for tackling violence against children and should serve as a cornerstone for future programming and policy across Uganda and similar contexts.

CHAPTER 1: Introduction

Violence against children remains a pervasive and deeply troubling issue that undermines their safety, well-being, and overall development—particularly within schools and their surrounding communities. Although schools are intended to be safe spaces for learning and growth, they can sometimes become environments where children face physical, emotional, or sexual abuse. Similarly, communities that should offer protection and support may instead expose children to harmful practices, neglect, or exploitation. This report presents findings from an outcome study that investigated Violence Against Children in Schools and Communities (VAC) following the implementation of the SAFE Programme in the Districts of Kyenjojo, Bunyangabu, and Kabarole in Western Uganda. The findings offer critical insights that serve as a foundation for developing evidence-based recommendations to inform policy, strengthen child protection systems, and foster safer, more inclusive environments for children.

1.1 Background and Context of Violence against Children in Uganda

Violence against children is a global crisis of alarming magnitude, affecting an estimated one billion children annually—equivalent to one in every two children worldwide (Hillis et al., 2016; WHO, 2020). This violence manifests in various forms, including physical, sexual, and emotional abuse, both online and offline. A particularly pervasive setting for such abuse is the school environment, where violence can be perpetrated by teachers, peers, or outsiders, occurring within or around school premises.

The consequences of violence against children are profound and far-reaching. Victims often suffer from immediate physical injuries, as well as long-term psychological and health effects such as depression, anxiety, substance misuse, self-harm, sexually transmitted infections, and an increased risk of non-communicable diseases (Felitti et al., 1998; Lim et al., 2012; Norman et al., 2012; Norton & Kobusingye, 2013). These impacts extend beyond health, affecting educational attainment, social development, and future productivity.

In Uganda, the 2015 National Survey on Violence Against Children (VAC) highlighted the widespread and gendered nature of abuse. Among 13-17-year-olds, girls most frequently experienced sexual violence on roads, at home, and in schools, while boys reported higher incidents of such violence in the evenings, particularly at school and at home. Alarming, knowledge about where to seek help was limited—only 32% of girls and 41% of boys knew where to access support services. Disclosure of violence remained low, especially among girls (45.9%), and even among those who disclosed, only 14% sought help and just 7.7% received any services. Girls often did not seek support because they did not perceive the violence as problematic, whereas boys cited a lack of desire or need for services.

Further findings indicated that in the past year, although 64% of girls and 49% of boys who experienced sexual violence disclosed it—mostly to relatives, friends, or neighbors—actual service utilization was minimal. Only 6% of girls and 3% of boys sought and received assistance. Barriers included fear of repercussions for girls and embarrassment for boys.

A 2022 Population Council survey on VAC in humanitarian settings in Uganda echoed these concerns, revealing that 25.7% of females and 34.8% of males aged 13–17 experienced physical violence in the 12 months prior to the study. Perpetrators were often individuals in positions of authority, such as parents and caregivers. Emotional abuse was also significant, with 14% of girls and 10.3% of boys experiencing such violence from adults in their households.

The 2019 Abuse and Neglect Situation Analysis Report underscored the gender disparity in sexual violence, with 94.7% of reported defilement cases involving girls. Early and forced marriages, rooted in harmful cultural practices, continue to endanger children, especially girls. Disturbingly, these abuses frequently occur in environments meant to protect children—homes, schools, and communities. Consequences include teenage pregnancy, school dropout, and increased vulnerability to further exploitation.

The broader impact of VAC is stark. Victims face adverse life trajectories, including reduced educational achievement, increased social isolation, poor health, and diminished economic productivity. An estimated four in ten victims experience heightened vulnerability following exposure to violence (Friborg et al., 2015). The World Health Organization (2022) and others have linked VAC to chronic burdens such as disability and dependence on care systems.

Efforts to eliminate VAC are embedded in key international, regional, and national

frameworks. These include the UN Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, the Sustainable Development Goals (particularly Target 16.2 on ending abuse, exploitation, trafficking and all forms of violence against and torture of children), and Uganda’s Constitution (Articles 24 and 44), which protect children from torture and cruel, inhuman or degrading treatment. Uganda’s Ministry of Education and Sports has also prohibited corporal punishment in schools through a zero-tolerance policy.

As a designated “pathfinder country,” Uganda has committed to ending all forms of VAC by 2030. The government has adopted multi-sectoral approaches, including the National Plan of Action for Sexual and Gender-Based Violence and VAC, national parenting guidelines, and initiatives such as the Sauti 116 child helpline and the Child and Family Protection Unit within the Uganda Police Force. The Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), implemented in primary schools, also aims to protect children from sexual abuse through education on abstinence, ethics, and values.

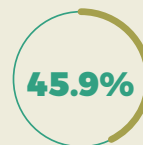
Despite these efforts and a robust legal and policy framework, VAC—including sexual violence—remains highly prevalent in Uganda. While government agencies and development partners have implemented numerous Programmes, evidence on the long-term effectiveness, sustainability, and scalability of these interventions remains limited.

Knowledge about where to seek help



Knew where to access support services.

Disclosure of violence among girls.



1.2 Background to the SAFE Programme

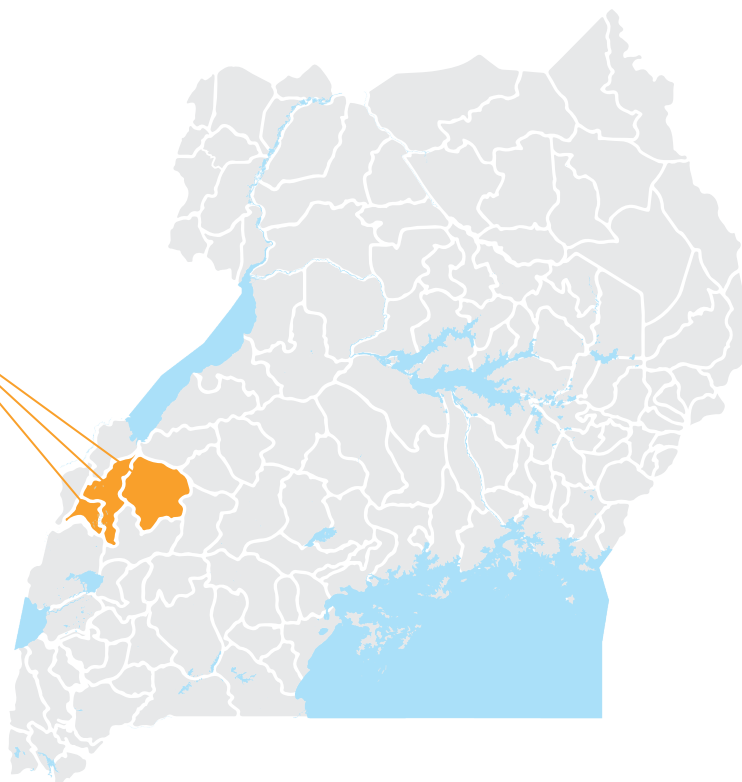
The Bantwana Initiative in Uganda is implementing the Western Uganda Bantwana Programme (WUBP) on Violence Against Children in Schools and Surrounding Communities (VACiSC). The long-term goal is to reduce sexual and other forms of violence against pre-adolescent and adolescent girls and boys (ages 9-14) by integrating a social norms change approach to the prevention and response to sexual violence in schools and communities. The Programme operates in 29 schools across the Districts of Kabarole, Kyenjojo, and Bunyangabu in Uganda, engaging key influencers (children, teachers, parents/caregivers, community members, local government) through targeted norms-change and capacity-building strategies to strengthen protection outcomes for children at all levels.

1.3 Problem Statement

Violence against children (VAC) is a pressing public health and human rights issue, with serious and long-lasting consequences for individual well-being and societal development (WHO, 2020). In Uganda, over half of all children have experienced some form of violence in their lifetime (Ministry of Gender, Labour and Social Development, 2015). This violence, which includes physical, sexual, and emotional abuse as well as witnessing violent acts, is frequently perpetrated by parents, caregivers, peers, teachers, and even strangers.

School-based studies in Uganda reveal that approximately 8 in 10 children have experienced violence at some point, often within educational settings where teachers, non-teaching staff, and fellow students are common perpetrators (Devries et al., 2015;

Western Uganda Bantwana Programme (WUBP) operates in 29 schools across the Districts of Kabarole, Kyenjojo, and Bunyangabu in Uganda.



Wandera et al., 2017; Devries et al., 2018). The effects of such violence are profound and far-reaching, contributing to poor mental health, reduced academic performance, increased substance abuse, school dropout, and a heightened risk of becoming victims or perpetrators of intimate partner violence later in life (Mason-Jones et al., 2012; Namy et al., 2017; Knight et al., 2020).

In response to this crisis, the Bantwana Initiative Uganda has implemented the Safety at All Times for Every Child (SAFE) Programme over the past 12 years across 29 schools and surrounding communities in the Districts of Kabarole, Kyenjojo, and Bunyangabu in Western Uganda. The Programme targets children aged 9–14 and aims to reduce sexual and other forms of violence by addressing harmful social norms and strengthening prevention and response mechanisms within schools and communities.

Despite the Programme's long-term presence and its multi-pronged approach, there is limited evidence on its effectiveness in achieving sustained reductions in VAC. This research study seeks to assess the impact of the SAFE Programme on the prevalence and patterns of violence against children, in order to inform future policy and Programmatic decisions aimed at safeguarding children in Uganda.

1.4 Purpose and Objectives

The study's aim was to assess the effectiveness of the Western Uganda Bantwana Programme (SAFE Programme) in preventing and responding to Violence Against Children (VAC), including child sexual abuse (CSA), in schools and surrounding communities in the three Districts of Kabarole, Kyenjojo, and Bunyangabu.

Specific Objectives

- a) To measure the change in knowledge, attitude and practices on risks exposures to VAC including CSA with focus on prevention and response among children, young adults, caregivers and teachers.
- b) To assess how the SAFE Programme aligned to the needs of communities and existing practices (structures and approaches) on prevention and response to VAC including CSA.
- c) To evaluate the role of caregivers, teachers, para-social workers, and community leaders in creating and maintaining safe environments for children.

1.5 Research Questions:

- 1) What are the post-intervention knowledge, attitudes, and practices related to mitigating risk exposure to VAC, including CSA?
- 2) How does the SAFE Programme align to the needs of communities and the existing practices on prevention and response to VAC?
- 3) What roles are caregivers, teachers, para social workers and community leaders playing in creating and maintaining a safe environment for children?

1.6 Conceptual Framework

The research adopted the ecological framework to conceptualize relationships and interactions that are important for children at multiple levels. This framework looks at the complicated interactions among four nested levels—individual, family, community, and society (Bronfenbrenner and Morris 1998; Heise 1998)—and regards children's wellbeing as resulting from the interaction of factors at each level of the social environment. More specifically, the ecological framework may be visualized as four concentric circles. The innermost circle,

the individual level, represents an individual's biological and personal history. The second circle, the relationship level, represents the immediate context in which violence takes place, usually within the family or other close relationships. The community level, which is the third circle, involves social structures and institutions, whether formal or informal, in which relationships are embedded. The fourth and outermost circle, the society level, represents the social, cultural, and political

environment, including cultural norms, laws, and policies. Using this model allowed us to examine, through the children's, caregivers, teachers and other system actors' voices, the interactions and exchanges across the different levels of the ecological framework. This helped to generate knowledge on the impact of the SAFE Programme intervention in contributing to ending Violence Against Children in the 3 Districts of Western Uganda.

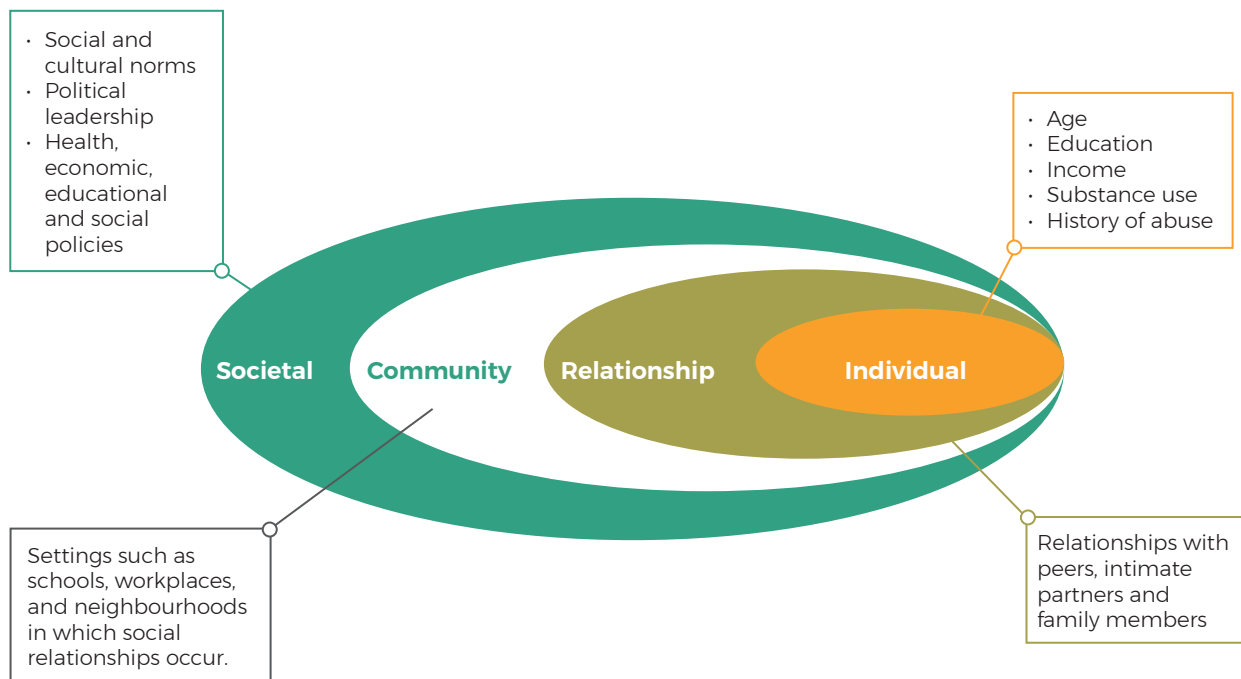


Figure 1: The Ecological Model of Factors Associated with Children's Wellbeing and Violence against Children (Bronfenbrenner & Morris, 1998; Heise, 1998)

SAFE Programme Theory of Change

To effectively contribute to ending violence against children (VAC), Bantwana Initiative Uganda (BIU) developed a Theory of Change aligned with the ecological framework. This Theory of Change envisioned a multi-level approach that includes empowering individuals to take action against child abuse, transforming interpersonal relationships through improved communication, mobilizing communities to speak out and take a stand against VAC, and strengthening local child protection systems. These pathways were designed to foster positive social norms that protect children. To assess the effectiveness of the SAFE Programme, this study applied both the ecological framework and the Theory of Change to examine the intervention's contribution to various outcomes.

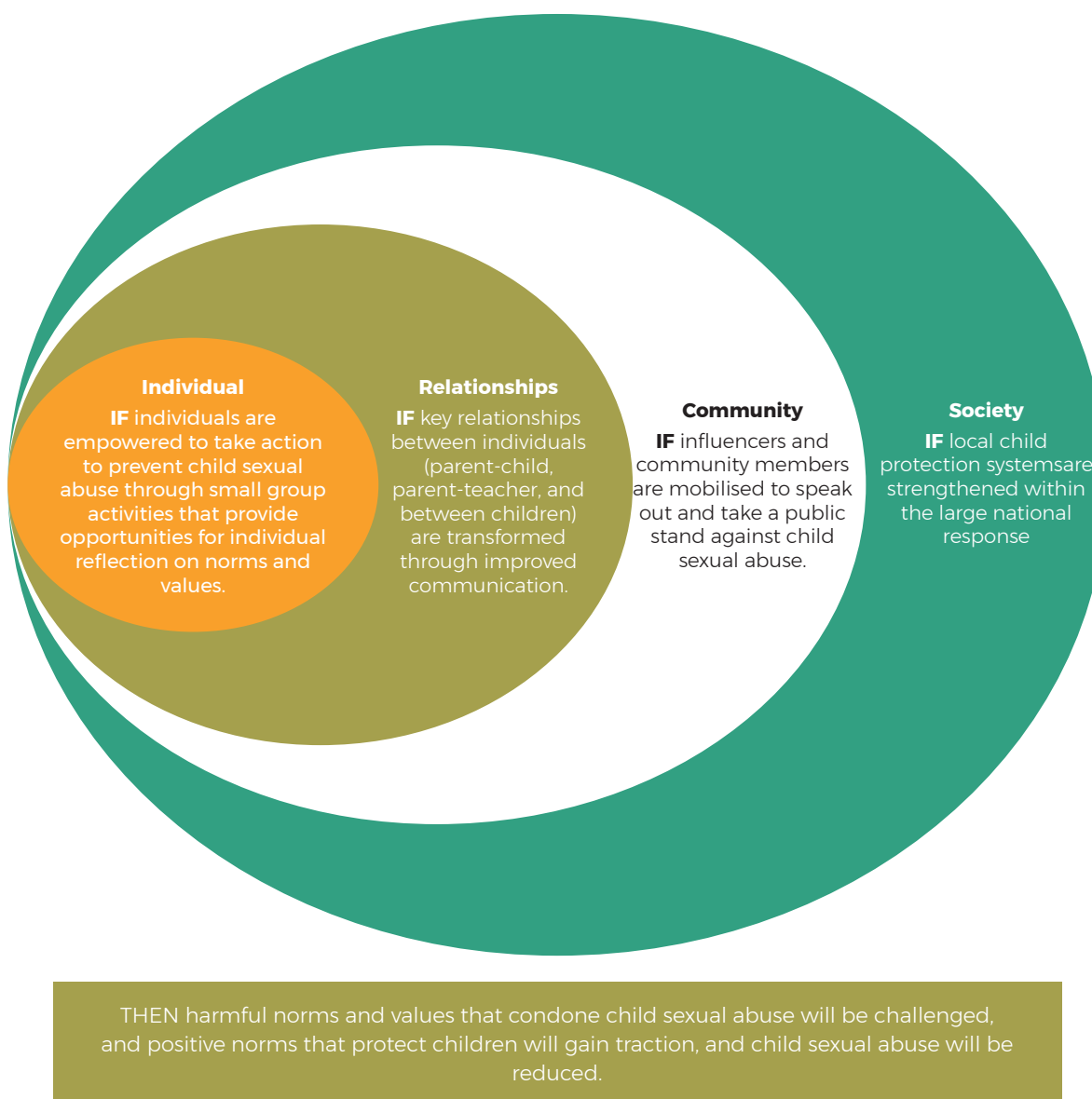


Figure 2: SAFE Programme Theory of Change

1.7 Outcome measures

Impact was measured based on three key indicators: a reduction in incidents of child sexual violence, the extent to which harmful norms perpetuating such violence were challenged, and the degree to which protective norms aimed at preventing child sexual abuse gained traction.

Outcomes for resilient families

- Caregivers and adolescents can communicate about difficult subjects including sexuality, relationships, and violence
- Caregivers practice positive discipline and reject abusive punishments
- Positive Parenting Group (PPG) members are recognized as opinion leaders on positive parenting
- Caregivers save money, plan expenses,

and include adolescents' needs in the family budget including sustaining children in school

Outcomes for Safe schools

- A. Teachers take action to combat VAC including CSA
- B. Schools implement zero tolerance policy on VAC including CSA. Schools have additional innovations adopted to sustain the Programme's positive outcomes
- C. Students' opinion leaders influence schools' culture to decrease tolerance/ acceptance of VAC including CSA
- D. Students acquire skills and behaviors to protect themselves from VAC including CSA

Collective efforts existing between teachers and caregivers to prevent or respond to VAC including CSA Safe Communities

- A. Community protective structures actively prevented and responded to VAC including CSA.
- B. Increased help-seeking behaviors by children, teachers, and parents to prevent and respond to child sexual violence
- C. Community by-laws to reduce CSA passed
- D. Communities take action to address "unsafe spaces"
- E. Violence survivors receive post-violence care and support

CHAPTER 2: Methodology

This section presents the methodology used in the study, detailing the study design, outcome and process measurements, data collection methods and tools, and the procedures followed throughout the research process. It also describes the sampling strategy, including the criteria for participant selection and the rationale for sample size determination, to ensure the representativeness and reliability of the findings. Additionally, the section outlines the ethical considerations that guided the research, including the processes for obtaining informed consent, maintaining confidentiality, and upholding ethical standards to protect the rights and well-being of all participants.

2.1 Study Design

This study employed a pre- and post-intervention evaluation design, integrating primary data collected during the baseline study in 2021 with data from the current SAFE Programme outcome evaluation. A mixed-methods approach was used, combining both quantitative and qualitative methodologies. The study adopted previously used survey tools—specifically the Parents’ and Children’s Surveys—as well as data collection guides for focus group discussions (FGDs), key informant interviews (KIIs), and in-depth interviews (IDIs), to assess post-intervention outcomes. These tools were modified to evaluate the Programme’s impact, scalability, and sustainability. This design enabled a comprehensive assessment of the SAFE Programme’s effectiveness in preventing and responding to violence against children (VAC), including child sexual abuse (CSA), within schools and communities across the three intervention Districts.

2.2 Study Population

The study was conducted in three Districts of Kyenjojo, Bunyangabu, and Kabarole. All the 10 primary schools participating in the SAFE Programme at the time of the study were included. The study population comprised children aged 9–17 years and young adults aged above 18 years in sampled households,

teachers, para-social workers, caregivers, and school and lower local government leaders, including District Education Officers, District Probation Officers, Local Councilors, and selected SAFE Programme staff. These stakeholders were selected for their roles either as beneficiaries of SAFE Programme, implementers of the Programme, or key actors in preventing and responding to violence against children (VAC), including child sexual abuse (CSA), through the protective and enforcement structures within their Districts. Data collection was conducted over a period of eleven days in 15 school communities across the 3 Districts of Bunyangabu (Kinoni B, Karambi B, Kisomoro) Kabarole (Iruhura, PereAchete Primary School, PereAchete Secondary school, Muhangi, Bunyonyi, Kihuura) and Kyenjojo (Bukora, Kwaruju, Kyakahyoro, Badida and Mirongo).

2.3 Sampling

2.3.1 Quantitative sample

The quantitative survey targeted parents and caregivers who participated in the Programme’s first cohort. To ensure equal representation, a list of all members from each of the Village Savings and Loan Association (VSLA) groups across the Programme sites was used to randomly select 26 parents from each of the 10 VSLAs, resulting in a total sample of 260 targeted respondents. These VSLAs were drawn from

within each participating school community. In parallel, a total of 259 children were also selected from the 10 schools involved in the study.

2.3.2 Qualitative Sample

Participants for the qualitative data collection included teachers, parents, para-social workers, children, local government officials, and SAFE Programme staff. These individuals were purposively selected due to their direct involvement in implementing the SAFE Programme or their roles within

key structures and departments responsible for preventing and responding to violence against children (VAC), including child sexual abuse (CSA). Their responsibilities encompassed identifying, reporting, tracking, and enforcing children's rights, among other duties. In addition, District officials were interviewed to provide insights into the prevalence and trends of VAC, government-led prevention and response initiatives, factors facilitating VAC interventions, and the sustainability and scalability of interventions such as the SAFE Programme.

Table 1: Summary of Respondents Categories

S/NO	Data Collection Method	Participant Category
1	Survey	Parents/caregivers and Children
2	Desk review	Documents, reports, national and global legal instruments e.g. CRC, Constitution of the Republic of Uganda of 1995 as amended, Children's Act etc.
3	Focus Group Discussions	Parents/Caregivers
4	In-depth Interviews	Teachers, School Administrators and Para-social workers
5	Key Informant Interviews	PSWOs, CFPU, DCDOs, DEOs, Politicians at District level and Project Staff

2.4: Data Collection Methods

3.4.1 Quantitative data collection instruments

The research involved the administration of two structured surveys using Kobo Collect, installed on handheld tablets. One survey was designed for children and young adults, while the other targeted parents and caregivers. Further details on each survey are provided below.

i) Children survey

The children's survey was administered to children aged 9–17 years and young adults from households that were part of the Programme's first cohort. Specifically, the survey targeted one child or young adult from each of the 26 households randomly selected within each of the 10 Village Savings and Loan Associations (VSLAs), resulting in a

total target sample of 260 participants. Each selected household contributed one child respondent. The survey instrument collected data on demographic characteristics, knowledge, attitudes, and practices related to violence against children (VAC), experiences of violence, perceptions of safe and unsafe spaces in schools, and behavioral, emotional, and social outcomes. It also captured respondents' levels of satisfaction with the SAFE Programme.

ii). Parents survey

The parents' survey targeted 260 parents from the Programme's first cohort, all of whom were members of Village Savings and Loan Associations (VSLAs). The survey was administered in participants' homes and collected data on parents' demographic characteristics, as well as their knowledge, attitudes, and practices related to violence against children (VAC). It also gathered

information on their perceptions of safe and unsafe school spaces, along with behavioral, emotional, and social change indicators. Additionally, the survey assessed parents' satisfaction with the SAFE Programme.

2.4.2 Qualitative data collection instruments

Qualitative data collection included a desk review, focus group discussions, in-depth interviews with teachers and key informant interviews with key stakeholders.

i) Desk review of secondary data

A desk review was conducted to establish the prevalence/incidences of VAC in the Districts, the status of KAP in 2021, and any progress made in the prevention and response to VAC. To achieve this, the research team reviewed secondary data including Programme reports, the KAP survey report 2021, and the Programme design documents including the Theory of Change and Results framework. Additionally, the team reviewed monitoring data, and District development plans with a focus on child protection/violence incidences in the 3 Districts.

ii) Key Informant Interview Guide (KII)

Key informant interviews were conducted with 3 SAFE Project Officers, 3 District Education Officers, 3 District Probation Officers, 2 Police Officers in charge of child and family protection unit, and 3 District Councilors in charge of social services. These interviews collected qualitative data on the

situation of VAC, structures for reporting, tracking, referral, response, and utilization. Sustainability and scalability, relevance to the needs in schools, and cultural and contextual fit of the Programme interventions.

iii) In-depth interview Guide

In-depth interviews were conducted with 19 participants including teachers, head teachers and para social workers who were focal point persons for the SAFE Programme. During these interviews, we collected data on the changes could be attributed to the SAFE Programme, the situation of VAC in the schools, the unintended results of the Programme, and the multiplier effects of the Programme

iv) Focus Group Discussion Guide (FGD)

Six (6) FGDs comprising 6 participants each were conducted with the parents who enrolled in the second phase of the Programme. For the focus group discussions, the research team engaged female and male caregivers separately to ensure open discussion on prevalence, structures for reporting, tracking, referral, response, and utilization. Other areas of discussion included aspects of sustainability, scalability, intervention relevance to the needs of the school, and cultural and contextual fit of the interventions.

The table below presents a breakdown of respondent categories by data collection method.

Table 2: Distribution of Respondents by Data Collection Method

District	KII project staff	Other KIIs	IDIs	Caregiver surveys	Children and young adults surveys	FGDs (1 female and 1 male)	Total per District
Kyenjojo	01	05	09	101	109	02	227
Kabarole	01	02	05	81	75	02	166
Bunyangabu	01	04	05	81	75	02	168
Total	03	11	19	263	259	06	561

2.5: Data Collection

Community entry activities began with the field team securing official approvals at the District level. This process involved following up on introductory letters previously submitted by the SAFE Programme team to the District registry offices in Bunyangabu, Kyenjojo, and Kabarole. With support from the SAFE team, the field team obtained contact information for para-social workers, school administrators, and key District officials involved in the Programme. These contacts played a critical role in verifying the list of sampled respondents and coordinating the scheduling of surveys and Key Informant Interviews (KIIs).

Courtesy visits were conducted with school administrators to facilitate school-based interviews, and with Local Council I (LC I) chairpersons to secure permission for community-based interviews. These introductory meetings helped build trust, ensure local support, and confirm logistical arrangements for the smooth implementation of data collection activities.

With assistance from para-social workers, school administrators, teachers, Bantwana field staff, and Village Savings and Loan Association (VSLA) leaders, respondents were mobilized at accessible locations for interviews. Children were interviewed at schools, while caregivers were interviewed at central village locations, schools, or their regular VSLA meeting points. In cases where respondents were unable to meet at designated locations, follow-up visits were made to their homes.

As this was an outcome evaluation, some targeted respondents had relocated or were no longer actively engaged in the intervention. The field team made additional efforts to trace these individuals in different communities and schools to ensure

comprehensive and representative data collection.

2.6: Data Management

All data collection tools were translated by a certified language translator into Rutooro, the most commonly spoken language in the study sites local language(s) and were approved by the Bantwana team with technical guidance from the AfriChild Centre. Research Assistants were trained in their administration, and during fieldwork, the core study team composed of the Principal Investigator and Co-investigators supervised Research Assistants, conducting daily debrief meetings to ensure data quality. Quantitative data was collected digitally using hand-held tablets with Open-Data Kit/Kobo collect software, Programmed with skip patterns to minimize errors and enhance efficiency in data management. Qualitative data included audio recordings and transcripts from interviews with school and District officials, with focus group discussions led by a note-taker and a moderator. Transcripts were proofread to ensure completeness, de-identified for anonymity, and stored securely on encrypted devices following AfriChild data protection procedures.

2.7: Data Analysis

Quantitative data from child and caregiver surveys were downloaded as CSV files from the Kobo Collect Server and cleaned in MS Excel. These datasets were then merged in MS Excel and imported into SPSS for coding and analysis. Baseline and outcome study data for both children and caregivers were analyzed separately in SPSS. The analysis involved cross-tabulations and comparisons of proportions between baseline and outcome studies. Statistical significance was determined using the Pearson Chi-square test with a significance level of 0.05. Qualitative data was analyzed in NVIVO 20 using the Framework

Analysis Method (FAM) to identify themes related to reporting, tracking, and responding to violence against children, as well as Programme sustainability and scalability.

2.8: Data Quality Assurance

The research team implemented several data quality measures to ensure the integrity of the research. These included the use of digital survey tools with built-in quality checks, pre-testing of survey instruments with Research Assistants, and daily debrief meetings to address field challenges and make necessary updates to the tools. Ethical clearance was obtained from both the Mildmay Research Ethics Committee and the Uganda National Council for Science and Technology (UNCST). All research team members were certified in human subject research to ensure adherence to ethical standards. Confidentiality was maintained by assigning identity numbers to participants and including confidentiality clauses in consent forms. Parental consent was obtained when required, and Research Assistants received training on child protection and safeguarding, including established referral pathways for any concerns. Participants provided written consent or assent, were fully informed of their rights, and all interviews were conducted in private settings to protect their privacy.

All field research staff were trained in risk mitigation strategies and trauma-informed approaches. A clear risk and response

protocol were followed throughout the study. Participants were informed about referral pathways for psychological support during the research, as well as resources for reporting violence or abuse beyond the study.

2.9 Study Limitations

The non-controlled study design limited the ability to establish causation; however, associations between the intervention and reported outcomes were identified through triangulation of methods, especially qualitative data.

Matching caregivers with their corresponding children became difficult as many children had graduated to secondary schools, transferred to distant schools, or dropped out and relocated for work. Additionally, the project's implementation strategy—selecting children through schools and caregivers at the community level—made it difficult to link child and caregiver surveys directly. Similarly, mobility of the caregivers who had moved due to changes in marital status or housing presented difficulties in participant mobilization. In order to meet the target sample size, nearby school communities that had benefited from the intervention were included.

CHAPTER 3: Findings

This section presents the key findings of the study, aligned with the established objectives and research questions. The findings are organized into several themes, including: the demographic characteristics of the respondents, the effectiveness of the SAFE Programme, its alignment with community needs and structures, the roles of various stakeholders, and the unintended consequences of the Programme.

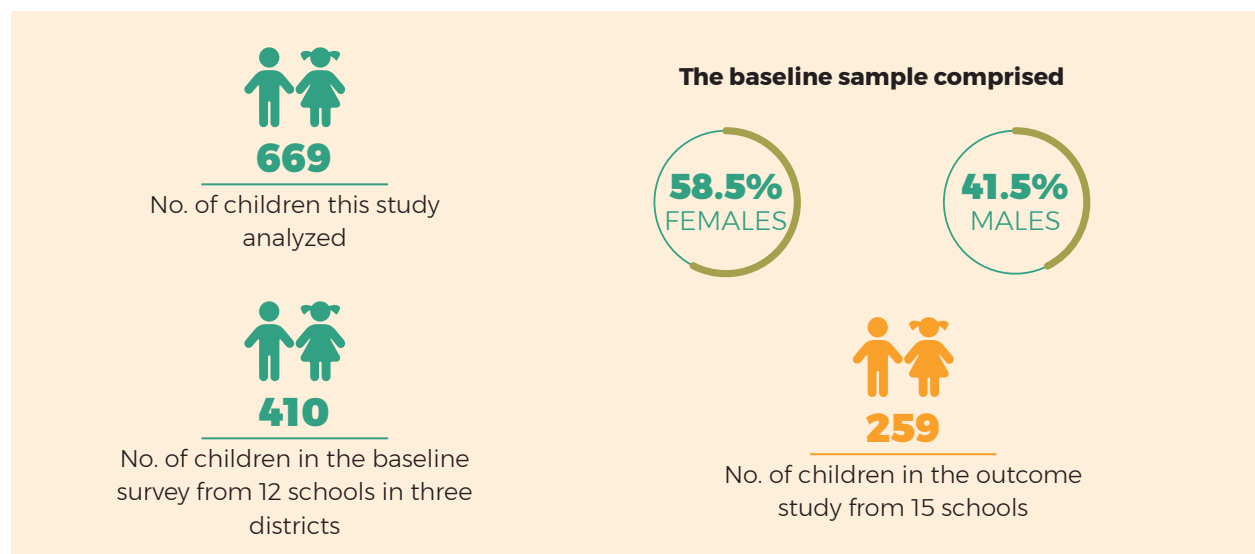
3.1: Demographic characteristics of study participants

This section outlines the key background characteristics of both child and caregiver respondents involved in the study. This study analyzed data from 669 children, including 410 participants from the baseline study and 259 in the outcome study as shown in table 3.

The baseline survey included 410 children from 12 schools across three Districts: Kabarole (52.0%), Bunyangabu (26.8%), and Kyenjojo (21.2%). The baseline sample comprised 41.5% males and 58.5% females, with the majority aged 12-14 years (59%), followed by 15-19 years (35%), and a smaller group aged 9-12 years (4%). Participants' class levels ranged from Primary four to Primary six,

with the following distribution: P5 (38%), P6 (33.2%), P4 (28.5%), and a very small number in P3 (0.2%).

The outcome study involved 259 children from 15¹ schools. Most participants were from Kyenjojo (42%), with Bunyangabu and Kabarole equally represented (both 29%). The outcome study sample was predominantly female (62.2%) compared to male (37.8%), with the majority aged 12-14 years (71%), followed by 9-12 years (15%) and 15-19 years (14%). Class levels ranged from Primary 4 (P4) to Secondary 3 (S3), with the largest proportion in Primary 7 (54.1%), followed by Primary 6 (20.5%) and Primary 5 (12.7%). Smaller numbers of students were in secondary levels, and very few were from lower primary grades.



¹ Whereas the study targeted 10 schools, some children had joined secondary schools or changed schools, this the study ended up interviewing children spread across 15 schools

Table 3: Demographic Characteristics of Child Respondents

Characteristic	Disaggregation	Baseline (n= 410)	Outcome (n=259)
Districts	Bunyangabu	110 (26.8%)	75 (29%)
	Kabarole	213 (52.0%)	75 (29%)
	Kyenjojo	87 (21.2%)	109 (42%)
Schools	Number of schools	12	15
Sex	Male	170 (41.5%)	98 (37.8%)
	Female	240 (58.5%)	161 (62.2%)
Age group	9-12	15 (4%)	39 (15%)
	12-14	241 (59%)	185 (71%)
	15-19	144 (35%)	35 (14%)
	Missing	10 (2%)	
Class	P3	1 (0.2%)	0
	P4	117 (28.5%)	1 (0.4%)
	P5	156 (38.0%)	33 (12.7%)
	P6	136 (33.2%)	53 (20.5%)
	P7	0	140 (54.1%)
	S1	0	24 (9.3%)
	S2	0	4 (1.5%)
	S3	0	1 (0.4%)

Caregiver Respondent Characteristics

Data from 504 caregivers were analyzed, including 241 participants from the baseline study conducted across 12 school communities, and 263 from the outcome study across 15 school communities, as detailed in Table 4. At baseline, Bunyangabu District recorded the highest participation (43.5%), whereas Kyenjojo District had the largest share in the outcome study (38.8%).

The majority of respondents were female—58.9% in the baseline and 70.3%

in the outcome study. Most caregivers were between 28 and 57 years old, with the 38–47 and 48–57 age groups representing the largest proportions in both phases. In terms of education, most had completed primary school (baseline: 45.2%, outcome: 55.1%), followed by those with no formal schooling (baseline: 32.0%, outcome: 21.3%). A smaller segment had vocational or tertiary education (baseline: 5.4%, outcome: 7.2%). Most caregivers were married, comprising 72.9% of the baseline and 70.3% of the outcome study participants.

Table 4: Demographic Characteristics of Caregiver Respondents

Characteristic	Disaggregation	Baseline(n=241)	Outcome (n=263)
Districts	Bunyangabu	105 (43.5%)	81 (36.9%)
	Kabarole	79 (32.8%)	80 (30.4%)
	Kyenjojo	57 (23.7%)	102 (38.8%)
Schools	Number of schools	12	15
Sex	Male	99 (41.1%)	78 (29.7%)
	Female	142 (58.9%)	185 (70.3%)
Age groups	18-27	22 (9.1%)	5 (1.9%)
	28-37	65 (27%)	49 (18.6%)
	38-47	71 (29.5%)	84 (31.9%)
	48-57	54 (22.4%)	77 (29.3%)
	Above 58	29 (12%)	48 (18.3%)
Education	Never attended	77 (32%)	56 (21.3%)
	Completed primary	109 (45.2%)	145 (55.1%)
	O-level	39 (16.2%)	37 (14.1%)
	A-level	3 (1.2%)	6 (2.3%)
	Vocational & Tertiary	13 (5.4%)	19 (7.2%)
Marital Status	Single	34 (14.2%)	22 (8.4%)
	Married	175 (72.9%)	185 (70.3%)
	Widowed	14 (5.8%)	28 (10.6%)
	Divorced / Separated	17 (7.1%)	28 (10.6%)

3.2: The effectiveness of the SAFE Programme in improving knowledge, attitudes, and practices related to child protection and VAC including Child Sexual Abuse (CSA).

The SAFE Programme aimed to reduce violence against children (VAC), including child sexual abuse (CSA), by promoting positive norms and challenging harmful social beliefs and practices. This goal was pursued through comprehensive interventions at the individual, household, school, community, and societal levels—designed to shift attitudes, deepen understanding, and promote behaviors that prevent and address VAC.

This outcome study evaluated changes in knowledge, attitudes, and practices related to VAC risk exposure, prevention, and response. The following sections present findings from

both caregivers and children, with a focus on Programme engagement; understanding of child protection and children's rights and responsibilities; shifts in attitudes toward child protection; child protection practices—including school absenteeism, reported cases of VAC, and corresponding responses; disciplinary measures and school safety; and the effectiveness of existing prevention and response strategies.

3.2.1 Participation in the SAFE Programme

Caregiver's participation in the SAFE Programme

During both the baseline and outcome studies, data were collected to evaluate caregiver participation in two critical components of the SAFE Programme: savings groups and parenting-related training. The study specifically assessed the proportion of caregivers actively engaged in Village Savings and Loan Associations (VSLAs), serving as a

key indicator of economic empowerment and community involvement. Simultaneously, it examined caregiver attendance at training sessions focused on parenting skills and child protection. These indicators were used

to track shifts in caregiver engagement over time and to evaluate the Programme's effectiveness in strengthening caregivers' capacity to provide informed, supportive care within their households and communities.

Table 5: Respondents' Participation in SAFE Programme Activities

No	Statement	Baseline(n=241)	Outcome (n=263)
1	Membership in a savings group*	152 (63%)	256 (97%)
2	Participation in parenting-related training*	93 (39%)	256 (97%)

* P< 0.05, difference in proportion is statistically significant

The results in Table 5 indicate that the proportion of caregivers participating in savings groups increased from 63% prior to the intervention to 97% at the time of the outcome study. This increase in participation is statistically significant when comparing the outcome study with the pre-intervention data. Similarly, the proportion of caregivers who received any training in parenting rose from 39% in the baseline study to 97% in the outcome study. The difference in participation in parenting programmes between the outcome and pre-intervention studies is also statistically significant.

These findings suggest that the intervention had a substantial impact on both caregiver engagements in savings groups and their participation in parenting programmes. The significant increase in participation rates

highlights the effectiveness of the programme in promoting caregiver involvement and capacity-building. It also reflects a shift toward greater access to resources and training, which could lead to improved caregiving practices and enhanced community support. The high levels of participation in both areas at the time of the outcome study underscore the Programme's alignment with caregivers' needs and its ability to generate lasting changes in behavior.

Children's membership in school clubs

School club participation significantly increased from 14.9% at baseline to 77.7% at the outcome stage (Table 6). This is attributable to the use of clubs as a core entry strategy and also awareness creation.

Table 6: Children's Membership to School Clubs

Membership in any club at school	Responses	Baseline (n=401)	Outcome (n=256)
	Yes	61 (14.9%)	199 (77.7%)
	No	348 (85%)	57 (22.3%)

* P< 0.05, difference in proportion is statistically significant

Schools are the main source of information about children's rights for most children, with 88.5% at baseline and 86.1% in the outcome study citing them (Table 7). Few children reported other sources, highlighting the crucial role of schools in raising awareness and disseminating information regarding children's rights.

Table 7: Respondents' sources of information on child rights

Response	Baseline (n=399)	Outcome (n=259)
In school	353 (88.5%)	223 (86.1%)
From friends	17 (4.3%)	6 (2.3%)
From church/mosque	7 (1.8%)	1 (0.4%)
At a community event	17 (4.3%)	15 (5.8%)
Others	5 (1.3%)	14 (5.4%)

* P< 0.05, difference in proportion is statistically significant

3.2.2 Knowledge on child protection, children's rights and responsibilities

Children's understanding of child protection, rights, and responsibilities was evaluated through four information sources. These included determining if they were familiar with the term "child rights," their involvement in school clubs, and their responses to seven yes/no/don't know questions on unlawful treatment of children. Additionally, they selected rights and responsibilities from four statements, one example being: "A right to education and a responsibility to work hard and pass." Overall, the findings indicate a significant improvement in children's knowledge of child protection, their rights, and their responsibilities.

Table 8: Children who heard about child rights

????	Responses	Baseline (n=410)	Outcome n=259
Children who have heard about the term "child or children's rights"	Yes	400 (97.6%)	258 (99.6%)
	No	10 (2.4%)	1 (0.4 %)

* P< 0.05, difference in proportion is statistically significant

The outcome study assessed children's knowledge of their rights by asking if they had heard the term "child or children's rights" and if they participated in school clubs. This assessment relates to the SAFE Programme's strategy of engaging children through clubs, such as Grass Roots Soccer Clubs. In the baseline study, 97.6% of 410 children reported having heard of children's rights. This increased to 99.6% of 259 children in the outcome study (Table 8).

Understanding of unlawful child treatment practices

Majority of the children understand that harsh verbal insults are emotionally damaging (77.8% to 91.9%), employing 12-year-olds instead of schooling is illegal (57.2% to 89.6%), denying food as punishment violates child rights (81.0% to 90.7%), and sexual abuse by teachers (touching private areas) is illegal (55.6% to 90.7%) (Table 9). Understanding that adult sex with minors is illegal reached 100%. Belief in the effectiveness of caning decreased, while awareness of its illegality in schools increased (46.5% to 56.0%), though 31% think it's legal and 13% remain uncertain.

Table 9: Children's knowledge of child protection

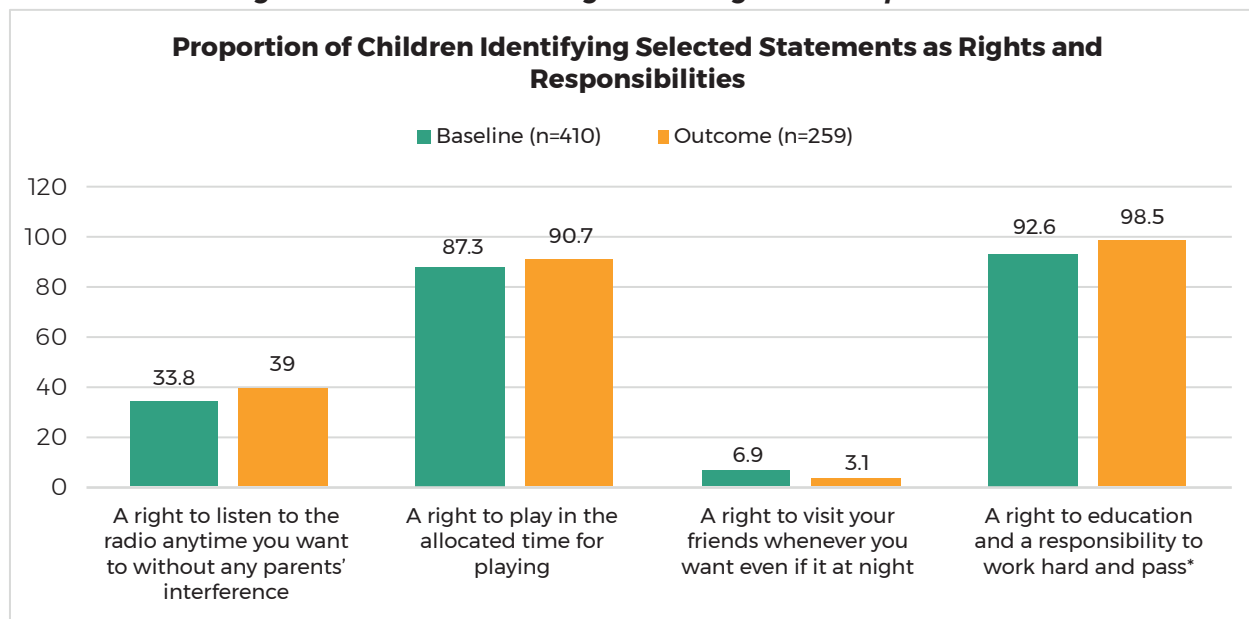
No	Statement	Disaggregation	Baseline (n=410)	Outcome (n=259)
1	Belief that verbal insults (e.g. calling a child stupid, dull or lazy) is emotionally damaging	Yes	319 (77.8%)	238 (91.9%)
		No	82 (20.0%)	19 (7.3%)
		Don't know	9 (2.2%)	2 (0.8%)
2	Belief that it is illegal in Uganda for a 12-year-old child to work instead of attending school*	Yes	234 (57.2%)	232 (89.6%)
		No	167 (40.8%)	26 (10.0%)
		Don't know	8 (2.0%)	1 (0.4%)
3	Belief that denying a child food as punishment is a violation of the child's rights*	Yes	332 (81.0%)	235 (90.7%)
		No	71 (17.3%)	23 (8.9%)
		Don't know	7 (1.7%)	1 (0.4%)
4	Belief that caning is against the law for teachers in Uganda*	Yes	190 (46.5%)	145 (56.0%)
		No	213 (52.1%)	80 (30.9%)
		Don't know	6 (1.5%)	34 (13.1%)
5	Belief that consistent caning motivates a person to perform better*	Yes	197 (48.3%)	83 (32.0%)
		No	209 (51.2%)	176 (68.0%)
		Don't know	2 (0.5%)	0 (0.00%)
6	Belief that it is illegal in Uganda for teachers to attempt to touch children's private areas, such as their breasts or buttocks*	Yes	228 (55.6%)	234 (90.7%)
		No	170 (43.7%)	24 (9.3%)
		Don't know	3 (0.7%)	0 (0.0%)
7	Belief that it is illegal in Uganda for a child under 18 to have sex with an adult*	Yes	234 (57.4%)	258 (100%)
		No	169 (41.4%)	0 (0.0%)
		Don't know	5 (1.2%)	0 (0.0%)

* $P < 0.05$, difference in proportion is statistically significant

The knowledge of children's rights also improved significantly, with nearly all children (98.5%, an increase from 92.6%) understanding their right to education and the importance of hard work (Table 10). Awareness of the right to play also saw a slight increase to 90.7% from 87.3%. Furthermore, fewer children (3.1%, down from 6.9%) mistakenly believe they have the right to visit friends at night, suggesting better safety awareness.

However, a significant proportion of children (39%, up from 33.8%) still believe they have the right to listen to the radio without parental input, indicating a gap between desired activities and actual rights.

Figure 3: Children's knowledge of their rights and responsibilities



* $P < 0.05$, difference in proportion is statistically significant

3.2.3: Changes in attitude concerning child protection

To assess shifts in attitudes regarding child protection among children and caregivers, the study explored children's views on unlawful child treatment using a series of statements. Responses included "agreed", "disagree", "neutral" and "don't know". Furthermore, changes in attitudes towards gender equality were evaluated among both caregivers and children.

Table 10: Attitudes towards child protection

No	Statement	Disaggregation	Baseline (n=410)	Outcome (n=259)
1	When a parent or caregiver forces their child to work instead of attending school, the child is powerless to change the situation. *	Agree	137 (33.5%)	67 (25.9%)
		Disagree	210 (51.3%)	179 (69.1%)
		Neutral	43 (10.5%)	13 (5.0%)
		Don't know	19 (4.6%)	0 (0.0%)
2	Sometimes, it is OK for teachers to call pupils bad names. *	Agree	39 (9.5%)	12 (4.6%)
		Disagree	317 (77.5%)	245 (94.6%)
		Neutral	31 (7.6)	2 (0.8%)
		Don't know	22 (5.4%)	0 (0.0%)
3	Sometimes it is OK for teachers to use physical punishment (i.e. caning, pulling hair, beating, etc.) to discipline pupils*	Agree	160 (39.0%)	26 (10.0%)
		Disagree	201 (49.0%)	228 (88.0%)
		Neutral	24 (5.9%)	5 (1.9%)
		Don't know	25 (6.1%)	0 (0.0%)
4	Sometimes, it is OK for caregivers to use physical punishment to discipline children at home*	Agree	233 (57.0%)	52 (20.1%)
		Disagree	137 (33.5%)	200 (77.2%)
		Neutral	22 (5.4%)	7 (2.7%)
		Don't know	17 (4.2%)	0 (0.0%)
5	Any adult who has sex with a child should be punished under the law. *	Agree	272 (66.8%)	248 (95.8%)
		Disagree	95 (23.3%)	11 (4.2%)
		Neutral	18 (4.4%)	0 (0.0%)
		Don't know	22 (5.4%)	0 (0.0%)

No	Statement	Disaggregation	Baseline (n=410)	Outcome (n=259)
6	Marriage of children under 18 is a harmful practice that should be stopped*	Agree	241 (58.9%)	252 (97.3)
		Disagree	134 (32.8%)	7 (2.7%)
		Neutral	17 (4.2%)	0 (0.0%)
		Don't know	17 (4.2%)	0 (0.0%)
7	A child has the right to refuse sex even if the child has received gifts or money*	Agree	242 (59.0%)	248 (95.8%)
		Disagree	125 (30.5%)	10 (3.9%)
		Neutral	23 (5.6%)	1 (0.4%)
		Don't know	20 (4.9%)	0 (0.00%)
8	If a girl gets pregnant, it is her own fault for getting pregnant*	Agree	246 (60.3%)	143 (55.4%)
		Disagree	101 (24.8%)	98 (38.0%)
		Neutral	24 (5.9%)	17 (6.6%)
		Don't know	37 (9.1%)	0 (0.0%)

* P< 0.05, difference in proportion is statistically significant

Children's attitudes towards protection showed significant positive change (Table 11), particularly regarding the unacceptability of teachers calling children bad names or physical punishment, the punishment of adults engaging in sexual activity with children, the prohibition of child marriage (under 18), and the right to refuse sexual advances even after accepting a gift. However, the belief that girls are at fault for pregnancy remained a concern, with over half of respondents (55.4% at outcome, down from 60.3% at baseline) still holding this view.

Changes in attitude towards gender equality among children

In order to understand children's attitudes towards gender equality, questions were asked about different roles at home and in the community and who should carry out these roles. Table 12 presents children's views on these roles.

Table 11: Children's attitudes towards gender equality

No	Statement	Disaggregation	Baseline (n=408)	Outcome (n=259)
1	Boys should treat girls with respect / dignity at school and at home*	Agree	272 (67.3%)	241 (93.1%)
		Partially agree	77 (19.1%)	12 (4.6%)
		Do not agree	55 (13.6%)	6 (2.3%)
2	Girls should treat boys with respect / dignity at school and at home*	Agree	264 (64.7%)	192 (74.1%)
		Partially agree	98 (24.0%)	37 (14.3%)
		Do not agree	46 (11.3%)	30 (11.6%)
3	It is the role of the girls to do the following chores (Cook, sweep the compound, collect firewood) *	Agree	237 (57.9%)	194 (74.9%)
		Partially agree	133 (32.5%)	49 (18.9%)
		Do not agree	39 (9.5%)	16 (6.2%)
4	It is the role of the boys to do the following chores (Cook, sweep the compound, collect firewood) *	Agree	96 (23.5%)	57 (22.0%)
		Partially agree	198 (48.4%)	90 (34.7%)
		Do not agree	115 (28.1%)	112 (43.2%)
5	It is the role of the girl to graze cattle, collect firewood and fetch water*	Agree	78 (19.2)	25 (9.7%)
		Partially agree	146 (35.9%)	39 (15.1%)
		Do not agree	183 (45.0%)	195 (75.3%)
6	It is the role of the boy to graze cattle, collect firewood and fetch water*	Agree	261 (63.7%)	237 (91.5%)
		Partially agree	110 (26.8%)	11 (4.2%)
		Do not agree	39 (9.5%)	11 (4.2%)

* P< 0.05, difference in proportion is statistically significant

There was a substantial improvement in reported respect between genders, with the most notable change observed among boys: the proportion of boys who reported showing respect toward girls increased significantly, from 67.3% at baseline to 93.1% at outcome. This indicates a positive shift in attitudes toward gender respect and interpersonal behavior. In addition, children increasingly disagreed with the idea that girls should be assigned physically demanding tasks such as animal grazing or water fetching, with disagreement rising from 45.0% at baseline to 75.3% at outcome. This shift reflects growing support for gender equity in the distribution of physically demanding chores.

However, despite these gains, traditional gender role perceptions remain deeply ingrained. A larger proportion (74.9%) of children in the outcome study compared to 57.9% at baseline now believe that girls should be primarily responsible for household chores. Similarly, belief in the notion that boys should handle hard labor also increased markedly from 63.7% at baseline to 91.5% at outcome. Children's views reflect an inclination towards distinct, gender-specific roles rather than a redistribution of responsibilities based on equity. While respect between genders has improved, the growing polarization of chore responsibilities may reinforce traditional gender norms rather than challenge them, highlighting the need for further interventions that promote shared responsibility across genders

Shifting perspectives on gender equality in teenage pregnancy management among caregivers

This section explores how caregivers' attitudes toward gender equality are evolving in the context of managing teenage pregnancies, as captured through a dedicated caregiver survey.

Table 12: Caregivers' attitudes towards teenage pregnancy

No	Statements	Responses	Baseline (n=239)	Outcome (n=263)
2	Caregiver's action when daughter/a girl child happens to get pregnant or engage in sex before attaining adult age of 18, what would you do	Counsel her*	153 (64%)	84 (31.9%)
		Take responsibility*	63 (26.4%)	82 (31.2%)
		Chase her from home	4 (2%)	0
		Talk to the perpetrator*	17 (7.1%)	26 (9.9%)
		Punish her	2 (0.8%)	6 (2.3)
4	Caregiver's action when a son /a boy child under your care makes a girl pregnant before the age of 18, what would you do?	Counsel him*	150 (62.8%)	68 (25.9%)
		Congratulate him for becoming a man	3 (1.3%)	2 (0.8%)
		Punish him	9 (3.8) %	11 (4.2%)
		Take responsibility on his behalf	74 (31%)	107 (40.7%)
		Chase him from home	3 (1.3%)	1 (0.4%)

* P< 0.05, difference in proportion is statistically significant

Findings in Table 13 reveal important shifts in perceptions and approaches, reflecting both increased accountability and a move away from punitive responses. Caregivers are now less likely to recommend counselling as the primary response to teenage pregnancy. Willingness to counsel a pregnant girl dropped significantly from 64.0% at baseline to 31.9% at outcome. A similar trend was observed in responses related to boys, with counselling dropping from 62.8% to 25.9%. While this decline may suggest caregiver fatigue or changing perceptions about the effectiveness of counselling, it may also point to a growing sense of shared responsibility.

Indeed, more caregivers now express a willingness to take responsibility for both the girl and the boy involved in the pregnancy. For girls, this increased from 26.4% to 31.2%, and for boys, from 31.0% to 40.7%. This shift indicates a move toward a more balanced and equitable approach, moving away from the tendency to place blame on one party, typically the girl.

Punitive responses remain low or have decreased further. For instance, the proportion of caregivers who would chase a pregnant girl from home dropped from 2.0% to 0%, suggesting a broader shift toward more supportive and protective responses for adolescents facing pregnancy.

Overall, these trends reflect gradual progress toward gender-sensitive and compassionate approaches in the management of teenage pregnancy, with a growing emphasis on shared responsibility and reduced stigma

3.2.4: Child protection practices

The study evaluated changes in child protection practices by examining: children's absenteeism and its causes in the six months

preceding the study; the school environment's conduciveness, including teachers' use of encouraging language; experiences with corporal punishment (beating with sticks); the prevalence of teenage pregnancy; peer violence (bullying); verbal abuse; and the responses to each of these issues.

Caregivers were evaluated on their child relationships and disciplinary approaches. They were also questioned about their awareness of CSA risks, instances of child sexual abuse (including perpetrators), and their reactions. Additionally, they were asked to identify caregiver roles in addressing sexual abuse.

Absenteeism from schools

School attendance is a vital indicator of children's well-being and is strongly linked to effective child protection. Regular attendance reflects that children are in safe, supportive environments where their right to education is respected and upheld. Study findings reveal a positive trend: the proportion of children reporting school absenteeism declined from 43.8% at baseline to 39.8% at outcome, while those who reported consistent attendance increased from 56.2% to 60.2%.

Though the improvement is modest, it signals meaningful progress in addressing key risk factors—such as neglect, exploitation, and excessive household responsibilities—that often keep children out of school. This shift points to the growing effectiveness of child protection interventions, including caregiver training, community sensitization efforts, and school-based support systems. Collectively, these strategies are helping to create safer, more stable environments that support regular school attendance and overall child well-being.

Table 13: Percentage of children who missed school

Absenteeism from schools	Baseline (n=409)	Outcome (n=256)
Yes	179 (43.8%)	102 (39.8%)
No	230 (56.2%)	154 (60.2%)

Reasons for missing school

The outcome study found that fewer students missed school due to housework, lack of school fees, or caring for siblings, suggesting potential social or economic improvement. While illness remained the most cited reason for missing school, it slightly reduced from 44% at baseline to 39% in the outcome study (Table 15). However, there was a notable increase in the number of children missing school for work (garden/shop), rising from 2% to 15%, which points to rising pressure for children to contribute economically. The other reasons for missing school include children attending social events including funerals, prayers and attending to sick relatives.

Table 14: Reasons for absenteeism

No	Reasons for missing school	Baseline (n=179)	Outcome (n=102)
1	Housework*	52 (29%)	8 (8%)
2	School fees*	76 (42%)	12 (12%)
3	Sickness	78 (44%)	40 (39%)
4	Taking care of brothers/sisters*	21 (12%)	7 (7%)
5	Work (garden / parent's shop or stall) *	3 (2%)	15 (15%)
6	Other	NA	20 (20%)

* P< 0.05, difference in proportion is statistically significant

Changes in how children are disciplined at home

Caregiver disciplinary practices shifted between the baseline and outcome studies. The use of aggressive methods decreased including shouting/yelling/screaming (47.7% to 28.5%), knocking the child's head (7.9% to 0.8%), and denying food as punishment (2.1% to 0.4%). Refusing to speak to the child slightly decreased (7.1% to 6.1%), and kicking, reported at 5.0% initially, was not reported in the outcome study. Other practices remained largely stable including cursing/nicknaming (1.7% to 1.9%), and caning (47.3% to 46.4%).

Table 15: Changes in Discipline Practices at Home

No	Disciplinary measure	Baseline (n=241)	Outcome (n=263)
1	/Shout/yell/scream*	115 (58%)	75 (29%)
2	Curse/nickname	4 (4%)	5 (2%)
3	Refuse to speak to your child	17 (7%)	16 (6%)
4	Cane your children	114 (47%)	122 (46%)
5	Kick your child	12 (5 %)	0
6	Knock the head*	19 (8%)	2 (0.8%)
7	Deny them food	5 (2%)	1 (0.4%)
8	No punishment*	5 (2%)	36 (14%)

* P< 0.05, difference in proportion is statistically significant

Positive disciplinary measures being adopted by parents

A notable positive change was the significant increase in reporting no punishment, from 2.1% to 13.7%. Additionally, majority of the caregivers are adopting other disciplinary measures including counselling and guidance with the associated cautioning of children as a perfect approach for disciplining children; followed by assigning chores and withdrawal of likes for a given child in wrong or denying them the earlier promised gift so that they are able to reform as shared by some below: -



After learning 9 parenting sessions for Bantwana, I always provide guidance and counselling to my children so that they can grow as responsible adults.

Caregiver Survey_Bunyangabu

I first counsel my children and caning is the last punishment I can give to my child.

Caregiver Survey_Kyenjojo

Table 16: Positive Disciplinary Practices Adopted by Parents

No	Disciplinary measure	Frequency
1	Counseling and guidance or cautioning	104 (94.5%)
2	Assignment of chores as a punishment	4 (3.6%)
3	Withdraw of likes or promised gifts	2 (1.8%)

Safety in schools

Overall, children reported feeling significantly safer in their communities and schools, with community safety perceptions rising from 49.4% to 78.8% and school safety slightly increasing from 89.1% to 91.8%. Consequently, the percentage of children absent from school due to safety concerns dropped considerably from 25.6% to 8.9%. While most children continued to receive necessary support from parents or caregivers, consistent positive teacher reinforcement significantly decreased by 26.5 percentage points, falling from 73.8% to 47.3%.

Table 17: Teacher and Caregiver Conduct

No	Statement	Disaggregation	Baseline (n=410)	Outcome (n=259)
1	Use of encouraging words or phrases by teachers*	Always	301 (73.8%)	121 (47.3%)
		Sometimes	82 (20.1%)	111 (43.4%)
		Never	25 (6.1%)	24 (9.4%)
		Missing	2	3
2	Frequency of parents or caregivers refusing to provide you with food, clothing, school supplies, or money for school fees	Always	82 (20.0%)	5 (1.9%)
		Sometimes	98 (23.9%)	25 (9.7%)
		Never	230 (56.1%)	229 (88.4%)
3	The use of harsh words or calling a child bad names by teachers (last six months?)	Always	30 (7.3%)	4 (1.6%)
		Sometimes	86 (21.0%)	36 (14.1%)
		Never	294 (71.7%)	216 (84.4%)

* P< 0.05, difference in proportion is statistically significant

Safety in schools and communities - children's perspective

The children's perception of community safety showed a substantial improvement, increasing from 49.4% to 78.8%. This suggests that children are less exposed to abuse and thus feel safe both in school and community. School safety, which was already high at 89.1%, rose slightly to 91.8%. The percentage of children missing school due to feeling unsafe decreased significantly from 25.6% to 8.9%, indicating considerable improvements in both actual and perceived safety.

Table 18: Children's Safety at School

No	Statement	Disaggregation	Baseline (n=409)	Outcome(n=259)
1	Children who feel safe from abuse in our community*	Yes	202 (49.4%)	204 (78.8%)
		No	207 (50.6%)	54 (20.8%)
2	Children who feel safe while at school*	Yes	361 (89.1%)	235 (91.8%)
		No	44 (10.9%)	16 (6.3%)
3	Children who missed school because they felt unsafe*	Yes	103 (25.6%)	23 (8.9%)
		No	299 (74.4%)	236 (91.1%)

* P< 0.05, difference in proportion is statistically significant

Physical punishment (use of sticks /caning)

Teachers remain the main perpetrators of physical punishment (using sticks) at approximately 63% across both time periods. Caregivers account for roughly 36%, showing little change. While the percentage punished by both teachers and caregivers is minimal, it saw a slight increase in the outcome study. A significant decrease occurred in the frequency of caning (always) from 7.5% to 2.2%. Conversely, occasional caning (sometimes) rose from 92% to 98%, indicating a move towards less severe corporal punishment rather than its elimination.

Table19: Physical Punishment

No	Physical punishment	Disaggregation	Baseline	Outcome
1	Person who caned a child	Caregivers	140 (35.8%)	65 (35.9%)
		Teacher	246 (62.9%)	113 (62.4%)
		Both	5 (1.3%)	3 (1.7%)
		Total	391	181
2	Frequency of caning	Always*	29 (7.5%)	4 (2.2%)
		Sometimes*	358 (92.5%)	177 (97.8%)
		Total	387	181

* P< 0.05, difference in proportion is statistically significant

This suggests the SAFE Programme is likely contributing to a reduction in the intensity of punishment in schools.

Peer violence (bullying)

There is a significant reduction in the percentage of children who witnessed or experienced bullying—from 81.2% at baseline to 25.8% at outcome (Table 13). This suggests a significant reduction in peer violence and this is attributed to the contribution of the SAFE Programme that continues to influence behavioral shifts among children. Among those who did witness or experience bullying: In both studies, the majority were referring to someone they know, not themselves. However, the percentage of those personally bullied increased from 19.2% to 26.9% in the outcome study.

Table 20: Peer Violence

No	Peer violence	Disaggregation	Baseline	Outcome
1	Children who witnessed or experienced bullying*	Yes	333 (81.2%)	67 (25.8%)
		No	77 (19.2%)	192 (74.2%)
2	The person who was bullied	You	64 (19.2%)	18 (26.9%)
		Someone you know	269 (80.8)	49 (73.1%)
		Total	333	67

* P< 0.05, difference in proportion is statistically significant

Response to peer violence

From the few (67 children) cases who reported witnessing experiencing bullying, they demonstrated a decrease in help-seeking initiatives when bullied or witnessed bullying in the outcome study. For instance, talking to friends (dropped from 27% to 6%) and talking to parents / caregivers (dropped from 34.3% to 6.0%). There is a significant increase in inaction with the proportion of children who did nothing increasing from 7.8% at baseline to 32.8%) during the outcome study. While teachers remain the main source of primary support, fewer children (from 45.5% to 37.3%) reported seeking help from them (Table 22). These findings point to a drop in trust in the available support systems and general laxity because of actions on reported cases.

Table 21: Response to Peer Violence

No	Response to peer violence	Baseline (n=333)	Outcome (n=67)
1	Talked to teachers / headteacher*	153 (45.5%)	25 (37.3%)
2	Talked to a friend*	90 (27.0%)	4 (6%)
3	Talked to my parent/caregiver	114 (34.3%)	4 (6%)
4	Talked to another trusted adult	31 (9.3%)	9 (13.4%)
5	I did Nothing*	26 (7.8%)	22 (32.8%)

* P< 0.05, difference in proportion is statistically significant

The findings in table 22 suggest growing barriers to disclosure and support and highlight potential gaps in the perceived effectiveness, accessibility, or responsiveness of existing child protection systems. The increase in silence may be driven by fear of retaliation, a lack of trust in adults, or experiences of inaction following past reports.

Sexual Abuse - children's perspective

Children showed improved understanding and reduced uncertainty regarding issues related to sexual abuse, such as unwanted pregnancy and sexual relations with adults, between the baseline and outcome studies. Although reports of unwanted pregnancies increased slightly (from 46.3% to 53.8%), this may reflect either a genuine rise in cases or greater willingness to disclose such experiences due to increased awareness and openness. In contrast, reports of children engaging in sex with adults declined modestly (from 25.6% to 22.8%), alongside a notable increase in "No" responses (from 63.7% to 72.2%). This shift suggests strengthened protective behaviors among children and may indicate the positive impact of prevention and awareness interventions.

Table 22: Sexual Abuse among Girls

No	Statement	Disaggregation	Baseline (n=410)	Outcome (n=259)
1	Unwanted pregnancy (self / other girls)*	Yes	190 (46.3%)	85 (53.8%)
		No	179 (43.7%)	167 (64.5%)
		Don't know	41 (10%)	7 (2.7%)
2	Engaging in sex with an adult (self / other girls)?*	Yes	105 (25.6%)	59 (22.8%)
		No	261 (63.7%)	187 (72.2%)
		Don't know	44 (10.7%)	13 (5.0%)

* P< 0.05, difference in proportion is statistically significant

Overall, the results point to increased knowledge and potential positive impacts of the SAFE Programme. However, the continued reports of unwanted pregnancies underscore the importance of the SAFE Programme's ongoing focus on teenage pregnancy awareness.

Response to Child Sexual Violence - a mixed response between caregivers and children

Overall, responsiveness to Child Sexual Abuse (CSA) shows a mixed trend between caregivers and children over the two time periods. Caregivers are increasingly responsive, with fewer reporting inaction and more reporting to authorities (police) and other caregivers. However, girls report a decline in help-seeking from trusted sources like teachers, parents, and friends, and an increase in inaction from 10% to 44%, suggesting fear, mistrust, or stigma. This discrepancy highlights that while parents perceive themselves as more responsive, children increasingly do not view caregivers and teachers as helpful. For example, the proportion of children talking to parents decreased significantly (from 44% to 19%).

Response to child sexual violence - children's response

The response to sexual abuse among girls showed a decline in help-seeking behaviors across all categories—teachers, friends, caregivers, and other trusted adults—from the baseline to the outcome study. This trend may reflect increased fear, diminished trust, stigma, or reduced access to support systems. Most notably, the proportion of girls who took no action rose sharply from 10% to 44%, indicating a concerning drop in confidence or ability to seek help. Reporting to parents or caregivers also declined significantly, from 44% to 19%, potentially signaling a growing disconnect, fear of punishment, or a lack of openness and support within the home environment.

Table 23: Children's Response to Child Sexual Abuse

No	Response	Baseline (n=105)	Outcome (n=59)
1	Talked to teachers / headteacher	33 (31%)	8 (14%)
2	Talked to a friend	30 (28%)	6 (10%)
3	Talked to my parent/caregiver	46 (44%)	11 (19%)
4	Talked to another trusted adult	9 (9%)	2 (4%)
5	Did nothing	10 (10%)	26 (44%)

* P< 0.05, difference in proportion is statistically significant

Response to child sexual violence– caregiver’s response

More caregivers are acting, with those reporting “doing nothing” decreasing from 28.8% at baseline to 18.5% at outcome. Reporting cases to the police increased significantly, from 7.6% to 16.9%, suggesting greater trust in formal justice systems or increased awareness of legal procedures. Additionally, there was a notable rise in caregivers engaging with their peers, as reflected by a significant increase in “talking to other parents or caregivers.”

However, the proportion of caregivers who talked directly to the child dropped sharply from 13.6% to 3.1%, which may indicate discomfort in addressing sensitive issues with children, reluctance to take personal responsibility, or an over-reliance on external actors. At the same time, reduced engagement with local leaders (LC1s) and teachers could signal declining confidence in local justice or protection mechanisms, accompanied by a shift towards more formal structures like the police. The “Other” category also increased markedly from 1.5% to 10.8%, with caregivers reporting engagement with para-social workers, SAFE program staff, and probation officers.

Table 24: Caregivers’ Response to Child Sexual Abuse

No	Response to sexual violence	Baseline	Outcome
1	Talked to the parent / caregiver	17 (25.8%)	25 (38.5%)
2	Talked to a teacher	2 (3.0%)	1 (1.5%)
3	Talked to the child	9 (13.6%)	2 (3.1%)
4	Informed LC1	13 (19.7%)	7 (10.8%)
5	Informed Police	5 (7.6%)	11 (16.9%)
6	Nothing	19 (28.8%)	12 (18.5%)
7	Other	1 (1.5%)	7 (10.8%)

* P< 0.05, difference in proportion is statistically significant

Access to services for victims of sexual violence

Access to services has improved, with the proportion of survivors receiving support increasing from 51.6% at baseline to 60.6% at outcome. This positive trend suggests enhanced availability, outreach, and referral systems. Additionally, the significant decline in “Not sure” responses—from 24.2% to 6.1%—indicates that children are now better informed, likely reflecting the SAFE Program’s efforts to engage senior male and female teachers, para-social workers, and improve communication from service providers.

Despite these gains, a major concern remains: one-third (33.3%) of survivors in the outcome study still did not receive any services, underscoring persistent gaps in coverage, accessibility, or follow-up that need to be addressed to ensure comprehensive support for all survivors.

Table 25: Access to Services for Survivors

No	Statement	Disaggregation	Baseline (n=95)	Outcome (n=33)
1	Survivor received a service*	Yes	49 (51.6%)	20 (60.6%)
		No	23 (24.2%)	11 (33.3%)
		Not sure	23 (24.2%)	2 (6.1%)

* P< 0.05, difference in proportion is statistically significant

Exposure to vulgar language at schools

The outcome study reveals that exposure to vulgar language at schools have significantly decreased to 33.2%, compared to 47.6% at baseline.

Table 26: Children who heard vulgar language at school

No	Statement	Disaggregation	Baseline(n=393)	Outcome n=259)
	Verbal abuse (vulgar language) at school	Yes	187 (47.6%)	86 (33.2%)
		No	171 (43.5%)	171 (66.0%)
		Don't know	35 (8.9%)	2 (0.88%)
		Total	393	259

* P< 0.05, difference in proportion is statistically significant

The primary source of vulgar language exposure shifted significantly between the baseline and outcome studies. Initially, fellow students were almost universally the main source. However, this dropped significantly to 34.8% in the outcome study, suggesting a change in behavior or school environment. In contrast, "other adults" became the most common source in the outcome study (54.7%), more than doubling from the baseline. Throughout both studies, parents/caregivers and teachers remained relatively uncommon sources of vulgar language exposure.

Table 27: People who used vulgar language

No	People using vulgar language	Baseline(n=187)	Outcome (%) (n=86)
1	Teacher	20 (10.7%)	
2	Fellow pupil	186 (99.4%)	31 (34.8%)
3	Parent/caregiver	25 (13.4%)	8 (9.3%)
4	Other adult	54 (28.9%)	47 (54.7%)

* P< 0.05, difference in proportion is statistically significant

Caregivers' Awareness of Child Sexual Abuse

Caregiver awareness of child sexual abuse cases significantly decreased from 33% to 27% over the past six months (Table 20). Among the 65 caregivers aware of child violations (Table 21), defilement was the predominant form of sexual abuse, showing a slight increase from 53(94.6%) to 63(96.9%) Sexual harassment was rarely reported, suggesting a potential lack of community awareness regarding it. Teacher-perpetrated abuse sharply increased from 1(1.6%) to 11(17.7%), while peer-perpetrated abuse decreased. Neighbors remained the most frequently reported perpetrators, accounting for 37% of cases (Table 22). These findings highlight the necessity for community-level interventions and enhanced child safety monitoring.

Child sexual violation in the communities or villages *	75 (33%)	65 (27%)
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* P< 0.05, difference in proportion is statistically significant

Table 28: Forms of Child Sexual Abuse

No	Form of Child Sexual Abuse	Baseline (n=56)	Outcome (n=65)
1	Defilement	53 (94.6%)	63 (96.9%)
2	Sexual harassment	3 (5.4%)	2 (3.1%)

* P< 0.05, difference in proportion is statistically significant

Table 29: Perpetrators of Child Sexual Abuse

No	Perpetrator	Baseline (n=64)	Outcome (n=62)
1	Caregiver	3(4.7%)	5 (8.1%)
2	Neighbor*	21 (9%)	23 (37.1%)
3	Stranger	12 (18.8%)	14 (22.6%)
4	Fellow child	21 (32.8%)	9(14.5%)
5	Teacher*	1 (1.6%)	11 (17.7%)
6	Others (relatives and other family members, community members from the same or neighboring villages)	6 (9.4%)	0 (0.0%)

* P< 0.05, difference in proportion is statistically significant

To provide further insight into CSA, the quotes below reflect the complex and deeply rooted nature of child sexual abuse (CSA) across the program sites, highlighting a mix of individual, familial, and community-level risk factors. Substance abuse, particularly among parents, was cited as a driver of incest and loss of self-control. Poverty-related conditions such as overcrowded housing that denies children privacy were also linked to early sexual exposure and imitation of adult behaviors. Most CSA cases appeared to occur within communities rather than schools, with perpetrators including biological parents, stepparents (especially stepmothers), male relatives, teachers, boda boda riders, marijuana plantation owners, and peers. These accounts underscore the urgency of strengthening child protection within both homes and communities, improving housing conditions, addressing substance abuse, and enhancing the accountability of adults in caregiving and teaching roles. They also revealed the need for community-based awareness and response systems that are trusted, accessible, and responsive to children's disclosures.



Drug abuse is another factor and this mainly leads to incest as many parents fail to control themselves and end up abusing their own children or children of their relatives.

KII_Kyenjojo 2

Some of our children have been violated, for example there is a girl who was defiled and got pregnant. She told me that she was going somewhere to take money to a certain association where the mother had sent her; it started raining and she went to a house and found a boy who defiled and impregnated her. She told me that, I want you to tell my mother so that I can find a way out. So I had to keep the girl in school and send for her mother. So the mother came and I handed the issues to the senior woman and the head teacher; they actually handled the issue. Unfortunately, the girl aborted but came back and completed P7 and she is now in secondary school.

IDI_School_Kabarole 2

Some parents do not have privacy e.g. you find that in a certain home they are living in one room with parents sleeping on the bed while their children sleep down. As parents engage in sexual intercourse you find that children are watching or listening to what their parents



are doing at night, so you find children saying to each other that let us do what father and mother do at night.

IDI_Community_Bunyangabu 1

Children are being defiled, mostly girls are impregnated, you find a 13-year-old pregnant and suffering because she is a child producing another child."

FGD_Female Caregivers_Kyenjojo

"We also have sexual violence against children perpetuated by parents; we have had cases where children are sexually harassed by their parents, relatives and even members of the community.

KII_Kabarole 3

The bodaboda guys and other boys in the village will see that child as one who is wanting something, 'let us give it to her'. Then you'll find when they've caught her in corners and they end up abusing the child.

FGD_Female Caregivers_Kabarole

3.2.5: Prevention and response approaches in place

To evaluate the changes in prevention and responses in place the study examined five areas: teachers' roles in prevention, children's awareness of risk factors and their ability to avoid negative influences and report VAC, caregivers' knowledge of risk factors and their roles, the existence of unsafe places, and ongoing response initiatives.

Overall, the research indicated significant progress in children's ability to identify abuse (from 45.1% to 83.0%) and increased understanding of body changes and prevention (from 83.3% to 92.3%). Children demonstrated improved resistance to negative peer pressure and greater confidence in reporting abuse. However, several high-risk environments for child abuse were identified, including bars, cinemas, plantations, markets, isolated areas, school grounds, and homes with non-parental caregivers, emphasizing the necessity for wider community safeguarding measures. While children reported a decrease in teachers' involvement in setting rules about sexual abuse, community feedback clarified that schools established these rules at the SAFE Programme's start, and the current focus is on enforcement. Detailed findings are presented in subsequent sections.

The role of teachers in prevention and response

While most children report that their teachers are open to consultations and guidance on adolescent growth, sexuality, and other school issues, there has been a significant decline in sexual abuse prevention efforts. The percentage of children who said their teachers "always" establish rules for sexual abuse prevention dropped from 71% in the baseline study to 32% in the outcome study, with a corresponding increase in "never" responses. This indicates that less attention is being given to establishing such rules.

Table 30: Roles of Teachers in Preventing and Responding to VAC

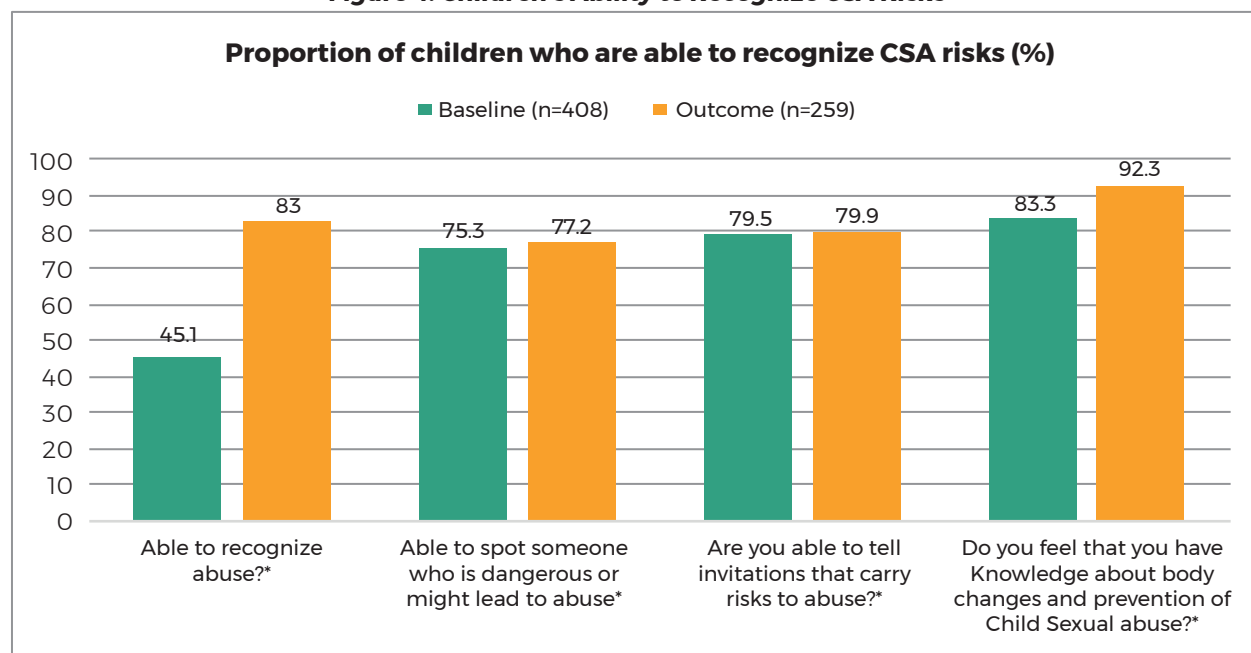
No	Role	Disaggregation	Baseline(n=410)	Outcome (n=259)
1	Create time to listen and guide girls and boys on adolescent growth and sexuality	Always	201 (49.0%)	119 (45.9%)
		Sometimes	169 (41.2%)	133 (51.4%)
		Never	40 (9.8%)	7 (2.7%)
2	Consult with children about school and home issues*	Always	211 (51.8%)	139 (53.7%)
		Sometimes	143 (35.1%)	143 (43.6%)
		Never	53 (13.0%)	7 (2.7%)
3	Work with children to establish rules for sexual abuse prevention*	Always	291 (71%)	83 (32.0%)
		Sometimes	90 (22%)	115 (44.4%)
		Never	29 (7.1%)	61 (23.6%)
4	Encourage students to join school clubs	Always	275 (67.2%)	162 (62.5%)
		Sometimes	102 (24.9%)	76 (29.3)
		Never	32 (7.8%)	21 (8.1%)

* P< 0.05, difference in proportion is statistically significant

Change in children's awareness about risk factors

The SAFE Programme has positively impacted children's ability to recognize abuse, which has risen significantly from 45.1% to 83.0%. This improvement is also evident in the increased knowledge of body changes and abuse prevention, which has gone up from 83.3% to 92.3%. Additionally, children have maintained a consistently high ability to identify dangerous individuals and risky invitations, demonstrating sustained awareness in this area.

Figure 4: Children's Ability to Recognize CSA Risks



* P< 0.05, difference in proportion is statistically significant

Changes in children's ability to avoid negative influences and report VAC

Children were asked about their ability to avoid negative influence. The responses from these

3 questions revealed a significant improvement in children's ability to resist negative peer pressure. The percentage of children who "Always" resist negative peer pressure increased substantially from 49.5% to 88.4%, while the percentage who "Never" resist dropped sharply from 38.7% to 1.9%. Furthermore, children demonstrated increased confidence in reporting abuse, indicating both a greater willingness to come forward and a better understanding of where to seek help. This suggests that effective support systems are in place.

Table 31: Children's Ability to Avoid Negative Influences

No	Negative influence	Disaggregation	Baseline (n=410)	Outcome (n=259)
1	Bad peer influences (especially saying no to boys and girls who encourage them to engage in sex) *	Always	202 (49.5%)	229 (88.4%)
		Sometimes	48 (11.8%)	25 (9.7%)
		Never	158 (38.7%)	5 (1.9%)
2	Abuse / bad touches or other threatening behaviour to an adult*	Always	307 (74.9%)	222 (85.7%)
		Sometimes	66 (16.1%)	32 (12.4%)
		Never	37 (9.0%)	5 (1.9%)
3	You know where to report bad touches or other threatening behaviour	Always	297 (73.0%)	229 (88.4%)
		Sometimes	64 (15.7%)	27 (10.4%)
		Never	46 (11.3%)	3 (1.2%)

* P< 0.05, difference in proportion is statistically significant

Change in caregivers' knowledge on risk factor of Child Sexual Abuse

Caregiver awareness of risk factors significantly increased from 78% at baseline to 98%. The main causes identified were lack of basic needs, poor parenting, and negative peer influence. Further details on risk factors are available in the table.

Table 32: Caregivers Awareness of CSA Risks

No	Question	Baseline (n = 241)	Outcome (n = 263)
1	Caregivers who are aware of any child sexual abuse risks that children face*	186 (78%)	257 (98%)

* P< 0.05, difference in proportion is statistically significant

Risk factors enabling CSA

Caregivers identified multiple risk factors contributing to child sexual abuse, as outlined in Table 35. The most commonly cited were lack of basic needs (27.3%) and poor parenting (19.6%), which includes violence, neglect, and inadequate care. Other notable factors included negative peer influence (15.0%), children walking alone at night (9.1%), and disruptive behaviors such as drug abuse (6.6%). Less frequently mentioned, but still significant, were children being lured by gifts or money (4.5%), school dropout (3.4%), and household economic hardship (2.9%). Additional risks included unsafe environments (2.7%) and parental drug use (1.8%). A smaller proportion of respondents (1.3%) highlighted factors such as exposure to pornography, domestic violence, unsupervised home visits, and lack of awareness of children's rights. These findings highlight the complex interplay of family, community, and societal factors that contribute to the vulnerability of children to sexual abuse.

Table 33: Caregivers' Perspective of Risk Factors for Child Sexual Abuse

No	Risk Factor	Frequency (%)
1	None Provision of basic needs	120 (27.3%)
2	Poor parenting practices i.e. use of violence on children, leaving children to move anyhow, no parental love and care etc.	86 (19.6%)
3	Bad peer groups	66 (15.0%)
4	Children's walking at night	40 (9.1%)
5	Children's disruptive behaviors like drug abuse, not listening to parents' advice etc.	29 (6.6%)
6	Children's love for free gifts or money	20 (4.5%)
7	School dropout	15 (3.4%)
8	Households' economic constraints	13 (2.9%)
9	Children's exposure to risky environments e.g. working in or going to bars, going to distant gardens or wells on their own.	12 (2.7%)
10	Parents' involvement in drug abuse	8 (1.8%)
11	Children's exposure to pornography	6 (1.3%)
12	Existence of domestic violence in homes	6 (1.3%)
13	Permitting children to go for residential visits	6 (1.3%)
14	Others (parents' and children's ignorance about children's rights, existence of harmful cultural beliefs, children's ignorance on negative effects of CSA and parents' failure to take action when children report experience of CSA.)	6 (1.3%)

The intersection in the causes of VAC /CSA in schools and communities

Denial of basic needs was cited as the primary driver of violence against children (VAC) in both communities (79%) and schools (69%) as shown in Table 36 below. Other contributing factors in both settings included peer pressure, child substance abuse, and exposure to pornography, though their prevalence varies. Negative cultural/religious beliefs were reported less frequently (13% community, 12% schools).

Family-related issues such as parental substance abuse (69%), domestic violence (66%), irresponsible parenting (63%), and household poverty (52%) were highlighted as causes of VAC. In schools, however, the emphasis shifted to child behavior, with peer pressure (67%), stubbornness (45%), and absenteeism (45%) being key factors. Teacher stress was a less prominent concern (33%). The SAFE Programme should concurrently address family/ community-related issues and implement behavioral change interventions targeting children.

Table 34: Causes of VAC in Schools and Surrounding Communities

No	Factors	Communities (n=263)	Schools (n=263)
1	Denial of basic needs (food, shelter, clothing, etc.)	207 (79%)	181 (69%)
2	Parents abusing drugs or alcohol	180 (69%)	N/A
3	Domestic violence	173 (66%)	N/A
4	Irresponsible parenting	166 (63%)	N/A
5	Low household income	137 (52%)	N/A
6	Peer pressure	124 (47%)	150 (57%)
7	Parents ignorance of child protection rights	116 (44%)	N/A
8	Stubbornness of children	83 (32%)	119 (45%)
9	Children dropping out of school	82 (31%)	N/A
10	Children abusing drugs or alcohol	70 (27%)	56 (21%)

No	Factors	Communities (n=263)	Schools (n=263)
11	Spread of pornography	60 (27%)	52 (20%)
12	Parents' limited acceptance of children's rights	51 (19%)	N/A
13	Diminishing role of community in child upbringing	45 (17%)	N/A
14	Inadequate laws/bylaws on child protection	43 (16%)	N/A
15	Parents' attempt to maintain authority	41 (16%)	N/A
17	Negative cultural/religious beliefs	34 (13%)	31 (12%)
18	Children escaping or absenting themselves from school	NA	116 (44%)
19	Teachers' personal problems or stress	NA	88 (33%)
20	Teachers' ignorance of child protection rights		64 (24%)
21	Children's poor performance in class	NA	54 (21%)
22	Teachers' limited acceptance of child	NA	49 (19%)
23	Teachers' attempt to maintain authority	NA	48 (18%)
24	Children being untidy	NA	37 (14%)

Several factors were found to contribute to child abuse in the Programme sites. Harmful cultural practices and beliefs, drug abuse by parents, and domestic violence all play a significant role. Domestic violence often leads to children being beaten or chased from their homes, and can result in fathers withdrawing financial support or abandoning their families altogether. This can leave older children with the responsibility of caring for their younger siblings. In some cases, fathers may sexually abuse their daughters. Children living with relatives or stepmothers may also be subject to physical abuse and overwork, as they are often seen as a source of labor.

A lack of both tangible and intangible support, such as parental love, guidance, and financial support for basic needs like education, can also lead to child abuse. This can force children to seek alternative sources of support, which can lead to them engaging in sexual activity or child labor. Economic hardship can also lead to caregivers marrying off their children or denying them education so they can work, particularly in areas with high levels of agricultural activity.

Exposure to pornography and other explicit content through various media, parental ignorance of children's rights, and limited sleeping space can also contribute to child abuse. Children may witness their parents engaging in sexual activity due to limited space, leading to curiosity and experimentation. Unsafe environments such as unaccompanied access to cinema halls, distant gardens, wells, bars, and markets can also expose children to abuse.

Poor parenting practices, such as allowing children to walk alone at night, failing to provide for their basic needs, and using violence as a means of discipline, are also risk factors. Unresponsive child protection structures and overcrowded classrooms, where teachers may resort to violence to maintain control, further exacerbate the issue.



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We also tend to send our children to relatives; let her/him go and study from the uncle's home, without following up you'll find the child fetching 10 jerry cans of water, not eating on time, for girls you'll find the uncle waking up to abuse this child at night and because of fear the child won't talk. The man will sleep with her and spoil her.

FGD_Female Caregivers_Kabarole

What causes violation of children's rights is failure by a parent to understand the rights of a child because if you know and understand the rights of a child then you cannot abuse them.

FGD_Male Caregivers_Kyenjojo

Our world is changing very fast, children are in the digital era, even a child is on a smart phone, radio, TV, and in that a child is exposed to things that can abuse her. As a parent you fail to control the situation because you can't switch off the radio, TV or even hide the phone. Our villages have turned into towns.

FGD_Male Caregivers_Bunyangabu

Some parents do not have privacy, for example you find that in a certain home they are living in one room with parents sleeping on the bed while their children sleep down. As parents engage in sexual intercourse you find that children are watching or listening to what their parents are doing at night, so you find children saying to each other that let us do what father and mother do at night and that has become a problem in the village. However, when sessions of meeting with children started, such cases reduced.

IDI_Community_Bunyangabu 1

We market days whereby on these days' parents do not allow their children to go to school they tell them to go and help them in the markets hence affecting their education.

KII_Kyenjojo 3

Existence of unsafe spaces

The study identified a number of places or contexts where children are more vulnerable to child abuse. These include bars, cinemas, and disco halls where children are exposed to pornography; marijuana plantations where children work; weekly markets where children work and miss school; forested roads or dark spots at night or during the day; distant or isolated water points and gardens; social gatherings like weddings, parties, and funerals; remote or hard-to-reach areas; classrooms and school compounds; and homes where children are under the care of relatives or step-parents.

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On market days you find children loading matooke that they are making money; in our trading center or at night you find very many children walking and parents are not minding, some children go to discos to dance.

FGD_Male Caregivers_Bunyangabu

There are bars where people are always drunk and this puts children at a risk of being abused even by the parents who happen to be in such places including places nearer to the national park. There is a child who came to me from some home down there next to the national park and told me that his father was arrested for a rape case and that the mother is always drunk, so I asked this child what he wanted and he told me that he wanted to go to school; 'my fellow children told me to come to you and you could help me to go school.' I managed to take this child to school and provide him with some basic needs; as I talk now he is at school studying. This reflected to me that there are many more children facing such problems.

IDI_Community_Kabarole 1

This mostly happens in night clubs, football cinema halls and where there are gatherings for example during burials, that's where a man/boy finds a gap and gets a girl, some others just get chances when they are having such parties. Those that had grievances within themselves also start fighting and they are young children of probably 14-18 years.

IDI_Community_Kyenjojo 1

Some marijuana plantations are harvested at night and it is mostly children who do this work.

FGD_Male Caregivers_Kabarole

Stakeholders' initiatives to address unsafe spaces

The different actors in the Programme sites shared some of the steps they have undertaken to address unsafe places or environments that expose children to rights violations. These steps included encouraging children to report any threats of violence, abuse, and exploitation (VAC) in their schools and communities, and sensitizing caregivers on how to keep their children safe while at school and in communities. Caregivers were encouraged to provide for their children's basic needs and take safety measures such as not allowing them to walk at night or loiter in trading centers. Other steps included home visits to raise awareness about children's rights and child protection, and incorporating information about children's rights into school weekly assemblies and PTA meetings.



As Bantwana, we had a lunch and learn Programme whereby sensitization Programmes were carried out for training parents, teachers and children about their rights, child sexual abuse issues, teen pregnancies and others.

IDI_School_Kabarole 4

We also carry out home visits whereby awareness campaigns are carried out on a home to home basis and also involve Organizations like the Bantwana which later helps in arresting the wrong doers by working together with the police.

IDI_School_Kyenjojo 3

As leaders, we keep on sensitizing other stakeholders like parents to keep watch of their children, not to allow them to move so late in the night but also not too early as they leave for school unless they are escorting them more so those that come from far areas.

IDI_Community_Bunyangabu 2

Shift in knowledge regarding VAC prevention and response

Children were less likely to engage in harmful behaviors, including sexual abuse, due to increased awareness of the negative consequences, such as imprisonment. Parents were more confident in implementing protective measures for their children, like restricting them from going out at night, after learning about the risks and how to guide their children without resorting to violence. Parents also became more aware of children's rights and their responsibilities as caregivers, including the legal consequences of neglect.

Providing reusable pads to girls led to reduced absenteeism and dropout rates. Additionally, children and caregivers were made aware of existing child protection structures and referral pathways in their communities, which resulted in increased reporting of child abuse cases. Parents were also empowered with positive parenting skills, such as using alternative punishments and having open discussions about sexuality, to guide their children away from disruptive behaviors.

Through lunch and learn campaigns in schools and other training sessions, school administrators and teachers gained a deeper understanding of the different forms of child abuse, their causes, preventive measures, and how to manage such cases. Teachers reported improved case management skills, including maintaining confidentiality, which helped to prevent stigma and reduce the risk of children dropping out of school due to abuse. This is illustrated in the quotes below;



We got training through our chairman about how parents and children should live. How can a child come at night and make you open for them? I had a 15-year-old, I didn't know where he would be all day. He used to come and start saying "open for me". I don't stay with their father. He is always at work. As a parent I would keep quiet but the brother would wake up and open for him and he would enter the house. When the training came and they taught us that the child is not supposed to have authority over you as the household head; I talked to him. So the child feared that he would come home early by 7pm. The child has never come late again; he is now 18 years old. I was so happy about the training I got.

FGD_Female Caregivers_Bunyangabu

Through the Bantwana Programme mostly the sensitization sessions, parents, teachers and children are now aware of the rights of children, children are aware and know where to report and they also know about the bad groups hence endeavoring not to join them.

IDI_School_Bunyangabu 2

In schools they help us with punishments that weren't necessary. A teacher would come with stress and beat a child badly like boxing an eight-year-old. We would ask ourselves how can an adult do such a thing to a child...Anger management was crucial and it helped us do away with such acts.

IDI_Community_Kyenjojo 1

These days people fear engaging in sexual intercourse with children because they know they will be arrested with the help of Bantwana.

IDI_Community_Kabarole 1

The awareness campaigns have been like eye openers as children now know their rights and it's now easier for them to open up to their parents as well as teachers in case of anything.

IDI_Community_Bunyangabu 2

I want to first thank Bantwana because before its coming we were not raising our children well, we were yelling at them, harassing them, giving them heavy punishments but now after Bantwana teaching us we are now giving our children simple punishments that do not hurt them so much...When Bantwana came we understood more things we never knew before and we came to know where to report just in case a child's rights are abused.

FGD_Male Caregivers_Kyenjojo

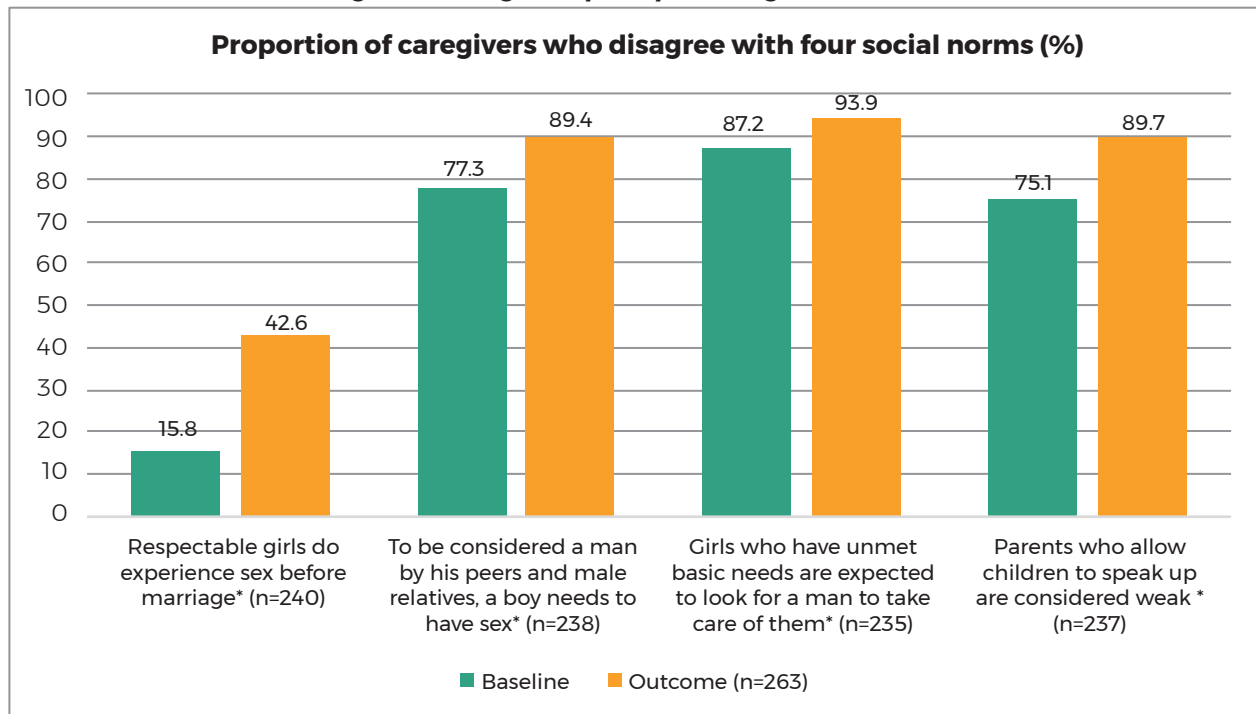
If there are any children who want involve themselves in sexual acts, they fear Bantwana because they know if it gets to know they will be taken to police. Therefore, I see peace has increased.

FGD_Female Caregivers_Bunyangabu

Changes in the caregiver's perception on social norms

The study assessed changes in caregiver perceptions across four social norms: premarital abstinence for girls, the perceived need for boys to have sex to gain respect, the expectation that girls with unmet needs will seek male support, and the view that parents allowing children to voice opinions are weak. Caregivers indicated their agreement or disagreement. The research also investigated existing community dynamics. Overall, caregivers showed a positive change in their understanding of social norms and child empowerment.

Figure 5: Caregivers' perception on gender norms



* $P < 0.05$, difference in proportion is statistically significant

Caregivers' attitudes demonstrate a positive change towards social norms and child empowerment. Specifically, the belief that respectable girls can abstain from premarital sex significantly increased from 15.8% to 42.6%, indicating a growing rejection of harmful norms (Table 37). The disagreement with norms reinforcing traditional masculinity and female economic vulnerability also rose. The percentage of caregivers disagreeing with the idea that a boy must have sex to be considered a man increased from 77.3% to 89.4%. Similarly, disagreement with the perception that girls with unmet needs should seek male support grew from 87.2% to 93.9%. Furthermore, there was a significant increase, from 75.1% to 89.7%, in caregivers disagreeing with the notion that parents who allow their children to speak up are weak.

Shift in attitudes regarding VAC prevention and response

Interviews with caregivers, para-social workers, teachers, and school administrators revealed that Bantwana's responsive parenting sessions fostered a mentality shift among community members. There was a renewed understanding that child upbringing was a collective community responsibility, not solely the parents. The community also embraced a more supportive attitude towards girls' education, including allowing pregnant girls and young mothers to continue their schooling. Caregivers became more proactive in ensuring their children's school attendance, even if they had no formal education themselves. These positive changes in attitude were attributed to Bantwana's sensitization on children's rights and parenting mentorship sessions.



Whenever we would fail to get school fees, we would tell the children to sit and stop studying after all the parents didn't study. But now Bantwana taught us to work so that our children are always in school.
FGD_Female Caregivers_Kabarole

Even the other girl who gave birth came back; she had registered, people were fearing that after giving birth she is not allowed to sit for her final examinations, we told them that; she accidentally got the pregnancy, she has given birth, she is free to come back and complete, so she came. The members of the family because of that sensitization pressurized the father and also the father came here to inquire from me if it is possible.

IDI_School_Bunyangabu 1

Back in the day, parents could not nurture or punish other people's children; in case one punished a child of another parent matters would end at police but after parents received parenting sessions and Bantwana told us that these are our children and we need to collectively groom them, parents changed so even if you punish someone's else child they don't over react like it was before. If the child complains to his or her parents, they will tell him or her that it was right to be punished, meaning that you did something wrong.

IDI_Community_Bunyangabu 1

Shift in cultural beliefs and practices regarding prevention and response to VAC

Prior to the intervention of Bantwana's awareness campaigns, a range of stakeholders adhered to practices and held beliefs that were detrimental to children's well-being. These included the prioritization of religious observance over formal education, the interpretation of physical maturation as a signal of marital eligibility, the acceptance of physical violence and exploitative labor as legitimate methods of discipline, and the perception of girls as economic assets for family wealth acquisition through dowry. These practices resulted in the infringement upon children's educational rights and subjected them to harmful situations.

However, through collaborative campaigns led by the SAFE Programme in conjunction with other child protection entities, there has been a substantial decrease in such instances of child abuse across the majority of communities. Notable exceptions persist in certain regions, particularly those inhabited by the Bakonzo and Bakiga ethnic groups, where the prevalence of child marriage remains a critical concern.



There are cultures that encourage children to get married before age. This is because parents think that when their children get married they will be able to get something such as money, animals among others and this forces parents to marry off their young daughters. These cases used to be there before but because of sensitization of the community they have actually reduced.

IDI_School_Kyenjojo 2

In the past days, our children got pregnant and gave birth and that was the end of them. No more going to school, every door would close because she got pregnant. But now I thank Bantwana for teaching us that after the girl gives birth you stay with the baby and she goes back to school.

FGD_Female Caregivers_Kabarole

These beliefs existed, however they have now reduced as a result of sensitization among people in the community. Some people would believe that it is okay for a girl of 12 years to get married or after developing breasts it is ok for a girl to get married or once the boy changes his voice it is ok for him to marry; such beliefs are phasing out these days. Parents now understand that when a child gets married, someone will be arrested.

IDI_Community_Kabarole 1

It is now not serious but such cases have been happening in the mountain areas because those people; the Bakonzo for them they get their wealth from the girl child when they are still young but now they are reducing.

IDI_School_Bunyangabu 1

Other existing norms in the communities

Across all the Programme sites, cultural beliefs and practices were a key factor in exposing children to sexual abuse and, to a lesser extent, other forms of abuse. These beliefs included perceptions that physical changes associated with puberty, such as breast development and menstruation for girls or voice changes for boys, indicated readiness for marriage. The perception of a girl child as a source of wealth, through dowry payment or fines for settling a case of defilement, also contributed to sexual abuse. The table below throws more light on the beliefs identified by caregivers that contribute to CSA in their communities across the Programme sites.

Table 35: Other Existing Social Norms and Beliefs

No	Existing social norms or beliefs	Frequency (%)
1	Girls are a source of wealth to the family	21 (19.9%)
2	Body growth and development changes are a sign of readiness for marriage	20 (19%)
3	Attaching much value to the boy child or considering men as superior over girls and women contributes to CSA as girls are denied education or expected to honour boys'/men's requests or advances for sex	13 (12.3%)
4	It's okay for a pregnant or an out of school girl to have sex or get married	12 (11.4%)
5	Perception early childhood sexual encounters as a perfection or check for manhood among boys or as an open up of the reproductive system or prevention of barrenness among girls	8 (7.6%)
6	Perception of children with too much freedom as adults or as a window for such children to take part in sexual activities	8 (7.6%)
7	With or without education there is still a window for survival	4 (3.8%)
8	The blame for CSA rests with the victim (girl) an excuse for perpetrators	3 (2.8%)
9	Attaching value to having grandchildren before death	2 (1.9%)
10	Perception of boys construction of small huts or attaining some source of income as readiness for starting off a family	2 (1.9%)
11	Perception of parents decisions as final hence forced child marriage	2(1.9%)

Perception of girls as a source of wealth to the family inform of dowry, consideration of body growth and development changes as readiness for marriage or involvement into sexual acts, attaching more value to a boy child at the expense of meeting the girls' rights or nurturing girls to be submissive to men's/boys' requests and out of school girls not being able to constitute a defilement case in case they are sexually violated still remained the other outstanding beliefs existing across the Programme sites contributing to CSA as mentioned in their respective order above;-



When a child drops out of school, let her go for marriage, when a boy child gets money let him marry because he can take care of his family.
Caregiver Survey_Kabarole

In my community some parents advise their children to marry early so that they can get grandsons and daughters. Another belief is bakonjo tribe encourage their sons to build their small houses near parents' house, this makes them independent and result they engage in sexual abuse.

Caregiver Survey_Bunyangabu

Furthermore, the practice of attaching greater value to male children due to the belief that they carry on the family legacy resulted in the denial of education for girls and the expectation that they perform domestic chores, under the guise of preparing them for marriage. Additionally, the perception that corporal punishment is the most effective way to raise a child led to physical abuse. This often resulted in children running away from home and, in some cases, entering into early marriages or living with relatives who may have subjected them to sexual abuse.



A child who is not in school is not considered a child and if she gets married, she's majorly neglected.

KII_Kyenjojo 5

Cultural beliefs whereby some people think educating a girl is a waste of time, those things still exist in our communities up to now.

KII_Kyenjojo 2

These parents don't mind asking these children, where have you got that watch from? The parent says if you can find a way of getting vaseline you are free. The parents have taken these children as a source of their income, they know once I get you with my girl, you will pay something; their fathers use it as an opportunity.

IDI_School_Kyenjojo 5

Some parents think having children who are girls is a source of wealth and so they feel educating them is a waste of time as they will be married off so they decide to mentor them and prepare them for marriage at a younger age for example we had one girl who was rescued by her fellow classmates just here in our neighboring community and she survived early marriage.

IDI_School_Bunyangabu 3

3.3: The SAFE Programme's alignment with needs, norms and government structures

The study assessed the SAFE Programme's alignment with local needs, positive norms, and existing structures through in-depth and key informant interviews with Programme staff, local government officials, and community members. Findings indicate significant stakeholder involvement throughout the Programme's design, inception, and implementation. The SAFE Programme effectively collaborated with existing school and community structures, including senior teachers, school leadership, and local government (LC1s). Social norms mapping and community dialogues were identified as positive practices, further detailed in subsequent sections.

Multi-stakeholders' involvement in the project design and inception

Key actors in child protection, including the DCDO/CDO, probation and District education offices, police, local government structures, school administrators, and parents, played a crucial role. They not only confirmed existing child protection concerns in the study sites to inform Programme design but also guided the Bantwana team on selecting target schools and communities. Additionally, they identified trustworthy individuals, such as para social workers and Programme coaches, for collaboration.

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Right from the start, we were involved in the planning meetings to also guide the partners of the places they are to implement. We have monitored their activities and evaluated their progress. We also participate in DAC meetings and also review meetings.

KII_Kabarole 1

By the time they invited us, they had to ask us the problems that were actually hindering our learners and we had to tell them what they could tackle and indeed they tried mostly guidance and counseling to be the best method of reducing those problems. Because some of the children would fall into the problem without knowing, but if you keep on telling them the cause of the problem, some of our children actually started protecting themselves and even parents picked interest to protect their learners, provide enough to their learners because some of them would be abused because of lack of basic needs from parents.

IDI_School_Kabarole 2

Existing interventions, structures and mechanisms for prevention and response to VAC

The SAFE Programme utilizes existing structures identified across the study sites to prevent and respond to Violence Against Children in Schools (VAC). These include teachers (senior male and female teachers/coaches), school administrators, school management committees, caregivers, families, para-social workers, judicial staff and the judiciary structure, LC.I vice-chairpersons and chairpersons and the LC.I structure, parish and sub-county chiefs, CDOs, child wellbeing committees at all levels, police (CFPU), project field officers, health workers, probation and District education offices, religious institutions, and members of the general community.

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We do case conferencing and also have a child-wellbeing-committee that sits at the sub-county and informs the District for the most complicated cases which involve very many stakeholders. We have the para-social workers, CDOs, police, Judiciary, LC1s, CSOs, DAC, Child-wellbeing-committee, school patrons and matrons then senior women and men.

KII_Kyenjojo 4

We have the head teachers in schools and the school management; the local councils and para-social workers. We also have the police, the CDOs, parents etc.

KII_Kyenjojo 1



When cases are identified head teachers do report to CDOs and the CDO reports the case to Police in different stations, then the culprits are handled. In schools there are suggestion boxes whereby if it's a case of a teacher involved in the harassment, issues are dropped into the suggestion box, the senior woman teacher and the learners were sensitized about what and where to report, how to report and also use of the suggestion box. When such cases happen, they report to the senior woman and senior man teacher, even the probation desk, they are free to report, they are given those free lines so those platforms are available.

KII_Bunyangabu 4

If there are cases of abusing children rights we report to the field officers, case managers, CDO, police and at the District.

IDI_Community_Kyenjojo 2

Utilization of the existing positive social norms and practices during design, inception implementation.

To address key social norms and practices that contributed to child rights violations, the SAFE Programme implemented a social norms approach. This approach was informed by a mapping exercise that identified existing positive and negative social norms linked to child abuse. The mapping involved various actors within communities and institutions.

The project incorporated topics into its curriculum to shift negative norms towards positive impacts. These negative norms included the belief that boys must have sex to be considered men, that girls with unmet needs should seek men to support them, and that out-of-school girls cannot file defilement cases if sexually abused. The project also addressed the perception that parents who allow their children to speak up are weak, which hinders children's participation in matters that concern them.

Through sessions with children, caregivers, teachers, and other actors, the project raised awareness about how such norms contribute to child abuse and its consequences. Activities like Grassroot Soccer empowered children to speak up about their rights, set goals, learn about their bodies, and advocate for themselves through debates and drama. Responsive parenting sessions equipped parents with positive parenting skills, household budgeting, saving for children's needs, and inclusive talks on sexuality.



We were addressing violence against children in schools and surrounding communities and in this case, we were talking much about sexual violence against children, so in order to prevent sexual violence in communities we had to implement the social norms approach. We started with mapping of negative and the positive social norms in schools and communities and how they support the acts of sexual violence against children. For instance, when we were mapping, we came up with four social norms; one of them was to be called a man by his peers and a boy must have sex. So through saying such words, they give ego to the boys and support the act of their going into sex when they are still young. If I may give the example of the social norm for girls with unmet needs to be expected to look for a man to provide for them, this is informed by a question like; do you think girls with unmet needs should move on and have a man to provide for them? Definitely the answer is no, if you don't have basic needs like books and pens, you can devise other means to get what you want, but not going in for a man.

KII_Bunyangabu 3

First of all we engaged the community to identify what social norms affect the community in terms of child neglect and also in terms of sexual abuse. In order to prevent the abuses we had to understand what are those common social norms that we can address, especially the negative social norms, so that we can address them to become positive. So these social norms after the research were embedded into the project. So for every curriculum that we've been working with there are social norms that have been put into it and the sessions. We have been working with social norms and community beliefs for instance; if a girl is a little bit older maybe 15, 16, then they expect that girl to be having someone take care of her needs if they are not provided. So for that matter the older girls are not so much cared for like the young ones because they believe someone else would take care of their needs; there is also a belief that children are not allowed to speak up and if they do, then the parents are considered weak which means that children's suggestions are not taken that serious. They are not listened to yet they could also have a contribution to their lives. The girls who are not in school are considered to be adults; so if a 16-year-old is defiled when not in school it's not considered as defilement. The other thing is that boys and men are entitled to sex without reprimands or without consequences, maybe a boy is having a girlfriend and she gets pregnant he's not the one to blame, but the girl is to blame. So those are some ideas...majorly we concentrated on the negative norms that we wanted to transform into positive ones so every negative norm that exists it's majorly addressed so that we could do a turnaround for those negative norms. So that caregivers can care for children and be able to report.

KII_Kyenjojo 5

Alignment of the SAFE Programme to the needs of the different stakeholders within the study sites

The SAFE Programme took a proactive approach to child protection, holding consultative meetings with parents, teachers, and local leaders to identify community risks and inform the design of project activities. They addressed key issues that compromised child wellbeing, such as widespread sexual abuse (including defilement, child pregnancy, and child marriage), and poor parenting practices (including physical punishment, anger, and unresponsiveness to children's needs).

Through interventions focused on parenting, children and parents learned about positive parenting, anger management, children's rights, and child agency. The SAFE Programme also collaborated with schools and local government structures to strengthen existing child protection initiatives. They mentored children on reusable pad making and "girl talk" activities, empowering girls to stay safe from sexual abuse and remain in school.

Operating within the national child policy framework, the Programme adopted a bottom-up approach to child protection. Community barazas and LC. Village meetings were used to raise awareness, while case management mechanisms, starting at the LC. I committee level, addressed child abuse cases. These mechanisms progressed to sub-county and District levels, contributing to effective administration of justice, budgeting, planning, and policy formulation for children. Overall, the Programme implemented new activities and strengthened existing ones to prevent and respond to violence against children at all levels.



Our activities are all aligned to the Children's Act and the National Child Policy; we did some adaptation around that because we earlier on had resources with the names which do not match the government ones so we had to review our structures to fit the government's provisions. We had the case conferences, we no longer call them case conferences, they are child well-being committees according to the government structure at various levels.

KII_Kabarole 2

The way I looked at the Programme it was teaching us how to stay with children and on how to solve issues in families such as family conflicts. These sessions empowered us and showed us what to do and now children who are not in school are few unlike how it used to be before... If you come and teach about anger management that when you are beating a child with anger you may damage the eyes or ears of the child, so that is exactly what parents needed.

IDI_Community_Bunyangabu 1



Bantwana people were able to understand the people they were going to deal with throughout the Programme. They were also able to find out the problems associated with violence against children because they would ask us to tell them the major forms of violence existing in our communities and schools, the causes of violence against children in families. And we were confirming whether the child protection issues they had actually existed in our communities. Many children were not in school, children were getting pregnant and married at an early age and at some point they aborted the pregnancy, men used to stay in bars and drink alcohol and these are the exact things that we wanted to be worked on. We even set laws against those who stay in bars and exceed 10pm.

IDI_Community_Kabarole 1

Because we are not knowledgeable about things like soap and sanitary pads making, we didn't have knowledge about it but we used to encourage the parents to buy enough materials and even as a school we used to buy them with the senior woman and when a girl gets a problem she goes to the senior woman. Then the senior woman would meet the girls and talk to them on how they will take care of their bodies.

IDI_School_Bunyangabu 1

First is that we ensure, for instance, if you look at the National Child Policy of 2020, it emphasizes the Child Wellbeing Committees which we've been implementing. It also encourages the SAPRT (Sexual Abuse Prevention and Response Training) from parish level to District level, we've been supporting to see that they work upon cases that come out in the reports and also suggest solutions for the cases and other issues that need to be addressed regarding children and also to ensure that in all government Programmes or District Programmes, children are also considered. The other thing is that we report into the OVC-MIS, which is an information system for the ministry; we report the cases that we've been working upon into the system, which feeds also into the government's database for the cases that are taking place. Our Programme also ensures caregivers are able to support children financially and morally so that they stay in school, so for every campaign that we do, we make sure that the children are taken back to school.

KII_Kyenjojo 5

Adaptations made to the SAFE Programme to ensure it suits the community contexts

The SAFE Programme was subject to several modifications to optimize its compatibility with the specific circumstances of the surveyed communities, thereby enhancing its efficacy, long-term viability, and potential for expansion. These modifications encompassed the following:

- A change from the theoretical framework of Child Rights Clubs to a pragmatic, child-centered Grievance Redress System approach, designed to cultivate self-awareness, assertiveness, and self-assurance among children.
- A transition from abstract teacher sensitization to a hands-on “lunch and learn” methodology, wherein educators research and present topics related to child protection, as well as formulate actionable plans.
- The adaptation of the SINOVUYO positive parenting curriculum to enhance user accessibility and better reflect the social conventions of the research communities.
- The implementation of parenting sessions with a focus on gender sensitivity, coupled with a revised curriculum that reduced the session count from 14 to 10, which resulted in improved completion rates.
- The alignment of intervention packages with governmental initiatives, exemplified by the renaming of “case conferences” to “child wellbeing committees.”
- The prioritization of caregiver responsive parenting sessions due to the high incidence of child abuse incidents within the domestic sphere and the broader community.
- The adoption of a District-managed implementation model, wherein local government officials take the lead in conducting Programme activities and providing training to essential stakeholders.

These adaptations are reflected in the quotes below;



Initially before we crossed to phase four we used to implement 'hang up the stick', it was all about physical violence and other forms of violence. But now under the social norms approach we are centered on sexual violence and other forms of violence. With the Girl Talk sessions; that if the girls make reusable pads, they are not going to drop out of school and they are going to address the other norm of girls with unmet needs.

KII_Bunyangabu 3

All our activities are aligned with the government arrangements because even our selection and entry points are determined by the Districts. And currently these two years, last year it was a pilot and we scaled to District led implementation, we no longer do direct implementation so we have to align with them.

KII_Kabarole 2



Our activities are all aligned to the Children's Act and the National Child Policy; we did some adaptation around that because we earlier on had resources with names which do not match the government ones; so we had to review our structures to fit the government's provisions. We had the case conferences, we no longer call them case conferences, they are child well-being committees according to the government structure at various levels.

KII_Kabarole 2

When we learnt the lessons that we've been having, we decided to do it on a large scale under the District-led modality where the District officials, the sub-county officials, like the chiefs, the CDOs, are the ones who are majorly using the curriculum to deliver it to the caregivers, monitor the Para-social workers who are delivering the curriculum to the caregivers and also the resource persons who are in schools to deliver the SAPRT (Sexual Abuse Prevention and Response Training) to the teachers because we needed to reach a wider coverage. So we piloted it in Kyenjojo and now it's in Kabarole and Bunyangabu based on the lessons learned.

KII_Kyenjojo 5

The Programme initially was majorly targeting teachers and children until teachers were like, abuses happen at school but mostly they happen at home; and even the research that we did the first abuse usually happens from home. So we had to target the caregivers through positive parenting sessions.

KII_Kyenjojo 5

3.4 Stakeholder Roles in promoting safe Schools and Communities

Addressing VAC necessitates a comprehensive and multi-faceted strategy that considers the diverse factors and responses involved in identifying risks and developing prevention and intervention efforts. The SAFE Programme intentionally collaborates with various stakeholders. This study aimed to investigate the roles these stakeholders play in fostering safe school and community environments for children. Researchers interviewed stakeholders about their duties and responsibilities and evaluated caregiver confidence in different stakeholders' capacity to manage child protection issues.

Caregivers, neighbors, and community members, as well as school staff, LC. I chairpersons and their vice chairpersons, para-social workers, and SAFE Programme project officers, go beyond simply identifying, recording, and reporting child abuse cases. They actively engage with involved parties to resolve the issue, refer or take victims to health facilities, act as court witnesses, and refer cases beyond their capacity to the police. Additionally, they reunite children with their families, offer post-abuse services such as counseling, and encourage parents to re-enroll their children in school after childbirth.



If my child is sexually abused and she gets pregnant while still at school or when she is still young, I go to the school and get a letter from the head teacher and then proceed to the para social worker, Chairperson LC1, CDO in this order until the perpetrator is arrested for sexually abusing my child, I can surely do this without fear.

FGD_Male Caregivers_Kyenjojo

We intervene in cases where a child has been abused for example when a child has been defiled, over beaten, denied food or denied going to school or has been sent to school without eating or packed food...The first step we take if we find out that a child has been defiled is to rush the child to hospital for medical examination and the necessary medical support because the perpetrator maybe infected with HIV that exposes the child to a risk of infection or if the girl has grown up a bit she might be at risk of getting pregnant. So we take the child to the health facility to prevent such; then from the health facility I write my case number and submit a referral to the CDO and police.

IDI_Community_Bunyangabu 1

When a child is defiled, the first thing to do is to rush to hospital so as to prevent the child from contracting diseases and pregnancy. If it happens that we come to know about this case late, we refer the case to police where we follow up the case so that she also reaches the hospital for medical examination and ANC. Even as we talk now there is a man who has been charged and sentenced to 3 years' imprisonment for defiling a 13-year-old girl who is 6 months pregnant at the moment. When such children deliver we engage their parents and the school so that they are able to return to school.

IDI_Community_Kabarole 1

I think it's only last year that one of our girls was impregnated but the problem was in the village but we talked to that girl, we talked to the parent and after giving birth, the girl completed P.7, she sat for the exams.

IDI_School_Bunyangabu 1

The role of caregivers in preventing CSA

Specifically, the stakeholders identified caregivers as primary protectors against child sexual abuse (CSA). Their preventive actions include establishing household rules and safeguards (37.8%), providing general guidance and counseling on education and moral values (25.7%), engaging in open discussions about sexuality and CSA awareness (16.5%), providing basic needs (12.5%), and practicing positive parenting through role modeling and non-violent discipline (7.1%). While basic preventive measures like household rules are common, more in-depth strategies such as open communication and positive parenting about sexuality were mentioned least.



Stopping children to move at night, not allowing children to move alone to fetch water in far places.

Caregiver Survey_Bunyangabu

When I give them coffee to sell, I always give them a portion of the sales so that they can also buy what they want instead of going to boys.

Caregiver Survey_Kyenjojo

Table 36: Preventive Action taken by Caregivers on Child Sexual Abuse

No	Preventive action	Frequency (%)
1	Parents' implementation of rules at home and other safeguarding measures such as not permitting children to walk at night, restricted residential visits, keeping children busy at home.	169 (37.8%)
2	General guidance and counseling including advising children to keep in school, instilling good morals etc.	115 (25.7%)
3	Inclusive talks on sexuality between parents and their children i.e. body changes, menstrual hygiene, detecting threats of CSA, effects of CSA and safeguarding measures.	74 (16.5%)
4	Adequate and or timely provision of basic needs to children	56 (12.5%)
5	Positive parenting i.e. parents being role models and desisting from use of violent means for behavior correction, following up with teachers at school etc.	32 (7.1%)

The roles of caregivers in responding to CSA

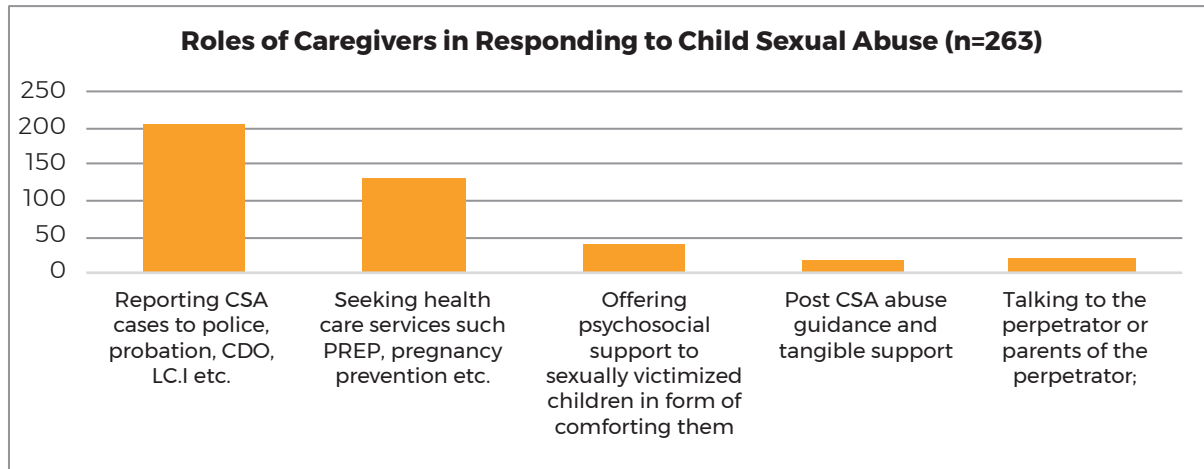
Formal reporting to authorities (police, probation officers, local leaders) is the most frequent response to reported cases, cited by 50.2% of respondents. Following this, 32.3% seek healthcare services, including PREP and pregnancy prevention. Psychosocial support, such as comforting the victim, is offered in 10% of cases. Post-abuse guidance and tangible support, like advice on prevention and school reintegration, are less common at 4.4%. The least frequent response, at 2.9%, is directly confronting the perpetrator or their parents. Overall, the data indicates a focus on official reporting and medical intervention, with comparatively less emphasis on sustained psychosocial and integrative assistance.



They prevent further emotional damage to this little one by calming them down and counselling them and rushing the victim to hospital for further assistance.

Caregiver Survey_Kabarole

Figure 6: Roles of caregivers in responding to CSA



The role of District local government in responding to VAC

District and sub-county level responses to VAC cases involved collaboration among key actors, including CDOs, DCDOs, District education and probation offices, police and the judicial officials. These actors trained and recruited community resource persons, like para-social workers, to handle child abuse cases. They conducted community surveillance and follow-ups, revived child wellbeing committees to manage and refer cases, and collaborated with CSOs to guide interventions, arrest perpetrators, conduct investigations, and present culprits to courts for trial and sentencing.



We carry out community policing and sensitization, we apprehend offenders, investigate cases until wrong doers are brought to justice and then we also promote reconciliation where necessary in the community.

KII_Kyenjojo

I think one of the things the government has done is make sure there is a social worker to handle issues in the community. We have revived the child-wellbeing committees to support the partners.

KII_Kabarole 1"

We also guide the civil society organizations in identifying the hotspots so as to carry out implementation Programmes in those areas.

KII_Kyenjojo 2

Caregiver's confidence in the capacity of different actors to protect children

Caregivers reported high levels of confidence in various actors involved in child protection. Health workers were the most trusted, with 98% of respondents expressing confidence in them. This was followed by probation and social welfare officers (93%), child protection committees (93%), and LC1 chairpersons or committee members (90%). Courts or judicial officers and cultural leaders/elders each received 85% confidence ratings. NGO and CBO staff, including

child protection activists, were trusted by 84% of respondents. Religious leaders (82%) and police (81%) were also viewed as reliable, though slightly lower in ranking. These results indicate strong community trust across a diverse set of formal and informal protection actors.

Table 37: Caregivers' Confidence in Different Child Protection Actors

No	Confidence in the different actors	Frequency (%)
1	Health workers	258 (98%)
2	Probation and social welfare officers	245 (93%)
3	Child protection committees	244 (93%)
4	LC1 chairperson/committee member	237 (90%)
5	Courts or judicial officers	224 (85%)
6	Cultural leaders/elders	223 (85%)
7	NGO/CBO staff/ child protection activists	221(84%)
8	Religious leaders	215 (82%)
9	Police	214 (81%)

The qualitative data also affirmed that; parents, school staff, and community stakeholders have adopted a multi-pronged approach to ensure the safety and well-being of children. These measures include; setting strict rules and boundaries in homes and schools, such as restricting children from walking at night and mandating school lunch Programmes, to minimize loitering and potential risks, timely provision of basic needs by parents to prevent children from engaging in risky behaviors, like stealing or engaging in sexual activities, to meet their unmet needs, engaging children in Girl Rights Safeguarding (GRS) activities to build their knowledge, confidence, and reporting skills around child abuse and risk factors, stakeholder involvement in sensitizing parents and children about children's rights and responsibilities, promoting responsive parenting, and equipping girls with reusable pad-making skills to reduce absenteeism and community awareness and advocacy efforts by key actors at District and sub-county levels, including probation officers, police, and education officials, to promote children's rights and the dangers of their violation through radio talk shows and community gatherings. Respondents also cited enactment and enforcement of bylaws and ordinances against child marriage and regulations requiring parental involvement in school attendance as part of the stakeholders' roles in preventing and responding to VAC.



Then we also empower children to know their rights and also be able to speak to their parents and teachers about the issues they could be facing either at home or at school.

KII_Bunyangabu 2

We do guidance and counseling to the children to be able to speak up, report cases of violence, encourage them not to go to bad places or dangerous spots and also not to move at night, we also encourage them to be free with their parents and tell them anything that seems suspicious.

IDI_School_Bunyangabu 2



They also teach children how to deal with their bodies in case of body changes and then they always call parents to school to discuss with them the issues that can bring about violence against children both at school and at home. We have also carried out the Girl-talk sessions, these sessions were to help with the absenteeism of girls from school due to menstruation periods, so girls were taught how to make re-usable sanitary pads because girls would give themselves to boys as they lacked money to buy these pads.

IDI_School_Kabarole 4

We also carry out radio talk shows alerting the parents and teachers to carefully look after the children, we also train the para-social workers who are directly within the communities and also handle case by case.

KII_Bunyangabu 1

As a District we have tried to enforce friendly laws from the government to encourage all children to go to school and to fight any form of violence by talking about children's rights in every forum, parents' meetings, barazas, radio Programmes. We have also tried to sensitize communities; we have gone to kabembe to talk to Bakiga communities and tried to sensitize them about the dangers of VAC and marrying off their children.

KII_Kabarole 3

Giving the child all the necessary requirements when they are going to school to make sure that they don't desire anything; making sure they sleep well, eat, drink, wear clothes, go to school, paying fees on time, not sending her off from school and she keeps on the way roaming where she can meet many things.

FGD_FemaleCaregivers_Kabarole

3.5: Unintended Consequences of the SAFE Programme

Beyond the planned results, the SAFE Programme generated unforeseen advantages and difficulties, offering crucial lessons for upcoming initiatives.

Unintended positive benefits of the SAFE Programme

Increased learners' school enrollment, retention and completion

The involvement of children in Programmes like GRS, and parents' and teachers' involvement in parenting and other sensitization approaches like "lunch and learn," have facilitated an increase in learners' enrollment, retention, and completion in schools. Through these initiatives, children, parents and teachers have gained adequate knowledge regarding children's rights and the associated responsibilities, appreciated the value of education, and embraced the need for a collective role to support children to stay in school. Consequently, there have been collaborative

actions between politicians, local government officials, para-social workers, caregivers, and school staff to launch and execute go-back-to-school campaigns.

Furthermore, willingness among parents to provide basic needs to their children, including scholastic materials, and empowering girls with reusable pad-making skills have been improved. School administrators have also become more accepting of providing bursaries to needy children and being patient with parents who belong to saving groups when it comes to school dues payment. Additionally, community members are now abstaining from violating children's rights, including engaging in sexual activities with them, due to fear of arrest. There has also been an improvement in caregivers' willingness to support their children's return to school even after giving birth, and improved pupil-teacher relationships, with a reduction in the use of physical or emotional abuse.



Some report to us like in the morning there was a girl in P.5 who never wanted to come to school but the mother wanted to see her daughter back to school. Sometimes the girl was discouraged by her aunt because the mother was pressuring her to come to school but when the girl goes to her aunt, the aunt says no, for us in our family we are not educated, so the mother came and reported to me and I told her to come with her daughter the next day. When she came I talked to her but the girl performed poorly in P.5 yet she wanted to go to P.6. So for the two days she never came; then the mother came back and told me that you know the problem of my daughter, now she has been told to repeat P.5 and she is not coming. What next? She will drop out; so I called the girl, I talked to her and she is now in P.6 but the mother told me that she is working hard to see that her daughter stays in school.

IDI_School_Bunyangabu 1

Bantwana has done a great work because people including parents fear disturbing children in any way; they usually have a saying that if you touch or disturb a child, Bantwana will arrest you. Since Bantwana started, you cannot hear cases of a P7 child getting pregnant for about two years now but in the past cases of children getting pregnant before sitting for P.7 were many.

IDI_Community_Kyenjojo 2

I remember there was a girl who was harassed to leave home because the parent didn't have money to support her education and when we called, he first put off the phone but we sent a Para-social worker to visit the parent. They discussed, then eventually he accepted to come to school and we met on both sides. We are happy the girl is back in school now.

IDI_School_Kabarole 1



I had one girl, now she's in senior two. That girl was sexually abused during COVID and she got pregnant. I counseled that girl, we talked to the former head teacher and the teachers because she was going to P.7 I requested her to come back to school but she was afraid but we again called the parent who was a grandfather, the grandfather said no she's going to be ashamed but later he accepted. The girl came back to school; the BANTWANA group and the school provided her with a uniform. We started having lunch with her. I was the person responsible for taking her for antenatal care. She delivered well. After 2 months she left her kid at home and the good thing she was coming from near the school premises so at break time we would tell her to go back and breast feed her kid like that until she did her PLE. During the PLE time because for us during PLE period we board the candidates because we don't want the issues of maybe transport, rain and whatever therefore she was free to bring her kid and we lived with her in our staff quarters with the baby, she did her PLE and passed in second grade now she's in secondary and now I am very happy at least BANTWANA I played that part because may be I was sensitized and I had a helping hand.

IDI_School_Kyenjojo 5

Enhanced partner dynamics: Anger management and financial literacy training unexpectedly strengthened spousal relationships, decreasing Gender-Based Violence (GBV) and fostering collaborative planning and financial management.

Shared childcare responsibilities: The Programme fostered a model of shared parenting, with both male and female caregivers actively involved in meeting children's needs.

Revitalized community children upbringing: A renewed sense of communal responsibility for children's welfare arose among community members.

These positive results underscore the interconnectedness of social problems and the capacity of comprehensive Programmes to produce wider advantages.

Stakeholders, including educators, caregivers, and para-social workers, reported several potential adverse effects stemming from the intervention:

In addition to the positive changes reported in schools and communities regarding individual and institutional efforts to prevent or respond to VAC, which aligned with the goals of the Bantwana Initiative in Uganda through the SAFE Programme, it was discovered that intervention activities played a key role in enhancing good relationships between partners at the household level. These activities included anger management sessions and financial literacy training, which resulted in a reduction in GBV, improved economic transparency between spouses, increased joint planning, budgeting and economic investment, shared parenting and basic

needs provision roles, and a reduction in the transfer of anger to children following discomforts resulting from inter-partner violence. This is illustrated in the following quotes;



The unplanned one we see improves couple relationships in the home especially with positive parenting, for us our main target was to improve the relationship between the caregivers and children. You find as a man and a woman they have benefited; improved their relationship. That one comes out especially around anger management, special time and family budget. Their relationship becomes easier through communication and planning together.

KII_Kabarole 2

Before women would not mind about providing basic needs for children, however nowadays even women understood that children are for us and we have to be responsible for their needs in that when a woman brings a book and the man brings school fees, so through this cooperation we are to look after the child well.

FGD_Male Caregivers_Kyenjojo

They taught us about saving. We sat as a group and decided to plan on how we intend to save because we have children, we have other needs and we don't want to rely on our husbands. So we came with a plan of buying chicken in our group. The chicken started laying eggs which we give to children to eat and also sell some and save. And when the time comes we buy what we want without begging from the man. The Bantwana group has helped us a lot. Because after buying chicken, we again bought mattresses, after we bought t-shirts we are wearing now. After buying t-shirts, we're now buying bed covers. With that the woman also contributes half to the responsibility a man has.

FGD_Female Caregivers_Bunyangabu

Unintended Negative Outcomes of the SAFE Programme

Financial mismanagement in savings groups: Misappropriation of beneficiary funds and unfair interest distribution by trustees led to member discouragement and withdrawal from village savings and loan initiatives.



The savings group which was started by Bantwana staff encouraged parents to start saving and here we had some good money but the teacher responsible ran away with the money, the saving box and the book.

IDI_School_Kabarole 1

Increased disruptive student behavior: The banning of corporal punishment by instructors and parents was followed by a rise in disruptive conduct in schools.

Threats and hostility towards personnel and individuals implementing the Programme:

Educators and para-social workers involved in case reporting and management experienced threats and hostility from individuals seeking revenge, potentially creating unsafe working conditions.



Hatred for the para-social workers from the community, they get that backlash of, 'you people, you are rumor mongers, you report us.' They even threaten them.

KII_Bunyangabu 3

A child was defiled here; we invited the chairperson LC1 with the defense of the village. They had to arrest the man with the girl. They took him to the police and it ended up there but Bantwana did not follow. He was released and became so hostile to us who reported to the chairperson. He was released and he's still with that girl right now.

IDI_School_Kabarole 2

Initiatives Undertaken to Address the Negative Outcomes of the SAFE Programme

Bantwana Initiative has established anonymous child abuse reporting channels, including toll-free child helpline numbers at District probation offices. This is to encourage stakeholders in child protection to report cases anonymously.

Additionally, the initiative promotes multi-stakeholder collaboration by linking with existing Programmes, such as the PDM Programme, which focuses on household economic empowerment. This addresses the community's unmet expectations, like financial support, and aims to reduce hostility towards para-social workers, teachers, and community members who may face retaliation for reporting child abuse cases. These measures were developed in response to key informant and in-depth interviews with various stakeholders, and aim to foster a safer environment for reporting and addressing child abuse.



That gap is that from the word go we tell them what our expectations of them are. They give us their expectations, we give them what we can provide and the limitations we have. Besides that, these groups are backed up by the CDOs and sometimes, there are some areas where you find that the CDO is supporting these groups to be linked to the government Programmes that are available for instance the PDM groups are given that money. The Kyenjojo District supported the caregivers' groups with the farm inputs like seeds to ensure that their production increases.

KII_Kyenjojo 5



We have taught para social workers the referral pathways; if this case is going to cause you chaos you can look for a way how to report it, you can use platforms like 116, Bantwana in Bunyangabu, we supported the child toll-free line to be installed at the probation's office, and it's active those who can call via 116.

KII_Bunyangabu 3

There are cases that require confidentiality where we intervene or we report without mentioning our name or secretly refer the case to the CDO who invites the police and then this parent is arrested.

IDI_Community_Kyenjojo 2

3.6: Sustainability and scalability of the SAFE Programme

This section provides insights into the strategies that various actors such as children, caregivers, teachers, school administrators, community members, local government, churches, and families have implemented to improve child safety and well-being at home, school, and within the community. It also presents findings on the effectiveness and sustainability of these interventions, highlighting the most and least impactful activities related to VAC prevention and response. Additionally, the section details actionable recommendations for various actors, including children, caregivers, school staff, local government structures, and the SAFE Programme in Uganda, aimed at improving, sustaining, and scaling the SAFE Programme.

Most effective intervention activities

The GRS, and SAPRT initiatives have collectively made a substantial contribution to strengthening child protection by empowering both children and the adults around them. Notably, children have gained greater confidence and agency, with increased willingness to speak out and seek help. Teachers, in turn, have become more conscious of their roles as protectors, actively avoiding abusive practices and adopting positive discipline strategies introduced through “Lunch and Learn” sessions. These sessions have also equipped educators with skills to manage child abuse cases confidentially and sensitively, without further stigmatizing affected children.

At the household level, interventions have helped reduce caregiver neglect, encouraging parents to re-engage with their children's education and well-being. Village Savings and Loan Associations (VSLAs) have played a dual role, not only improving caregivers' ability to meet their children's needs through timely access to savings and credit, but also serving as powerful platforms for peer support, shared accountability, and collective action against child abuse. These groups, in conjunction with OVC (Orphans and Vulnerable Children) funds, have mobilized communities to assist at-risk children and provided avenues for the SAFE Programme to deliver responsive parenting skills.

Community engagement has been another cornerstone of the SAFE Programme's success. Awareness campaigns have significantly increased knowledge of children's rights and the responsibilities of caregivers, educators, and community members in upholding them. By working through trusted local structures such as para-social workers and local leaders, the

programme has ensured rapid response to abuse cases. Para-social workers have provided frontline support, documenting, managing, and referring cases to appropriate authorities including health services, law enforcement, and judicial systems thereby ensuring timely and coordinated action to protect children and pursue justice.

Together, these interconnected efforts have created a more informed, responsive, and supportive environment for children, significantly reducing fear of abuse and strengthening community systems that safeguard their rights and well-being. This is further illustrated by the following quotes;



We benefited from Bantwana by creating a group where we save for our children and learn how to discipline our children.

FGD_Male Caregivers_Bunyangabu

The sensitization, the guidance and counseling, that one involved all the stakeholders; some members of the PTA, some members of the management committee, local councils, the CDO, the town agent, the members of staff. So, that one is very good because it cuts across.

IDI_School_Bunyangabu 1

We have SAPRT or sexual abuse prevention and response training for teachers works because teachers have success stories where they change their way of doing things, some were the perpetrators of violence, and due to that training for teachers they confess. Several teachers confess, to changes in the way they relate to children, including their families. We have success stories around children's agencies because last year, we got an incident where a child from Muhangi shifted to another school in Kanungu and she had attended our grassroots soccer. Her mother called me that they found a patron who wanted to defile her and she had to stand with her colleagues and they fought back the teacher in the dormitory. So you see the kind of assertiveness children have. We have some kids who report by themselves any scenario, any situation they don't understand.

KII_Kabarole 2

Bantwana provided lunch we had some topics, there is a book where we got topics for example we can talk about child abuse. Somebody will come and say; how are the children abused? How can we protect them? Topics of that kind and we shared as members of staff; the members of staff were happy and teachers were happy and they would practice what they happened to learn.

IDI_School_Bunyangabu 1

The training and Programme on savings have worked well and they have helped parents to be able to get some money from the savings group and be able to meet the school requirements such as books. The OVC fund has also worked well.

IDI_Community_Kyenjojo 2

Least effective intervention activities

Feedback from caregivers, school staff, para-social workers, and District officials indicated that none of the interventions should be completely abandoned. However, some of the most effective intervention activities had weaknesses that, if addressed, could result in more effective Programme performance. For example, SAFE Programme's failure to provide financial support to the saving groups demoralized many members. Similarly, the high cost and inaccessibility of materials needed to make reusable pads made it difficult to sustain some girl talk activities. Additionally, GRS activities only targeted a sampled number of learners from primary 3 onwards, leaving out many interested learners in the targeted classes or below. Some respondents suggested increasing the number of targeted beneficiaries.

Measures adopted by schools, caregivers and other stakeholders to ensure safety of children from all forms of abuse

Various stakeholders, including parents, educators, school administrators, para-social workers, local government officials, and specialized personnel at the District level, have implemented proactive strategies to ensure the safety and welfare of children within both educational and communal settings. These strategies comprise a multifaceted approach addressing both immediate needs and long-term prevention of child maltreatment and they include the following;

Financial assistance

The establishment of an Orphans and Vulnerable Children fund within Village Savings and Loan Associations provides financial support to children in need, thereby guaranteeing access to essential resources and mitigating their vulnerability to exploitation.

Restrictive Measures: Implementing domestic safety protocols, such as curfews and limitations on unsupervised activities, fosters a secure environment and minimizes children's exposure to potential hazards.

Provision of essential resources: The timely provision of essential items, such as stipends, scholastic materials, and personal hygiene products, fulfills children's immediate needs and cultivates a sense of security and self-esteem, reducing their susceptibility to manipulation.

Sensitization and education: Utilizing established community structures and trained personnel, including para-social workers, coaches, and local council representatives, to educate parents regarding children's rights and responsibilities empowers them to cultivate a safe and nurturing home environment.

School-Based initiatives: Utilizing regular assemblies and classroom discussions to disseminate information regarding child protection and facilitating parent-teacher conferences promotes a collaborative approach to safeguarding children's welfare.

Empowerment and advocacy: Facilitating children's involvement in activities such as debates, songwriting, and theatrical performances focusing on children's rights and protection enhances their confidence and equips them with the knowledge and skills necessary for self-advocacy.

Collaborative rule-making: Engaging diverse stakeholders in the development of school regulations, such as mandating parental contributions to school lunches, enhances safety, reduces theft, and ensures children's basic necessities are met.

Structured School Schedules: Implementing standardized reporting and dismissal times deters truancy, minimizes unsupervised periods, and reduces the risk of children becoming targets for abuse.

Community safety measures: Promoting group activities, educating children to decline gifts from unfamiliar individuals, and instructing educators to maintain professional boundaries with students fosters a culture of vigilance and protection.

Monitoring and accountability: Establishing bylaws and ordinances requiring parental notification in the event of extended student absences ensures timely intervention and follow-up in cases of potential maltreatment or neglect.

Open dialogue: Encouraging open discourse and utilizing forums, such as community meetings, to discuss child sexual abuse prevention provides children with the knowledge and vocabulary necessary to identify and report inappropriate behavior.

These comprehensive measures, implemented through collaborative endeavors between parents, educators, community leaders, and local government entities, exemplify a strong dedication to safeguarding children from all forms of abuse and cultivating a secure and nurturing environment conducive to their optimal development.



When we joined Bantwana, we were told that since we are trained and know the good and bad. We decided to include the children's wallet in our group; the little money we collect is for looking after children who are not ours but live in our village and have failed to study or they lost their parents and such a child needs some books or the child has lost a mother and we have to support the burial arrangements. We save 200/= and buy books for children who can't get them.

FGD_Female Caregivers_Bunyangabu

Yes, we can continue doing this. When children come for holidays, I call the youth and talk to them about such issues and I also advise the young children especially girls to be careful and abstain from sex and also discourage them from accepting gifts from men as this would cause problems to them. We usually have some time to talk to children at school, especially the girls and I have conversations with them where I disclose information associated with sex related issues.

IDI_Community_Kabarole 1

For absenteeism the District has put a bye-law that if a child misses school for 3-4 days, they are supposed to come back with a parent and explain why they went missing for all those days

KII_Kyenjojo 3

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In the school, we normally do guidance and counseling, whereby the senior man in the school talks to the male teachers and the senior woman talks to the female teachers. We sensitize them, especially to the male teachers, that they should not harass our girls sexually. We normally group these girls in their ages especially P.5 to P.6, we talk to them about sexual abuse. We tell them how they should avoid men; a man should not call you in isolation and you rush to him. We tell them to always go in groups. Gifts, when they start accepting gifts from men because that is how they will begin enticing them.

IDI_School_Kabarole 3

As a school even before when I came here I did not allow children to get out of the school. Previously before I came here a lot of pupils used to escape; pupils used to get pregnant outside there. So, when I came here I talked to the learners; when children come to school for P.1 and P.2 leave at 3:00pm, then from P.3 onwards leave at 5:00pm that one helped us.

IDI_School_Bunyangabu 1

If I don't want my child to be abused, I try so hard not to send her away at night, I stop her from moving with bad groups or moving with boys whom they call their friends. During the holiday she has to stay at home and do house work and I keep advising her not to join bad groups because she will get spoiled. And the other thing is dressing appropriately and not in miniskirts.

FGD_Female Caregivers_Kabarole

Effectiveness of the sustainability measures for VAC prevention

Apart from the OVC grant supported by VLISA group members to assist needy children in their communities and the adherence to the professional code of conduct for teachers (which prohibits sexual relationships or physical altercations with learners), which was largely upheld across all Programme sites, other measures were also implemented. These included the provision of lunch for learners at school and the necessary scholastic materials, which were largely adhered to by most caregivers within the Programme sites as most parents had the capacity to meet these needs.

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One sign that I see caregivers are utilizing the OVC grant even in the schools where we are transitioning from, they are still buying books and pens, medication for children who are at risk, that is a sign that there is sustainability. The OVC grant is going to work.

KII_Bunyangabu 3



Yes they have done well towards fighting violence against children because I have never had sexual harassment between a teacher and a pupil or even fighting between a teacher and a pupil.

IDI_School_Kyenjojo 2

Despite the project's success in empowering community-based actors, such as para-social workers and contact teachers, to provide ongoing counseling and guidance to both parents and learners, sustaining community sensitization sessions proved challenging. This was primarily due to the financial constraints faced by para-social workers. Additionally, within the school setting, matrons, patrons, and coaches often struggled to continue counseling, guidance sessions, and GRS activities due to their demanding teaching responsibilities and limited time to address child protection concerns.



Ever since Bantwana left, holding community meetings without any facilitation is hard hence those meetings are failing slowly by slowly.

IDI_School_Bunyangabu 3

It depends on what a child has done. Some cases need guidance and counseling, some need inviting the parents and other cases need the disciplinary committee meeting the child. This is how we have been dealing with it...Fairly well, because of time we may not get enough time. These things are common in schools and when you involve yourself in such child concerns only that means you will not deliver. You find that you have other responsibilities at times, you could not do well but we have been trying. Because you might find you are handling a class of 70 and 10 learners need your attention so you cannot leave the syllabus to work on those children with child protection concerns but we have been trying at least.

IDI_School_Kabarole 2

Despite Bantwana's efforts to empower parents with child safety knowledge and GRS activities like "girl talk" aimed at empowering learners to identify and avoid sexual violence threats, CSA cases persist across all 3 Districts. These cases include sexual harassment in form of bad touches and children's exposure to pornography on phones, in cinema halls and sexual violence by parents who have sex in the presence of their children due to shared sleeping spaces. Besides sexual harassment defilement was also identified another form of CSA existing in the Programme sites and this exhibited in form of child marriage, child pregnancy and incest (often perpetrated by intoxicated parents).

Findings revealed that children are subjected to various forms of violence, with child labour and exploitation being the most prevalent, apart from child sexual abuse. Stepmothers were often reported to assign heavy chores such as carrying heavy water containers to children.

Children were also involved in garden work, serving drinks in bars, searching for food items and other merchandise to sell in weekly markets and working in sand mining, quarry, or marijuana plantations, all of which prevented them from attending school and negatively impacted their moral, health and social wellbeing. Some children were also involved in drug abuse as a result of working in bars or marijuana plantations, even to the extent of bringing alcohol to school.

Physical violence, such as beatings or corporal punishment, was also used against children, often by caregivers in communities and, in some cases by teachers in schools as a disciplinary measure for late arrival, failure to complete assignments, or other disruptive behaviors. Children also experienced emotional abuse through the use of abusive words, reminders of deceased parents and neglect both at home and at school. This neglect not only made children feel ashamed and unloved but also led to disruptive behaviors such as stealing, escaping from school, and engaging in sexual activities to fulfill their unmet needs.

Overall, the study found that children in the Programme sites were exposed to various forms of violence, including child labour and exploitation, physical violence, and emotional abuse, with these forms of violence being more prevalent in communities than in schools as demonstrated by the following quotes;



We have a parent in our neighborhood who took her child to school and the following day the child spent the day in the bush. When I found him in the bush I got him and asked him what stopped him from going to school. The boy told me my mother refused to give me food. I asked him you're only 2 in the house, why would your mother refuse to give you food? I said that maybe you're lying and the child said that he's not lying. Only to find out that the mother had given the child food, but he poured it along the way and he spent the day hiding in the bush. I got the child and took him to his mother. Instead of the mother appreciating me for bringing the child, she beat the child in front of me. The mother beat the child saying I can make you follow your father. I told her what you have done is not good. Up to now the child fears the mother like an animal and he doesn't sleep at home, he got spoiled completely. I tried to tell the mother to befriend the child and tell him sleeping in the bush is bad, that he can get a problem from there or anything can bite him and he dies. The woman told me I don't want to know, his father died and we buried him. We told her that a child of that age cannot fail you. Even up to now that child is no longer going to school and we're asking ourselves how this child will be if he turns 7 or 8 years old? He has reached an extent of sleeping in people's kitchens. He climbs and sleeps in a tree, but the mother is there. And the mother openly tells you the child failed me and God will do what he wants.

FGD_Female Caregivers_Bunyangabu

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These children they go to bars and if you are not serious you can get them with alcohol at school mostly those ones who are old, the common drinks like the Kombucha, vanga, when we see them, we demand that bring that bottle, they say you see madam I have packed my water and he or she throws the bottle very far.

IDI_School_Kyenjojo 5

Giving children too much work which is child labor for example, children wake up and go to harvest Marijuana without going to school and they end up dropping out of school and start working in those plantations and get paid.

FGD_Male Caregivers_Kabarole

We have a stone quarry business here where they get stones and sand. You may think the child woke up and went to school; before you know it, you'll see the children on lorries for sand and stones.

FGD_Female Caregivers_Bunyangabu

Impacts of VAC on Children's wellbeing

Poor concentration among children in class, coupled with the use of physical violence by teachers to keep them awake, as well as students trespassing into private gardens or consuming fruits unlawfully, contribute to poor academic performance—largely due to the lack of school-provided lunch. Additionally, children experienced constant anxiety due to frequent physical punishment at school or home by teachers and caregivers, often leading to school dropout or running away from home. Some children prioritize earning money over education, leading to their continued involvement in child labor, such as harvesting marijuana, which further contributes to school dropout. Moreover, children are exposed to and engage in disruptive behaviors, including early sexual activity, either as a result of peer influence, unmet needs, or parental coercion. This exposure increases the risk of child marriage, unintended pregnancies, attempted or actual abortions, and sexually transmitted diseases (STDs), sometimes resulting in death or significant hardships in raising children as young parents, as evidenced in the testimonies below.

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At school there are corporal punishments, a child has come late and the teacher canes the child without asking why he or she is late. This causes the child to keep worried and depressed which results in hating studies and dropping out of school.

FGD_Male Caregivers_Bunyangabu

Giving children too much work for example, children wake up and go to harvest Marijuana without going to school and they end up dropping out of school and start working in those plantations and get paid. FGD_Male Caregivers_Kabarole



Recently we buried a 17-year-old who was killed by HIV/AIDS, when this child had just come in the village I even did not know his existence not until we were registering children for the upcoming immunization exercise that's when I was told that in one of the houses at home there was an ill person. I asked them why they would keep a sick person in the house without even telling me; however later on I found out that the boy had HIV and he had even started the medication but later he stopped, the parents are the ones who had neglected the child. We found out that the parents had given this child business when he was still young, meaning the boy used the money to date women who infected him.

IDI_Community_Bunyangabu 1

IMPACT OF THE SAFE PROGRAMME IN THE PREVENTION AND RESPONSE TO VAC IN SCHOOLS AND THE SURROUNDING COMMUNITIES

This section analyzes the SAFE Programme's impact on VAC prevention and response within schools and communities, examining which Programme activities have been most and least effective. It also identifies positive changes in knowledge, attitudes, and practices (KAP), as well as other benefits for schools and communities, and investigates the extent to which these changes can be attributed to the SAFE Programme. Finally, the section highlights any unintended negative Programme impacts and the interventions implemented to address them, in order to determine which activities should be continued, dropped, or improved before scaling up to other communities.

Positive Impact of the SAFE Programme on Prevention and Response to VAC

Interviews conducted with a wide range of stakeholders, including caregivers, teachers, school administrators, para-social workers, project staff, and District officials in the child protection and education sectors revealed that the Bantwana Initiative's SAFE Programme project in Uganda has yielded positive outcomes in several areas. These outcomes include increased responsive parenting by caregivers and greater child agency, enabling children to protect and advocate for their rights. Additionally, the project has fostered a positive shift in knowledge among children and caregivers concerning children's rights, existing child protection structures, reporting mechanisms, and the roles of various parties in preventing and responding to violence against children.

Furthermore, the project has enhanced community collective parenting responsibility, improved school enrollment, retention, and completion rates, and strengthened multi-stakeholder collaboration in preventing and responding to violence against children. Other positive outcomes include improved teacher-parent relationships, enhanced household economic empowerment, and a shift from harmful cultural practices and beliefs towards positive parenting.

These positive changes described in the following section were observed in the Bunyangabu, Kabarole, and Kyenjojo Districts, where the SAFE Programme activities were implemented in schools and surrounding communities.

Improved children's agency and advocacy

Bantwana facilitated sensitization meetings with caregivers and school staff to foster a child-friendly environment and emphasize the importance of involving children in household budgeting. These meetings empowered children to express their needs and concerns openly with parents and teachers. As a result, children became more knowledgeable about child protection structures and gained confidence in self-advocacy and reporting child abuse cases for themselves and their peers.



Bantwana came and taught us to sit with our children and make a budget by first asking what every child wants.

FGD_Male Caregivers_Bunyangabu

Some of our children have been violated, for example there is a girl who was defiled and got pregnant. That girl was trying to commit suicide; children came and told me that a certain girl has a problem. I had to invite the girl; she told me that she was going somewhere to take money in a certain association where the mother had sent her; it started raining and she went to a house and found a boy and the boy defiled and impregnated her. She told me that I want you to tell my mother so that I can get a way. So I had to keep the girl in school and send for her mother. So the mother came and handed the issues to the senior woman and the head teacher and they actually handled the issue. Unfortunately, the girl aborted but came back and completed P7 and she is now in secondary school.

IDI_School_Kabarole 2

I told you these children know how to defend themselves and they know where to report unlike those days when children would stay with issues bothering them without reporting; nowadays you will find them calling you to some places, madam come I have an issue. The child has the power to get you either in the office or when you are taking your lunch they come; madam we need you, there's an issue the child needs help.

IDI_School_Kyenjojo 5

Improved household's economic status or empowerment

SAFE Programmes have introduced saving groups that have provided caregivers with financial literacy skills and a goal-oriented mindset regarding savings. These groups have shifted the focus from frivolous spending to investing in poultry, agricultural or business projects, thereby generating income and improving the overall well-being of the family. Additionally, saving groups have enabled parents to secure loans, engage in joint family budgeting with their

children, and prioritize household needs, as evidenced by participant testimonials from in-depth interviews and FGDs.



They taught us to discuss as a family, budget and plan together. Bantwana also taught us to save for our children, most of us in the Bantwana group save for our children and we don't have any challenge with school fees.

FGD_Male Caregivers_Bunyangabu

Before they taught us, our children used to roam around and get impregnated. But now our children are settled and are in class studying. Since we're saving, we buy them books, advise them to study. Right now we don't have any problem, Bantwana helped so much to teach us how to look after our children.

FGD_Female Caregivers_Kabarole

As a result of these trainings, we were advised to find time for our children and involve them in our household budgeting; we used to be in saving groups for meat and rice without thinking about saving for our children for example saving school fees but after receiving the trainings we are now able to save for our children's present and future needs like school fees, pads etc.

IDI_Community_Bunyangabu 1

Improved relationships between teachers and parents of their learners

The SAFE Programme has resulted in a multitude of positive outcomes. Not only has school attendance amongst learners increased, but parents are now more involved in their children's education. They are now better able to monitor their children's progress and provide necessary school supplies or transport costs due to weekly savings meetings held at the school, which sometimes include teachers as members.

Furthermore, parents and school staff have collaborated to implement measures that enhance child wellbeing. For example, they have agreed to provide lunch at school to minimize the risks associated with children leaving and re-entering the school grounds. They have also conducted joint counseling and guidance sessions to empower children with knowledge on personal safety and address any disruptive behaviors to ensure their protection.



This relationship has helped because when any problem occurs you see a parent coming to school in order to handle the problem with teachers and help a child together which is so good.

IDI_School_Kyenjojo 2

The change has been noticed because in the past a parent would send a child to school without a parent reaching to school to know about learning progress or needs of their children. Having our saving boxes and meetings sitting at school helps parents to know what is happening in school. When a parent comes and finds out that they are demanding her school fees for the child, she will ask the group to give her some money to clear the fees or if the child is lacking books or pens, the teacher calls the parent and informs her about it and the scholastics are provided. Parents come to school without fear.

IDI_Community_Bunyangabu 1

Improved collective or multi-stakeholders' response to VAC cases or their prevention

Bantwana's initiatives, such as joint multi-stakeholder meetings, training sessions, and facilitation of key actors in child protection, have increased commitment and collaboration among different actors. These actors, including CSOs, LCI members, para-social workers, school staff, and local government officials, now work together to raise awareness and train key personnel on VAC prevention and response. Through multi-stakeholder meetings, community members are trained on responsive parenting, safeguarding children's rights, and identifying and addressing child abuse cases. Cases beyond their mandate are referred to the appropriate child protection structures. Additionally, multi-sector meetings and District-led engagements have encouraged actors like CSOs, probation officers, CDOs, and police to take on action plans that promote children's well-being.



The Districts are at the forefront, so you find our activities are implemented by the Para-social workers who are trained by the probation and District officials but under our facilitation and guidance, for mentoring we do joint monitoring with the Districts. We support those child well-being committees from the parish level, sub-county up to the District and we have stakeholders at the lower level; we have the LCs still a government structure, VHTs, para-social workers, parish chiefs as one set to identify issues solve what they can manage and refer others to the sub-county. At the Sub-county we have the sub-county chief, the CDOs, other NGOs up to support the District where we have all the sub-counties and District heads coming together to discuss any issues and of course they take action points. Some CSOs can offer support, they pick it up, the CDO can support, the CAO can support etc. we do joint or multi-sectoral VAC prevention.

KII_Kabarole 2



There was a certain girl I was teaching in class; I saw the girl standing from the urinal for about 30 minutes. So I picked interest to see what's wrong with that girl. I moved to the girl and I found the girl crying. I asked her, but she refused to tell me. So I had to look for her friends. The friends told me that she has a disease she got during COVID-19. She went somewhere for coaching and someone defiled her and she got syphilis. I handed the issue to the senior woman and the girl narrated the whole story. The girl was having one pair of knickers; she was diseased, she was staying with the father no mother and she was passing through that difficulty. The head teacher and the senior woman helped the girl but did not tell the father. They had to take the child to the dispensary. They treated her, bought the girl knickers and we helped the girl. She is now taking tailoring somewhere.

IDI_School_Kabarole 2

I remember there was a girl who was harassed to leave home because the parent doesn't have money to support her education and when we called, he first put off the phone but we sent a para-social worker to visit the parent. They discussed, then eventually he accepted to come to school and we met on both sides and we are happy the girl is back now in school.

IDI_School_Kabarole 1

There was a case where children had started moving away from this community to go as far as Kasunganyanja where someone had established a big sleeping tent with tarpaulins but the local leaders were not aware of this. For me to know about this I had gone for burial that side and there was one child who had ran away from my community to that side; what hurt me I saw children fighting for plates with leftovers and collecting the leftovers, then I saw this child I know; I called him to give him my food. When he came I grabbed his hand and the people who gather these children to make them fetch water for pay or stealing wanted to attack me; but I told them I know this child, he got lost from our community, we have been looking for him and I am going to give him transport for going back home, they left me hoping that after I giving him the money will obviously take it to them. And they will determine how much to pay him; during that time, I collected the necessary information from him about where they live, what they do etc. and later I left him to go with the money I gave as transport but later on I involved the local leaders from my sub county who worked together with the leaders from Nyakigumba town council responsible for Kasunganyanja; the tent was destroyed and all children sent back to their homes.

IDI_Community_Bunyangabu 1

Community members in the Programme sites have revived a collective parenting approach, recognizing that a child's well-being is a shared responsibility. This renewed perspective was fostered by SAFE Programme in Uganda's sensitization efforts, which emphasized the community's role in nurturing children, encouraging positive parenting, supporting unmet needs, and ensuring safety from child abuse. One example of this collective responsibility is the caregivers' initiative in the village loan and saving groups, where they contribute 200 shillings each to support children's education by providing scholastic materials and other necessities.



We collect 200 every sitting and that money is used to help any child, maybe who is sick, or the parent is sick and can't take the child to school or the child is an orphan. That has been done through the VSLA groups.

FGD_Male Caregivers_Kabarole

There is a child who was born and was abandoned to the grandmother, the baby almost died. Bantwana came in and looked for someone to take care of this child. They bought a mattress, bed sheets and gave her milk. The child has grown and started going to school.

FGD_Female Caregivers_Bunyangabu

The Extent to which the Positive Outcomes Are Attributable to SAFE Programme

The Bantwana Programme in western Uganda was primarily responsible for the positive outcomes in VAC prevention and response. These positive changes included greater awareness of children's rights and responsibilities among parents, children, school administrators, teachers, and the community.

The SAFE Programme also improved children's ability to report abuse, increased their confidence in advocating for their rights, and enhanced school enrollment, retention, and completion rates. Additionally, teachers were better equipped to handle cases of child abuse, and parents became more responsive to their children's needs. These outcomes were largely attributed to activities such as economic empowerment training for parents, inclusive parenting sessions, school-wide activities for learners, and teacher training. Key informants also acknowledged Bantwana's significant contribution to the administration of justice for child abuse victims through their funding and promotion of collaboration among child protection professionals.



Very many child abuse cases have been resolved with the wrong doers being punished and that is a credit for the Bantwana. They have also referred cases to us. They have made linkages between the probation office and the police and have facilitated these sessions until the culprits are brought to justice.

KII_Kyenjojo 3

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Bantwana has facilitated our probation unit in following up cases hence reducing violence against children in the communities and schools and they have also identified these cases within the communities and referred them for further action.

KII_Kyenjojo 1

The skills we got from Bantwana; at times we would handle the issue in a wrong way. For example, you find a child has got a problem then you call a child, the friends and you start interacting with the child while other children are listening. They had to teach us how to get information or help persons who have got a problem. That skill helped us very much. At times we could involve other pupils and many teachers to solve the problem. You would find after the activity a child gets stigma and finally can leave the school.

IDI_School_Kabarole 2

The positive outcomes on VAC prevention and response were attributed partly to the Bantwana Programme, but also to other Programmes and actors. These positive outcomes included a reduction in child neglect and forced child marriage, as well as improvements in children's morals and responsible character, girl child enrollment and completion, and responsive parenting. Other actors and Programmes that contributed to these outcomes included NGOs, schools, religious entities, and government Programmes such as PDM, which provides livelihoods to support parents in improving household incomes. Additionally, CSOs such as Dreams, Care International, SOS Village, and IRC supported the creation of an enabling environment in schools by constructing facilities (e.g., standardized washrooms with bathing shelters and pad disposal points), equipping girls with reusable pad making skills, and sensitizing parents on positive parenting skills.

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We used to do those things even before Bantwana because when in meetings at school or village level, they urged us to talk to and advise our girls. They always told us to befriend our children because if you keep a tough face, children will fear you, even when the child has done wrong try to be close to them so that they can explain to you everything. Most of us as parents already knew these things even before Bantwana.

FGD_Female Caregivers_Bunyangabu

We have carried out different campaigns to make sure parents are involved in raising their children for example, we have Male engagement with Care International, then the Daddy Camp whereby we meet up with their children to remind them of their roles.

KII_Kyenjojo 4



There could have been other measures, because there are other Programmes which have also done work which might be similar to that e.g. when they constructed the girls' toilet, there is a very good toilet here, it has also done a lot to keep these girls in school. It has all the facilities of high standard. Girls can even wash from there; they have where to put the pads. So everything now is in place, there is water, there are toilet papers, there are sandals, each and everything. It is Water for People under IRC, I think... and of course, other Programmes; Sukana Tomia, there is Dreams, there are very many other Programmes.

IDI_School_Kabarole 3

The government has also tried, there are some groups giving out pigs, chicken. This has also helped because on weekends children are busy feeding these animals; even if it's not working so well, I help children to keep busy.

FGD_Male Caregivers_Kabarole

COMMUNITY AND OTHER STAKEHOLDERS' PERCEPTIONS ON THE INTERVENTION

This section details the opinions of various stakeholders involved in the SAFE Programme intervention activities, including caregivers, teachers, school administrators, project staff, para-social workers, and District officials. It explores their perspectives on how the Programme utilized existing community norms, addressed community needs, and involved stakeholders in its design and implementation. The section also examines the adaptations made to the Programme to fit different contexts and includes stakeholder suggestions for future project design and implementation.

Suggestions on how best the different stakeholders can be involved in the project's design and implementation with its associated relevance.

Stakeholders in child protection, encompassing school administrators, para-social workers, teachers, and community leaders, have consistently reported that their early and active involvement in the design and implementation phases of projects significantly enhances the effectiveness of Programmes tackling Violence Against Children in Schools and Communities (VAC). This collaborative approach not only fosters a sense of community ownership and commitment, as Programmes are directly based on identified needs and concerns, but also ensures that interventions are culturally relevant, contextually appropriate, and user-friendly.

Furthermore, the early involvement of stakeholders facilitates the incorporation of local knowledge and expertise into Programme design. This ensures that interventions are not only aligned with community values and norms but also sensitive to the specific cultural and social dynamics that may contribute to VAC. For instance, in communities where sports and games are popular, child-friendly initiatives can be implemented through these familiar activities, thereby maximizing engagement and impact.

Moreover, the active participation of stakeholders in Programme implementation helps to build trust and rapport between service providers and the community. This can encourage greater community participation in Programme activities and increase the likelihood of sustainable outcomes. Additionally, it can facilitate the identification and early intervention of cases of VAC, as community members are more likely to report concerns to trusted individuals within their social network.

In essence, the early and active involvement of stakeholders in the design and implementation of VAC Programmes is crucial for their success. This participatory approach not only enhances the effectiveness and sustainability of interventions but also promotes community ownership and empowerment. By recognizing the value of local knowledge and expertise, and by fostering collaboration and trust, we can create safer and more supportive environments for children in schools and communities.



For us as a school in most cases it is a top to bottom approach. When policies are made they come from top to bottom; so the first thing was to sit with the stakeholders and identify the problems that affect the school, then you agree. So I think that's what was missed, to sit on the table and identify the key areas where assistance would be needed but they came with the Programme for us to implement.

IDI_School_Bunyangabu 1

It would work better because they gave us some activities which we were not well conversant with, of course there are games we play in primary and those ones played at higher institutions of learning so if they had consulted us like in Netball, football, athletics so those are the activities we carry out in primary schools.

IDI_School_Kyejojo 6

They need to organize meetings so as to get information because there is no way you can get information without holding meetings with these stakeholders such as parents and children.

IDI_School_Kyenjojo 2

CHAPTER 4: Discussion

The SAFE Programme Outcome Research findings reveal several significant findings regarding the prevention and response to Violence Against Children in Schools and Communities (VAC). A key finding is the notable shift in parenting practices. There was a substantial increase in parents using positive reinforcement, with 99% reporting saying something nice to their children when they behave well, up from 93% at baseline. This indicates a positive change in parenting styles, moving away from punitive measures towards encouragement. Concurrently, the percentage of children left without adult supervision decreased significantly, suggesting improved parental oversight and care. These shifts imply a greater awareness and implementation of positive parenting practices, likely due to the Programme's interventions. The lesson learned here is that targeted interventions focused on positive parenting can lead to tangible changes in household dynamics and child safety.

Another critical finding is the change in disciplinary measures used by parents. There was a marked decrease in the use of negative disciplinary actions such as shouting, yelling, and knocking the head. Conversely, there was a significant increase in parents reporting “no punishment,” suggesting a shift towards more lenient or alternative disciplinary approaches. Furthermore, a large majority of parents now prefer counseling and guidance over physical punishment, indicating a profound change in attitudes toward child discipline. These findings demonstrate the effectiveness of the Programme in promoting non-violent disciplinary methods. The implication is that educational interventions can alter deeply ingrained disciplinary practices. The lesson learned is that providing alternative disciplinary strategies and highlighting the negative impacts of physical punishment can lead to a significant reduction in its use.

The findings also highlight changes in caregivers' perceptions of social norms. There was a substantial decrease in the belief that girls do experience sex before marriage and that boys need to have sex to be considered men. This indicates a shift away from harmful social norms that perpetuate sexual violence. Similarly, there was a decrease in the belief that parents who allow children to

speak up are considered weak, suggesting a move towards greater child agency and participation. These findings are crucial as they reflect a change in the underlying cultural beliefs that contribute to VAC. The implication is that challenging and reshaping social norms can lead to a safer environment for children. The lesson learned is that addressing social norms directly through awareness campaigns and community dialogues is essential for long-term change.

Regarding the response to CSA cases, seeking healthcare services was identified as the first priority, followed by reporting to authorities and offering psychosocial support. This indicates a comprehensive approach to dealing with CSA cases, moving beyond mere reporting to ensuring the child's physical and emotional wellbeing. The frequency of caregivers seeking healthcare services was notably high, emphasizing the urgency and importance placed on medical intervention. This implies an understanding of the potential health risks associated with CSA and the need for immediate medical attention. The lesson learned is that a multi-faceted approach to responding to CSA cases, including medical, legal, and psychosocial support, is critical for the child's recovery.

The study also delves into the impact of the SAFE Programme on VAC knowledge, attitudes, and practices. A significant positive impact is the improved relationship between teachers and parents. More parents are now attending school meetings and actively engaging in their children's learning progress. The establishment of saving groups at schools has further facilitated this relationship, providing a platform for regular interaction and collaboration. This improved relationship implies a greater sense of community and shared responsibility for children's education and wellbeing. The lesson learned is that creating opportunities for regular interaction and collaboration between teachers and parents can enhance school involvement and support for children.

Furthermore, the research reveals a notable shift in cultural beliefs and practices regarding VAC. There is a reduction in the perception of girls as a source of wealth through dowry and the belief that body changes indicate readiness for marriage. This shift is attributed to the awareness campaigns conducted by Bantwana. This indicates a gradual erosion of harmful cultural practices that perpetuate child marriage and exploitation. The implication is that sustained and culturally sensitive awareness campaigns can lead to a change in deeply rooted cultural beliefs. The lesson learned is that working with communities to address harmful cultural practices while respecting their traditions is crucial for effective change.

The unintended positive benefits of the SAFE Programme include improved couple relationships and economic transparency at the household level. Anger management sessions have led to a reduction in GBV and improved communication between partners. Financial literacy training has resulted in joint planning and budgeting, with women contributing more to household expenses. These findings suggest that interventions

aimed at child protection can have broader positive impacts on family dynamics. The implication is that holistic Programmes that address multiple aspects of family life can yield synergistic benefits. The lesson learned is that addressing underlying issues such as GBV and economic instability can enhance the effectiveness of child protection Programmes.

However, the findings also highlight some unintended negative outcomes, such as poor management of savings groups and retaliation against stakeholders involved in case reporting. These issues underscore the importance of robust monitoring and support mechanisms. The implication is that Programmes need to anticipate and address potential negative consequences to ensure their overall effectiveness. The lesson learned is that continuous monitoring, capacity building, and the establishment of support systems are essential for mitigating negative outcomes and ensuring Programme sustainability.

In conclusion, the SAFE Programme Outcome Research study provides valuable insights into the effectiveness of interventions aimed at preventing and responding to VAC. The findings demonstrate significant positive changes in parenting practices, disciplinary measures, social norms, and community responses. While unintended negative outcomes exist, they highlight the need for ongoing Programme refinement and support. The key lessons learned emphasize the importance of community involvement, culturally sensitive approaches, holistic interventions, and continuous monitoring for achieving sustainable change. These findings and lessons are crucial for informing future Programmes and policies aimed at protecting children from violence and ensuring their wellbeing.

CHAPTER 5:

Conclusion and Recommendations

5.1 Conclusion

The SAFE Programme has proven to be a transformative force in preventing and responding to Violence Against Children (VAC) in Western Uganda. Through its comprehensive and community-driven strategy—combining awareness campaigns, parenting education, economic empowerment, and active community engagement—the Programme not only met its core objectives but delivered far-reaching, positive change. It has significantly improved knowledge, attitudes, and practices around child protection, while also generating unexpected benefits, including stronger couple relationships and a renewed culture of collective parenting at the community level.

Despite encountering challenges such as financial mismanagement and occasional resistance from stakeholders, the SAFE Programme demonstrated remarkable resilience and adaptability. Its proactive

approach to problem-solving and reliance on trusted local structures ensured continued progress even in complex environments. The evidence from this intervention underscores a critical truth: sustainable, locally anchored solutions are key to addressing deep-rooted social issues like VAC.

To build on this momentum and safeguard the well-being of children across the region, it is essential to sustain and scale up the SAFE Programme. Continued investment is needed to strengthen community-based systems, equip stakeholders with the skills and tools they need, and resolve the persistent gaps that still hinder child protection. The success of SAFE offers a powerful model—one that should be reinforced and expanded to ensure every child grows up safe, supported, and free from violence.

5.2 Recommendations to stakeholders

Table 38: Recommendations to the different stakeholders

Stakeholders	Recommendations
SAFE program	Expand and Deepen Community-Based Training for Caregivers To enhance the effectiveness and reach of the SAFE Programme, caregiver training should be significantly scaled up in both frequency and content. Trainings should go beyond parenting skills to include comprehensive financial literacy and market-relevant, hands-on economic empowerment strategies. Role model caregivers should be identified and trained to serve as community-based peer mentors. Establishing community learning hubs would offer continuous training, foster peer support networks, and serve as safe spaces for ongoing knowledge exchange. Integrating diverse income-generating activities—such as tailoring, crafts, farming, or digital skills—will ensure holistic empowerment and sustainability for caregiver households. Strengthen Community Child Protection Structures and Accountability To build stronger protective environments for children, the SAFE Programme should expand its network of community-based resource persons, including para-social workers and coaches. These individuals must be well-trained to prevent, detect, and respond to VAC cases in both schools and communities. A robust case monitoring and referral system should be developed, ensuring timely follow-up, documentation, and access to justice. Partnerships with law enforcement, legal aid providers, and judiciary actors should be formalized to ensure a comprehensive, survivor-centered approach to justice and care, including joint trainings and streamlined referral pathways. Broaden Economic Empowerment to Strengthen Household Resilience Economic stability is critical for effective caregiving and child protection. The SAFE Programme should expand its economic empowerment efforts to reach more caregivers across additional schools and communities. This includes increasing financial support to VSLA groups through seed funding or grants, and offering training in savings management and investment planning. Widespread financial literacy campaigns—delivered through radio, workshops, and printed materials—should be implemented to improve caregivers' capacity to meet their children's needs and reduce the economic pressures that often drive neglect or abuse. Engage Cultural and Religious Leaders in Programme Design and Delivery The SAFE Programme should deepen its engagement with influential cultural and religious leaders to align interventions with community values while promoting children's rights. These leaders should be integrated into programme design, awareness campaigns, and parenting dialogues. Their involvement can help shift harmful norms, foster open discussions on child protection, and improve community acceptance of the programme. Collaboration could include joint campaigns, integration of child protection messaging into sermons or cultural events, and use of traditional leadership structures to reinforce protective practices. Institutionalize the Programme through Government Structures for Sustainability To ensure long-term sustainability and scalability, the SAFE Programme should adopt a district-led, community-driven implementation model that embeds activities within existing local government systems. This includes working closely with Community Development Officers and other relevant officials to identify, train, and support community resource persons. By institutionalizing programme components through government channels, the SAFE Programme can enable consistent supervision, promote accountability, and pave the way for district-level scaling. Strengthened local ownership will ensure that gains are maintained beyond the life of the programme.

Stakeholders	Recommendations
	“ We're requesting that Bantwana continue training us so that we can tell our neighbors to come and join so that we gain more knowledge; even the ones who are not part of the groups...I am requesting Bantwana to choose some members among us and train them to keep training others. Let these training extend even to other places. FGD_FemaleCaregivers_Kabarole Mine is an appreciation to Bantwana, when it came and trained us our community had some development. We didn't know how to save and even when we did we didn't have a purpose. But now we save with a purpose. When I have a problem I come to my group; I get money and pay for my children at school, buy a uniform. I really request Bantwana to add more effort and move to the other schools and communities so that they can also learn about development and family income. FGD_FemaleCaregivers_Kyenjojo Bantwana has helped police because it has been closing cases using mutual understanding but now when they hear that there is Bantwana they fear and the case continues. The challenge we still have; there are things Bantwana told us like when they arrest a perpetrator and take them to police, the proceeding to court is not theirs. So we requested Bantwana to follow up on cases up to court but it has never been done. After the case reaches the police it dies out and as Bantwana members you get hated by people. FGD_MaleCaregivers_Kabarole Apart from not giving some money to the saving groups after training parents on saving practices, the rest is okay, but if they give a group like 100,000 shs and parents can top up then the Programme would work better because such an initiative makes people in the community very happy.” IDI_Community_Kabarole 1 “Maybe to say the elders; should be brought on board because the priests, pastors, local leaders and police were involved. We used to collaborate as a whole apart from the cultural leaders that were excluded. An elder or clan leader can say 'what is wrong with our clan, why are our girls being violated and our boys getting unruly. Maybe their people would believe in them and adjust.” IDI_Community_Kyenjojo 1 It depends on the enrollment of the school. There are schools like where I was working when the Programme started; I used to have a small enrollment of about 500 to 600 learners; there one can work but in this school it is a big enrollment. When all the pupils have come we expect to be having like 1,000 and it becomes hectic for one matron at least they can be two or three in a school.” IDI_School_Kabarole 3 More training sessions are needed because we were trained but there are some who would also want to be trained. Because there's when you would try to mentor someone but you see that he/she is not very satisfied. But if other people come and train, he will feel awakened. So we're requesting the training to continue...Some of our friends ask us, we normally see you being trained. Did Bantwana choose you only? Why don't they include everyone because we also have children and husbands? Why don't they include us in the training so that we can also learn?” FGD_FemaleCaregivers_Bunyangabu

Stakeholders	Recommendations
Policy makers	Strengthen policies that promote continuous training of caregivers on positive parenting, financial literacy, and economic empowerment Develop and strengthen national and subnational policies that mandate and fund continuous training programmes for caregivers in positive parenting, financial literacy, and economic empowerment. These policies should ensure the availability of accessible and high-quality training opportunities for all caregivers.
	Develop and implement guidelines for monitoring and following up on child abuse cases until court rulings to ensure justice and protection for victims Government should implement and effectively enforce clear and comprehensive national guidelines for the systematic monitoring and follow-up of all reported child abuse cases, extending through to final court rulings. These guidelines should prioritize the rights and protection of victims, ensure timely access to legal and psychosocial support, and promote accountability within the justice system. Establish formal partnerships with cultural leaders to enhance child protection and parenting interventions Institutionalize partnerships between government agencies and cultural leaders at various levels to strengthen child protection and positive parenting interventions. This could involve the development of protocols for collaboration, joint working groups, and the integration of cultural perspectives into national child protection strategies. Institutionalize community-led approaches that integrate government structures into the Programme implementation for sustainability Adopt and institutionalize community-led development approaches within government frameworks, specifically ensuring the integration of local government structures in the planning, implementation, and monitoring of social Programmes, including those focused on child protection and family support, to ensure long-term sustainability and local ownership.
Caregivers and community members	To further safeguard children, caregivers and community members with knowledge of positive parenting and children's rights are encouraged to continue educating other caregivers, reporting child abuse cases, and ensuring proper follow-up. Caregivers should also maintain their saving groups, which have proven valuable in meeting children's needs. Collective community effort is essential to protect children and address violence against them, prioritizing their safety and well-being. Parents must fulfill their children's needs, particularly those of girls, to deter negative behaviors like theft or sexual exploitation.
School (Teachers and Administrators)	Teachers, school management and the para-social workers should continue educating students on child abuse risks and safety; foster a safe reporting environment; strictly enforce anti-VAC policies, including those against CSA; ensure fair treatment and prevent further abuse; and collaborate with other schools on prevention strategies.
Children	The children should be encouraged to report any threats or experiences of VAC, even if they find it difficult to share such experiences, such as concerns around CSA. This can be done by providing information about prevention measures and reporting any threats of VAC or actual experiences of VAC to ensure that justice is served for the victims of child abuse. “ Children should report any person who tries to abuse them even if it is sexual abuse and perpetrator caught should be brought to the disciplinary committee. IDI_School_Kyenjojo 1 I would like to say that all stakeholders need to work hand-in-hand for the betterment of our children. IDI_Community_Bunyangabu 2

Stakeholders	Recommendations
Researchers	Building upon the findings of this report, the SAFE Programme should prioritize further in-depth research into specific components of its current interventions to gain a better understanding of their effectiveness. For instance, rigorous research should be conducted to evaluate the specific impact and effectiveness of the financial literacy and economic empowerment initiatives in demonstrably improving caregivers' capacity to consistently meet their children's diverse needs. Furthermore, the initial research on the community-led mentorship model for positive parenting should be significantly expanded, exploring its mechanisms of impact, identifying key success factors, and understanding its adaptability across different community contexts. Beyond direct intervention components, future research should also examine the systemic barriers and identify potential opportunities to improve the outcomes of case management processes related to child protection, particularly within the often-challenging justice system. This could involve exploring factors contributing to delays, identifying bottlenecks in service provision, and evaluating the effectiveness of different approaches to victim support and perpetrator accountability. To establish a more definitive understanding of the actual causal effect of the overall SAFE Programme intervention on various child and family well-being outcomes, SAFE Programme should strongly consider incorporating a randomized control trial (RCT) design in future iterations or expansions of its interventions. This robust research methodology would allow for a more rigorous assessment of the Programme's impact compared to control groups, providing stronger evidence for its effectiveness and informing future Programme design and resource allocation.

ANNEXES

Annex 01. Questionnaires

AN OUTCOME RESEARCH ON THE WESTERN UGANDA BANTWANA PROGRAM ON VIOLENCE AGAINST CHILDREN IN SCHOOLS AND SURROUNDING COMMUNITIES (VACiSC) IN THE THREE DISTRICTS OF KABAROLE, KYENJOJO and BUNYANGABU

CAREGIVER'S SURVEY TOOL Version 3.0: 08 January 2025

Hello, my name is _____. I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, caregivers, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 years, and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

METADATA

A	Initials of the interviewee
B	Name of the interviewer
C	School name
D	Group name
E	District
F	Sub-county
G	Parish
H	Village

SECTION 1: PROFILE OF CAREGIVER

No	Question	Responses	Guides
Q1	1. Caregiver phone contact (if he/she has) If no phone number tick here		
Q2	Gender of respondent	1=Male 2=Female	
Q3	How old are you?	1=18-27 2=28-37 3=38-47 4=48-57 5 >=58	

No	Question	Responses	Guides
Q4	What is your highest level of education?	= Never attended = Completed Primary = O-level = A-level = Vocational training = Tertiary	
Q5	What is your current marital status?	= Single = Married = Widowed = Divorced/separate	
Q6	Do you belong to any savings groups?	1=Yes 2=No	
Q7	If yes, what is the name of the group?		Skip if Q6=No
Q8	Have you attended any training on parenting?	1=Yes 2=No	
Q9	If yes, mention the sessions that you attended	Text – or consider creating a list from the manual	Skip if Q8=No.
Q10	How many children currently live in your household?	Number	
Q11	How many of the mentioned children participated in the WUDP by 2020?	Number	
Q12	If yes, what class were they in by then?	Number	
Q13	How many young adults currently live in your household? (by young adults we mean children who were part of the WUBP but they are now 18 years and above)	Number	
Q14	How many of the mentioned young adults participated in the WUBP by 2020?	Number	
Q15	How many of your children are currently in school?	number	
Q16	Has any of your children ever missed school?	1=Yes 2=No	
Q17	If yes, what was the main reason for missing?	1= Housework 2 =They did not have basic needs like school requirements like fees, uniforms 3 = Sickness = Taking care of their younger siblings = Work in the garden/plantation/shop/market stall = Others (specify)	Skip if Q16=No.

SECTION 2: RELATIONSHIP WITH CHILDREN

We would like to ask you about the relationship with your children. For the next statements please reply by telling me whether it applies always, sometimes or never.

No	Question	Responses	Guide
Q18	You say something nice to your children when they behave well	1=Never 2=Always 3=Sometimes	
Q19	Your child is usually at home without adult supervision	1=Never 2=Always 3=Sometimes	
Q20	You create time to talk to children in your family about adolescent growth	1=Never 2=Always 3=Sometimes	
Q21	You create time to talk to children in your family about Violence Against Children especially related to sexual abuse	1=Never 2=Always 3=Sometimes	
Q22	You allow children to participate in budget making	1=Never 2=Always 3=Sometimes	
Q23	You include the needs of children in your family budget	1=Never 2=Always 3=Sometimes	
Q24	As a family, you make rules meant to keep children safe	= Yes = No	
Q25	Mention two roles a caregiver should play in the prevention of children from Sexual Abuse		

SECTION 3: DISCIPLINING CHILDREN

In this section, we ask how often a given discipline measure has been applied to discipline your child/children at home.

No	Question	Responses	Guide
Q26	Which of the following methods have you used to discipline children in the past week? (Tick options mentioned by a caregiver)	= Shout/yell/scream = Curse/nickname 3 = Refuse to speak to your child 4= Cane your children = Kick your child = Knock the head = Deny them food = No punishment = Other (specify	Choose all that apply

SECTION 4: REPORTING CASES OF CHILD ABUSE

No	Question	Responses	Guide
Q27	Do you know any child sexual abuse risks that children face?	= Yes = No	
Q28	If yes, what puts children at risk of sexual abuse mention at least 2 risk	Text	Skip if Q27 = No
Q29	In the last six months, do you know of any child who was sexually violated in your community or village?	= Yes = No	
Q30	If yes, what was the form of the sexual violation?	Text	Skip if Q29 = No
Q31	If yes, who sexually violated this child?	= Teacher = Caregiver = Neighbour = Stranger = Fellow child = Other (specify)	
Q32	When this happened, what did you do	1 = Talked to the parent/ caregiver 2 = Talked to the teacher = Talked to that child = Informed LC1 = Informed police = Nothing = Other (specify)	
Q33	Mention 2 roles that a caregiver plays in responding to a case where a child has been sexually abused.	Text	
Q34	Following implementation of the Bantwana program, do you think children feel free to disclose cases of sexual abuse to their parents?	= Yes = No	
Q35	Following implementation of the Bantwana program, do you think children feel free to disclose cases of sexual abuse to someone else? (Could be teachers, para social workers, LC.I, Police, PSWO etc.)	= Yes = No	
Q36	If no, why are children not disclosing?		
Q37	Since the implementation of the Bantwana program, do parents in this community report cases of sexual abuses against children once they come to know about them?	= Yes = No	
Q38	If yes, would you say parents reporting of sexual abuse against children has reduced, remained the same or increased?	= Reduced = Remained the same = Increased	

SECTION 5: FACTORS THAT PREDISPOSE CHILDREN TO VIOLENCE, AWARENESS OF EXISTING LEGAL FRAMEWORKS AND CHILDREN'S CONFIDENCE IN CHILD PROTECTION STAKEHOLDERS

No.	Questions and Filters	Response	Skip to
Q39	In your opinion, do the following factors expose children to VAC in your community?	Parents abusing drugs or alcohol Domestic violence Denial of basic needs (food, shelter, clothing, etc) Low household income Stubbornness of children Parents ignorance of child protection rights Children dropping out of school Parents' limited acceptance of children's rights Irresponsible parenting Peer pressure Parents' attempt to maintain authority Diminishing role of community in child upbringing Children abusing drugs or alcohol Spread of pornography Negative cultural/religious beliefs Inadequate laws/bylaws on child protection 17 = Other, specify;	
Q40	In your opinion, do the following factors expose children to VAC in your school?	Stubbornness of the children or bad behaviours Basic needs not met (food) Children escaping or absenting themselves from school Teachers' personal problems or stress Children's poor performance in class Peer pressure Teachers' attempt to maintain authority Teachers' ignorance of child protection rights Teachers' limited acceptance of child protection rights Children abusing alcohol and drugs The spread of pornographic materials Children being untidy Negative cultural or religious beliefs 14. Other, specify;	
Q41	Are you aware of any law, ordinances, and by-laws passed and/or enforced to address VAC in your community?	= Yes = No	
Q42	Do you know the contents of any of the existing ordinances or bylaws?	= Yes = No 99 = Not sure/ I don't know	

Q43	Are you aware of the any law, ordinances, by-laws or regulations passed and/or enforced to address violence against children in your school?	= Yes = No		
Q44	Do you know the contents of any of the existing ordinances or bylaws?	= Yes = No 99 = Not sure/ I don't know		
Q45	In your opinion, do you consider the existing laws, ordinances or bylaws adequate in addressing violence against children?	= Yes = No 99 = Not sure/ I don't know		
Q46	Are you confident that the following child protection structures handle child protection cases well in accordance to the existing government laws and standards?	Parents/caregivers	Yes No Don't know	
		LC1 chairperson/committee member	Yes No Don't know	
		Child protection committees	Yes No Don't know	
		Health workers	Yes No Don't know	
		NGO/CBO staff/ child protection activists	Yes No Don't know	
		Police	Yes No Don't know	
		Probation and social welfare officers	Yes No Don't know	
		Community Development Office (CDO)	Yes No Don't know	
		Cultural leaders/elders	Yes No Don't know	
		Religious leaders	Yes No Don't know	
		Courts or judicial officers	Yes No Don't know	

SECTION 6: PERCEPTIONS ABOUT GENDER (Caregivers demonstrate positive shifts in attitudes towards gender equality)

No	Questions	Responses	Guide
Q47	If your daughter/a girl child under your care engages in sex before the age of 18, what would you do?	= Counsel her = Take responsibility = Chase her from home = Talk to the perpetrator = Punish her 6 Other (specify)	Choose 1
Q48	If your daughter/a girl child under your care gets pregnant before the age of 18, what would you do?	= Counsel her = Take responsibility = Chase her from home = Talk to the perpetrator = Punish her - Other (specify)	Choose 1
Q49	If your son / a boy child under your care engages in sex before the age of 18, what would you do?	= Counsel him = Congratulate him for becoming a man = Punish him = Take responsibility on his behalf = Chase him from home - Other (specify)	Choose 1
Q50	If your son /a boy child under your care makes a girl pregnant before the age of 18, what would you do?	= Counsel him = Congratulate him for becoming a man = Punish him = Take responsibility on his behalf = Chase him from home - Other (specify)	Choose 1

SECTION 7: CAREGIVER'S PERCEPTION OF SOCIAL NORMS (Caregiver's perceptions about the existing norms in the community)

I am going to read for you some statements please answer by telling me whether you agree or disagree with each of the statements.

No	Statement	Response	Guide
Q51	Girls do not experience sex before marriage?	= Agree = Disagree	Choose 1
Q52	To be considered a man by his peers and male relatives, a boy needs to have sex	= Agree = Disagree	Choose 1
Q53	Girls who have unmet basic needs are expected to look for a man to take care of them	= Agree = Disagree	Choose 1
Q54	Parents who allow children to speak up are considered weak	= Agree = Disagree	Choose 1
Q55	What other beliefs related to sexual abuse exist in your community?	Text	
Q56	Based on your understanding mention any key messages you are aware of to address socio-norms driving child sexual abuse in your community?		

Thank you

CHILDREN SURVEY TOOL Version 3.0: 08 January 2025

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METADATA

A	Initials of the interviewee
B	Interviewee ID
C	Name of the interviewer
D	School name
E	Group name
F	District
G	Sub-county
H	Parish
I	Village

SECTION 1: CHILD PROFILE

No	Question	Responses	Guides
Q1	Sex of respondent	1=Male 2=Female	
Q2	How old are you?	Age completed in years	
Q3	Are you currently enrolled in school?	= Yes = No	
Q4	If yes, what class do you attend?	= P3 = P4 = P5 = P6 = Secondary education = vocational or tertiary education	
Q5	Are your biological parents alive?	= Both parents are alive = Both parents are dead = Only mother alive = Only father alive = Don't know	

No	Question	Responses	Guides
Q6	Are you living with your father and mother at home?	= Yes, living with biological mother and father = No, living with biological Father only = No, living with biological Mother only 4 = None – not living with my biological parents	
Q7	What is your relationship to the head of your household? (that is, the main person Making decisions in this house)	1 = I am the head of the household (child headed) = Son/daughter = Brother/sister = Niece/nephew = Step-child = Grandson/granddaughter = Not family-related 98 = Other (specify)	
Q8	Do you have any form of disability known to you?	= Yes = No	If no, skip to Q 10
Q9	If Yes, Which form of disability do you have?	= Physical disability = Has difficulty in seeing = Has difficulty in hearing = Has difficulty in speech = Has mental/learning disability 98 = Other, specify _____	
Q10	Have you ever heard of “child or children’s rights”?	= Yes = No	
Q11	If yes, where did you hear about child rights?	= In School = From friends = From church/mosque = At a community event 5 = Others (Specify)	Skip if Q54 = No
Q12	Do you belong to any club at school?	= Yes = No	
Q13	What is the name of the Club?		
Q14	What does it do?		

SECTION 2: EMPOWERMENT OF CHILDREN AND THEIR PARTICIPATION IN CHILD PROTECTION ACTIVITIES

No	Question	Responses	Guides
Q15	Have you or any other child that you know ever received training in child protection?	= Yes = No	
Q16	In which of the following were you or other children trained?	1= Children's rights = Reporting violence against children = Referral pathways = Any other response to child violence = Sauti 116 = I don't know	(Multiple Response)
Q17	When was the last time the training was conducted?	= Less than 6 months ago = 6 months – 1 year = 1 to 2 years ago = Over 2 years ago	
Q18	Did the training enhance your knowledge and skills in prevention and response to violence against children?	= Yes = No	
Q19	Specifically, what new skill(s) did you learn		
Q20	Do you think the training on child protection was useful?	= Yes = No = I don't know	
Q21	Are you aware of any children led groups or clubs in your school or community that are actively advocating for children rights and/or prevention of VAC, such as; child rights clubs?	= Yes, at school = Yes, at community level = No	
Q22	If yes, are you a member of any of such clubs?	= Yes = No	
Q23	Which activities does such groups/ clubs engage in?	1 = Sensitise children/ pupils in child rights 2= Identify Violence against children Cases = Report VAC cases = Refer cases = Other, specify; _____ =I don't know/ Not sure	
Q24	In your opinion, is having children led groups or clubs that actively advocate for children rights and/or prevention of violence against children helpful in reducing VAC?	= Yes = No 99 = Don't know	If Q24 = 2 Skip to Q26

No	Question	Responses	Guides
Q25	How are such groups/clubs helpful in reducing VAC?	1= Report perpetrators of VAC 2 =Prevent violence against children 3=Referring VAC cases 4=They inform us on the VAC and child rights 98 Other, specify;	
Q26	Have you or a child/pupil that you know ever actively participated in any of the child protection promotion/awareness activities?	= Yes = No	If Q26 = 2 skip to Q 30
Q27	Which activity(ies) have you or a child that you know participated in?	1 = community outreaches 2 = Community dialogues with stakeholders e.g. Police, parents, Probation etc. 3 = Commemoration of internationally recognized child events e.g. day of the African child. 4 = National dialogues with stakeholders e.g. MPs, Ministry of Gender, NGOs etc. 5 = Participated in a radio talk show 6 = Participated in a debate/child rights club activities at school 7 = Presented a music, dance, drama, poem etc. On child protection 98 = Other, specify	
Q28	How have you benefitted from such activities?	1 = I'm now aware of the different forms of violence against children 2 = I have learnt the reporting process 3 = I have knowledge on referral 4 = I'm now equipped with 5 knowledge on child rights 5 = I'm aware of child protection laws and by-laws 6= I'm confident to speak about prevention of VAC 98 = Other, specify;	
Q29	In general are you in a better position to use the skills in furthering the cause even beyond/after school?	1 = Yes 2 = No	
I am going to read to you the following statements please respond by telling me 'yes or no'			

No	Question	Responses	Guide
Q30	Can exchanging bitter words (for example calling a child stupid, dull, lazy, etc...) cause a child to be sad	1= Yes 2= No 3 = Don't know	
Q31	Is it against the law in Uganda to require a 12-year-old child to work instead of going to school?	1 = Yes 2 = No 3 = Don't know	
Q32	Is punishing a child by denying her food a violation of that child's rights?	1 = Yes 2 = No 3 = Don't know	
Q33	Is caning against the law for teachers in Uganda?	1 = Yes 2 = No 3 = Don't know	
Q34	Does caning someone consistently encourage them to do better	1 = Yes 2 = No 3 = Don't know	
Q35	Is it against the law in Uganda for teachers to try to touch children in their private parts (i.e. breasts, bottoms, etc.)?	1 = Yes 2 = No 3 = Don't know	
Q36	Is it against the law in Uganda for a child under 18 years to have sex with an adult?	1 = Yes 2 = No 3 = Don't know	
Q37	Which of these are the rights and responsibilities of a child?	1 = A right to listen to the radio anytime you want to without any parents' interference 2 = A right to play in the allocated time for playing 3 = A right to visit your friends whenever you want even if it is at night 4 = A right to education and a responsibility to work hard and pass	Choose all that apply

SECTION 3: KNOWLEDGE ON INCIDENTS AND REPSONSE TO VIOLENCE AGAINST CHILDREN

No	Question	Responses	Guide
38	How well do you understand violence against children	= Very well = Fairly well = I don't know about VAC	
39	How common is violence against children in your community?	= It is very common = It is fairly common = It is rare = It is not existent	
40	How common is violence against children in your school?	= It is very common = It is fairly common = It is rare = It is not existent	
41	In your opinion, where does violence against children occur MOST?	= Home = School = Public places 98 = Other, specify_____	
42	Have you or any child/pupil that you know experienced any form of violence against children in the past 12 months?	= Yes =No	
43	If yes, where did the most recent incident happen?	=Home = School = Other, specify_____	
44	In case you or any child/pupil that you know experience any form of violence against children, would you report the incident?	= Yes = No 99 =I don't know	
45	Do you know where to report?	= Yes =No	
46	Where can you report the incident?	1 =My Parents/caregivers 2 = LC1 chairperson/committee member 3 = Child protection committee 4 = Health workers 5 = NGO/CBO staff/ child protection activists 6 = Police 7 = Probation and welfare officer 8 = Community Development Officer (CDO) 9 = Cultural leaders/elders 10 = Religious leaders 11 = Courts or judicial officers 12 = Head teacher/ Class teacher 13 = Prefects or child club leaders 14 = Other, specify_____	

No	Question	Responses	Guide
47	In the past 12 months, have you reported any case/incident of violence against children in which you or a child that you know was a victim?	= Yes = No	
48	Where did you report?	1 = My Parents/caregivers 2 = LC1 chairperson/ committee member 3 = Child protection committee 4 = Health workers 5 = NGO/CBO staff/ child protection activists 6 = Police 7 = Probation and welfare officer 8 = Community Development Officer (CDO) 9 = Cultural leaders/elders 10 = Religious leaders 11 = Courts or judicial officers 12 = Head teacher/ Class teacher 13 = Prefects or child club leaders 14 = Other, specify _____	
49	If no, why did you not report?	1 = Don't know where to report 2 = It is normal in my community for these things to happen 3 = The perpetrator would bribe/influence his/her way out 4 = Fear of retaliation by the perpetrator 5 = No action would be taken on the perpetrator 6 = My parents are not interested in pursuing VAC cases 7 = Preference to resolve issues at the local level 8 = Long distances to the relevant protection structures 9 = Parents' greed for material and/or financial gains 10 = Need to maintain family, clan or community harmony and good public image 11 = I don't care, it is none of my business 12 = I did not experience or witness any form of VAC 13 = Other, specify; _____	
50	Have you ever heard of "child or children's rights"?	= Yes = No	

No	Question	Responses	Guide
51	If yes, where did you hear about child rights?	= In School = From friends = From church/mosque = At a community event 5 = Others (Specify)	Skip if No
52	Where do you always get information on child protection?	= Radio stations = Community groups = CBOs/FBOs/NGOs staff = Community meetings = Family = Teachers/PTAs = School clubs – child rights clubs = Local government officials = Police = Religious gatherings = Print media = Telephone = Television = Other, specify;	
53	Are you aware of any law, ordinances, and by-laws passed and/or enforced to address VAC in your community?	Yes No	If no, skip next question
54	Do you know the contents of any of the existing ordinances or bylaws?	Yes No Not sure/ I don't know	
55	Are you aware of the any law, ordinances, by-laws or regulations passed and/or enforced to address violence against children in your school?	Yes No	If no, Skip next question
56	Do you know the contents of any of the existing ordinances or bylaws?	Yes No Not sure/ I don't know	
57	In your opinion, do you consider the existing laws, ordinances or by-laws adequate in addressing violence against children?	Yes No Not sure/I don't know	

SECTION 4: KNOWLEDGE OF CHILD PROTECTION LAWS, RIGHTS AND RESPONSIBILITIES

No	Question	Responses	Guide
Q61	Can exchanging bitter words (for example calling a child stupid, dull, lazy, etc...) cause a child to be sad?	1= Yes 2= No 3 = Don't know	
Q62	Is it against the law in Uganda to require a 12-year-old child to work instead of going to school?	= Yes = No = Don't know	
Q63	Is punishing a child by denying her food a violation of that child's rights?	= Yes = No = Don't know	
Q64	Is caning against the law for teachers in Uganda?	= Yes = No = Don't know	
For the following questions, you can respond with either Yes, No or don't know			
Q58	Does caning someone consistently encourage them to do better	= Yes = No = Don't know	
Q59	Is it against the law in Uganda for teachers to try to touch children in their private parts (i.e. breasts, bottoms, etc.)?	= Yes = No = Don't know	
Q60	Is it against the law in Uganda for a child under 18 years to have sex with an adult?	= Yes = No = Don't know	
Q65	Which of these are the rights and responsibilities of a child?	1 = A right to listen to the radio anytime you want to without any parents' interference 2 = A right to play in the allocated time for playing 3 = A right to visit your friends whenever you want even if it is at night 4 = A right to education and a responsibility to work hard and pass	Choose all that apply

SECTION 5: ATTITUDES CONCERNING CHILD PROTECTION

I am going to read to you the following statements please answer by telling me whether you agree or disagree with each of the statements.

No	Question	Responses	Guide
Q66	If a parent/caregiver requires a child to work instead of going to school, there is nothing that a child can do about it.	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q67	Sometimes, it is OK for teachers to call pupils bad names.	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q68	Sometimes it is OK for teachers to use physical punishment (i.e. caning, pulling hair, beating, etc.) to discipline pupils	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q69	Sometimes, it is OK for caregivers to use physical punishment to discipline children at home	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q70	Any adult who has sex with a child should be punished under the law.	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q71	Marriage of children under 18 is a harmful practice that should be stopped	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q72	A child has the right to refuse sex even if the child has received gifts or money	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	
Q73	If a girl gets pregnant, it is her fault for getting pregnant	1 = Agree 2 = Disagree 3 = Neutral 4 = Don't know	

SECTION 6: CHILD PROTECTION PRACTICES

No	Question	Responses	Guide
Q74	During the last six months, did you miss school?	= Yes = No	If Q73 = 2 skip to Q 75
Q75	If yes, why did you miss	1 = I was doing housework 2 = I did not have school fees 3 = I was sick 4 = I was looking after my younger brothers/sisters 5 = I was working in the garden/my parents' shop or stall 6 = Others (specify)	Choose at least 2
Q76	During the last six months, how often has your teacher used words of encouragement or praised you	= Always = Sometimes = Never	
Q77	During the last six months, how often have your caregivers/parents denied you food, clothing, fees, or scholastic materials?	= Always = Sometimes = Never	
Q78	In the last six months, how often did your teacher use harsh words or call you bad names?	= Always = Sometimes = Never	
Q79	In the last six months, were you caned?	= Yes = No	If Q78 = 2 skip to Q81
Q80	If you yes, who caned you?	= Parent/caregiver = Teacher	Select all that apply
Q81	If yes, how often were you caned?	1= Always 2 = Sometimes	
Q82	In the last 6 months, were you / someone you know bullied or beaten by a fellow pupil?	= Yes = No = Don't know	If Q81 = 2 or 3 skip to Q84
Q83	If yes, who was bullied or beaten?	= You = Someone	
Q84	If yes, what did you do when it happened?	1 = Talked to a teacher/headteacher 2 = Talked to a friend 3 = Talked to my parent/caregiver 4 = Talked to another trusted adult 5 = I did Nothing 6 = Others (Specify)	Choose all
Q85	In the past school year, have you or any girls in your school had an unwanted pregnancy?	= Yes = No = Don't know	

No	Question	Responses	Guide
Q86	In the past year have you or your friends played sex with an adult?	= Yes = No = Don't know	If Q85 = 2 or 3 skip to Q88
Q87	If yes, what did you do when this happened?	1 = Talked to a teacher/headteacher 2 = Talked to a friend 3 = Talked to my parent/caregiver 4 = Talked to another trusted adult 5 = I did Nothing 6 = Others (Specify)	Choose all
Q88	Were you or your friends helped or received a service	= Yes = No = Not sure	
Q89	In the last 6 months, have you heard someone using vulgar language at home?	= Yes = No = Don't know	
Q90	If yes, who spoke the vulgar language?	= Teacher = Fellow pupil = Parent/caregiver = Other adults = Others (specify)	

SECTION 7: PREVENTION AND RESPONSE APPROACHES IN PLACE

No	Statement	Responses	Guide
Q91	Teachers create time to listen and guide girls and boys on adolescent growth and sexuality.	= Always = Sometimes = Never	
Q92	Teachers allow children to consult them about any school and home issues	= Always = Sometimes = Never	
Q93	Teachers work with children to establish rules for sexual abuse prevention.	= Always = Sometimes = Never	
Q94	Teachers encourage students to join school clubs.	= Always = Sometimes = Never	
Q95	Are you able to recognize abuse?	= Yes = No	If Q94 = 2 skip to Q96
Q96	If yes, what kind of issues are you able to recognize?	Text	
Q97	Are you able to spot someone who is dangerous or might lead to abuse?	= Yes = No	
Q98	Are you able to tell invitations that carry risks of abuse?	= Yes = No	
Q99	Do you feel that you have Knowledge about body changes and prevention of Child Sexual abuse?	= Yes = No	
Q100	You can say no to bad peer influences (especially saying no to boys and girls who encourage them to engage in sex)	= Always = Sometimes = Never	
Q101	Do you feel that you can report any form of abuse / bad touches or other threatening behavior to an adult?	= Always = Sometimes = Never	
Q102	You know where to report bad touches or other threatening behaviour	= Always = Sometimes = Never	
Q103	If you responded to always or sometimes, where should you report when someone touches you badly / threatens you	Open text	Skip if Q56 = Never

SECTION 8: ATTITUDES TOWARDS GENDER EQUALITY

No	Statement	Response	Guide
Q104	Boys and girls should treat each other with respect/dignity at school and home	= Agree = Partially agree = Do not agree	
Q105	Girls should treat boys with respect/dignity at school and home	= Agree = Partially agree = Do not agree	
Q106	It is the role of the girls to do the following chores (Cook, sweep the compound, collect firewood)	= Agree = Partially agree = Do not agree	
Q107	It is the role of the boys to do the following chores (Cook, sweep the compound, collect firewood)	= Agree = Partially agree = Do not agree	
Q108	It is the role of the girls to graze cattle, collect firewood, and fetch water	= Agree = Partially agree = Do not agree	
Q109	It is the role of the boys to graze cattle, collect firewood, and fetch water	= Agree = Partially agree = Do not agree	

SECTION 9: SAFETY

No	Statement	Response	Guide
Q110	Do you feel safe from abuse in the community?	= Yes = No = Not sure	
111	If yes, why do you feel safe?		
112	If no, why do you feel unsafe?	Text	
Q113	Do you feel safe while at school?	= Yes = No = Not sure	
Q114	If yes, what makes it safe at school?	Text	
Q115	If not, why do you feel unsafe at school?	Text	
Q116	Have you ever missed school because you felt unsafe?	= Yes = No = Not sure	
Q117	What practices/beliefs exist in your communities that relate to sexual abuse?	Open Text	
Q118	What are the causes of the practices/beliefs?	Open Text	

Thank you for taking the time to answer these questions.

AN OUTCOME RESEARCH ON THE WESTERN UGANDA BANTWANA PROGRAM ON VIOLENCE AGAINST CHILDREN IN SCHOOLS AND SURROUNDING COMMUNITIES (VACiSC) IN THE THREE DISTRICTS OF KABAROLE, KYENJOJO AND BUNYANGABU

FOCUS GROUP DISCUSSION GUIDE Version 3.0: 08 January 2025 – *(Parents who are enrolled in the second phase of the intervention)*

META DATA

A	District	
B	Sub County	
C	Parish	
D	Village	
E	Name of the School/Institution	
F	Group name/Respondent's category	
G	Name of the Facilitator	
H	Name of the Note taker	
I	Interview Date	

Respondents' Information					
code	Initials	ID	Age	No. Children	Observations
R1					
R2					
R3					
R4					
R5					
R6					

1. What forms of VAC exist within schools and surrounding communities in your area? Probe for the prevalence of the mentioned forms of VAC?

2. What are the causes of VACiSC including CSA in your area?

(Probe for cultural practices, beliefs and traditions that may contribute to or perpetuate VAC including CSA?)

3. How do parents in your community nurture their children?

(Probe for use of positive discipline, interactive child parent guidance talks on sexuality and abuse? And how parents used to nurture their children before the WUBP activities implementation? Or the contribution of PPG (positive parenting groups?)

4. How do community members in your area prevent VACiSC including CSA?

(Probe for the before and after WUBP implementation status regarding; parents' saving and budgeting for adolescents or children's needs, existing community-based child protection structures, the key stakeholders in those structures and their effectiveness?)

5. What do community members do when VAC case happens in schools or within the community?

(Probe for community members' ability to report and seek of post-abuse support services for

victimized children? The existing community based structures, community satisfaction with the outcomes of reporting or seeking help after a VACiSC case has been reported?)

6. How can the activities of WUBP be improved to ensure it works better even when it is to be implemented in other schools or communities to promote safety of children?

(Probe for the program's interventions that have worked well, measures adopted by schools and communities to ensure sustainability of WUBP achievements, recommended reforms effective implementation of the program before scalability?)

Thank you for taking the time to answer these questions.

INDEPTH INTERVIEW GUIDE Version 3.0: 08 January 2025 – Head Teachers and Teachers

META-DATA

A	District	
B	Sub County	
C	Parish	
D	Village	
E	Name of the School/Institution	
F	Group name/Respondent's Category	
G	Respondent Initials	
H	Respondent ID	
I	Interviewer Initials	
J	Interview Date	

1. What are the roles of teachers and para-social workers in preventing and responding to VACiSC including CSA?

2. What are the causes of VACiSC? Including CSA?

(Probe for the existing cultural practices, beliefs and traditions that contribute to VACiSC focusing on the before and after WUBP implementation?)

3. What are the most common locations where bullying, violence or harassment occurs in schools and communities?

(Probe for what is being done by the different actors to address the unsafe spaces?)

4. How has the Western Uganda Bantwana Program (WUBP) promoted safety in schools and surrounding communities? P

(Probe impact of the program on parent teacher relationships, parenting practices, inclusive discussions between caregivers and children on sexuality. Impact of the program on learners' retention in schools, changes in approaches for prevention and response to VACiSC?)

5. How can the WUBP be improved so that it is well implemented in other schools or communities?

(Probe for the most effective activities of the program that need to be carried forward, the

program intervention activities that need to be dropped and what needs to change before the WUBP is extended to other schools and communities. Measures adopted by schools and communities to sustain the achievements of the program?)

6. How were the children, teachers, and other stakeholders involved in identifying the key issues the program aims to tackle?

(Probe for what worked well and what didn't work well regarding stakeholders involvement, the suggestions on how best key stakeholders need to be involved in identifying the key issues the WUBP aims to tackle and the relevancy of stakeholders' involvement right from the start?)

7. How do the WUBP activities connect with needs and priorities of children, caregivers, schools and government structures regarding prevention and response to VACiSC including CSA?

8. Does your school have any policies or guidelines on zero tolerance to VAC or CSA? (If yes, how is the implementation in terms of effectiveness and suggestions for effective implementation or formulation of new policies or guidelines for zero tolerance to VAC or CSA?). If no, probe if there are initiatives currently being undertaken towards that.

Thank you for taking the time to answer these questions.

KEY INFORMANT INTERVIEW GUIDE Version 3.0: 08 January 2025 – DEO, PSWO, Local Councillors, and Police Officers (CFPU)

Meta data

A	District	
B	Sub County	
C	Parish	
D	Village	
E	Name of the School/Institution	
F	Group name/Respondent's category	
G	Respondent Initials	
H	Respondent ID	
I	Interviewer Initials	
J	Interview Date	

Introductions

Interviewer: start by introducing the objectives of the study

Questions

- 1. Tell us about the prevalence of Violence Against Children in schools and the surrounding communities in your district? Probe for CSA?**
- 2. If there are any differences among boys and girls; among different geographical locations, what has caused the differences? What stands out as the main cause of VACiSC / CSA in the district?**
- 3. How does the district and lower local government prevent and respond to VAC including CSA in schools and the surrounding communities?**

(Probe for government policies, by-laws, plans, budget allocations, and actual activities for prevention and response to VACiSC inclusive of CSA.)

- 4. What platforms are available for children and other duty bearers to report cases of VAC including CSA in your district?**

(Probe for facilitators and constraints for reporting of cases of VACiSC including CSA?)

- 5. How has your office been involved in addressing VAC in schools and communities in you district?**

(Probe for; what services do you provide? How do you provide these services? Who are the other actors involved?)

- 6. Let us discuss the Western Uganda Bantwana Program. How have you been involved in the implementation of the program?**
- 7. How is the WUBP contributing to the prevention and response to VACiSC including CSA? (Probe for the program's contribution on children's retention in schools and for difference between boys and girls)**
- 8. How can the results of the WUBP be extended to new schools and communities using the existing lower local government structures?**

Thank you for participating in this discussion.

Key Informant Interview (Program Staff) Version 3.0: 08 January 2025

META-DATA

A	District	
B	Sub County	
C	Parish	
D	Village	
E	Name of the School/Institution	
F	Group name/Respondent's category	
G	Respondent Initials	
H	Respondent ID	
I	Interviewer Initials	
J	Interview Date	

1. How did the WUBP use positive social norms and values in the design and implementation of the program's activities in your districts?
2. What adaptations have been made to the program to better suit local customs, values, and practices?
3. How do the program's goals align with district and national initiatives towards prevention and response to VAC including CSA?
4. What cultural practices, beliefs, and traditions exist in the communities and schools that may contribute to or perpetuate VAC and CSA?
5. What unplanned results are being observed as a result of the program?

(Probe for how the program is addressing such unplanned results?)

6. How are the program's benefits/results manifesting in other communities and schools? (Probe for aspects around; impact of the program on teacher parent relationships, children's retention in school, caregivers uptake of positive parenting practices, households' ability to save, plan and budget adolescents needs. The impact of program on communities' and schools' ability to prevent and respond to VAC including CSA?)
7. How can the program be adapted for scalability in other schools or communities? (Probe for; what program activities or initiatives for prevention and response to VAC including CSA have worked well in schools and communities? Measures adopted by schools and communities for the program's achievements sustainability? And what modifications need to be done before scalability of the WUBP to other schools and communities?)

Thank you for taking the time to answer these questions.

Annex 02: Consent Forms



AN OUTCOME RESEARCH ON THE WESTERN UGANDA BANTWANA PROGRAM ON VIOLENCE AGAINST CHILDREN IN SCHOOLS AND SURROUNDING COMMUNITIES (VACISC) IN THE THREE DISTRICTS KABAROLE, KYENJOJO AND BUNYANGABU

Informed Assent Form for Children's Survey 9-17 Years (From Selected of Cohort 1 Caregivers). Version 3.0: 08 January 2025

Principal Investigator: Clare AhabweBangirana

Tel: +256776190469/+256753190469

Email: cbangirana@africhild.or.ug

Introduction

Hello, my name is _____ I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, caregivers, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

Can I ask what language(s) you speak?

English ☐

Runyoro/Rutooro ☐

If the respondent does not speak any of the above languages, thank him/her for their time and end the interview.

Background information

The overall aim of this outcome research is to assess how the program has contributed to reduction in VACiSC. The findings will be used to inform Bantwana Initiative Uganda on how to improve the implementation of WUBP activities to ensure the project's sustainability and inform the design of similar programs in other schools and communities. We are interested in understanding your level of awareness, actions and involvement in initiatives that prevent or respond to VACiSC. We shall request for 30 minutes of your time for this interview.

What you will be asked to do

After you have read (or had this form read out to you) and had all your questions if any answered and feel that you understand what you will have to do, you will be asked to sign, or put your thumb print on this consent form. We will then interview you about yourself, your opinions about and experiences regarding your participation in the WUBP activities and your participation in or what you know about prevention and response to VACiSC. There are no right or wrong answers. I welcome you to answer all questions as honestly as possible.

Who will participate in this study?

Across the three study districts a total of 260 caregivers/parents from cohort 1 of the WUBP selected from 10 VLSAs and 260 children between 9-17 years and young adults i.e. one child or young adult per interviewed parent. Other participants for this outcome research include; teachers and school administrators from the 10 intervention schools, selected district officials, politicians and some police officers mostly those in charge of the child and family protection unit.

Risks and benefits of taking part

There will be no direct benefits for you as an individual because of your participation in this study. However, telling us about yourself, experiences and opinions about the WUBP or regarding your involvement in prevention and response to VACiSC including CSA could be very helpful in making sure that we are able to correctly understand the status of VACiSC including CSA i.e. the existing knowledge, attitudes and practices towards VACiSC, the available protective structures, the strength and gaps in the WUBP for improvement and effective scalability to other schools and communities in your district for ensuring children are protected from VACiSC. There are no physical risks to participating in this study. Some of the questions might talk about things that some people find quite personal, or may be difficult to answer. You are free to stop the interview at any time, or to skip any questions that make you feel uncomfortable, or that you do not want to answer for any reason.

Confidentiality

Everything you choose to tell me during this interview will be kept strictly confidential. Information about your name will be stored separately from your survey answers, and after the survey is done, your answers will be put together with answers from other children in this and other Districts. Only the research team and I will know the answers, and no one at your home or community will find out your answers. Everything you choose to tell me during this interview will be kept confidential unless you tell me about something that makes me think a child's safety or welfare might be at risk. In that case, I am obliged by law to report this to the concerned authorities to ensure this child receives the relevant help. If the interview raises issues that you would like to discuss further with a support worker, we will give you information about organisations working in your community that may be of use to you or others that you know.

If you agree, after the study we would like to store data with all names and identifying information removed in a database that others may access.

Response to identified cases of violence against children (VAC) or need for counselling

The field team shall maintain contact with the Bantwana Initiative Uganda team and its established structures or mechanisms to immediately respond to the identified cases or threats of VAC and also respond to any need for psychosocial support services. In addition a list of contacts and physical address for organisations that provide counselling services and other key actors in the space of prevention and response to VAC within the study sites will be shared to enable respondents interested in such services access them.

Voluntariness

Your participation is completely voluntary. You have the right to choose to participate or not in this study. We will not tell anyone whether you participated or not. Even after starting the interview you are free to withdraw your participation at any time and it will not affect you in any way.

Compensation/reimbursement

The study team will provide a refreshment for each study participant equivalent to shillings 10,000/=

Feedback/Dissemination

We will disseminate findings to the participating Districts upon completion of the research.

Ethical clearance

The Mildmay Uganda Research Ethics Committee (MUREC) and Uganda National Council of Science (UNCST) have approved the study.

Contacts & questions

The researchers conducting this outcome are mentioned below. If you have any questions about the project, you can ask me now, or if you have any questions later you can contact

1. Clare Ahabwe Bangirana (Principle Investigator WUBP Outcome Research)

The AfriChild Centre, College of Humanities and Social Science, Plot 196, Kigobe Road (Old Kira Road), Ntinda, P.O.Box 72427, Clock Tower Post Office, Kampala, Uganda Tel: +256776190469

If you would like to talk to someone other than the researcher(s) about; (1) concerns regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects' issues, please contact:

Dr. Janefrank Nalubega (MUREC Chairperson)
Mildmay Uganda Research and Ethics Committee),
Plot 27, Lweza, P.O. Box 24985, Kampala, Uganda
Tel: 0392-174-236
Email: murec@mildmay.or.ug

And,

The Executive Secretary
The Uganda National Council of Science and Technology,
Kimera Road. Ntinda P. O. Box 6884 Kampala, Uganda
Telephone: (+256) 414 705500
Fax: +256-414-234579
Email: info@uncst.go.ug

Statement of consent

I have read the above information or had the above information read to me. I have received answers to the questions. I understand that my decision to participate in this study will not affect me in any way. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me. I consent to participate in this research.

Is this a good place to hold the interview or is there somewhere else that you would like to go?

TO BE COMPLETED BY RESPONDENT

I certify that I have read the above consent procedure/ that it was read to me and I agree to participate:

Participant's full Name: _____

Participant's Signature/Thumb print: _____ Date _____

To be completed by witness *Only required if the participant is unable to read or sign:

Witness name* (print)

Witness signature*

Date

TO BE COMPLETED BY INTERVIEWER

Name of Interviewer Obtaining Consent to Participate in Study: _____

Signature of Interviewer: _____ Date: _____



Informed Consent Form for Focus Group Discussion (FGD) Version 3.0: 08 January 2025 (Cohort 2 Caregivers)

Principal Investigator: Clare AhabweBangirana

Tel: +256776190469/+256753190469

Email: cbangirana@africhild.or.ug

Introduction

Hello, my name is _____. I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, caregivers, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

Can I ask what language(s) you speak?

English ☐

Runyoro/Rutooro ☐

If the respondent does not speak any of the above languages, thank him/her for their time and end the interview.

Background information

The overall aim of this outcome research is to assess how the program has contributed to reduction in VACiSC. The findings will be used to inform Bantwana Initiative Uganda on how to improve the implementation of WUBP activities to ensure the project's sustainability and inform the design of similar programs in other schools and communities. We are interested in understanding your level of awareness, actions and involvement in initiatives that prevent or respond to VACiSC. We shall request for 60 minutes of your time for this interview.

What you will be asked to do

After you have read (or had this form read out to you) and had all your questions if any answered and feel that you understand what you will have to do, you will be asked to sign, or put your thumb print on this consent form. We will then interview you about yourself, your opinions about and experiences regarding your participation in the WUBP activities and your participation in or what you know about prevention and response to VACiSC. We would like to take some

photos for our report and also audio record this interview to help us remember and capture your opinions during transcription as exactly said during this discussion. There are no right or wrong answers. I welcome you to answer all questions as honestly as possible.

Who will participate in this study?

Across the three study districts a total of 260 caregivers/parents from cohort 1 of the WUBP selected from 10 VLSAs and 260 children between 9-17 years and young adults i.e. one child or young adult per interviewed parent. Other participants for this outcome research include; teachers and school administrators from the 10 intervention schools, selected district officials, politicians, para social workers and some police officers mostly those in charge of the child and family protection unit. You have been selected to participate in this group discussion because you are beneficiaries of WUBP under cohort 2.

Risks and benefits of taking part

There will be no direct benefits for you as an individual because of your participation in this study. However, telling us about yourself, experiences and opinions about the WUBP or regarding your involvement in prevention and response to VACiSC including CSA could be very helpful in making sure that we are able to correctly understand the status of VACiSC including CSA i.e. the existing knowledge, attitudes and practices towards VACiSC, the available protective structures, the strength and gaps in the WUBP for improvement and effective scalability to other schools and communities in your district for ensuring children are protected from VACiSC. There are no physical risks to participating in this study. Some of the questions might talk about things that some people find quite personal, or may be difficult to answer. You are free to stop the interview at any time, or to skip any questions that make you feel uncomfortable, or that you do not want to answer for any reason.

Confidentiality

Everything you choose to tell me during this interview will be kept strictly confidential. Information about your name will be stored separately from your survey answers, and after the survey is done, your answers will be put together with answers from other caregivers/parents in this and other Districts. Only the research team and I will know the answers, and no one at your home or community will find out your answers. Everything you choose to tell me during this interview will be kept confidential unless you tell me about something that makes me think a child's safety or welfare might be at risk. In that case, I am obliged by law to report this to the concerned authorities to ensure this child receives the relevant help. If the interview raises issues that you would like to discuss further with a support worker, we will give you information about organisations working in your community that may be of use to you or others that you know.

If you agree, after the study we would like to store data with all names and identifying information removed in a database that others may access.

Response to identified cases of violence against children (VAC) or need for counselling

The field team shall maintain contact with the Bantwana Initiative Uganda team and its established structures or mechanisms to immediately respond to the identified cases or threats of VAC and also respond to any need for psychosocial support services. In addition a list of contacts and physical address for organisations that provide counselling services and other key

actors in the space of prevention and response to VAC within the study sites will be shared to enable respondents interested in such services access them.

Voluntariness

Your participation is completely voluntary. You have the right to choose to participate or not in this study. We will not tell anyone whether you participated or not. Even after starting the interview you are free to withdraw your participation at any time and it will not affect you in any way.

Compensation/reimbursement

The study team will provide a compensation for each study participant equivalent to shillings 10,000 and a drink equivalent to 2,000 shillings.

Feedback/Dissemination

We will disseminate findings to the participating Districts upon completion of the research.

Ethical clearance

The Mildmay Uganda Research Ethics Committee (MUREC) and Uganda National Council of Science (UNCST) have approved the study.

Contacts & questions

The researchers conducting this outcome are mentioned below. If you have any questions about the project, you can ask me now, or if you have any questions later you can contact

1. Clare Ahabwe Bangirana (Principal Investigator)

The AfriChild Centre, College of Humanities and Social Science, Plot 196, Kigobe Road (Old Kira Road), Ntinda, P.O.Box 72427, Clock Tower Post Office, Kampala, Uganda Tel: +256776190469

If you would like to talk to someone other than the researcher(s) about; (1) concerns regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects' issues, please contact:

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Tel: 0392-174-236
Email: murec@mildmay.or.ug

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The Executive Secretary
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Kimera Road. Ntinda P. O. Box 6884 Kampala, Uganda
Telephone: (+256) 414 705500
Fax: +256-414-234579
Email: info@uncst.go.ug

Statement of consent

I have read the above information or had the above information read to me. I have received answers to the questions. I understand that my decision to participate in this study will not affect me in any way. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me. I consent to participate in this research.

Is this a good place to hold the interview or is there somewhere else that you would like to go?

TO BE COMPLETED BY RESPONDENT

I certify that I have read the above consent procedure/ that it was read to me and I agree to participate:

Participant's full Name: _____

Participant's Signature/Thumb print: _____ Date _____

To be completed by witness *Only required if the participant is unable to read or sign:

Witness name* (print)

Witness signature*

Date

TO BE COMPLETED BY INTERVIEWER

Name of Interviewer Obtaining Consent to Participate in Study: _____

Signature of Interviewer: _____ Date: _____

Informed Consent Form for Young Adults' and Caregivers' Survey – From Cohort 1. Version 3.0: 08 January 2025

Principal Investigator: Clare AhabweBangirana

Tel: +256776190469/+256753190469

Email: cbangirana@africhild.or.ug

Introduction

Hello, my name is _____ I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, caregivers, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

Can I ask what language(s) you speak?

English ☐

Runyoro/Rutooro ☐

If the respondent does not speak any of the above languages, thank him/her for their time and end the interview.

Background information

The overall aim of this outcome research is to assess how the program has contributed to reduction in VACiSC. The findings will be used to inform Bantwana Initiative Uganda on how to improve the implementation of WUBP activities to ensure the project's sustainability and inform the design of similar programs in other schools and communities. We are interested in understanding your level of awareness, actions and involvement in initiatives that prevent or respond to VACiSC. We shall request for 30 minutes of your time for this interview.

What you will be asked to do

After you have read (or had this form read out to you) and had all your questions if any answered and feel that you understand what you will have to do, you will be asked to sign, or put your thumb print on this consent form. To show that you have voluntarily accepted to participate in this study and permitted the research team to also interview one of your children aged 9-17 or young adult. We will then interview you about yourself, your opinions about and experiences regarding your participation in the WUBP activities and your participation in or what you know about prevention and response to VACiSC. There are no right or wrong answers. I welcome you to answer all questions as honestly as possible.

Who will participate in this study?

Across the three study districts a total of 260 caregivers/parents from cohort 1 of the WUBP selected from 10 VLSAs and 260 children between 9-17 years and young adults i.e. one child or young adult per interviewed parent. Other participants for this outcome research include; teachers and school administrators from the 10 intervention schools, selected district officials, politicians and some police officers mostly those in charge of the child and family protection unit.

Risks and benefits of taking part

There will be no direct benefits for you as an individual because of your participation in this study. However, telling us about yourself, experiences and opinions about the WUBP or regarding your involvement in prevention and response to VACiSC including CSA could be very helpful in making sure that we are able to correctly understand the status of VACiSC including CSA i.e. the existing knowledge, attitudes and practices towards VACiSC, the available protective structures, the strength and gaps in the WUBP for improvement and effective scalability to other schools and communities in your district for ensuring children are protected from VACiSC. There are no physical risks to participating in this study. Some of the questions might talk about things that some people find quite personal, or may be difficult to answer. You are free to stop the interview at any time, or to skip any questions that make you feel uncomfortable, or that you do not want to answer for any reason.

Confidentiality

Everything you choose to tell me during this interview will be kept strictly confidential. Information about your name will be stored separately from your survey answers, and after the survey is done, your answers will be put together with answers from other caregivers/parents in this and other Districts. Only the research team and I will know the answers, and no one at your home or community will find out your answers. Everything you choose to tell me during this interview will be kept confidential unless you tell me about something that makes me think a child's safety or welfare might be at risk. In that case, I am obliged by law to report this to the concerned authorities to ensure this child receives the relevant help. If the interview raises issues that you would like to discuss further with a support worker, we will give you information about organisations working in your community that may be of use to you or others that you know.

If you agree, after the study we would like to store data with all names and identifying information removed in a database that others may access.

Response to identified cases of violence against children (VAC) or need for counselling

The field team shall maintain contact with the Bantwana Initiative Uganda team and its established structures or mechanisms to immediately respond to the identified cases or threats of VAC and also respond to any need for psychosocial support services. In addition a list of contacts and physical address for organisations that provide counselling services and other key actors in the space of prevention and response to VAC within the study sites will be shared to enable respondents interested in such services access them.

Voluntariness

Your participation is completely voluntary. You have the right to choose to participate or not in this study. We will not tell anyone whether you participated or not. Even after starting the interview you are free to withdraw your participation at any time and it will not affect you in any way.

Compensation/reimbursement

The study team will provide a refreshment for each study participant equivalent to shillings 10,000/=

Feedback/Dissemination

We will disseminate findings to the participating Districts upon completion of the research.

Ethical clearance

The Mildmay Uganda Research Ethics Committee (MUREC) and Uganda National Council of Science (UNCST) have approved the study.

Contacts & questions

The researchers conducting this outcome are mentioned below. If you have any questions about the project, you can ask me now, or if you have any questions later you can contact

1. Clare Ahabwe Bangirana (Principle Investigator)

The AfriChild Centre, College of Humanities and Social Science, Plot 196, Kigobe Road (Old Kira Road), Ntinda, P.O.Box 72427, Clock Tower Post Office, Kampala, Uganda Tel: +256776190469

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Kimera Road. Ntinda P. O. Box 6884 Kampala, Uganda
Telephone: (+256) 414 705500
Fax: +256-414-234579
Email: info@uncst.go.ug

Statement of consent

I have read the above information or had the above information read to me. I have received answers to the questions. I understand that my decision to participate in this study will not affect me in any way. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate and also permitting one of my children aged 9-17 or young adult to be interviewed for the child survey. A copy of this form will be provided to me. I consent to participate in this research.

Is this a good place to hold the interview or is there somewhere else that you would like to go?

TO BE COMPLETED BY RESPONDENT

I certify that I have read the above consent procedure/ that it was read to me and I agree to participate:

Participant's full Name: _____

Participant's Signature/Thumb print: _____ Date _____

To be completed by witness *Only required if the participant is unable to read or sign:

Witness name* (print)

Witness signature*

Date

TO BE COMPLETED BY INTERVIEWER

Name of Interviewer Obtaining Consent to Participate in Study: _____

Signature of Interviewer: _____ Date: _____

Informed Consent Form Key Informant Interviews (DEO, PSWOs, CFPU, School Staffs, Para Social Workers and Local Councilors): Version 3.0: 08 January 2025

Principal Investigator: Clare AhabweBangirana

Tel: +256776190469/+256753190469

Email: cbangirana@africhild.or.ug

Introduction

Hello, my name is _____ I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, caregivers and young adults, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

Can I ask what language(s) you speak?

English ☐

Runyoro/Rutooro ☐

If the respondent does not speak any of the above languages, thank him/her for their time and end the interview.

Background information

The overall aim of this outcome research is to assess how the program has contributed to reduction in VACiSC. The findings will be used to inform Bantwana Initiative Uganda on how to improve the implementation of WUBP activities to ensure the project's sustainability and inform the design of similar programs in other schools and communities. We are interested in understanding your level of awareness, actions and involvement in initiatives that prevent or respond to VACiSC. We shall request for 60 minutes of your time for this interview.

What you will be asked to do

After you have read (or had this form read out to you) and had all your questions if any answered and feel that you understand what you will have to do, you will be asked to sign, or put your thumb print on this consent form. We will then interview you about yourself, your opinions about and experiences regarding your participation in the WUBP activities and your participation in or what you know about prevention and response to VACiSC. We would like to audio record this interview to help us remember and capture your opinions during transcription as exactly said during this discussion. There are no right or wrong answers. I welcome you to answer all questions as honestly as possible.

Who will participate in this study?

Across the three study districts a total of 260 caregivers/parents from cohort 1 of the WUBP selected from 10 VLSAs and 260 children between 9-17 years and young adults i.e. one child or young adult per interviewed parent. Other participants for this outcome research include; teachers and school administrators from the 10 intervention schools, selected district officials from DEO's and PSWO offices, politicians, para social workers and some police officers mostly those in charge of the child and family protection unit. You have been selected to participate in this interview because you play a key role in prevention and response to VAC in schools and surrounding communities.

Risks and benefits of taking part

There will be no direct benefits for you as an individual because of your participation in this study. However, telling us about yourself, experiences and opinions about the WUBP or regarding your involvement in prevention and response to VACiSC including CSA could be very helpful in making sure that we are able to correctly understand the status of VACiSC including CSA i.e. the existing knowledge, attitudes and practices towards VACiSC, the available protective structures, the strength and gaps in the WUBP for improvement and effective scalability to other schools and communities in your district for ensuring children are protected from VACiSC. There are no physical risks to participating in this study. Some of the questions might talk about things that some people find quite personal, or may be difficult to answer. You are free to stop the interview at any time, or to skip any questions that make you feel uncomfortable, or that you do not want to answer for any reason.

Confidentiality

Everything you choose to tell me during this interview will be kept strictly confidential. Information about your name will be stored separately from your survey answers, and after the survey is done, your answers will be put together with answers from other caregivers/parents in this and other Districts. Only the research team and I will know the answers, and no one at your home or community will find out your answers. Everything you choose to tell me during this interview will be kept confidential unless you tell me about something that makes me think a child's safety or welfare might be at risk. In that case, I am obliged by law to report this to the concerned authorities to ensure this child receives the relevant help. If the interview raises issues that you would like to discuss further with a support worker, we will give you information about organisations working in your community that may be of use to you or others that you know.

If you agree, after the study we would like to store data with all names and identifying information removed in a database that others may access.

Response to identified cases of violence against children (VAC) or need for counselling.

The field team shall maintain contact with the Bantwana Initiative Uganda team and its established structures or mechanisms to immediately respond to the identified cases or threats of VAC and also respond to any need for psychosocial support services. In addition a list of contacts and physical address for organisations that provide counselling services and other key actors in the space of prevention and response to VAC within the study sites will be shared to enable respondents interested in such services access them.

Voluntariness

Your participation is completely voluntary. You have the right to choose to participate or not in this study. We will not tell anyone whether you participated or not. Even after starting the interview you are free to withdraw your participation at any time and it will not affect you in any way.

Compensation/reimbursement

The study team will provide a refreshment for each study participant equivalent to shillings 10,000/=

Feedback/Dissemination

We will disseminate findings to the participating Districts upon completion of the research.

Ethical clearance

The Mildmay Uganda Research Ethics Committee (MUREC) and Uganda National Council of Science (UNCST) have approved the study.

Contacts & questions

The researchers conducting this outcome are mentioned below. If you have any questions about the project, you can ask me now, or if you have any questions later you can contact

1. Clare Ahabwe Bangirana (Principle Investigator)

The AfriChild Centre, College of Humanities and Social Science, Plot 196, Kigobe Road (Old Kira Road), Ntinda, P.O.Box 72427, Clock Tower Post Office, Kampala, Uganda Tel: +256776190469

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Statement of consent

I have read the above information or had the above information read to me. I have received answers to the questions. I understand that my decision to participate in this study will not affect me in any way. In the use of this information, my identity will be concealed. I am aware that I may withdraw at any time. I understand that by signing this form, I do not waive any of my legal rights but merely indicate that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me. I consent to participate in this research.

Is this a good place to hold the interview or is there somewhere else that you would like to go?

TO BE COMPLETED BY RESPONDENT

I certify that I have read the above consent procedure/ that it was read to me and I agree to participate:

Participant's full Name: _____

Participant's Signature/Thumb print: _____ Date _____

To be completed by witness *Only required if the participant is unable to read or sign:

Witness name* (print)

Witness signature*

Date

TO BE COMPLETED BY INTERVIEWER

Name of Interviewer Obtaining Consent to Participate in Study: _____

Signature of Interviewer: _____ Date: _____

Informed Consent Form Key Informant Interviews with Project Staffs - Version 3.0: 08 January 2025

Principal Investigator: Clare AhabweBangirana

Tel: +256776190469/+256753190469

Email: cbangirana@africhild.or.ug

Introduction

Hello, my name is _____. I am part of a team of researchers from AfriChild Centre. The AfriChild Centre is working with Bantwana Initiative Uganda to conduct an outcome research for the WUBP to examine the impact of the project on the KAP's of children, young adults, caregivers, teachers and communities regarding prevention and response to violence against children in schools and the surrounding communities (VACiSC) including child sexual abuse (CSA). The study aims at identifying the change in knowledge, attitudes and practices regarding prevention and response to VACiSC including CSA. The targeted participants include children aged 9-17 and young adults, their caregivers, teachers and school administrators, district officials (DEO and PSWO) or local government leaders and other stakeholders involved in preventing and responding to VAC in the catchment area of the 10 intervention schools in the three intervention districts of Kyenjojo, Kabarole and Bunyangabu.

Can I ask what language(s) you speak?

English ☐

Runyoro/Rutooro ☐

If the respondent does not speak any of the above languages, thank him/her for their time and end the interview.

Background information

The overall aim of this outcome research is to assess how the program has contributed to reduction in VACiSC. The findings will be used to inform Bantwana Initiative Uganda on how to improve the implementation of WUBP activities to ensure the project's sustainability and inform the design of similar programs in other schools and communities. We are interested in understanding your level of awareness, actions and involvement in initiatives that prevent or respond to VACiSC. We shall request for 60 minutes of your time for this interview.

What you will be asked to do

After you have read (or had this form read out to you) and had all your questions if any answered and feel that you understand what you will have to do, you will be asked to sign, or put your thumb print on this consent form. We will then interview you about yourself, your opinions about and experiences regarding your participation in the implementation of the WUBP activities. We would like to audio record this interview to help us remember and capture your opinions during transcription as exactly said during this discussion. There are no right or wrong answers. I welcome you to answer all questions as honestly as possible.

Who will participate in this study?

Across the three study districts a total of 260 caregivers/parents from cohort 1 of the WUBP selected from 10 VLSAs and 260 children between 9-17 years and young adults i.e. one child or young adult per interviewed parent. Other participants for this outcome research include; teachers and school administrators from the 10 intervention schools, selected district officials from DEO's and PSWO offices, politicians, para social workers and some police officers mostly those in charge of the child and family protection unit. You have been purposively selected to participate in this interview because you have been directly involved in the implementation of WUBP and your experiences are key for informing the improvement of the WUBP program for effective scalability to other schools and communities.

Risks and benefits of taking part

There will be no direct benefits for you as an individual because of your participation in this study. However, telling us about yourself, experiences and opinions about the WUBP or regarding your involvement in prevention and response to VACiSC including CSA could be very helpful in making sure that we are able to correctly understand the strength and gaps in the WUBP for improvement and effective scalability to other schools and communities in your district for ensuring children are protected from VACiSC. There are no physical risks to participating in this study. Some of the questions might talk about things that some people find quite personal, or may be difficult to answer. You are free to stop the interview at any time, or to skip any questions that make you feel uncomfortable, or that you do not want to answer for any reason.

Confidentiality

Everything you choose to tell me during this interview will be kept strictly confidential. Information about your name will be stored separately from your survey answers, and after the survey is done, your answers will be put together with answers from other caregivers/parents in this and other Districts. Only the research team and I will know the answers, and no one at your home or community will find out your answers. Everything you choose to tell me during this interview will be kept confidential unless you tell me about something that makes me think a child's safety or welfare might be at risk. In that case, I am obliged by law to report this to the concerned authorities to ensure this child receives the relevant help. If the interview raises issues that you would like to discuss further with a support worker, we will give you information about organisations working in your community that may be of use to you or others that you know.

If you agree, after the study we would like to store data with all names and identifying information removed in a database that others may access.

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The field team shall maintain contact with the Bantwana Initiative Uganda team and its established structures or mechanisms to immediately respond to the identified cases or threats of VAC and also respond to any need for psychosocial support services. In addition a list of contacts and physical address for organisations that provide counselling services and other key actors in the space of prevention and response to VAC within the study sites will be shared to enable respondents interested in such services access them.

Voluntariness

Your participation is completely voluntary. You have the right to choose to participate or not in this study. We will not tell anyone whether you participated or not. Even after starting the interview you are free to withdraw your participation at any time and it will not affect you in any way.

Compensation/reimbursement

The study team will not provide any compensation for the project staffs interviewed as study participants since the study relates to their usual work with the organisation.

Feedback/Dissemination

We will disseminate findings to the participating Districts upon completion of the research.

Ethical clearance

The Mildmay Uganda Research Ethics Committee (MUREC) and Uganda National Council of Science (UNCST) have approved the study.

Contacts & questions

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Statement of consent

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Is this a good place to hold the interview or is there somewhere else that you would like to go?

TO BE COMPLETED BY RESPONDENT

I certify that I have read the above consent procedure/ that it was read to me and I agree to participate:

Participant's full Name: _____

Participant's Signature/Thumb print: _____ Date _____

To be completed by witness *Only required if the participant is unable to read or sign:

Witness name* (print)

Witness signature*

Date

TO BE COMPLETED BY INTERVIEWER

Name of Interviewer Obtaining Consent to Participate in Study: _____

Signature of Interviewer: _____ Date: _____

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