

A Qualitative Study of Risks and Protective Factors for Violence against Children living in Residential Care Institutions (RCIs) in Uganda

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Executive Summary

Introduction

This qualitative study of risks and protective factors for violence against children living in Residential Care Institutions (RCIs) for children is part of the wider qualitative study on violence against children in Uganda. The study complements the national wellness survey that sought to measure the prevalence of violence against children in household, schools and the community from a quantitative perspective

This component of the study explores contexts and dynamics around violence against children in RCIs to provide a more context specific understanding of the different forms of violence against children, how and why it occurs, mainly based on children's experiences. The overarching concern of the study is to identify risks and protective factors of violence against children living in Residential Care Institutions in Uganda by inquiring into how children in residential care institutions understand and describe their experiences of violence and well-being, the perceptions and experiences of managers and directors of RCIs regarding care and well-being for children RCIs, and experiences and perceptions of law enforcement officials in the family and child protection unit of the police on the care and well-being of children in RCIs.

Methods The study employed child friendly and participatory research/data collection methods namely body mapping, journals and unstructured observations to engage boys and girls aged 8-12 and 13-17, and managers/directors and caregivers using in-depth and Key Informant Interviews in 10 purposively selected RCIs from Jinja (4RCIs), Wakiso (4 RCIs), Kampala (1 RCI) and Mpigi (1RCI) districts, where the majority of the RCIs in Uganda are located. The aim was to assess risk and protective factors that propel violence against these already vulnerable groups of children, and to propose solutions that could inform policy and practice.

Results: Findings indicate that RCIs may be making a contribution in children's lives through the provision of basic physical supplies and services such as beddings, clothing, food, medical care and counseling, but the interviews and discussions with both the children and the adult care givers including directors, managers, social workers and mother figures point to the fact that RCIs are not the best place for the children. Specific findings point to tendencies by care givers to socialize children into believing that they have no better place other than the institutions in which they are being provided care. It was surprising for example to find that some children preferred to stay around RCIs because there was 'free' education, food and clothing. Caregivers in daily direct contact with the children in the RCIs often told the children how 'they were picked from garbage' or from terrible relatives, and how they were lucky to be 'where they were' now [as if the caregivers themselves admired the children for being "lucky". Children also heard constant reminders from the caregivers about 'not misusing the privilege they have of being cared for at the institutions'. Some children indicated that they were 'bitter' with their relatives over the stories they heard from caregivers.

The findings also indicate that the RCIs are congested spaces as children in almost all the institutions studied complained about poor sanitation [smelly toilets/latrines], fights over food or delayed serving food. Also, living in an RCCI was found to be stigmatizing for the children; the children disliked being known or described by persons they met outside of the RCIs to be hailing

from institutions for ‘homeless, formerly abandoned or needy children. Caregivers also attested to this indicating that this was common with children who started in schools outside of the RCIs, at places of worship or during sports competitions with other children.

The study also revealed that for the most part, care givers lacked formal and professional skills to handle children with multiple backgrounds and needs. Some of directors/managers interviewed confessed the problem pointing out that they had in the past dismissed caregivers who physically or emotionally abused children under their care, but dismissal of such caregivers seems to be harder in circumstances where the perpetrator is a relative to the director, and indeed it was echoed by many key informants that most of the RCIs are run by relatives. It seemed common that caregivers use threats and intimidation around taking children back to their ‘bad’ or ‘impoverished’ relatives or villages as a way of enforcing compliance with certain demands on the children. Some children reported being beaten or punished by caregivers.

Stories of sexual abuse of young girls in institutions by ‘uncles’ were also reported in key informant interviews with the family and Child protection units and the Probation and Social Welfare Officers who work closely with the RCIs. Also reported were incidents where older boys sexually molested young ones; a case was captured in which a boy perpetrator was counseled but failed to reform and on turning 18 was eventually imprisoned because he continued the act. There are also reports of children ‘escaping’ institutions and returning to adversity especially on the street not only because of very strict rules in institutions but also such physical and sexual abuses. The findings also indicated that some RCIs discriminate against Children who are HIV positive. It was commonly mentioned by Key Informants that very few or none of the children are admitted when known to be HIV positive. In another difficult context, an accountant of one of the institutions who ‘feared’ that the institution was ‘promoting’ sexual relations reported to the Probation Officer how contraceptive pills were a big budget item in their proposed annual budget.

The study further shows that some of the children in the RCIs had known biological parents or close relatives but they were not completely free to meet them whenever they so wished. This was partly because it involved costs to the institution the institutions did not seem to regard this as means to build a child’s resilience. The wishes and expressions of children in the body map exercises reveal that children in RCIs were extremely happy whenever they had chance to visit their parents or relatives. On the contrary, some care givers and managers were quite protective on children having to regularly visit their relatives or permanently relocate to their biological families with varying arguments including cost, perceived ‘impoverishment’ in the households and the excuse/fear that children could easily be harmed.

Conclusions and Recommendations

So far, enough debates and discussions have gone on locally and internationally on the well-being of children in RCIs and alternative care arrangements. As a means to building family and community resilience, economic strengthening interventions need to be scaled up and integrated in the national, local and community response mechanisms for poverty alleviation. De-institutionalization interventions have been initiated in many countries and (slowly, but steadily) in Uganda. These efforts need to be scaled up and sustained because the number of children in RCIs remains high with the number estimated to be over 5000 in Uganda.

Some caregivers and managers hold a general perception that residential care institutions are good alternatives for vulnerable children. Some of these even go a step further to argue that Government restrictions on their operations are unfair. This tension not only points to the need for increased

sensitization and dialogue but also the need for policy and law enforcement on implementation of child protection responses that follow the “best interest of the child” principle while ensuring that all child protection agencies understand and strictly promote this principle.

It has been correctly argued that presence of institutions is an incentive to some parents and communities to neglect/abandon Children. There is need for more direct interventions to promote good parenting practices at household and community level. Some studies have underscored the importance of household economic strengthening as a precursor for strengthened community-based child protection systems. These efforts need to be scaled up by government and the private (for and not for profit) profit actors in unison. De-institutionalization and protection from further adversity starting with children that have known or traceable family and relatives should be a responsibility for all, but more so a duty for local leaders fully empowered to identify missing and/or institutionalised children in their localities and ensure their identification/follow-up and reintegration respectively. In addition, a mechanism whereby Institutions are compelled by law to ensure that every institutionalised child’s background and status is known by Government through the Probation and Welfare Department of the nearest local government as a window for action. RCIs must be compelled to recruit caregivers with formal training and experience in child protection, development. Furthermore, all RCIs should be routinely reminded that resettlement is the only alternative option that meets the ‘best interest of the child’.

List of Acronyms and Abbreviations

RCI	Residential Care Institution
KI	Key Informant
KII	Key Informant Interview
FGD	Focus Group Discussion
SWOs	Social Welfare Officers
OVCs	Orphans and Vulnerable Children
CWDs	Children with Disabilities
KNRC	Kampiringisa National Rehabilitation Center
MGLSD	Ministry Of Gender Labour And Social Development
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
UNCRC	UN Convention on The Rights of the Child
CRC	Convention on the Rights of the Child
CFPU	Child and Family Protection Unit

1. Introduction and Background

1.1 Introduction

This Qualitative study of risks and protective factors for violence against children living in Residential Care Institutions (RCIs) for children is part of the wider qualitative study on violence against children in Uganda. The study complements the national wellness survey that sought to measure the prevalence of violence against children in household, schools and the community from a quantitative perspective as well as testing the impact of interventions to prevent violence against children.

1.2 Background

Throughout the world, violence against children occurs in all settings including those where children are considered to be in protective care centers, such as family, schools and orphanages (Innocenti Research Centre, 2005). The Qualitative study of risks and protective factors for violence against children living in Residential Care Institutions (RCIs) is part of the wider qualitative study on violence against children in Uganda. The study complements the national wellness survey that sought to measure the prevalence of violence against children in households, schools and the community from a quantitative perspective as well as testing the impact of interventions to prevent violence against children. This component of the qualitative study in RCIs explores contexts and dynamics around violence against children in RCIs and provides more context specific understanding of the different forms of violence against the children, how, why and where violence against the children occurs. The overarching concern of the study therefore is to identify risks and protective factors of violence against children living in RCIs in Uganda by inquiring into how children in the care institutions understand and describe their experiences of violence and well-being, the perceptions and experiences of managers and directors of RCIs regarding care and well-being for children in RCIs, and experiences and perceptions of Family and Child Protection law enforcement officials on the care and well-being of children in these institutions.

In Uganda, as in other developing countries, some children are temporarily or permanently deprived of their parental family environment and therefore require alternative care. Factors such as child abuse and neglect, endemic poverty, HIV and AIDS, migration, and family breakdown have contributed to the increase in the number of children requiring alternative care (MGLSD, 2010, 2012; Walakira, Ochen, Bukuluki, & Allan, 2014).

The Uganda *National Framework for Alternative Care* which operationalized the UN Alternative Care Guidelines and Article 20(3) of the United Nations Convention on the Rights of the Child (UNCRC) requires that institutional care is considered a last resort for children in need of alternative care - once all other care options along the continuum namely, family re-unification, kinship and community care, domestic adoption, foster care, inter-country adoption - have been exhausted (MGLSD, 2011). However, institutionalization of children is still a reality in Uganda. Available evidence indicates that institutional care is used too often as a “first resort” response

without consideration for or investment in Family-based Care Options(MGLSD, 2012). It is estimated that up to 50,000 children live in RCIs (orphanages) in Uganda. This number however is considered by many to be a significant underestimate, given that many child care institutions are not only unregistered but are also unknown (MGLSD, 2012).

Studies have largely demonstrated that institutional care is harmful for children, with long term effects on their health and psychosocial development. However, for children in emergency situations and with no other means of support, high-quality institutional care can provide transitional, rehabilitative, or interim special-needs care. As a primary or long-term solution, however, child care institutions cannot replace the loving care of a family and too often fail to meet the social, emotional, cognitive, and developmental needs of children (Boothby et al., 2012; Faith to Action Initiative, 2014). The detrimental effects of RCIs are increased when children are placed at an early age and/or for long periods of time (Browne, 2009) within institutions with large numbers of children and few caregivers(Browne, 2009; Csaky, 2009; Faith to Action Initiative, 2014).

Over the last 30 years, a robust body of evidence demonstrates that families provide the best environment for a child's development. Studies across a wide range of cultures and contexts have consistently demonstrated the positive impact family care has on children's growth and development (Groark & McCall, 2011; Smyke et al., 2007). Even high quality residential care cannot replace families (Faith to Action Initiative, 2014). In seminal studies, children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes as compared to children living in institutional care(Smyke et al., 2007; Van Ijzendoorn, Bakermans-Kranenburg, & Juffer, 2007). In addition, research shows that even the most modern and well-equipped institutions fall short in providing the stimulation and individualized attention indispensable for a child to thrive, and that even in small scale 'orphanages' (child care institutions), there can still be negative consequences to children's development(Faith to Action Initiative, 2014). Studies have therefore underscored the need for effective interventions to strengthen families, and to prevent unnecessary separation.

So far, enough debates and discussions have gone on locally and internationally on the wellbeing of children in RCIs and alternative care arrangements. Consequently, de-institutionalization interventions have been initiated in many countries and (slowly, but steadily) in Uganda. However, these efforts not only need to be scaled up but also sustained. The number of children in RCIs remains high estimated to be over 50,000¹.

1.3 Purpose of the Study

This study explores children's understanding and/or description of their experiences of violence in institutional care in relation to types of violence, circumstances, perpetrators and children's resilience. Also explored are the perceptions and experiences of managers/directors of RCIs as well as the law enforcement agents of Police Family and Child protection Unit regarding care and well-being for children in residential care institutions.

¹MoGLSD (2012) Baseline Study on The State of Institutional Care in Uganda. MoGLSD. Kampala.

The specific research questions that guided the inquiry are:

- i. How do children living out of family care (in residential care/ orphanages) understand and describe their experiences of violence? (*with a focus on types of violence, circumstances, perpetrators and children's resilience*)
- ii. What are managers' and directors' perceptions and experiences of care and well-being for children in residential care institutions?
- iii. What are the key influences on caregiver interactions with children, and how do these vary by age or gender?

2. Study Methodology

2.1 Study design

The study was cross-sectional and exploratory in design; it aimed to identify the unique types and nature of violent and protective situations faced by very young children living in residential. It employed qualitative, participatory and child friendly methods of data collection. This methodological approach was designed to complement the VAC survey in Uganda, which has employed purely quantitative methods. In addition, this approach was selected to provide a more participatory and comprehensive mapping of protective factors within care environments, including direct engagement of children in the research, and attitudes and beliefs among adults in regards to their childrearing and care giving practices. Quantitative methods tend not to capture this kind of nuanced data on lived experience or perception.

2.2 Study areas, study participants and sample

Kampala, Jinja and Wakiso districts were selected for this study because most of the high number of residential care institutions these districts. Children in state and non-state run orphanages and children's homes/ Children's shelters, remand homes/and reformatory centers were targeted for interviews. These were purposively drawn from selected institutions in Wakiso, Mpigi and Kampala districts (Central region) and from Jinja district (Eastern region) where majority of the residential child care institutions are found. These institutions were categorized and purposively selected based on location history and the age range of children under their care. The probation and Social Welfare Officers of the respective districts provided a lot of support in this guidance. Random sampling of residential care institutions was not possible given that there are varied types of institutions of care based on history, governance and size (numbers of children) or focus based on gender, age or religious affiliation. Specifically, boys and girls aged between 6-12 (children), and 13-24 (youth/adolescents) boys and girls were targeted.

In total, 9 RCIs participated in the study; eight non – state run RCIs, one government institution in the four target districts: Kampala (Naguru reception center), Jinja (Mama Jane, Home of Hope, and the Street Child Project), Mpigi (Kampiringisa) and Wakiso (SOS Wakiso, SOS Kakiri, Kampala Children's Center, and Kids of Africa).

Table 1 summarises the number of cases of data collection per method and category of respondents. Participatory observations and field notes were done in 9 institutions; in depth interviews included 5 local government officials, 4 police officials and 14 RCI staff; body mapping interviews and discussions were covered younger children and older children (6 groups of older boys and 7 groups older girls; 4 groups of younger boys and 5 groups of younger girls). In the case of Journals 10 older boys, 7 older girls, 5 younger boys and 6 younger girls participated. Overall, this report is based on 82 data sets.

Table 1: Data collection methods and number covered per method

Method of data collection	Number of cases covered
Key Informant Interviews	
• Police - Family and Child protection Unit	4
• Probation and Social Welfare Officer/Assistant	5
• Staff of RCIs (Managers/Directors/Social Workers/Care givers)	14
Total KIIs	23
Journals	
• Old Boys (13-17 years)	10
• Old Girls (13-17 years)	7
• Young Boys (8-12 years)	5
• Young Girls (8-12 years)	6
Total Journals	28
Body Mapping	
• Old Boys (13-17 years)	6
• Old Girls (13-17 years)	7
• Young Boys (8-12 years)	4
• Young Girls (8-12 years)	5
Total	22
Participatory observations	9
Total Observations	9

2.3 Data collection methods

As already indicated in table 1, multiple qualitative methods were used, each designed and selected to generate data that could be triangulated for high-quality conclusions.

2.3.1 Key informant interviews

In-depth interviews were conducted with 14 RCI staff, 3 police officers and 5 local government officials given that they are more knowledgeable about the institutionalization of these children and they best understand what violence against a child is.

2.3.2 Body mapping interviews

The body map is a popular and child friendly participatory method of engaging children in research. In order to facilitate a more relaxed dialogue with children on their views and experiences of living in RCIs and how such views and experiences were associated with violence against children, 2 different age categories and groups of children i.e. 8-12 and then 13-17, boys and girls were engaged separately by male or female researchers/facilitators working in a pair. In each body map session, four flip chart papers would be fixed together to form a large one. On this flip chart, one of the children would volunteer to lie down on it and an outline of the child's body would be drawn using coloured markers. Children would then add the body parts on the body outline and later they would be asked to talk about those body parts and the entire body of the child to represent all the children in the RCI. For example, the head, arms, ears, mouth, eyes, legs/feet, breasts (for girls) etc were used as frames of reference during the discussion on violence against children in residential institutions. In some few cases during the discussions, children some groups would feel free to mark private parts on the body tracing using.

Specific questions e.g., what do the eyes see or ears hear as a result of living in a residential care institution? How do the heads think or expect in the residential care institution that children do not see happening? How do children and adults in the institution communicate to each other? Referring to the general body, children were asked to talk about how their general body wellbeing is affected by living in the residential care institution? Whether some of their body parts or the body parts of others e.g. the hands and legs of care givers or fellow children are often or sometimes misused against them or their peers and how?

Photograph 1: Children drawing the outline of the body of one of their colleagues on a flip chart paper in Jinja.



2.3.3 Journal Writing

Journal writing was another method of data collection that was used to engage individual children in their respective RCI to freely express their feelings through writing whatever they liked or did not like in relation to their well-being, and within a period of 7-15 days the research teams were in their respective areas/RCIs. A selected number of boys or girls (2-4 from each institution), aged between 8-12 and 13-17 years were identified and requested to volunteer to participate in a journal writing exercise. Briefing meetings at the start of the journal writing exercise were held and illustrations on the approach, rules and expectations explained. Children were able to write down their day to day experiences from the time they received journals (note books) within those 7-15 days. The journals were then collected for analysis and report writing.

2.3.4 Participatory observation

Participatory observation was used to become familiar with the general environment (physical and social) within the RCIs visited. More specifically, the research teams observed and took notes on the children's behaviours while interacting with their peers and care givers as well as the researchers. Also, the physical environments within the RCIs such as where the children slept, where they dined, the state of the compounds etc, were observed in a semi-structured way and notes taken. Observation as a method of data collection was mainly used to complement body map and interviews with the staff of the RCIs.

2.4 Data Processing and Analysis.

2.4.1 Transcription, Data Cleaning and Code-book development

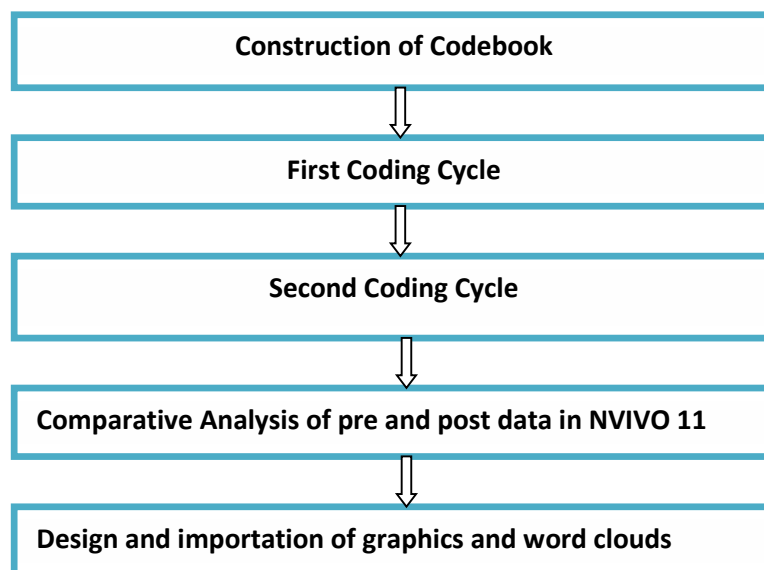
Following the completion of data collection, transcription of recorded data (both audio and written) was undertaken by the members of the research team. This was followed by data cleaning to ensure effective coding and analysis while using Nvivo 11 was possible. Data cleaning involved reading through different transcripts to ensure meaningful flow of textual data while grammatical and spelling errors committed during transcription were corrected. Following cleaning the research team embarked on the development of a codebook in a three day participatory workshop involving all the researchers who participated in the data collection exercise.

2.4.2 Data coding and analysis

The data analysis process began with the construction of the codebook, which was used as a guiding tool for the coding process. Training of the research team on data coding using NVIVO 11 immediately followed the development of the codebook. The training involved both the introduction to NVIVO and practical exercises with the research team. The codebook includes the sources used to develop descriptions of the variables/nodes used for coding (see Annex 3), which is the codebook, has three columns; one, with the variable used as a node, the second column is a description of the data per code, and the third column gives an example of the excerpts that to be included in each of the nodes.

On mastery of the skill and following the construction of the code-book, the research team embarked on the first and second cycle of data coding and analysis following the development of the codebook. Hence, the entire coding and analysis process comprised of importation of data into the NVIVO software, development of themes/nodes, linking the data texts to their corresponding themes, identification and sharing inter-coding checks and sharing the daily performance progress for quality purposes (see figure 1). This activity also involved updating the code book every time a new code was identified. After coding the information into the final twenty six (26) thematic nodes, a comparative analysis of pre and post data was performed using NVIVO 11 qualitative analysis software for text-based data).

Figure 1: Flow chart of coding cycles and data analysis process as indicated in the figure below



Finally, frequency tables and word clouds were generated for visual representations. These visual representations assisted in making meaning of the data and helped observe overall patterns in the research without getting lost in details. The data analysis process began by making meaningful connections (thematic grouping), and continued with the transformation of data by describing, analyzing and interpreting it, as suggested by Glesne (2006). Thus, the process enabled the data to be transformed from its original form (how it was acquired) into information, which is a form that communicates findings and results (Glesne, 2006).

The analysis out puts in table 2 suggest that children living in RCIs experience many forms including psychological, emotional and physical torture. Based on these results, themes were generated, which later informed the structure of the report.

Table 2: Final node count after data coding and analysis inclusive of sources and references

Node	Body mapping and participatory observations		Journals and Key Informant interviews	
	Sources	References	Sources	References
Child labor -Working under exploitative conditions	3	102	3	5
Child recruitment criteria	7	40	9	23
Child's behaviors and interactions	6	79	28	78
Consequences of violence	8	45	4	7
Discipline and grooming	8	68	24	65
External protection and support	7	38	21	54
Inadequate nutrition -feeding practices	5	37	5	8
Insecurity	4	19	5	5
Institutional confinement	3	16	25	85
Risks associated with transition and reintegration	3		7	9
Transition and reintegration	3	40	13	26
Limited child participation	8	30	6	8
Limited resources	9	39	9	18
Neglect	4	38	13	26
Perpetrators	6	37	8	19
Poor hygiene and sanitation	5	19	5	6
Adult Recommendations	6	16	14	35
Children recommendations	3	28	0	0
Reporting Mechanisms	3	11	12	28
Resilience and overcoming violence	3	98	6	11
Sources of comfort and protection	5	84	45	188
Adults' Perception	8	5	21	84
Children & Youth Perception	2	18	5	5
Physical Torture	8	54	15	18
Psychological Emotional Violence	5	188	26	54
Sexual Violence	7	45	9	16

2.6 Limitations of the Study

There were no major limitations and constraints encountered in this study. However, given that this study involved consultations with caregivers and managers of residential care institutions, it is possible that a study on violence against children in residential care institutions could have attracted tendencies by these caregivers to conceal some facts.

3. Findings

As earlier highlighted, this qualitative study aimed to explore contexts and dynamics around violence against children in RCIs mainly based on children's experiences. In this empirical section, we contextualize how children in residential care institutions understand and describe their experiences of violence and resilience, the perceptions and experiences of managers and directors of RCIs regarding care and well-being for children RCIs, and experiences and perceptions of law enforcement officials in the family and child protection unit of the police on the care and well-being of children in RCIs.

3.1 Children's understanding and description of their experiences of violence

Based on children's narratives in the body mapping and journal writing exercises, the study highlights different forms of violence, the circumstances of violence, perpetrators and the children's resilience strategies.

3.1.1 Forms of Violence

(a) Exploitative Child Labor

The study findings reveal that children in RCIs are involved in exploitative child labor; exploitative in the sense that the children are given work that is (potentially) detrimental to their physical, educational, health and general wellbeing. The evidence from the narratives of children shows that the girl child, particularly the younger girl child is more affected; the child is either given a workload that is supposed to be done by many or the children are subjected to long hours of work, without a break and under the sun, beaten for not working as desired by the caregivers or denied food.

Madam told us to dig and clean our compound and we did. But the lady was unappreciative because after digging she told us to get slashers. Imagine when you are so tired after digging then you slash, you feel like you want to rest and bathe. Imagine she was just seated in the shade and we were in the sunshine working and she wasn't concerned..... We really dug for a long time and got tired but even when we told madam that we are tired she told us to continue in teams. And she could tell us to do it so quickly, so you lack what to do even when you are tired you have to be quiet (Journal with an older girl, Mpigi).

Aunt came back from where she had gone and quarreled that I left the house very dirty so I had to mop it. Aunt said that we should use water with liquid soap yet the water was dirty and she told me to use it. As I tried to tell her that the water is dirty she slapped me and told me to mop, as I was mopping she came and slapped me on my back and she told me to pour the water and she abused me...I started doing my homework and aunt came back from office and told me to cook. I had home work to do and my brother was revising as I did everything in the kitchen like cleaning it. When I finished aunt told me 'no eating, until I finish my homework' and she abused me (Journal with younger boys, Wakiso13).

When you are slow in doing your house chores and it's time for lunch and you get there and mummy Florence of the kitchen says go back you won't have lunch today it's not me that made you work slowly (Body Mapping, Younger girls, Wakiso 12).

The findings further show that some of the children's education is interfered with either by being called out of class during exams or lesson time to complete chores, or missing to read during prep time. In one instance, a caregiver shockingly narrated in a key informant interview that one time he called a child out of

an exam to finish chores and the child asked him whether he would have done such a thing to him if he were his biological child

Sometimes they ask questions like 'if you were my biological father would you have done this to me?' for example at times I pick them from school to come back home to do their chores. And there is one of them I picked from class when they were doing an exam to go to the youth home and do his chores. He said 'if I was your son would you have picked me from the examination room to go back home and do chores (KII with RCI staff, Wakiso).

I feel bad when I go to school and they bring me back that I didn't attend to house work...They bring you back in the home to do it...I miss some class because when I am working, my friends are studying (Body Mapping, Younger girls, Jinja).

The findings also show that some of the chores the children did exposed them to physical injury. The children also disliked other forms of work just by their nature

Sometimes I am picking rubbish and a thorn pricks me...carrying heavy things (Body Mapping Younger girls, Wakiso).

I don't like cleaning the hen's pupu because you can clean the way our mother has told you and it gets clean and she is happy and says 'that's a good job!'; but sometimes after that the big hens come back and spoil the cleaned place, your mother calls you again to come and clean the place again as if you had not cleaned earlier, and shouting 'don't you see those droppings, don't you eat chicken? Clean again!' Then when you try to get toilet paper to use to clean, she shouts 'get another piece of paper'. ... Sometimes when you are cleaning, the paper can have a hole and you end up touching the chicken-dung which is disgusting (Body Mapping, Younger girls, Wakiso)

... sometimes we are sent to go and pick rubbish which is dirty with rotten things when we are bear footed and your hands wouldn't like to touch there (Body Mapping Younger girls, Kampala 3).

The findings from children's narratives in body mapping also show that work was given as a condition for accessing basic needs and supplies meant for the children in the RCIs such as clothes and food items. Children indicated that caregivers often used this to compel them to first do or complete chores to the satisfaction of the caregivers which made children feel exploited

For me I feel bad when they [care giver] give everyone else clothes and they don't give you saying 'we won't give her because she doesn't like doing work' yet you do the work and it's just that you are not appreciated...I think of going back home, when such things are said about you, you feel like going back home (Older girls Body Mapping, Kampala 2)

I feel bad when I am not given food just because I didn't do chores (Body Mapping Younger boys, Wakiso 11).

(b) Sexual violence

Sexual violence in this study was conceived as any action directed towards anyone with intention to cause sexual arousal, satisfaction, discrimination and exploitation, directly or indirectly using the actual act of penetration, touching, written messages or visual (images, gestures). The results

of this study indicate that Sexual violence exists within the RCIs as a form of violence against children with or sometimes without the knowledge of the care takers.

The narratives of children and key informants indicate that Caretakers and fellow children are the main perpetrators and that sometimes abuse cases go unreported. The possibility of girl children being sexually exploited/abused is higher than that of boys.

We also have cases of pregnancy and child to child sex or with adults. These cases don't leave the walls of institutions and they don't reach police because they have managed to buy their way out (KII with Probation SWO Wakiso).

...where I worked before by the time I went there] they had no social worker and I found when an incident of a sexual abuse had lasted for some time...; these two children were in a in secret relationship. The boy was in primary seven and the girl in primary four and they would meet behind the water tank. By that time we used to have an entertainment timetable so as others would be watching TV these two would go and meet because it was possible for the caretakers to imagine that all children are watching, but I think that the care parents were not keen enough and also these children lacked advice, so the on safe the risks associated with sexual intercourse boy impregnated the girl.. At that point, that's when I was consulted as a social worker to talk to the girl and we decided to take her to her grandmother's home in Mukono because we couldn't keep that her in the home so she was given everything she needed [to prepare to be a mother] and the director promised to bring her back to complete her studies. The director was angry and disappointed that this case happened when the caregivers were around (KII with RCI Jinja 3).

The findings reveal not only that managers and directors of the institutions are sometimes aware and doing little or nothing to protect children from violence, but also that they do not want to be known for having sexual cases of sexual violence in their institutions because of fear of being subjected to a closure. The study findings as reported under the different aspects of sexual violence reveal as follows:

- **Inappropriate touching**

As revealed by the children in body mapping exercises in the different study sites, evidence indeed exists to show that children undergo various forms of sexual violence. Boys noted that whenever it is night and electricity is switched off, other fellow children take advantage of the situation to pull their reproductive organs (penises and testicles), which physically and psychologically hurt them.

When electricity is off at night and the solar system is not yet on, some children pull our penises and run away...You can be lying on your bed facing upwards at night and then a child comes slowly and since it is dark you cannot identify him, he pulls your penis and runs away...Meaning such acts, you will hear some of them say 'nva kukama' [I am from milking]...One time the penis of one child was pulled and it had swell...We did nothing and he stayed like that until it normalized..."...When they pull you the whole penis top turns reddish (Body Mapping Older boys, Kampala 1).

As for the girl children, the study findings reveal that they get uncomfortable when boys within the institutions touch/ grab their breasts and buttocks as it makes them uncomfortable. Different

older girls alleged that when they have developed breasts, there is a lot of “bad” touches which means that it is a common problem within the institutions.

They do bad touches. Before, the boys used to touch us badly while in the dining and when you would look at him, he would pretend otherwise... They touch your breasts and you get feelings but you control yourself (Body Mapping, Older girls Mpigi 1).

Some boys touch us on butts at school and we warn them not to do it again (Body Mapping, Older girls, Jinja).

I feel bad when my friends (both boys and girls) come and touch my breasts (Body Mapping Younger girls, Jinja).

We have a boy here called [Najja] who plays with our breasts and also keeps peeping at us through the windows when we are dressing. He takes us photos and when we report him he deletes them, he also takes us photos when we are peeing in the bucket, and sometimes he stands at the window and says bye and gives us pecks (Body Mapping, Younger girls, Kampala).

- **Verbal insults against girls related to Sex**

Some girl children are insulted when they refuse to be touched inappropriately and the insults hurt them when (most especially) boys refer to their body parts as ugly and shameful.

Boys go touching us on the back and when you tell them to stop doing it, they may tell you things like, ‘go away, you are ugly and shapeless moreover proud for nothing’(Body Mapping Older girls, Wakiso 1).

- **Child to Child Sexual involvement**

Children’s stories and narratives during the body map reveal that children in RCIs stealthily get involved in sexual intercourse in isolated places within and around RCIs. The findings further reveal further that sexual relations are both heterosexual and homosexual.

Some people go behind and start doing bad things like sex...Once I saw girls behind the house then I called mummy and she told them I have seen you, don’t run. They left a panty behind (Body Mapping, Younger girls, Wakiso 12).

The practice of ‘feeding dolls’ which meant girls sucking other girls’ breasts was mentioned by girls as a common practice in some RCIs. The practice was said to go with other practices including touching, kissing and fondling.

Others...The girls play with our breasts... even this Rebecca here does it, she keeps fondling them (Body mapping Younger girls, Kampala).

One time I saw girls behind sucking on one another’s breasts...It’s the girls who play that game of feeding dolls (Body Mapping, Younger girls, Wakiso).

- **Sodomy by older boys on young ones**

Cases of homosexuality were reported within the institutions, with older boys being the main perpetrators abusing the younger boys. As narratives from some of the Key Informants reveal, some of the children perpetrators on turning 18 were imprisoned as suspects.

In one of the institutions children were sodomizing themselves... unfortunately our investigations flopped when one child reported because the institution's authorities tried all possible means to hide and block the police investigations (KII with Police, Wakiso).

... We had a boy who did it over and over again ... He learnt cases of sodomy I think [from outside there and these face book things], but when asked he said he learnt from the bigger boys here. He became worse as he assaulted some kids over and over again and young ones. Once he clocked 18 years we handed him over and he is now in prison. But we did a lot of counseling and showed motherly love as you know SOS the child is our first priority (KII with RCI staff, Wakiso 9).

- **Sexual abuse of girls by male caretakers**

Unfortunately, the study also points to the fact that care takers [uncles] sexually exploit the girl children and also that not much help is rendered when these cases are reported as the cases are dropped/ disappear without any action taken on the perpetrators. The caregivers take the girl children in their offices or homes and have sex with them. What is shocking from some of the narratives with Key informants is that some of the so called uncles abuse the girls when they know they are HIV infected.

There is a home that we closed in 2009. Upon working on the kids and rehabilitating them, one of them told the social worker attached to them that when you grow and have breasts uncle uses you. And you know when you look at them you can't easily tell whether they have been abused. Again that social worker asked them what they were doing with uncle and they said each one had to sleep with the uncle in the house ... the guy and his wife were HIV positive people. When we investigated, the kids said they would interchange them for sex on a daily basis....These are the things that happen to our children (KII with Probation SWO Wakiso).

- **Consequences of sexual violence on the Children**

There are several consequences of sexual violence on the children, especially the girl children. These are emotional, physical and sometimes directly related to the health well-being of the girls. The narratives from children and adults consulted in this study indicate extreme effects such as rapture of private parts or pregnancy.

We also had an issue where a caregiver who was a male abused two kids sexually from Ambaco; he did oral sex and he was implicated and taken to court... one of the kids also told a care giver that pus was coming out of her private parts (KII with Probation SWO, Jinja).

- **Contextual factors facilitating sexual violence and its many forms**

Gaps in RCI management seem to stand on the way for child protection against sexual violence/abuse. Some institutions have been closed based on such failures.

Also, there are issues of poor management. For example some girls were sexually harassed and they were rescued..... They were 6 girls and they were picked from that home and as we talk the home was closed (KII with Probation SWO Wakiso 3).

Inadequate staffing both in terms of number and professional competence, institutional confinement of some children whose families exist, and limited care are some of the factors that are identifiable from the narratives of some of the caregivers. As evidence of coping with sexual activity some institutions are known to distribute contraceptives to children as reflected in their budgets. As some of the key informants observed, this served to encourage/promote rather than control sexual activity in the institutions.

Another case that unfortunately we failed to track thoroughly was where an accountant from one of the institutions reported that he had a budget for contraceptives. So you wonder what they use them for. So I told the district leaders about it, and the district Chairperson was also shocked just like us. That in the budget of home X there is a budget for contraceptives and they are bought in big numbers! So you wonder where they go! The home is here in Katabi (KII with Probation SWO, Wakiso).

(c) Physical Violence against children

The study conceived physical violence to refer to direct application of force that harms/ inflicts pain or injury on a child's body. The study findings reveal that, caretakers (mamas, uncles, cleaners) within the institutions often beat or make children kneel for many minutes or hours in the pretext of disciplining children when the children make mistakes.

• *Caretakers as perpetrators of Violence*

Children variously noted that caretakers use *sticks* and *pipes* when beating them, while others spank, pinch and kick them whenever they make mistakes, big or small. Not only do they beat them, they also shout and verbally abuse them, pull their ears, step on them and also push them violently or threaten them. As a consequence from the beating and threats, some children begin to think about escaping the institutions and others actually run away from the institutions.

Some aunties put our heads down and squeeze them in between their legs as they beat us...The moment you commit any mistakes...Even when you commit a minor mistake, for example she might send you to do work for her and if you refuse she says 'let my week of duty come, I will show you'. So if it happens and you make a small mistake she can beat you severely...Also some aunts use their hands to pull our ears...Some of them step on our bodies as they beat us...They can even step on our heads. One time the aunt who sleeps in our house stepped on my head and I wanted to escape out of this place but children advised me not to run away (Body Mapping Older boys, Kampala).

In addition to thoughts of running away/escaping the RCIs, some children confessed having developed thoughts of retaliating/revenging by killing the caregivers who beat them. Younger and older boys expressed such feelings in body mapping exercises.

When I was still in the family house arrangement, my mother used to beat me a lot and I felt like escaping or even killing her at one point. Like if you didn't do something in a right

way, the mother would instruct you to go down on the floor and she beats you instead of correcting you (Body mapping, older boys, Wakiso).

...Caretakers sometimes might beat you when you have not done anything wrong...when someone beats you, you feel like tearing their property, you feel like stoning that person, I feel like leaving this place and going away outside there on the streets... Our caretakers use a pipe, stick or wire to beat children who do wrong (Body Mapping. Younger boys, Kampala).

Children also often indicated in the body map that some caregivers do not take time to listen to the children as they air out their views. In a journal story, a child indicated that he was slapped over and over again while being verbally abused as he explained something to a caregiver in the process of working.

Aunt came back from where she had gone and quarreled that I left the house very dirty so I had to mop it. She said that we should use water with liquid soap yet the water was dirty. As I tried to tell her that the water was dirty she slapped me and told me to mop. As I was mopping she came and slapped me on my back and told me to pour the water as she abused me (Journals with Younger boys, Wakiso).

... That is the bad thing I have seen here; the staff do not listen to us to explain anything to them instead they just beat us if a girl commits an offence, they just punish all of us at once and also when you are going to be punished, you are not given an ear to explain yourself. And they just beat you anyhow and anywhere; also they tell the prefects to beat us and that annoys me a lot. How come fellow children can also punish you like that? (Body Mapping, Older girls, Mpigi).

Both boys and girls irrespective of age difference noted in body mapping exercises and journals that they have received harsh punishment from the care givers within the institutions whenever they make a mistake.

One time the aunt in our house told me to lie down and when I did she used a big stick to beat me (Body Mapping Older boys, Kampala).

They beat us, abuse us and also pinch us; that man who came and moped here, pinched me here and I got swollen...He also pushed me by the head and I almost fell off, I was about to break my teeth (Body Mapping Older girls, Jinja).

...there is one aunt who canes us to the point of death and life [akukuba kibooko kufa na kuwoona]...she beats any part of the body until she gets tired (Body Mapping Older boys, Kampala 1).

All these different forms of physical violence not only point to the huge amount of violence that children in RCIs undergo but also the risks and consequences that these various forms of violence cause to the children in one way or the other.

Violence from caregivers was further reported in other body mapping exercises with young children. Young children in this case were those that were between 8-12 years. In this incidence, caregivers do not take the initiative of sitting with these children to guide them on what is right

and wrong. When these children make mistakes despite how young they are, they are beaten instead of being guided and corrected, as revealed below;

Some of the mothers don't correct, they just beat you even on minor issues (Body mapping Younger boys, Wakiso 2).

Care givers **randomly beat any part of the child's body** and as a result some children have become crippled, while others have sustained injuries and scars on their arms or legs.

A staff beats a kid to the extent of breaking the legs and blood comes out of the nose...Oketch was beaten like that and the leg got broken but now he left...He used to hide in the dorms all the time so they beat him up (Body Mapping Younger girls, Kampala 3).

Caretakers also **make children punish fellow children**. This is not morally appropriate but also makes/teaches children become perpetrators of violence. In addition, caregivers sometimes massively beat all the children even if only one child was in wrong.

Uncle Bernard sent me to get a stick and beat all the girls I find up in the house because it was assembly time. I just hit a little on a few but not all. But there is a lady here called mama baby who went and reported me to Aunt Sarah that I had beaten her and she called me to lie down. Before I explained myself to her she beat me up everywhere... (Body Mapping Older girls, Mpigi).

- **Children as perpetrators of physical Violence/Peer to peer physical violence**

Within the care institutions, there are all age groups of children. Older children tend to feel that they are stronger /older and as a result, physically abuse the new and younger ones by beating and fighting them. They even go to the extent of provoking the weaker children in order to pick a fight with them. Affected children also decide not to report for fear of further torture.

Sometimes when some of the older children find the small children crying, instead of comforting them so as to make them happy, they slap and pinch them as a way of making them shut up...they say, 'I am adding you some sugar and soda' and the young children cry more because they are hurt...The older children beat these young ones in the presence of other children and they threaten to beat those who are present just in case they try to report them to the elders when they return. 'ogeza nondopa njakukuyisamu amasanyalazze ng'agagenze' [if you dare report me you will see me when power shuts down]...You can be eating and a child pretends not to be seeing you and he slaps you, when you ask why he has beaten you, ... Most especially those children who are older than us tend to beat us (Body Mapping, younger boys, Kampala).

Some of the children who know that they are stronger and energetic take it as an advantage to abuse and fight you just because you are weak. Even some of the energetic children can provoke you to abuse them such that they can fight you just because they want to show off (Body Mapping Older boys, Wakiso).

Some of the children form a group at night and hit our heads using their fingers and those who are in their beds start laughing...Last night one of the children brought his friends

into our room, they kept on making noise and at the time of accompanying them, as soon as the friends walked out of the room the host was slapped by someone else as he tried to follow them (Body Mapping Older boys, Kampala).

When you are sleeping someone comes and beats you from the bed for nothing (Body Mapping Younger girls, Kampala).

Some children hit us using their hands and they start saying 'have you enjoyed your tea' (Akachayikawoomye) and you become angry with them (Body Mapping Younger boys, Kampala)

These forms of misconduct by fellow children as attested to by children in their different gender and age categories tantamount to nothing else but abuse and physical violence.

The study also discovered that children experience physical abuse when they get involved in football activities. The children participants noted that they experience a lot of physical violence whereby they fight amongst each other as they are playing. During this activity, some children intentionally hurt others.

While playing football you can dodge someone or when your team beats his, he and some of his teammates start fighting...Also, when we are playing and you score a goal the opponents start to fight the opposite team (Body Mapping Older boys, Kampala 1).

Playing football is good but sometimes it brings trouble because you may step on someone accidentally as you play and then he says 'I will also get you'. So when the ball comes to you his target is your leg instead of the ball. He kicks you badly and you end up with an injury ...Even if you agree right before the match begins that there is no quarrelling or fighting, just two or so minutes after the match has kicked off quarrelling is already happening between the two teams(Body Mapping Older boys, Kampala 1).

During body mapping exercises with the children, some of the children noted that their peers hit their breasts or even squeeze them when they are fighting which they said is very painful.

Sometimes we are playing with our friends and then it turns into a fight and they beat you or they hit or press your breasts or navel, and it is painful (Body Mapping Older girls, Jinja 2).

The study also found out that, apart from caretakers and older children being the perpetrators of violence and the abuses that children experience in their day today routine, there are other incidences where younger children are involved and through these they also experience physical violence like fighting, scratching, beating, biting, and boxing among other forms of violence. Such incidences arise; when they are struggling for food and other gifts which makes most children sad and annoyed especially the younger ones as evidenced below:

...what annoys me are the children beating me a lot...Our fellow children scratch others and also pinch them...Others can use their hands to beat us...Fighting, pinching, disturbing and kicking others make me sad(Body Mapping Younger boys, Kampala).

Fellow children use their hands for fighting, pinching and boxing others. But when they are found, they are punished and disciplined through sweeping, moping and slashing in the compound (Body Mapping Younger boys, Wakiso).

I feel bad when you are on your own and someone comes and pinches you, throw stones at you or beat you. When you report them they will deny and that annoys me...Others box their friends on the breasts (Body Mapping Younger girls, Kampala).

...Our fellow students, the older children and sometimes our mothers, beat us (Body Mapping Younger girls, Wakiso).

Interviews with key informants also confirmed that physical violence existed in the RCIs. They pointed out that some children have scars on their bodies as a result of severe punishments by the caretakers. They also noted that children fight amongst themselves to an extent of stabbing their fellow children.

I handled a case in Iganga where the care taker was beating a kid because of defecating a lot; they had even limited the time they could give food (KII with Police CFPU Jinja 1).

I have seen a case where a child actually gets a knife and stabs someone and they just go away with it (KII with RCI_Staff, Wakiso).

...Physical appearance of the child like if a kid has scars all around the body, there was a mom who had beaten a child and when the teachers discovered it they called her at school. She had been called on a different issue at school and that is when the scars were identified, she lost her job as a result (KII with Staff of RCI, Wakiso).

(d) Psychological/Emotional Violence

Psychological/emotional violence is conceived in this study as pain that is inflicted on someone either directly or indirectly causing a feeling of pity, low self esteem, worry, shame, and discomfort. Findings show that psychological/emotional abuse is evident when children are often verbally abused, bullied, undermined, discriminated/segreated, physically abused, denied some services, subjected to work that is exploitative, denied to visit their biological families, and also when the care takers instill fear in them while they live and survive in the residential care institutions. The children in these institutions experience torture and all forms of violence from either the care givers or their peers and as a result they get hurt, angry and annoyed which emotionally hurts their feelings.

- **Caregiver reminders to children about their bad/poor backgrounds**

The findings show that children are taunted by care givers and reminded of their unfortunate circumstances that led them to be institutionalized like poverty, being an orphan, having been neglected/abandoned etcetera. This has made many children cry, get angry and wish for any other possible option presented rather than being rejects. As the research team interacted with the children, some of the children also said that they were picked from their homes and promised an education and a better life. However upon arrival in the RCIs they are constantly taunted and

reminded about how they come from poor homes and are just being helped. Out of frustration and hurt, these children run away to the streets. Therefore, it is possible to find a child who was picked from a poor home ends up on the street which is worse.

What annoys me is getting children from their homes though they are poor, and you pretend that you are going to pay for them. But you start talking badly about the families you have got them from saying that; 'in your home you are poor here I am just helping you'. Those things annoy children and they go to the streets. It's not that all children on the streets run away from their families, some are from such projects, you say you want to look after them but you start talking bad words about them (Body Mapping Older boys, Jinja).

Not all caretakers use their mouth badly, those who use them badly may tell you that 'you left your mother at home and here you don't have a mother' and yet not all of us who are here have mothers. That makes me feel bad because you may talk about my parent who died and I feel sad in my heart (Body Mapping, Older boys, Mpigi).

When you misbehave; they beat, abuse and keep reminding you about your life vulnerabilities [okukulangila]...They say things like where she comes from they were not treating her right (Body Mapping Older girls, Kampala).

There are homes in Nsambya that are gazetted where kids get tortured a bit when they are told things like; they were picked from dustbin, dumped in toilets, your parents died of HIV and AIDS among others which makes them feel bad (KII with Police CFPU, Wakiso).

The evidence from key informants also show that children do not like statements which cause them to feel discriminated against or treated unfairly compared to the rest of the children.

... I have visited some institutions taking care of some children abandoned on streets most especially young babies. When you go there they don't want to hear you mention that "even this kid was picked and brought here when he or she was abandoned on the street" because the child you are talking about will feel it in his or her heart. So if such a child is brought into an institution that has children from different backgrounds other than those from streets and he/she hears them saying 'naawe omwana woku street'[even you a child from the street], the child will feel bad. As such, we always encourage that such things are not talked about in the open (KII with Police CFPU, Wakiso).

- **Verbal abuses from care takers to children**

Findings of this study also point to the use of bad words against children caregivers. On committing some mistakes, children are insulted using words like *foolish, stupid, bogus* and other local insults. Children get hurt as a result of such verbal abuse as reflected in their narratives.

You may commit any mistake and the mother gets so angry with you and she can say a bad word against you because of that anger... "Osiruwalaki?" ['Why do you act foolishly] To me it means that I am a useless person who knows nothing. Then I start to think that if this person who has said that kind of word against me was of my age category; there would have been chaos (Body Mapping Older boys, Wakiso).

Even adults for example an uncle may come and find you at home during school days and then he is like 'what are you doing here? Are you stupid? Other children are in class but for you... you are just here'. He says all that before inquiring from you why you have not

attended school. Sometimes uncles just want to show off that they have a lot of authority. (Body Mapping Older boys, Wakiso). Mothers and uncles do abuse and at the same time they make fun of us in an annoying way (okujeregelela)... They use words like 'you child with an empty head can you come here ... and you do this and this for me...' (kyana gwe ekyo omutwe omuboffu oyinza okujja wano nonkolela kino ne kino"... Some mothers use abusive words like 'but you gu...child I wonder who your biological parent is' (naye kyana gwe oba ani akuzzala (Body Mapping Younger boys, Wakiso).

The data generated also shows that children are trained in extra curricula activities like dancing. However, if they make a mistake in the process of dancing, they are verbally abused which is discouraging. Instructors do not have patience when they are training these children and it hurts their feelings. Their revelations not only point to care givers verbally abusing them but also segregation and discrimination amongst the children by the care givers.

Uncle came in the evening and trained us in dances but whoever would make a mistake would be abused verbally... He abused me 'obugere bwentangawuzi' [that my feet were shaped as of ginger] and I was hurt when he abused me like that and I didn't like to continue... There is a man teaching us traditional dances but whenever we make a mistake he abuses us. But there are other two girls even if they commit a mistake he doesn't abuse them and we wonder why (Journals with Older girl Mpigi).

You can do your chores very well than the other child that mother loves most, then she instructs you to re-do the chores done by her favourite child (Body Mapping Younger boys, Wakiso).

- **Verbal abuses amongst the children**

Given that the adults insult these children, children also depict that behavior and they use the same abuses to insult their peers. The children verbally abuse their peers while using vulgar words and also words that are mean that talk about their body parts and this torments them.

I hate seeing children abuse others using vulgar words. Some children are good and we talk with respect but others are disrespectful. They can yell at you... Others abuse us with vulgar words like 'wakalya nyoko' [eat your mother], you smell bad like you don't bathe, 'olinga amatako' [you are like ass], and a lot more funny things (Body Mapping Older girls, Wakiso).

I feel bad when some children abuse others that stupid, kumanina, kumanyoko, fuckin, matako among others (Body Mapping Younger girls, Jinja).

Children are not well nurtured they abuse their peers with shameful words which words affect a child... some children use abusive words for example if one child annoys the other, the child who has been annoyed can easily reply 'fuck you' (Body Mapping Older boys, Wakiso).

- **Extreme punishments causing children to live in fear/worries**

The study findings show indeed that some punishments that are administered torture children. These are punishments that are given when a child does something wrong. Examples identified

from their narratives include: being locked up in stores and other rooms, giving stale food, making children kneel for long while their hands are raised in the air.

Some of the mothers are harsh on the young children and they beat them most of the time. So a child gets worried all the time and even while at school the child can keep remembering what happened to him or her at home and therefore it's not good. At least you can beat a child once in a while but not all the time (Body Mapping, Young boys, Wakiso).

What annoys me is when I find a kid crying when she or he has been beaten up by friends and instead the aunt also comes up and beats her more saying that she doesn't want people who cry for nothing (Body Mapping Younger girls, Kampala).

Adults can give you terrible punishments since they know they are not your real parents, because at least someone should make you lie down and beat you up; but they make you kneel down in stones like where you have packed. It pains a lot and the stones prick your knees (Body Mapping Younger girls, Wakiso).

The other seemingly most detestable form of punishment was punishment by 'detention' or being locked up in an isolated room/store. The evidence shows that boys and girls alike have gone through such punishments.

...I have ever been locked up in a store and denied to watch television...I felt bad because others were busy watching movies at night (Body Mapping Older boys, Wakiso).

When I committed a crime, mummy beat me and locked me in the store (Body Mapping Younger girls, Wakiso).

Because of the culture of punishments, children live in fear for any trivial mistake they make while in the institutions. They do not have a sense of belonging and they believe that whenever they do anything wrong, they have to be punished. They are beaten in a brutal way and at a certain point they get a feeling of retaliating or causing harm to the perpetrator.

We can be playing football and I accidentally step on a chick and it falls down. It makes me worried because I know once it dies, I will be beaten (Body Mapping, Older boys, Kampala 1).

When I was still in the family house arrangement, my mother used to beat me a lot and I felt like escaping or even killing her at one point. Like if you didn't do something in the right way, the mother would instruct you to go down on the floor and she beats you instead of correcting you (Body Mapping, Older boys, Wakiso).

Aunties use their mouth to say words which are not good to us for example she may tell you to do something and when you complete doing it she says "you have survived, if you had not done it I would have taught you a lesson. So the child lives in fear all the time. If you have performed badly at school you feel so bad when you think of the strokes they are going to give you for poor performance (Body Mapping Younger girls, Jinja).

Some children are made to eat stale food by care givers. Such practices reflected limited or lack of concern and care by the care givers about the children's health and hygiene.

One day my sister cooked rice which was enough to cater for lunch and supper. On that day we were only 3 children in the house but when our mother returned she quarreled and said that the rice was a lot meant to cater for more than two meals. So we ate that rice for lunch and supper on Sunday and our mother kept some portion of it which we ate on Monday night but the food had gone bad. When I poured the remaining rice on Tuesday our mother caned me for that (Body Mapping, Younger boys, Wakiso).

Sometimes we eat badly. Sometimes the food is not cooked well. You find pieces of posho that are not ready, beans with weevils, beans that are stale or not ready and sometimes we drink porridge that is spoilt (Body Mapping Younger girls, Wakiso).

I handled a case in Iganga where the care taker was beating a kid, reason being that the kid was defecating a lot. They even had limited the time they could give the kid food (KII with Police CFPU, Jinja).

- **Power Struggles and conflicts between caregivers and the children also exist as coping strategies by children.**

Findings also revealed that there were children didn't want to be guided by the care givers even going to the extent of reminding them that they are paid to do their job. Some caregivers also look at and treat the children as nobodies.

... It is kids who are not willing to give in the equal share to what moms do so they tend to conflict. The children take these moms as caregivers who are paid to take care of them so what the heck and likewise the moms also see them as no bodies that they just picked to bring here in the institution. So that contention is there. Therefore, some moms take it just as a job but others as a commitment to the children. Initially the children were so much loved and cared for when the care givers were given all the benefits including houses which were scrapped off. Today majority of them only care about their own personal development apart from may be the new national director who is hoping to revive all that like insurance, salary increase and per diem and other motivations of staff(KII with RCI staff, Wakiso).

When we are in the youth home we buy our clothes and dress up like youth in 'Patra' style and the like but the moms are after us all the time that we are dressing badly but when you look at the kids they care for in the homes they dress much worse off than us...Also mere haircuts they also complain they want us to cut our hair marine as if we are boys. You can put a simple cut on your hair and you will see aunts, moms and also the teachers complaining (Body Mapping, Older Girls, and Wakiso).

(e) Other instances where children are emotionally and psychologically abused

- **Denial of food until children have completed tasks**

Children are denied food when the work load that is given to the child is not yet completed. Given that these are young children, the work load should be manageable and food should be provided on time.

When you are slow in doing your house chores and it's time for lunch and you get there, Mummy Florence of the kitchen says go back you won't have lunch today it's not me that made you work slowly (Body Mapping, Younger girls, Wakiso 12).

- **Forced to eat more than the stomach can carry in a single meal**

The findings reveal that as coping strategy, when children are denied food, they resort to stealing it. Demeaning punishments were reported to follow if the children are caught. For example, some caretakers force such children to eat a big volume of food than their bodies can take at a given particular time. Worse still, some children are made to eat raw food including sausages.

Sometimes when you steal food they give you a lot of food to eat yet you can't finish it...A boy in our house stole bread and they made him eat a whole loaf of bread...Once I also stole bread when I was hungry and then mummy made me sit in the store with loaves of bread and told me to finish them (Body Mapping, Younger girls, Wakiso).

Someone once stole a cooked sausage and then she was made to eat raw sausages (Body Mapping Younger girls, Wakiso).

- **Forced to stay naked for failure to wash clothes**

During the Body mapping exercises still, the study identified other different ways in which children are emotionally and psychologically abused. They include: when young children have not yet washed their clothes, they are told to stay naked until they have washed them and yet they are young girls. This in the end minimizes their self esteem;

I hate hearing when mummy says that 'no putting on clothes, stay like that'...When you have not washed your clothes, they tell you to stay naked (Body Mapping Younger girls, Wakiso).

- **Peer to peer emotional and psychological violence**

The findings from children's body mapping narratives show that false allegations by children against their peers to the caretakers such as theft, sexual relationships caused a lot of emotional and

Telling lies...Like a child making allegations of theft against you that you have stolen his or another house member's item... (Body Mapping Older boys, Wakiso).

The boys concoct words about us and they go and report us saying they found us with male staff in the dining. Just because he was coning you and you refused then war begins from there, and the staff they tell just believe it and cause us problems... the men they tie to us are like our grand pas much older than our dads (Body Mapping Older girls, Mpigi).

Some children yell at others and also some aunties or children from families accuse us falsely that we steal their food in their gardens and we end up being punished for nothing. I mean foods like cassava or matoke in their gardens. They say it was you who picked the food and took it to the youth wing and they end up deducting your money for shopping. That is painful and hurting when you don't have anything to do and you know nothing about what you were told (Body Mapping Older girls, Wakiso).

It was also reported that as girl children grow up and their bodies change and develop breasts and other body changes like menstruating, it becomes harsh for them when other peers start making fun of their body changes and hence making them uncomfortable and feeling ashamed of themselves.

For me I have small breasts and the boys used to tell Rose 'go and tell your friend to also get breasts like you.' But madam I am just fat but I am still young they will grow big when I grow up (Body Mapping Older girls, Mpigi).

We suffer a lot during menstruation. Mugisha disturbs us a lot that our things are falling or have fallen and the like (Body Mapping Older girls, Mpigi).

Someone does wrong to you and doesn't say sorry, that hurts me (Body Mapping Older Girls, Jinja).

- **Unanswered Questions and Complexes**

The findings also reveal that some of the children especially those that have lived in the institutions from infancy have so many unanswered questions. The questions range from “why was I abandoned, why am I here alone and this has sometimes resulted in the rare case of some children walking out of the institutions;

The main cause of their challenging behavior is due to the unanswered question of “who am I? Where do I come from?” so certain things youth do are intended to trigger you take an immediate action like taking them back to their biological homes. For example while at school you can ask them something and then the child answers stupidly and he is like “today I am going to kill you” when you threaten to expel him, he replies that “it is okay go ahead and expel me”. To him, his aim is that once expelled you will have to take him home and by doing so he will be able to find out his biological lineage...Some of the youth while in that investigating stage they tend to start testing alcohol and smoking though I have experienced only one case of smoking. And when you ask them why they took some alcohol, they will definitely tell you that uncle I was just trying it to feel how it tastes... These youth don't like cooking... (KII with RCI Staff, Wakiso).

Walk away has happened here more than once. We go and try to pick them again and then what we have done is to partner with other organizations, we have a network...When you misbehave in this organisation you find you are in another organization... (KII with RCI Staff, Jinja).

(f) Neglect for children's basic needs

The study conceived Neglect to refer to partial or complete withdrawal of care and support for children within an institution. The findings show that care takers within RCIs do not prioritise their wellbeing is not their priority. There is general lack of care, and this was mentioned while conducting body mapping interviews, during participatory observations, and also during KIIs conducted. Children are neglected while they live in the institutions and this in one way or the other leads to violence.

In the context of the study, neglect also referred to failure to provide clothes, proper shelter, poor hygiene and sanitation, failure to provide medical services, failure to give food on time and also

children being neglected because they are physically challenged. This mostly happens when children are moved from the family settings to the youth facilities where the children entirely look after themselves with minimal supervision.

- **Failure to buy or stock food on time and other items when children join the youth facility from the house family setting**

It was found out that care takers fail to provide food on time. They go out to run their errands and either neglect or forget to leave money behind to purchase food stuffs. This happens most especially in youth facilities where children buy and cook food for themselves unlike the family houses/homes where children live with mamas and they are looked after and provided for fully. It is mostly when they grow up and join the youth facility where there is neglect and the children are left to take care of themselves with very minimal adult supervision. As a result, some end up sleeping hungry partly because, by the time money is provided to buy food, shopping centers are closed.

Some officials here don't spend all the money given to them as budgeted. For example the youth facility may be given certain amount of money for food and other utilities. But then certain items are not purchased and you end up completely missing or having less of such items, something which is annoying...What happens is that sometimes we may not have stocked food or other items in the house store and the only alternative is buying on daily basis. So sometimes the money may be given to us late just because uncle was not around and therefore you receive that money when all the nearby shops are closed and you have to walk along distance to find food items. And to make matters worse, you may come back home when the youth who was supposed to cook that evening is already asleep. To make matters worse sometimes gas is totally used up and you have to switch to lighting a charcoal stove yet it takes a lot of time. Sometimes even when food is readily available at the youth home, uncle may not be around to give us money for spices and other ingredients (Body Mapping Older boys, Wakiso).

- **Lack of dedication and commitment to care for the children**

In regard to dedication and commitment, it was also reported that when children are put in youth facilities, they are put under new management from time to time, and this new management has less information about the children. Again, the management takes less time to know the characters/behaviors of these children. As such, in case a child is faced with a problem the management easily gives up on the child and he/she is not able to confide in any one and this tortures them psychologically;

...And here you will find that due to changes in administration from time to time, the current staff may not know child X right from his/her childhood and if they see him/her changing into something else, they won't take that extra effort to help him/her out may be because they just look at it as being wastage of financial resources. And they end up giving up on that child. Though for me I cannot say that they have not helped me, but there are certain youths around I can say that they are not helped...It takes you a lot of time to adjust to the changes for example you may find when the office of the youth is closed and all the youth leaders are not around yet you have a problem so you get confused about who to approach. And when you try to go to those other officials they move you up and down, here and there and you end up not being helped (Body Mapping Older boys, Wakiso).

I don't think the current administration is aware of our concerns because each time we try to make an arrangement to meet and have a discussion with them they just play around (Body Mapping Older boys, Wakiso).

- **Minimum supervision and lack of counseling and guidance for children**

Surprisingly also, the findings show that care takers don't take the initiative of monitoring children and ensuring that all children are present to participate in a given activity. For instance, they are not advised on what to do when they see their bodies changing, and also how to relate with the opposite sex. Due to these gaps, most children have ended up involving themselves in sexual activities leading to some girls getting pregnant! This was confirmed in a key informant conducted with a staff of an RCI in Jinja as below,

...where I worked before by the time I went there, they had no social worker and I found when two children were in a relationship but in secret. The boy was in primary seven and the girl in primary four and they would meet behind the water tank. By that time we used to have an entertainment timetable so as others would be watching TV these two would go and meet because it was possible for the caretakers to imagine that all children are watching. But the care parents were not keen enough and also these children lacked advice...the boy ended up impregnating the girl and we couldn't keep that girl in the home so she was taken to her grandmother's home in Mukono. (KII with RCI staff Jinja).

It is important to note that two key issues arise from the above narratives; the fact that violence exists and this form of violence emanates from children not getting adequate supervision and sufficient guidance, and secondly and of equal emphasis is to point out that as noted the girl was taken to her grandmother's home when she got pregnant. So the question that emerges then is, if the girl had a home back in the community, why then was she institutionalized in the first place? And it is obvious that there are many other such cases in the RCIs.

- **Weaknesses in health care and promotion**

The study also found out that children's health is at risk since caretakers are less concerned when a child is sick. Instead of taking a child for checkup when sick, the child is ignored.

When someone is sick and informs Mama about it she tells you 'useless am I a doctor? Keep it to yourself.'...There was a time a kid pretended to be sick and was taken to the hospital but the doctor proved that the kid was ok. Now whoever falls sick Mama will ignore or beat you up even if you are not lying (Body Mapping Younger girls, Wakiso).

I was sick, the neck was painful and I also had backache but I was not taken to hospital (Body Mapping Older girls, Jinja).

From the children's responses, it is further shown that children are not supervised closely enough and as a result they end up eating dirty things from rubbish bins which are not emptied. This is an indicator that the supervisors don't ensure a clean environment where these children stay. When children eat from such places they end up falling sick and yet this would have been prevented had it been ensured that the areas where these children live and play are clean.

Some children get stomach pain as a result of eating dirty things around the rubbish bins...Mostly babies, and sometimes young children go to dirty places and start to eat contaminated things when aunts have not noticed them. But when they fall sick the aunts give them the medicine (Body Mapping Younger boys, Jinja).

Similarly, children are left to sleep in wet beddings throughout the night and care takers often don't take time to come and check on the children and change their beddings. This definitely has negative health consequences on children, as reported in a key informant interview below;

...they don't take maximum care e.g. at night we find them asleep when we visit because with the probation officer you can't rule me out. Whether I come at 3am or whichever time of the night I knock and just enter...we find the babies in wet beddings and they are sleeping... (KII with Probation SWO, Jinja).

Being disabled seems to more gaps in care as some evidence from Key informants reveal. Most children are isolated and not well taken care of when they are disabled hence the reason why some are dirty and isolated.

The mentally handicapped children are many...when they are coming in they are dirty and sometimes you find the staff is rejecting the child... (KII with Probation SWO, Kampala).

Similarly, participatory observation in institutions that look after physically disabled children indicated that children were dirty, and with flies all over them. This was partly because the RCI looked understaffed to care for disabled children and yet this category of children needs special attention.

- **Existence of RCIs sometimes serving as an 'incentive' to neglect and abandonment by biological parents and relatives**

The findings reveal that some of the children in RCIs have living relatives and biological parents have abandoned them in institutions. These parents/relatives are not bothered to go and check on the children or even find out how they are faring within these institutions. This even reaches extreme levels when the institutions are called (by children's parents/relatives) to come and pick the kids when holiday period is over. This makes children feel like rejects and not loved by their families as evidenced by the below responses from KIIs.

...a child is brought from the grandparents and these parents bring these children here and abandon them. This is too painful for the children and even when we try to call some of these parents to come and check on these children, their response is not positive enough. Even when it's time for holidays, you find that such parents will tell you that they don't have time for these children at home so they always propose that they should stay here. So because of this, these children start thinking of their late parents and this doesn't only affect the child but the whole environment here. For example there is a girl I have here; she would have been in senior two but she is now in primary six. All her parents died and she was left in the hands of the father's friend from Kalangala so that friend used to call and send some small support but after some time he stopped communicating. One time after a very long period of time, he called and wanted us to send this girl but we had to protect her because much as we want them to go for holidays you have to first of all think; the girl has grown up and remember she is not biologically related to this person. So I told him that this girl is now grown up and it may not even be easy for her to live at the island

so if you really want to see her come and see her from here but I am not releasing her. These are some of the things that parents out there cannot see (KII with RCI staff, Wakiso).

By the time these children are brought here it's like the parents have given up and it's us to follow up and trace for their families. So when we take them for holiday visits shortly the parents start calling asking you "but when are you picking your children" and you ask yourself whose children are they? So it's like they are more of a burden to them... However much as we invite these parents to come here and visit at least once in a year very few turn up and we have some of our children who have been here for more than 10 years but none of the parents or relatives have ever turned up to visit them not even a phone call... Really when you look at some of these parents they are doing well but I don't know why (KII with RCI staff, Wakiso).

The study also reveals that children in the RCIs have been brought up only knowing that the institution where they live is their one and only home and family that they have, and so telling these children that the institutions are to be closed hurts them since they don't know where else they will stay thereafter;

Institutionalization has affected me negatively especially when I hear some people rumoring that Kids of Africa might be closed (Body Mapping Older girls, Wakiso 6).

There are other related issues that emerged, for instance children feel that if they were raised by their biological parents their lives would be much better than living with the foster parents. This becomes worse when the children that have biological parents are refused from going to visit their parents. In other words, the way these children are confined hurts their feelings.

With the biological mothers there is that kind of special love they give to their children so I think having a biological mother is the best... For me I don't have much to worry about because both my parents are still alive except my grandparents but what makes me unhappy is remaining behind at SOS village when other children are going to their biological homes yet I also would wish to go, I am not permitted (Body Mapping Younger boy, Wakiso 2).

The study also discovered that children who have spent all their lives in RCIs lack a sense of belonging when it comes to the time of resettlement and reintegrating them back into their families and the community at large. They are not certain about where to begin their lives and how to fend for themselves once they get out of these institutions. The institutions expose them to what one can call an "artificial life/good life" (good feeding, shelter, and all the necessary basic needs). However, when time comes for reintegration, the child gets a challenge on how she/he will cope in a community on their own, as shown below;

As you grow, you come to know that at a certain age you will be cut off the program. Though you might be prepared to be independent, you ask yourself if you will be able to access all the services including security, spacious environment, big family and utilities you have been getting while still at SOS, when you go out to the community. So you're worried about that because you don't know how life will be in the community... You ask yourself that when I grow up and get married in future in case the children ask me about my home of origin what will I tell them... that challenge defeats your understanding and you are like, 'I have to find my biological family' (Body Mapping Older boys, Wakiso 9).

It is therefore true that the care institutions have confined these children in that they can hardly get access to their homes/ biological parents. This has left many of the children worried about ever meeting their parents or getting access to their homes as they are worried that the parents might have died or relocated to other places and so they find it disturbing.

For me sometimes I get worried that by the time I go back home I might find when my mother has shifted to a new place of residence... Even other times I think that by the time I go back home I might find when all my parents are dead (Body Mapping Older boys, Kampala 1).

It goes without debate therefore that institutionalization of children will affect them in future as they grow up knowing that they were neglected and they never grew up together with their biological parents. This obviously is likely to make them end up with low self esteem and no sense of belonging. At the age of 13, 14, children start inquiring about their background and where their biological parents are. These worries were also confirmed and alluded to during some of the key informant interviews as shown below:

...the only challenge we have is psychological. At the age of 13, 14 these children start asking questions concerning their biological parents “where is my biological mother? Where is father? Where is my family...sometimes they ask questions like “if you were my biological father, would you have done this to me?” For example at times I pick them from school to come back home to do their chores. And there is one I picked from class when they were doing an exam to go to the youth home and do his chores. He said ‘if I was your son would you have picked me from the examination room to go back home and do chores?’ ...And others say ‘if I had my biological parents I would be far much better (KII with RCI staff, Wakiso 1).

...if a child goes to the community schools outside, they know that my friend so and so his father is so and so, and this one his father is so and so. So emotionally they reach a point where they feel it is not right to be identified as someone who doesn't have a father and is being looked after by an organization, and that is beyond the organization...For example you find a child hiding away when the organization [RCI] vehicle goes to pick them because the vehicle is labeled and so they don't want to be identified with the organization. They feel it is demeaning. (KII with RCI staff, Wakiso).

(g) Poor hygiene and sanitation

In view of the study, poor hygiene and sanitation was used to refer to unhealthy living conditions that potentially affect children's health: physically, through what they see, smell and touch mainly; emotionally and psychologically through the feelings and thoughts that these conditions stir up in them. In the context of this, the qualitative study found out the following under the below sub-themes:

- **Bad toilet manners**

Children made reference to situations in which they had to endure dirty-smelly toilets because their mates made them dirty or had poor toilets manners. There were cases reported of children who use the toilets and do not flush or they do their business in the compound or on the floor in the toilet

area and in some other instances children visit the toilets without slippers or shoes and they end up stepping in the urine or feces on the floor;

Here we are like a family but sometimes a person visits a toilet and doesn't take that responsibility to flush after using the toilet and the next person finds it dirty and feels bad because it smells bad (Body Mapping Older boys, Jinja).

Even in the house some of the children don't flush after using the toilets...That bad smell can make you feel stomach ache (Body Mapping Younger boys, Wakiso).

Sometimes you go to a toilet and you find it is very dirty yet sometimes we go there without sandals...We have bad hearted people here who cut the sandals or throw them in the toilets or hide them just. So majority of us lack sandals, mostly boys are the ones who do that...And when we mark them the boys also mark the same style and they end up taking our sandals (Body Mapping Younger girls, Kampala).

- **Smelly bodies as a result of poor children's hygiene**

Findings also revealed that some of the children did not bathe say after football or if they urinated on their beds, and this left a lingering smell on their bodies which brought discomfort and disgust to their peers or mates;

Our noses smell good and bad things but I am going to talk about the bad ones. Like we the boys, after playing football, instead of going to the bathroom and first wash our clothes and bathe, we just sleep and the next day you wake up smelling like a male goat. But even if they tell you, you say 'clothes are mine' that smell is always bad (Body Mapping Older boys, Jinja).

Some children don't want to brush their teeth and as a result their mouths smell bad. You feel like beating them (Body Mapping Younger boys, Wakiso).

- **'Little accidents at Night' and lack of care to mend the damages**

The study findings further show that there were instances of children wetting their beds at night and some even defecate on their beds (at night) leaving a stench in the rooms. The stench is as a result of the beddings not being taken either for washing or the mattresses not being taken out in the sun to dry. In some other instances, some children are said to use their peers' clothes as toilet paper after doing their business or as handkerchiefs to clean their noses, as reported below:

I feel bad when my roommate defecates on bed and takes long to clean the mess up (Body Mapping, Younger girls, Jinja).

At times they have children who wet their beds, so the beddings are hanged in the sunshine to dry but sometimes they are brought with that funny smell, others wash first but others don't even bother (KII with Police CFPU, Jinja).

Children who can't walk are lying on the mattress together and the mattresses are not washed. Flies are surrounding them and the smell is not pleasant (Participatory Observation, Jinja).

- **Smelly surroundings**

Some of the children revealed that their surrounding really smells and sometimes it is even difficult for them to complete taking a meal. The stench could be from a pig sty, an abattoir nearby, rotting garbage or even overflowing and uncontrolled sewerage.

On record were also some cases of children and staff allergic to scents and perfumes that triggered illnesses like asthma;

Excreta of pigs smells a lot...We have pigs and when it rains the pigs' excreta smells alot and we feel uncomfortable due to that bad smell...that smell from the sty treats me badly, even if I am in the dormitory eating something, when the smell comes in, you feel like throwing whatever you are eating (Body Mapping Older boys, Kampala).

Some of the children are allergic to perfumes used by children especially those who study abroad in Ghana, the mothers and other staff members. Some of the children have asthma so such perfumes affect them (Body Mapping Older boys, Wakiso).

We also have an abattoir in the neighbourhood of our village nearer to the youth facility. That smell is too much (Body Mapping Older boys, Wakiso).

- **Disgusting to look at and touch**

Reported also were instances of rubbish rotting that the children are sometimes sent to pick and clear up with no protective gear and which as they revealed they can step on when bare footed. There was also mention of some girls throwing around used pads leading even to the punishment of the innocent ones.

Sometimes one is sent to go and pick rubbish which is dirty with rotten things when you are bare footed and your hands wouldn't like to touch there (Body Mapping with Young Girls, Kampala).

...the girls here are very dirty and untidy they choose to go littering the used pads. And when they ask them they all deny doing it and we are all punished and abused (Journal with Older girl, Mpigi).

The study findings further show that some of the issues of poor hygiene were as a result of general lack of care. In one RCI, a disabled child was observed lying on the floor with flies swarming over him while another RCI was overpopulated.

(h) Inadequate nutrition/feeding practices

The study findings show that there are inadequate feeding practices in the residential care institutions. From the children's explanations, inadequate feeding practices refer to instances where either the food served isn't enough to satisfy their hunger, or it is monotonous in that it is the same meal served daily with no change and with no effort to serve the children a balanced diet. It could also mean that the food isn't well prepared, is spoilt, served very late or that the children sometimes go without food. Some of the children who are of age and have been transferred to the youth homes said they sometimes eat their meals late, eat only one meal a day, sometimes they

don't have access to a balanced meal or they don't eat at all and sometimes hunger forces them to steal food as shown below;

Sometimes we eat supper in our youth home late... What happens is that sometimes we may not have stocked food or other items in the house store and the only alternative is buying on daily basis. The money sometimes is given to us late just because uncle was not around and therefore you receive the money when all the nearby shops are closed and you have to walk along distance. And to make matters worse you may come back home when the youth who was supposed to cook that evening is already asleep. Worse still, sometimes gas is totally used up and you have to switch to lighting a charcoal stove yet it takes a lot of time. Sometimes even when food is readily available at the youth home, uncle may not be around to give us money for spices and other ingredients (Body Mapping Older girls, Wakiso).

Some days we completely have no food when it's over and the budgeted for money is finished, so you have to wait until money is sent. Every child is given around 2900/= for meals the whole day but you are supposed to deduct 200/= for power, 200/= for soap and may be 200/= for TV. So by the end of the day you have 2300/= for your meals. But they don't say that here is your 2900/= for a day. What is done is to get a lump sum fee for that day for example here we are 24 boys in the youth facility what is done is to multiply 2900/= by 24 children and that's the amount they give per day so we budget for that depending on what we want to eat that day... But now the policy has changed, what they are doing is to buy for us food and put it in the store and that is what we are supposed to eat. Therefore if it is posho or rice and beans in the house store that's what we are going to eat and there is no matooke, no Irish potatoes until that stocked food is over. That policy is therefore not good (Body Mapping Older boys, Wakiso District).

What annoyed me is that we didn't eat food on time... We didn't eat food in time. I was hungry when the food wasn't ready that's what annoyed me most today (Journal with Younger boy Jinja10).

The findings further reveal that sometimes the children were served food (by their peers) that wasn't enough to satisfy them or their peers ate more than one plate of food while others went without food.

In the evening I was sad because some girls were complaining about missing food yet others had gone for two plates (Journal with Older girls Mpigi 3).

It was also revealed that sometimes the food is not well prepared; meaning that the food is either half-cooked, has weevils in it or it has gone stale.

One day my sister cooked rice which was enough to cater for lunch and supper. And that day we were only 3 children in the house but when our mother returned she quarreled and said that the rice was a lot and meant to cater for more than two meals. So we ate that rice for lunch and supper on Sunday and our mother kept some portion of it which we ate on Monday night but the food had gone bad. When I poured the remaining rice on Tuesday our mother caned me for that (Body Mapping Younger boys, Wakiso).

Sometimes the food is bad that is; when posho is not ready, and the beans have weevils or when you eat the same food again and again (Body Mapping Younger girls, Wakiso).

Some children also mentioned how they were denied food as a form of punishment for either not doing chores, misbehaving or not completing homework as can be seen below;

... When I finished aunt told me 'no eating, until I finish my homework' and she abused me (Journal with Younger boys Wakiso).

I feel bad when I am not given food just because I didn't do chores (Body Mapping Younger boys Wakiso).

Moreover, what the children revealed was also confirmed during key informant interviews conducted, and especially pointing out that in some institutions, children are malnourished;

...all the kids were malnourished it was called (Abato babies home). They had cooked porridge which was looking [To Whom It May Concern]. The kids were 9 kids and we had to hand them over to Watoto home care (KII with CFPU, Wakiso).

All the above different revelations from children of all categories in the different study sites go a further extent to show evidence of violence and risks that the children are exposed to in RCIs. It hence leaves no debate that there is little effort taken by care givers and managers of the RCIs to ensure that there is adequate nutrition and feeding practices for the children. Something better therefore, has to be done by government and policy makers for the plight of these innocent children, even bearing in mind that many of them have potential and they are the future of this nation.

(i) Limited Child Participation

The study looked at the aspect of limited child participation in the context of explaining situations where children living in residential care institutions are not involved in the decision making process. This means that the institution does not (adequately) involve children in decision making at institutional or individual level.

- **Limited participation in decision making and expression**

Children expressed that they feel their views and opinions are not welcome or listened to. Adults make decisions for them without seeking their opinions or taking the time to sit with them and discuss whether they should be in school, where next to go after a certain level in school, what extra-curricular activities to be involved in and what television programs to watch, as shown below;

I don't think the current administration is aware of our concerns because each time we try to make an arrangement to meet and have a discussion with them they just play around. However previously with the former director there was such an organized system and that director was there since our childhood but the current one came when we had just joined secondary so she doesn't know our interests (Body Mapping Older boys, Wakiso).

For me I would like to thank you guys for coming and having an interaction with us because we have been able to express and let out certain things we haven't earlier had chance to express to anyone (Body Mapping Older boys, Wakiso).

They don't promote people's talents like they would like us to participate in crafts and baking only; some of us prefer MDD but they don't allow us to do it. When there is a function they pick on the same people all the time like to give the speech when they are not the best among us. They should give us all a chance to participate or try it out and then select the best. Like on the day of the African child they only picked 2 and left all of us here (Body Mapping Older girls, Wakiso).

- **Limited Child participation in play and interactions**

The study findings further reveal that children enjoy playing and debating but for most of them that was not possible because the authorities were not creating time for them to engage in such activities. One of the children suggested that they would like to have swings to sit on and enjoy. Sometimes they are denied play time because they have no dry clothes to put on while others wanted to ride bicycles. Some of the key informants in conformity with this reported that one of the ways the children are punished was by being denied access to recreational activities like outings.

Previously when we were still in the family house setting we used to have debates, career guidance, HIV talks but nowadays I rarely see such around. And also may be currently the administration is more focused on academics. Education...education... and there are no other programs specifically designed for the youth like co-curricular activities. So when you come back from school and you have that free time there is no program you can be involved in, so you just stay there like that (Body Mapping Older boys, Wakiso).

I would like us to have child swings around our home (ebyesubbo) such that we can also enjoy while sitting on them (Body Mapping Younger boys, Jinja).

...if someone has misbehaved there are some activities they don't participate in but still it goes to an individual not all. Whoever misbehaves misses the activity but those who are good participate in the activity (KII with RCI Staff, Jinja).

...You are denied an outing opportunity so that next time you behave as expected...You cannot allow a child to go out to destroy property (KII with RCI Staff, Wakiso).

- **Language Barrier**

It was also revealed by some caretakers that some of the children were unable to participate in the activities or conversation with the rest because of language barrier.

We face the problem of language barrier because here we speak Luganda but some of the kids come from far and may not know Luganda and English...it is automatic that when they come here they have to speak Luganda or English. Even the mothers face that problem; we have some children from Northern or Western parts of the country. They don't understand each other in the initial stages, you can't ask them anything and vice versa, so communication is a problem initially (KII with RCI Staff, Jinja).

...We had to strictly speak English; by then we had a Ugandan director from North Carolina and it was strictly speaking English and you could find these children are uncomfortable. You've brought somebody from the jungle or have been on the streets now you have limited him to speaking a foreign language. He will be reprimanded for not speaking English yet needs a process to learn, I think this person will be joyful and happy if he/she used vernacular (KII with RCI Staff, Jinja).

(j) Discriminatory child recruitment criteria

The qualitative study conceived Child recruitment criteria as the process/procedure of institutionalizing children. Children who are institutionalized are orphaned and vulnerable as a result of many factors e.g. those that are dumped in rubbish pits, abandoned in hospitals or on the road side with no possibility of tracing their biological parents or parents who have been incarcerated. The findings show that in the process of recruiting these children, approval is got from probation officers, police, local councils and religious leaders. However, some categories of children are left out especially those with disabilities and those that are infected with HIV. It was found out in key informant interviews that some RCIs do not admit into their institutions children having HIV

We look at the background of things and the most dictating factor is the home, whether the parents are able to care for the kids. If they are not able, then the child/children might end up in an institution. Also, orphans and other vulnerable children; but they are not given priorities in terms of empowerment. The institutions work with politicians and leave OVCs out ...The kid has to be accepted in the home. A kid with HIV can't be accepted in any home. Ages also matter a lot. So we assess all that to see whether the kid will get help in the institution and we also assess the vulnerability that the kid is in. We have a huge challenge because most homes are refusing to take them in especially the abandoned ones. They may look for parents and fail and where are the foster parents? If you keep a kid up to 18 years you wouldn't have helped them (KII with Probation SWO in Wakiso).

3.3 Children's Own Resilience and Institutional Efforts

This part of the empirical section examines children's own coping strategies and institutional efforts to enhance children's resilience. The narratives from key informant interviews with managers, directors and other caretakers show efforts towards good positive parenting, counselling and grooming, building social, cultural and religious values, etiquettes among others, while the children also expressed concern for fellow children despite the multitude of other behaviours and actions that compromised the quality of life for children in the RCIs.

3.3.1 Children's own efforts to build Resilience

Children's narratives indicate that some of them were concerned about one another and looked out for each other for support. Children for example comforted others they found crying, or helped others complete a punishment or do chores assigned to them. In narratives from body mapping, children pointed out the following as the good things they hear, see or feel in relation to their peers:

Seeing my fellow sisters and brothers here who are sick and taking medicine daily makes me unhappy; the ones suffering from HIV (Body Mapping Older girls, Wakiso).

When you find a child crying and you ask them why they are crying and they tell you that so and so has beaten them. You then make them keep quiet. That for me makes me have a good heart (Body Mapping Older girls, Kampala).

I relate well with others especially the little ones, if they don't have something like a pencil I can give one to him or her because I was also helped. Some of the children are bad to them and they can also be rude but that isn't good because God can bless you when you bless others (Body Mapping Older girls, Jinja).

- **Togetherness and getting along**

The study further shows that children display a sense of togetherness and getting along. The children mentioned that they enjoy playing together; there were stories of plaiting each other's hair, discussing class work; signs that the children also enjoyed each other's company.

We came back and I weaved hair for one of our sisters which made me happy (Journal with Older girl, Jinja).

You just forgive that child who has fought you because God said we must forgive... You just forgive those children who fight or abuse you because of the ten commandments of God (Body Mapping, Young boys, Wakiso).

I love seeing my age mates counseling each other in times of troubles like if I have fought with a friend or disagreed in another way, they will give me advice like say sorry to her and ignore that person. Try to play with people who like you and interact well (Body Mapping Older girls, Wakiso).

We try to respect one another according to our characters and this makes me happy because we work together as team... Today I woke up very early in the morning with my shorts wet and I saw white sticky things, I was so worried and I consulted one of my friends who told me that it was wet dreaming and it happens in boys of my age and therefore I should take it as a normal thing. It was my first experience but it made me feel uncomfortable... I usually try to keep myself away from what the Lord condemns like quarrelling, fighting and I can do this by keeping myself busy like doing farm work i.e. giving feeds to my animals in the farm (Journal with Older boy, Jinja).

When they are young it's okay so we praise, sing, dance and then pray but when they grow up it becomes challenging. Even taking those grown up children to church especially on Sundays becomes a struggle, they will give all sorts of excuses but for the young ones they are very okay with prayers. When you find these small children praying it is very interesting... Therefore I do a lot of counseling. We sit together as a group and it is our daily activity so we call it quality time (KII with RCI Staff, Wakiso 5).

- **Positive and negative coping strategies by the children**

The findings coping mechanisms they use when they are insulted or faced other painful situations while in RCIs, and they revealed that they have learnt how to work around their circumstances. For example, in order to ward off food thieves that arise when they keep food to eat later, some

revealed that they put pepper knowing that if the food thief eats it they will be caught and they will never attempt to steal their food again;

What happens is that a child might have taken two to three days keeping his/her food in order to eat it at a later time but when he/she returns to check on the food, they find when other children have stolen it. So what the victim does is to put some pepper into the food, when it is stolen and eaten,, the person who eats it feels the burn and what usually happens is that such a person (the thief) does run to the tank and takes some water and that is the time that he/she is got/known (Body Mapping Older boys, Kampala).

It was also reported that children sometimes tell lies to either get back at one another or to get out of trouble. As earlier noted, other children steal food from the house gardens to meet their food needs.

When our friends steal from us for example you have kept your stuff like clothes or shoes and they steal them (Body Mapping Older girls, Kampala).

Sometimes these children insist they want to go back home but as soon as they get into the car they start making up stories; our home changed, they cut the tree I know, the road was blocked. They start confusing the person taking them back so that they will say she/he doesn't know their home (Body Mapping Older girls, Kampala).

Stealing our food, like you are from playing football, then you serve food, but because you are dirty, you decide to first keep your food and go to bathe. However, by the time you come back from the wash room, someone has already eaten your food (Body Mapping Older boys, Jinja).

...there is one who misbehaved here but now there is an organization taking over but they know the whole truth. That the boy was a thief, he had broken into the safe here and he was stealing money and we didn't know he had the key to the place (KII with RCI Staff, Jinja).

3.4.2 Institutional actions to build children's Resilience

Findings show that caretakers are putting in place mechanisms to promote good discipline. Their narratives show that the activities include: counseling and guidance; advising the children when they are in wrong; imparting social, moral, cultural, and religious values in the children; teaching the children how to be hygienic; emphasizing sex education; career guidance; use of punishments to motivate the children and also shape behavior; reference to higher authority for discipline of children that are unruly; instilling self-esteem; allowing the children the right of worship; and also use of punishments among others. As the research team interacted with the children, they confirmed that their lives and the way they conduct themselves has changed ever since these measures were put in place.

- **Counseling / guidance/ advice**

In some institutions, children are counseled when they do wrong. The institutions don't look at beating as the only way of correcting a child when he/she is in wrong though a bit of beating takes

place when the child is unruly. When the children are counseled and guided, it helps them to transform positively. Children are counseled when they fight, when they are emotionally tortured, and also in the event of any other violence that takes place within the institutions.

Information collected from interviews conducted with key informants holds that talking to children is one of the ways that helps in shaping behavior. For instance, staff hold counseling sessions with the children and this has helped the children in the RCIs.

We also do counseling here. A psychologist comes here as a visiting counselor when there is need or issues to be addressed. We refer cases that need extreme management to other counselors. We also invite behavioral change communicators who do awareness creation to the children. Counseling is also done, for instance Pastor Sempa and others visit and counsel the children...Some are taken to Naguru and Kampiringisa depending on their crimes but they come back worse than they went. We have a disciplinary committee where offences are brought and solved. Some are made to write apologies and statements to convince us never to do it again. Light punishments like scrubbing verandahs and bandas, doing house work for others and then counseling is essentially what is done. For those above 18 years, if the offence that they have committed is big we hand them over to government such as the one who was involved in sodomy and is now in Kigo prison (KII with RCI staff, Wakiso).

This evidence provided by a staff of one of the RCIs is further supported by other interviews conducted with Police CFPU in Wakiso, and also from information collected from children themselves during other body mapping exercises. The police has taken the initiative of visiting the RCIs to speak to the children since they [police] are one of the channels used when institutionalizing these children.

We talk to the kids and they tell us this and the other. That so and so abuses me, so when the caretakers gets to know they are cautioned. Sometimes the kids we take into the homes from the streets have different bad manners. Some like to fight others...and others like to disturb the girls. The mamas keep telling us that you brought us so and so but he/she is a problem. But they help them a lot and the boys' dormitories are separated from those of girls. Kids from the streets have several vices and as such most of the street kids are separated but they play together with others so the kids tell us that so and so does this or that. They are counseled daily and we also go there and counsel them and they end up relating well (KII with Police CFPU, Wakiso).

My ears help me to listen when they are counseling me and it changes my life. For example; if I am a thief and they tell me that stealing is bad the ears hear this, they take it to the brain and I transform (Body Mapping Older boys, Jinja).

Our caretakers help us to attain good education, good feeding, the care and love they show us, but mostly that love they show us is very important. They counsel and advise us and so many other things (Body mapping Older boys, Wakiso).

The study established that, by the time children join the institutions they come with different habits and they verbally abuse their peers and also care takers but with the counseling provided, most of them have changed positively and they listen/obey the people around them;

I used not to respect any person, I was quarrelsome with my fellow friends, I was disrespectful to the elders but now I was counseled and I am changed. Even if someone

disturbs me for no reason I just walk away and leave them, I respect elders; I used not to tell myself to do anything I would wait to be told to do the chores but now I tell myself to wash dishes, mop here or there etc (Body Mapping Older girls, Mpigi).

“When I see our aunts counseling us that we should do this and the other so that we shape our future, that makes me happy...Even when you are in the wrong they counsel and tell you never to do it again...You kneel down when you are giving something to an adult...If you commit an offence they counsel you never to do it again or they make you lie down and beat you...Other staff just talk to us saying, 'girls don't behave like that' and they forgive us...Others punish us by washing the pig sty for a whole day (Body Mapping Young girls, Kampala).

- **Inculcating Social values/etiquette among children**

Children are taught to be remorseful in case they hurt their peers. They are taught that when they need anything they should ask for it politely and not to steal. They are also advised to stop abusing their peers

We are taught to ask for forgiveness and to request for things before using them because you may damage an item and that would cost us to pay. When we annoy someone we have to ask for forgiveness (Body Mapping Older boys, Jinja).

The findings show that much as the children come from different back grounds, they have to some extent managed to stay with one another harmoniously and they are able to work together.

I have learnt several things which can enable me to live peacefully within the community which include; forgiveness, hunger management, behavior change, friendship and patience...I have also learnt to respect elders, to have a goal to achieve in future, sharing with friends, being honest, being hard working, being a volunteer, avoiding bullying and teasing (Journals with older boys, Mpigi).

During an interview with a staff of one of the care institutions, it was revealed that older children are taught to be responsible for the younger ones, and in case a child is sick they take it upon themselves to take the sick child to hospital for treatment as they wait for the caretaker/s.

...those who have grown up cook but in most cases we cook together. I also teach them to take responsibility of others; the older children must take responsibility of the younger children. For example if an older child notices that a young child has not bathed, he/she should be able to help this young child, or even in washing clothes, making beds, or identifying the sick children because it's not that every time I'm around to see what takes place. But once I have trained these children then the older children are able to take care of the young children. At times when I am just coming in, they tell me, mummy so and so is having fever but we have taken him/her to hospital (KII with RCI staff, Wakiso).

Narratives from some of the children during body map testify to a change in behaviour due to such support and interventions in the RCIs

I would meet people on the way and just box them for no reason, even the old women I would just beat them up if they found me and commented something, like 'you don't greet

elders?' I would just abuse and gear (kusoza) or beat you up. Even my parents I would abuse them and I would not do any chores at home, I would tell my parents that 'I was not brought to this world to work for you' but now I changed I even respect the young kids (Body mapping Older girls, Mpigi).

- **Children are taught to hygiene and sanitation**

Children are taught how to clean up, and also how to put their hygiene first and for those who wet their beds, they are taught that they should always take them out and dry them which is a good way to groom a child.

When children wet their beddings, uncles tell them to dry them...When they tell you and you don't listen, they beat you (Body Mapping Older boys, Jinja).

They also talk about cleanliness and that is sanitation and general personal hygiene. Looking at our compound it is always clean because we have cleaners around and we do promote personal hygiene. We do things like bathing, brushing our teeth, combing our hair and also washing our clothes (Body mapping older boys, Wakiso).

- **Inculcating Cultural and religious values: Children are allowed to worship**

The findings also reveal that children are taught to respect elders and greet while kneeling which is a sign of respect in the Ugandan culture. They are also taught how to pray and they are encouraged to go to church, and not to loiter around the community aimlessly. The message derived here then is that, when a child is respectful and fears God, that child grows to be happy and wise and he/she also conducts him/herself in a proper way.

Our mothers and aunts teach us not to steal, be disciplined, to conduct ourselves well by respecting and obeying elders, they also advise us not to loiter around the village, because someone in the neighborhood may hate and poison you (Body Mapping Older boys, Kampala).

Our caretakers also engage us in bible studies and teachings. I feel good because they say the word of God is spiritual and it feeds the soul. They tell us that when you give an offertory in church during the service it glorifies the Lord...We must love and obey our God because He has power and determines all the aspects which happen in our lives (Body mapping, older boys, Wakiso).

The Bible helps us to be wise children but not fools, it teaches us to respect our parents, elders and also God...When I meet a person in trouble, I encourage him/her to pray to God, and I can help them because I am a living example of those they are helping (Body mapping Older girls, Jinja).

Care takers go ahead to teach children how to pray and also guide them through prayer sessions;

We also think about praying and during these sessions, we are guided by Aunt Agnes. But even when she is not around, we can pray. Whether she is around or not, we come together. We organize and assign the responsibility of leading prayers among ourselves; either the boys or the girls can lead the prayers (Body Mapping Young boys, Jinja).

Generally, the study findings help to show that children are not only groomed and impacted with religious values from the institutions but also, when they are allowed to go to churches, they preach and advise other children to have good morals and to behave well;

- **Sex education**

Another important and interesting revelation from the study is that, care takers take it upon themselves to teach sex education to the children so that they don't get involved in sexual activity when they are still young. They are also advised not to walk during late hours so that something bad does not happen to them;

While here and at school they tell us not to have sex before marriage, not to walk late in the night and also not to talk to strangers. For the children who are stubborn and abuse others, our caretakers advise them to be disciplined and stop such bad manners...(Body mapping Older Boys, Wakiso).

Also, we receive counseling and advice from our staff that we were not receiving from home for instance they teach us chores, cultural practices like (girls pulling), bathing with certain herbs (like Bombo) so that we do not smell. They also counsel us to leave the boys because they lie to us and leave us in problems, something that our parents were not telling us (Body Mapping Older Girls, Mpigi).

Related to the above, care takers also advise the children and talk to them when their bodies are changing as revealed in an interview below with one of the care givers;

We discuss about their growth and development, body changes and how such changes influence their character because at a certain point they start changing but they may not be aware of certain things concerning such changes. Reason being that, partly at school they talk to them according to their classes but for me I talk to them basing on their age category...Then for the girls we talk about their growth, their health and many more...here at community children's home, we tend to train them, both the boys and girls to look at each other like they are sisters and brothers. So because of that they are encouraged to freely interact and share with one another. While at school when the boys see the girls talking to other boys they start saying 'they are in a relationship' and all those sorts of useless statements. So you find the girls having pain in their hearts. Therefore, once we come to know about such from the school reliable sources since here at home sometimes they can try to hide and pretend that everything is well, we help. So after knowing about such we call them and talk to them and they start opening up slowly by slowly and finally we tell them to stop (KII with RCI staff, Jinja).

- **Career guidance and skills empowerment**

Interesting too is that, while in the residential care institutions, the children are guided and trained in line with what they would wish to be in future and they are also directed well so that as the child trains at a young age, he/she masters the skills;

Our caretakers usually ask us about what we want to become in future and after telling them what we want to become they advise us accordingly. For example, if I want to become a farmer, since we have enough piece of land our mother can give a portion of the land in

the house garden for you to practice farming so that you learn more on how you can do it on large scale in future when you grow up (Body mapping Older boys, Wakiso).

During career guidance, they advise us to pass English and Literature in English very well, to be confident and assertive when you speak to people and be fluent in English speaking and at the same time not forgetting passing religious education. We are also guided to always dress smartly and keep peoples secrets well (Body mapping older girls, Wakiso).

The childrens' views were confirmed and alluded to by interviews conducted with key informants. *...you can easily tell what a child will be when he/she grows up...we ask them what their opinions are and then we advise them accordingly. I can easily tell that according to how child x behaves he/she can make a good teacher but not a good nurse. So we do counseling but in form of building on what the child does and when they grow up, they tend to change and take on what we the mothers have been advising them since childhood. Sometimes through this counseling they get to know that may be they almost made wrong choices through peer pressure or adolescence, so this counseling does a lot in their lives (KII with RCI staff, Wakiso).*

Apart from career guidance, the study also found out that children are taught how to do different kinds of work/chores which include farm work, house work, cooking which will enable them in future as they use their hands and be of help to themselves. The children participants testified to this in the below interviews;

Living in an institution has helped me to know different types of work like housework, farm work etc... (Body Mapping, Older girls, Wakiso).

I think about listening and upholding what our mother tells us...Whatever mother tells you to do you must do it. For example washing utensils, mopping the house, scrubbing the veranda and also cooking...Mothers even tell us to wash our own clothes (Body Mapping Young boys, Wakiso).

Mothers teach and guide us on how best to do chores. A mother can tell you that 'you have not cleaned this place well' and then she demonstrates to you how you can do it well (Body mapping Young boys, Wakiso).

- **Use of light punishment including carrot and stick discipline or motivate children**

Punishments were largely evaluated a bad, although some children viewed them as a positive incentive for them to improve. When children perform badly in schools, care takers punish them by giving them house chores to do and in the process, the children resort to reading harder and getting better results. Some of the key informants also had similar predispositions.

You feel bad when punished as a poor performer in class. And sometimes they give other kinds of punishment to poor performers like doing chores, and this kind of punishment can be given to an individual or a group of children. For example, they can give a portion in our compound to be slashed by that group of children because of their poor performance. But in the end it helps you to be determined in class so as to score highly and bring good results next time (Body mapping, older boys, Wakiso).

To me I don't believe that it is an offence if you punish your child well for example in some institutions they will tell the child who has done wrong to fetch water, to sweep around the compound and so on. There is one institution which I happened to visit and I found a child sweeping the compound and sweating a lot. To some extent, I felt that it was some kind of a good method of disciplining the children. This is partly because sometimes beating alone does not do anything because at a certain point a child gets used to the beating (KII with Police CFPU, Wakiso).

The findings further show that in the process of grooming and disciplining the children, the carrot and stick method is one of the means that are used. Children with good morals and who follow the rules are rewarded and those who are disobedient are punished;

And for us we use the reward method, those who don't want to participate, when we are giving out things like sweets once in a while or yellow bananas, they are given one while others receive two fingers. Even those who go to school, we have an oven, at times we roast chicken. And when they (some) know that chicken is being prepared they do not want to go to school. But if a child decides not to go to school because of the chicken he/she is not given the chicken. Those who pretend to be sick and don't want to go to school are made to work with the cleaner in the latrines...so the whole idea is to discourage them from the habit of staying home when they are supposed to be at school; so we use the reward method (KII with Probation SWO, Kampala).

Sometimes we give gifts and those who misbehave are noted down and we make sure they do not get the gifts. Next time the child will try their level best to become good so that at the end, he/she also gets a gift...We discourage corporal punishments and abusive ways...A mother left this place because of neglect...You don't deny a child food and basics because of misbehavior...You are denied an outing opportunity so that next time you know it won't happen...You cannot allow a child to go out to destroy property (KII with RCI staff, Wakiso).

- **Caregivers participating in Storytelling and building children's self confidence**

Children liked listening to caregivers tell stories. It is from these stories told in reference to what the care givers experience with some of the youth that some children pick some encouraging words that enable them to change their attitudes and behaviors.

We do sit with the elders and they share with us their backgrounds and historical experiences. For example how they used to manage academic issues back in their days issues of time management, and performance etc (Body Mapping Older boys, Wakiso).

- **Caregivers endeavour to 'Walk the talk'**

In regard to walking the talk, it was discovered that it is the responsibility of the care takers to set an example for the children in the process of disciplining and grooming/molding them. Children tend to imitate the way the elders or caretakers conduct themselves, how they dress, how they talk to the children etc. The study findings show that most caretakers have been role models to these children, and that is one of the ways a child is groomed, as the below interviews with key informants reveal;

As role models to these children you see the way we put on, conduct ourselves. It's very important because children look to us. There is a girl that someone was interviewing some time back and asked about her role model among the people switches on TV, to my surprise she said that she wants to be like me. Meaning they have seen something good in me. I always tell my staff that the way we conduct ourselves matters a lot and this is the same thing we need to teach them, I wouldn't want to see a staff member who sits and looks at children as they work without involving him/herself. They will not do the work, they will not wash their clothes, they will not milk the cow and they will not help other needy children unless you involve them... (KII with Probation SWO, Kampala).

...dressing also communicates the upbringing; if a girl is dressed in a really short skirt, I normally talk to them in a joking way saying, "eeeh! Wherever you bought that shirt, wherever you bought that blouse, you go back and they give you balance, there is some material that they didn't give you. Bring it to me I help you add it on"...With the boys, there is a way they want to cut their trousers so that they are very tight and all that communicates. And again these children have eyes and they watch. They say when mother cow is chewing grass, the young ones are watching. So what are the aunties and uncles doing?...So the children will tend to do what auntie so and so is doing, what uncle so and so does...The boys now want to speak the way I speak, they have changed the way they dress. And they will come and ask you "uncle where do you buy your clothes? (KII with RCI staff, Wakiso).

- **Constant follow ups**

The findings also show that care takers try their level best to ensure that every child has no emotional torture and those identified with the same are talked to and counseled.

We have counseling and case work, counseling is usually done on parades; we have one in the morning meant to identify who is sick, who is missing...we keep talking to them, from there we identify those having problems, those who are reforming, those who are becoming big headed and so on. For example if a child refused to do chores assigned to him or her, we ask the entire group while at parade how to deal with such a child and they will tell you "since it is his/her first time let us forgive him/her because even the Bible says we forgive" and when they all agree we do that, or sometimes they can say "no this time let us give him/her 3 strokes because even last time he/she did the same thing." So we keep it like that but all in all we don't deny them food like how some parents do at home because the only source of food is that food prepared here which is provided by the government of Uganda (KII with Probation SWO, Mpigi).

- **Sensitization on financial discipline**

On another positive note, the study findings reveal that children are taught about the benefits of saving and they also learn not to be extravagant so that this can help them in future as they learn how to plan for their money. This was revealed during a key informant interview as shown below;

The youth are semi-independent and we are preparing them for independent life whereby they should know what they want. They should learn how to handle money and budget for it very well and even creating confidence in them and helping them to gain bargaining power whereby if a youth is told to go and buy him/herself a pair of shoes, that is able to

bargain and buy a good pair of shoes but not extravagantly... Even here in the family houses although we buy for them, when it comes to other things like tomatoes, or these small things we use in day to day life, we give them money and they go to the market and do the shopping. We also teach them how to handle money; we do the big shopping but leave the minor shopping to these children so that they are able to know where things come from and how much they are sold so that in the end they are able to respect and appreciate the people who buy for them these things. You find that in other families out there, the parents don't allow children to handle money even if they are big children and this is not good (KII with RCI staff, Wakiso).

5. Summary, Conclusions and Recommendations

5.1 Summary and Conclusions

the qualitative study in residential care institutions indicates that RCIs may be making a contribution in children's lives through the provision of basic physical supplies and services such as beddings, clothing, food, medical care and counseling, but the interviews and discussions with both the children and the adult care givers including directors, managers, social workers and mother figures point to the fact that RCIs are not the best place for the children. Specific findings point to tendencies by care givers to socialize children into believing that they have no better place other than the institutions in which they are being provided care. It was surprising for example to find that some children preferred to stay around RCIs because there was 'free' education. Caregivers in daily direct contact with the children in the RCIs often told the children [children heard] how 'they were picked from garbage' or from terrible relatives, and how they were lucky to be 'where they were' now [as if the caregivers themselves admired the children for being "lucky". Children also heard constant reminders from the caregivers about 'not misusing the privilege they have of being cared for at the institutions'. Some children indicated that they were 'bitter' with their relatives over the stories they heard from caregivers.

The findings also indicate that the RCIs are congested spaces as children in almost all the institutions studied complained about poor sanitation [smelly toilets/latrines], fights over food or delayed serving food. Also, living in an RCCI was found to be stigmatizing for the children; the children disliked being known or described by persons they met outside of the RCIs to be hailing from institutions for 'homeless, formerly abandoned or needy children. Caregivers also attested to this indicating that this was common with children who started in schools outside of the RCIs, at places of worship or during sports competitions with other children.

The study also revealed that for the most part, care givers lacked formal and professional skills to handle children with multiple backgrounds and needs. Some of directors/managers interviewed confessed the problem pointing out that they had in the past dismissed caregivers who physically or emotionally abused children under their care, but dismissal of such caregivers seems to be harder in circumstances where the perpetrator is a relative to the director, and indeed it was echoed by many key informants that most of the RCIs are run by relatives. It seemed common that caregivers use threats and intimidation around taking children back to their 'bad' or 'impoverished' relatives or villages as a way of enforcing compliance with certain demands on the children. Some children reported being beaten or punished by caregivers. Stories of sexual abuse of young girls in institutions by 'uncles' were also reported in key informant interviews with the family and Child protection units and the Probation and Social Welfare Officers who work closely with the RCIs. Also reported were incidents where older boys sexually molest young ones; a case was captured in which a boy perpetrator was counseled but failed to reform and on turning 18 was eventually imprisoned because he continued the act. There are also reports of children 'escaping' institutions and returning to adversity especially on the street not only because of very strict rules in institutions but also such physical and sexual abuses. The findings also indicated that some RCIs discriminate against Children who are HIV positive. It was commonly mentioned by Key Informants that very few or none of the children are admitted when known to be HIV positive. In another difficult context, an accountant of one of the institutions who 'feared' that the institution was 'promoting' sexual relations reported to the Probation Officer how contraceptive pills were a big budget item in their proposed annual budget.

The study also reveals that some of the children in the RCIs had known biological parents or close relatives but they were not completely free to meet them whenever they so wished, partly because

this involved costs to the institution, but also because the institutions did not seem to regard this as means to build a child's resilience. The wishes and expressions of children in the body map exercises reveal that children in RCIs were extremely happy whenever they had chance to visit their parents or relatives. On the contrary, some care givers and managers were quite protective on children having to regularly visit their relatives or permanently relocate to their biological families with varying arguments including cost, perceived 'impoverishment' in the households and the excuse/fear that children could easily be harmed.

5.2 Conclusions

- Children in residential care institutions are subjected to various forms of violence, both by caregivers and fellow children. Some of the violence that the children undergo is severe and has significant effects on their physical and psycho-social growth and development.
- Some of the policies, rules and regulations in the institutions help to give protection to children, but to some extent the rules again constitute violence to the children.
- There is understaffing in most RCIs and the "I don't care attitude" on part of some Probation SWOs.
- There are tendencies by care givers to socialize children into believing that they have no better place other than the institutions in which they are being provided care.
- The RCIs are congested spaces as children in almost all the institutions studied complained about poor sanitation (smelly toilets/latrines), fights over food or delayed serving food.
- Living in a RCI was found to be stigmatizing for the children; the children disliked being known or described by persons they met outside of the RCIs to be hailing from institutions for 'homeless, formerly abandoned or needy children. This was attested to by caregiver.
- Neglect by living biological parents and relatives is a big issue – the relatives are not bothered to find out how the children are fairing; this makes the children feel like rejects and not loved by their families
- Caregivers lacked formal and professional skills to handle children with multiple backgrounds and needs.
- Some RCIs discriminate against children who are HIV (Human Immunodeficiency Virus) positive. It was commonly mentioned by key informants that very few or none of the children are admitted when known to be HIV positive
- Some of the children in the RCIs had known biological parents or close relatives but they were not completely free to meet them whenever they so wished, partly because this involved costs to the institution, but also because the institutions did not seem to regard this as means to build a child's resilience. Yet, the wishes and expressions of children in the body mapping exercises

reveal that children in RCIs were extremely happy whenever they had chance to visit their parents or relatives. The various forms of violence that children undergo have huge negative consequences on their health and psychosocial development. The outcomes of the violence result into adversity for the children either while still within the institution or after they have grown up and left the institution (s)

5.3 Recommendations

- ***Encourage and promote deinstitutionalization.*** So far, enough debates and discussions have gone on locally and internationally on the wellbeing of children in RCIs and alternative care arrangements. Consequently, de-institutionalization interventions have been initiated in many countries and (slowly, but steadily) in Uganda. These efforts not only need to be scaled up but also sustained because the number of children in RCIs remains high with the number estimated to be over 500 in Uganda.
- ***Need for increased sensitization and dialogue to and with managers and staff in RCIs.*** Some caregivers and managers hold a general perception that residential care institutions are good alternatives for vulnerable children. Some of these even go a step further to argue that government restrictions on their operations are unfair. This tension not only points to the need for increased sensitization and dialogue but also the need for policy and law enforcement on implementation of child protection responses that follow the “best interest of the child” principle while ensuring that all child protection agencies understand and strictly promote this principle.
- ***Implement family preservation interventions.*** It has been correctly argued that presence of institutions is an incentive to some parents and communities to neglect/abandon children. There is need for more direct interventions to promote good parenting practices at household and community level. Some studies have underscored the importance of household economic strengthening as a precursor for strengthened community-based child protection systems.
- ***De-institutionalization and protection from further adversity*** starting with children that have known or traceable family and relatives should be a responsibility for all, but more so a duty for local leaders fully empowered to identify missing and/or institutionalized children in their localities and ensure their identification/follow-up and reintegration respectively.
- ***Improved children’s voices:*** A lot of useful information emerged from the interviews and interaction with children. More should be done to engage with children and promote their experiences and voices regarding growing up in institutional care.
- ***Recruitment of competent care givers and capacity building.*** RCIs must be compelled to recruit caregivers with formal training and experience in child protection, development. In the same way, RCIs should be supported by Government and NGO actors to build their capacity to successfully undertake family tracing, reunification and re-integration of children.
- ***The need to popularize non institutional alternative care options.*** All RCIs should be routinely reminded that resettlement is the only rather than alternative option that meets the ‘best interest of the child’ principle. In the same context, efforts should be taken to promote

domestic adoption and fostering of children, information relating to requirements and procedures should be readily accessible to nationals and local organizations to encourage more domestic adoption and fostering. This can be achieved through radio, TV and other affordable communication channels.

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Annex 1. Final Code book.

CODE	DEFINITION	EXAMPLE
1 Violence/Abuse/Torture	Inflicting/suffering psychological, physical and emotional pain directly or indirectly. This may result in a short or long term effect on the victim or survivor.	
Physical	Direct application of force that harms/ inflicts pain or injury on one’s body.	<ul style="list-style-type: none"> • They beat us for nothing; • pushing children; • pinching; scratching; • slapping; • fighting;
Psychological/ Emotional	Pain that is inflicted to someone either directly or indirectly causing a feeling of pity, low self-esteem, worries, shame etc	<ul style="list-style-type: none"> • Verbal abuse (obugulu obugodde-crippled legs), the distant or immediate community gives children names that stigmatizes them like idiot, oba’ani eyakuzara, obwana obwembuzi, enfuuzi zino; picked from a rubbish pit; • Children missing their parents (because they feel like their parents have rejected them); • quarreling; • Children are told that institutions are going to be closed up. • Denial or removal of privileges to shape behavior or punish • Feeling not loved/ rejected by parent/ relatives “I feel bad when parents come to pick their children and mine do not come for me during holidays”... • Children missing to see their biological parents for a long time and expressing it to others... “do you see my mother in Kampala” • Children’s reward systems that are perceived by other children as unfair or those that they do not appreciate e.g. special sponsorships for the good academic performance • Discomfort resulting from being known to be living in RCIs by fellow children at school especially when they are dropped and picked by RCI vehicles.
Sexual	Any actions directed towards anyone with intention to cause sexual arousal, satisfaction, discrimination and exploitation indirectly or directly. It involves the actual act of penetration, touching, written messages or visual (images, gestures)	<ul style="list-style-type: none"> • Touching and pulling boys private parts while in their sleep at night; • Sodomy; • Boys touching girls breasts and bums

2	Neglect	Partial or complete withdrawal of care and support within an institution	I was sick but they never gave me medical treatment; children eating food from the rubbish bins when they are not supervised;
3	Child labor /Working under exploitative conditions	Giving work to children that is (potentially) detrimental to their physical, educational, health and general wellbeing	<ul style="list-style-type: none"> • Carrying jerricans of water by young children from the borehole; • digging for long hours; • we work and end up missing food; • washing caregiver's clothes
4	Inadequate nutrition/ feeding practices	Limited or poor balanced diet.	<ul style="list-style-type: none"> • Inadequate; • poor feeding; • denial of food or delayed feeding; we work and end up missing food;
5	Insecurity	Inadequate measures to ensure safety of the institution and children	<ul style="list-style-type: none"> • Outsiders including children freely access premises where these children leave (seen at an institution with disabled children). • Unauthorized use of children play items by other children in the community • Children stealing from each other • Children stealing from the community and risking community action. • Free movement to and from the institution by both children and community members.
6	Poor hygiene and sanitation	Unhealthy living conditions that (potentially) affect children's health both physically, emotionally and psychologically.	<ul style="list-style-type: none"> • The septic tank/manhole/toilets smell; • Children easily access the garbage bin and eat / pick from there; • Messy toilets; • Smelly dormitories due to wetting and defecating on their beds; • Walking bare footed in toilets and other dirty places; picking garbage with bare hands; • Negative attitude towards bathing. • Congestion in the residential facilities (especially in public facilities)

7	Institutional confinement	Keeping children within the institution with limited efforts to resettle or reconnect them with their families, and or limited efforts to prepare children for survival later in life outside the institution	<ul style="list-style-type: none"> • Movement outside the institution is limited and restricted. • Children with living families/parents are living within the institutions instead of being in their homes. • Children are made to believe that being in an institution is the only and only best alternative to children.
	Transition and Reintegration	Rehabilitation, preparation and actual reunification of children with their families/community and follow-up	<ul style="list-style-type: none"> • When children go to tertiary/vocational institutions they are provided with accommodation within the community. • Families are traced and counseling sessions are conducted involving children, parents and the community at large in the process of resettlement. • Children who are still in rehabilitation centers are groomed (teaching them how to do chores and behave) while in the process of rehabilitating them • Work hand in hand with the LCs and probation offices when resettling these children keeping in mind follow up sessions. • Biological home visits during holidays.
	Risks Associated with Transition and Reintegration	Challenges and hindrances faced in the process of Rehabilitation, preparation and actual reunification of children with their families/community	<ul style="list-style-type: none"> • Parents /relatives confiscate children's resettlement package. • Some children trade their resettlement package for cash and run back to the street • Step parents sabotage the resettlement process of children • Fear to go back to a home/ community because the perpetrator still lives there. • Children mislead and give false directions to the resettlement team • Some children are dumped at the gates, hospitals and dustbins, taxi bus parks making it hard to trace their homes
8	Limited child participation	Decision making that does not (adequately) involve children at institutional or individual level and which has implications on a child/ children	<ul style="list-style-type: none"> • Being forced to participate in extracurricular activities or training programs that are not in children's interests; decide for the child on their education system; • Graduation from family house settings to youth centers;
9	Power struggle in institutions	Conflicts/ tensions between children and care givers (mamas and uncles) resulting from their everyday interactions	<ul style="list-style-type: none"> • Use of too much authority by uncles/ caregivers • Children viewing care givers as employed to care for them and not to order them/ give them instructions • Caregivers using intimidating children with words that depict their vulnerability or impoverishment. • Denial or removal of privileges to shape behavior or punish • Strict regulations within institutions

10	Consequences of violence	These are outcomes related to experience of violence by children living in RCIs. These outcomes (potentially) result into further adversity for the children	<ul style="list-style-type: none"> • Theft of food from the house garden as a result of inadequate food in institution. • Children are bitter with their relatives because of the stories they hear about them from the care givers e.g. that they were dumped in rubbish pits hence a threat to reintegration processes. • Development of different vices by the children as a result of denying them privileges and hence exposing them to child protection risks when they loiter in the communities in search of these opportunities • Stomach complication due to poor hygiene and sanitation • Children remanded to reformatory centers and becoming worse off in behavior than they were. • Children escaping from RCIs and returning to the streets • Babies abandoned in hospitals and institutions
11	Stakeholder perception of residential care institutions (RCI) and children in institutions	These are views and thoughts by the policy implementers, management, caregivers and children about institutionalization of children.	<ul style="list-style-type: none"> • Children are well of in their homes than in institutions; some children don't want to go back to their families; • children should not be in institutions; • For some children I think being in an institution is the best option. • In situations where reconciliation process (especially for the runaway mothers) is impossible, RCIs are important.
12	Sources of comfort/ protection	Things that children expressed as what they like or what their care givers consider to be a source of happiness to the children based on their everyday interactions with them.	<ul style="list-style-type: none"> • Watching television • Food • Balance diet • Gifts from visitors • White visitors • Swimming • Outings • Visiting relatives • Holidays • Physical excises • Sports • Being able to stay in school • Pets • Sharing punishments with others. (children assisting those on punishment) • Story telling • Counselling and guidance • Playing together • Medical care • Assisting younger children to cross the road • Prayers • music • Some caregivers use child friendly or light punishments when they chose to punish in order to shape their behavior. "When a child has been

			<p>expelled and or suspended from school, to keep them busy and not loiter around the compound, they do chores like cleaning the pig sty or children are made to do more than their weekly or daily roster activities.</p> <ul style="list-style-type: none"> • Children apologizing when they hurt their fellow children
13	Resilience and overcoming violence	The ability of the children to cope in the midst of adversity	<ul style="list-style-type: none"> • Children refraining from retaliation when accidentally kicked or hurt during games or other movements/ activities • Children apologizing when they hurt their fellow children. • Befriending house mothers so that they give them food if they don't have food to eat in the youth center • Befriending
14	Stakeholders Recommendations	• Suggestions if implemented can reduce or eliminate violence	
	Adult recommendations	These include ,“mamas”, “uncles” that are trained to ensure the wellbeing of children when they are in institutions	<ul style="list-style-type: none"> • Alternative forms of punishments • Children should be given help especially those that have families or surviving relatives (mainly educational support) from their homes. • Engaging and encouraging parents in RCIs and school visits to strengthen the bond between parents and children • Allowing children to go back to their homes/ relatives even during short holidays instead of waiting for the end of the year
	Children	These are children who live in RCIs that are under the age 18 years	<ul style="list-style-type: none"> • Institutions should provide the children playing materials like swings (ebyesubu)
15	Children recruitment criteria	The process of institutionalizing children	<ul style="list-style-type: none"> • When they pick these abandoned children from dustbins, hospitals, taxi park, gate, they go throw the probation and social welfare officer before institutionalizing the child • Some institutions are hesitant to recruit children with disabilities and children with HIV • They use referral system that is, moving children from one institution to another. • Concerned members of the community help in identifying OVC to be institutionalized.
16	Child's behaviors and interactions	Children day to day conduct and how they relate with each other and the care takers	<ul style="list-style-type: none"> • Children working together • Sharing stories • Respecting themselves and the care takers • Eating together • Quarrelling • Stealing

			<ul style="list-style-type: none"> • fighting • Disrespecting themselves and the care takers
17	Discipline and grooming	Impacting skills, instill morals and correction of a behavior/conduct in the process of mentoring the children in an institution	<ul style="list-style-type: none"> • Taught how to do chores (clean, cook, dig, wash, mop etc) • Encourage them to go to church • They are counselled and guided • Light punishments to deter bad behavior
18	External Protection and Support	Individual or organizational help given to institutions to enable them run their daily activities	<ul style="list-style-type: none"> • working with the community the LCs, the probation officers, the CDOs and at times we involve the child and family department of the police in the process of resettlement • Gifts and donations are given to the institutions • Medical help • Educational help • Entertainment and recreation • Food supplies
19	Limited Resources	Inadequate manpower, funds, food, infrastructure within an institution	<ul style="list-style-type: none"> • Ratio of care takers to children is not balanced in some institutions • Some children share beddings • In some homes children are congested • In some homes toilet facilities for boys and girls are not separated
20	Perpetrators	These are individuals or groups of individuals who inflict emotional, physical, psychological pain or torture during their everyday interaction with them.	<ul style="list-style-type: none"> • Fellow children • Uncles • Care givers • Cleaners • Members of the neighboring community
21	Reporting Mechanisms	Communication of challenges to authority or accountability of the running of the institution.	<ul style="list-style-type: none"> • Children reporting abuse to the care takers • Some children don't feel comfortable reporting their cases to some of the care givers • The institutions giving accountability to the probation officer and Ministry of Gender • Some cases are dealt with first internally and the police comes in as a last resort.

