



Measuring the Impact and Sustainability of A Community Based Child Protection Approach in Prevention of Violence Against Children

IN A POST-CONFLICT SETTING IN NORTHERN UGANDA

Report

AUGUST 2022



About AfriChild:

The AfriChild Centre is a multi and interdisciplinary research Centre based at Makerere University in Kampala-Uganda. Since inception, The Center has positioned itself as a frontier of innovative child focused research, with the aim of catalyzing relevant policy and practice, to improve the wellbeing of children in Uganda and the region. AfriChild does this through a rigorous systematic process of scientific research, analysis and knowledge development. The Centre also seeks to deepen the quality of evaluative research and effectiveness measurement of child wellbeing interventions, in line with ensuing global discourse among child rights activists and child well-being actors. For more information about AfriChild and its partners, visit www.africhild.or.ug



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About The Evaluation Fund:

The Evaluation Fund supports high-quality research evaluations of programs that are designed to prevent violence against children in low- and middle-income countries, and we help improve the ability of researchers and advocates to effectively share what they have learned with audiences that matter.

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Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
CBCPM	Community-Based Child Protection Mechanism
CBO	Community-Based Organisation
CDO	Community Development Officer
CP	Child Protection
CPC	Child Protection Committee
CSO	Civil Society Organisation
FBO	Faith-Based Organisation
FGD	Focus Group Discussion
KII	Key Informant Interview
LC	Local Council
MoGLSD	Ministry of Gender, Labour and Social Development
NGO	Non-Governmental Organisation
ODK	Open Data Kit
SOP	Standard Operating Procedure
UDHS	Uganda Demographic and Health Survey
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VAC	Violence Against Children

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Executive Summary

The 20-year armed conflict in northern Uganda eroded the traditional social protective safety nets and community cohesion that hitherto, ensured the protection of children from abuse and violence. As a result, in the current post-conflict era, children in Northern Uganda experience a high prevalence of violence, driven by factors such as family disintegration, poverty, alcohol and substance abuse, psychosocial distress, gender-based violence, and harmful cultural practices. A functional child protection system is a critical prerequisite for protecting children from violence. However, in post-conflict Uganda, the formal government system is riddled with a myriad of challenges, including limited capacity, weak coordination, poor record-keeping, and reporting systems, and legal and policy frameworks that are not well understood by the duty-bearers. To promote safer communities in which children are protected from violence, ChildFund International Uganda Country Office, designed and implemented the Empowering Communities to Protect Children Project in Kitgum District. The project was implemented in two sub-counties of Lagoro and Kitgum Matidi, utilizing a community-based child protection mechanism approach.

The Project was a community mobilisation intervention designed to create a safe family and community environment in which children are protected from violence. This goal was to be achieved by strengthening community-based child protection systems, improving access to child protection services, enforcement of laws at community and district levels, and empowering children to become active agents of child protection.

The Impact Evaluation Study

The Impact Evaluation study assessed the impact and sustainability of interventions to strengthen community-based child protection systems on preventing VAC in families and communities emerging out of armed conflict. The specific evaluation questions were:

- Does training child protection stakeholders result in functional community-based child protection systems for VAC prevention?
- Does equipping child protection structures for case management improve access to child protection services?
- Does legislation and dissemination of relevant child protection laws lead to improved implementation and enforcement for prevention of VAC?
- Does equipping children with knowledge and skills in child protection make them indispensable change agents for addressing VAC?
- What are the critical enablers of project success, and what should be avoided for future similar interventions in post-conflict and non-post-conflict settings?
- How sustainable are interventions to strengthen community-based child protection systems for prevention and response to VAC?

A quasi-experimental design, using mixed methods, was conducted in Kitgum District in the intervention sub-counties of Matidi and Lagoro, with a matched comparison in the sub-counties of Latanya and Ogom in the neighbouring Pader District, to facilitate a counterfactual analysis. Statistical significance of the impact of the intervention is reported. Qualitative research is used to augment and give context to the quantitative findings. Evaluation results were validated through community, district, and regional feedback meetings.

Findings

Quantitative findings are reported for children and adult caregivers. Regarding the impact of training on the functionality of child protection structures, there was an increase in the willingness to report VAC to structures among caregivers and children, with significant results (DiD 4.98, $p=0.037$) among children. This was, however, paralleled by a substantial reduction in reporting of cases of VAC among children (DiD=0.16; $p=0.001$) and caregivers. The COVID-19 lockdown curtailed mobility and access to places where VAC cases could be reported. This could explain the reduction in reported cases. In-depth interviews with duty-bearers revealed a perception of increased reporting of cases; this is attributed to a shift in attitudes normalizing VAC.

The findings of the intervention's impact on the enforcement of laws were mixed. Among the children, there was a reduction in confidence to enforce laws (DiD=-0.02; $p=0.072$) and in the belief that current laws were adequate to respond to VAC (DiD=-1.74; $p=0.734$). However, there was an increase in confidence among caregivers in the ability of child protection structures to handle VAC cases (DiD=0.01; $p=0.433$), and a decreased appreciation of the adequacy of laws (DiD=-0.11; $p=0.078$). Children's participation was school-based and mainly propelled by school-based children's clubs. The evidence of the impact of children's agency in child

protection shows a decrease that this evaluation partly attributes to COVID-19 containment measures, which saw school closures for an extended period.

Qualitative research evidence demonstrates that the project's training and engagement with child protection stakeholders had an impact on how the structures operated/ worked in response to VAC. This is confirmed by the extent of trust that caregivers and children had in these structures in the intervention area as compared to the comparison area. As a result of the training, there was also a noticeable influence of the intervention on children's ability to report VAC cases, especially to their Parents and CPCs. Reporting VAC cases to Village Leaders (LCs), was discouraged as cases were likely to be lost because of the fear by LCs to threaten their social/family ties/relations. There was a higher trust and confidence in the structures handling VAC cases in the intervention area compared to the comparison community. In turn, this trust increased the rate of reported cases in the community. It improved the utilization of the referral pathway for VAC cases in the intervention community compared to the comparison community. Trust in the structures was higher in the intervention area than in the comparator. The ECPC project impacted community trust toward VAC services providers and their structures. This is crucial for a sustainable response mechanism for VAC. The reduction in fear of bribery, shortened distances to



service points, and reduced fear of reprisal all combined to impact on reporting of VAC positively.

Critical enablers of ECPC project success found to have been essential for the sustainability of good practices included its focus on building the capacity of established actors already doing child protection work to enhance the quality and outcomes of their work. The project did not introduce new systems. Kitgum District Local Government guided the structures to work with and provided the needed support. The other

key sustainability factor is that the Child Protection Committees and the majority of the community members have the referral pathways for VAC cases, enabling all duty-bearers to be aware and confident about their respective roles and those of their peers in the child protection mechanism. Duty-bearers were aware of each actor's comparative advantages over the other and cultivated relationships that allowed them to exploit resources at their disposal to ensure child protection.

Conclusions

Community-based responses to VAC present compelling opportunities for sustainability, especially because the actors at the micro and meso level are collaborating.

Deliberate community-level interventions purposed to build the capacity of critical stakeholders (parents/caregivers, children, and informal and formal child protection stakeholders) to prevent VAC can significantly impact knowledge of VAC and the best ways to respond to cases of VAC. Both caregivers and children utilize proper channels of reporting cases of violence, and critical stakeholders in service delivery are aware and prioritize response in a mutually inclusive way.

The ECPC project demonstrated that empowerment through knowledge alone is not enough. The knowledge must practically translate into prevention and response to VAC. Child Protection Committees were trained to handle VAC cases effectively. Also, the rest of the community members were sensitized on the importance of reporting and where to report. The CPCs are a unique structure specifically established for VAC. Being closest to the people and specializing in child protection work, their training and equipment enhanced the quality of work they could do. The intervention acknowledged that despite being part of the child protection system, Police and Local Council structures are occupied with other demands that occasionally disrupt their efficacy.

Overall, qualitative findings from this evaluation show that deliberate interventions to enhance reporting/response to VAC cases positively impact practice. There was also overwhelming qualitative evidence to show that people/actors in the intervention

area were more enthusiastic in reporting and follow-up of cases, despite practical/logistical limitations. Notably, the evaluation notes that the interest to ensure that reported cases are addressed/handled stimulated innovative ways on how some of the logistical challenges, mainly related to transport and communication, were addressed.

Before the interventions, proper mapping of the key and influential community-level (grass-roots level) structures and systems was undertaken. Despite failures, it became imperative for effective project implementation to have the Acholi clan leadership structures prominently featured as part of the informal community leadership resource the project could have utilized. Moreover, previous studies have indicated that careful integration of formal and informal child protection systems enhances the effectiveness of child protection mechanisms. Clan leaders and elders involved in the project were in different capacities and not necessarily clan leaders. Yet, they reported that even before the ECPC project, they always intervened in cases of violence that were brought to their attention by clan members. In the comparator community (Pader), the clan system is a strong community institution/structure that intervened in cases of violence against children. The only major challenge is that it was not strongly linked to the formal child protection structures. To enhance the sustainability of outcomes of similar projects in similar contexts in Northern Uganda, interventions should carefully integrate this structure by directly involving clan leaders and elders in community capacity building.



1. Introduction

Few studies have so far contributed to the evidence that Community-Based Child Protection Mechanisms (CBCPMs) enhance the effectiveness and sustainability of interventions to address violence against children (see, for instance, Wessels, 2009; Wessels, 2015). The AfriChild Centre, in Partnership with ChildFund International Uganda, set out to evaluate the impact and sustainability of a community-based child protection intervention, and The Empowering Communities to Protect Children (ECPC) Project under the auspices of the Evaluation Fund¹. The ECPC project aimed to promote violence-free communities for children's well-being and development in Kitgum-Matidi and Lagoro sub-counties of post-conflict Kitgum District, in northern Uganda. The AfriChild Centre, in partnership with ChildFund International, collaborated in conducting this evaluation. The respective mandates of the two organizations are complementary in building evidence for policy and practice around the well-being of children.

The evaluation and dissemination of findings

of the ECPC project by the AfriChild Centre support the AfriChild Centre's mission of generating evidence and building a local knowledge base to inform child-focused policies and the design and implementation of interventions. The critical piece of learning for the AfriChild Centre, ChildFund International, and the broader community of practice is the production of a data-informed reflection on the strategic imperatives of CBCPMs in preventing violence against children.

This report presents the findings from the impact evaluation of the ECPC project. First, it examines the contextual background and literature on Violence Against Children (VAC) in Uganda; a detailed description of the ECPC project, evaluation objectives, specific research questions, and the methodology follow this. In section five, the report discusses the quantitative and qualitative evaluation findings. The findings and insights on project sustainability are presented in section six, while the conclusions and recommendations drawn from the evaluation are presented in section seven.

¹ The Evaluation Fund is a global public-private partnership to end violence against children. The Partnership brings together Governments, the United Nations, Civil Society Organizations and/or Non-Governmental Organizations, Community based Organizations, academicians, private sector, youth, and Children.



2. Contextual Background and Literature

2.1 What is Violence Against Children (VAC)?

VAC is a multi-faceted and complex phenomenon that presents serious human rights and public health problems. The UNCRC (1989) defines it as *“all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.”* The World Health Organisation extends this definition to include *“the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity”* (Krug et al., 2002). The Ugandan Children’s Act (2016) blends the above definitions and considers VAC as, “any form of physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including

sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

VAC is associated with an increased risk of a range of adverse outcomes for those directly affected, including difficult parenting experiences (Hugill, 2017), mental health and emotional difficulties, risky sexual behaviour, perpetration of violence, and poor educational outcomes (Norman et al., 2012; Devries et al., 2013; Boden et al., 2007, Fergusson et al., 2008), and long-lasting effects on socio-emotional and neurological development (Mueller & Tronick, 2020) such as witnessing intimate partner violence (IPV).



all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse

2.2 Nature and Magnitude of Violence Against Children in Uganda

The lifetime prevalence of childhood violence among the 18-24 years old population in Uganda is 75%, with a third reporting at least two forms of violence—either sexual or physical, and emotional—during childhood (Ministry of Gender, Labour and Social Development, 2015).

Girls are at higher risk of sexual violence compared to boys. The lifetime prevalence of sexual violence is 35% for girls compared to 17% for boys, while past year prevalence is 25% for girls and 11% for boys. Sexual exploitation is a dimension of sexual violence in Uganda. This is characterized by children exchanging sex for cash and material benefits. Poverty and deprivation are risk factors for sexual exploitation. Fifteen percent of young adult females in the 18-24 age group who had sex before age 18 reported exchanging sex for material support during childhood. Nearly 1 in 5 girls and 1 in 7 boys reported exchanging sex for material benefits in the year preceding the survey (Ministry of Gender, Labour and Social Development, 2015). Perpetrators of sexual violence include neighbours, strangers, intimate friends, and classmates. Sexual violence happens in settings where children should be safe and protected, particularly in homes, schools, and community environments.

There are concerns about online child sexual abuse in Uganda due to increased availability, access, and use of the internet. There are inadequate restrictions on online content accessed by children, resulting in their unhampered exposure to pornography, and the use and sharing of children's images without consent (Centre for Justice and Crime Prevention, 2016). School lockdowns as a preventative measure for the coronavirus (COVID- 19) pandemic accelerated internet among children and adolescents for

education continuity.

Child marriage is a prevalent harmful traditional practice that exposes children to sexual violence. Up to 20 percent of girls aged 15-19 years in Uganda are married or in a sexual relationship. It occurs more frequently among the least educated and poorest girls in rural areas. Child marriage's social and economic drivers range from poverty to gendered social norms that value girls' reproductive capabilities (Petroni et al, 2017; Atuyambe et al., 2015). In northern Uganda, girls with no or just primary education, and lower socio-economic status who had their sexual debut before 18 years are at a higher risk of child marriage (UBOS & ICF, 2018). Girls who marry early tend to encounter a myriad of problems. They are more likely than their peers to drop out of school, have lower earning capacity, and have a greater susceptibility to sexual and reproductive health challenges. Furthermore, reproductive health challenges include early and frequent childbearing, pregnancy complications, obstetric fistulas, higher maternal mortality, increased risk of HIV infection, and higher infant mortality. Additionally, child marriage predisposes affected girls to domestic violence and isolation.

National statistics indicate that physical violence is the most prevalent form of VAC, with boys at greater risk. Past year prevalence of physical violence was 59% for boys and 44% for girls in the 13-17-year-old age group. Among the 18 to 24-year-olds, 68% of boys and 59% of girls reported lifetime childhood physical violence. Physical violence is condoned and widely viewed as an acceptable practice; half of all 18–24-year-old Ugandans believe it is acceptable for a man to beat his partner (Ministry of Gender, Labour and Social

Development, 2015). Among school children, physical violence takes the form of corporal punishment administered by enforcing rules and imparting discipline. Three-quarters of school children have experienced physical violence by their teachers for poor grades. At the same time, 80% have to endure hard and excessive work, such as digging, slashing, and collecting water at school, as punishment for inappropriate behaviour (UNICEF, 2013).

Child labour presents a serious issue around physical violence against children in Uganda. More than 2 million children are engaged in child labour, with half of these involved in the worst forms of child labour, working in hazardous conditions (UBOS, 2017). Child labour contributes to inadequate legal protections and contradictions in the age of employment, poverty and social vulnerability, exposure to individual and collective shocks, poor quality schooling, limited school access, limited decent work opportunities, and difficult transitions to work. Child labour negatively impacts child health and education, impairing their opportunities for average growth and development.

While children from all cultural and socio-economic backgrounds are vulnerable to violence, there are specific categories that are most affected. Such as those infected and affected by HIV and AIDS, those with disabilities, children outside family care, and children from socio-economically disadvantaged families. Children affected by armed conflict and those in contact with the law are also exposed to a wide range of child rights violations, including exposure to violence, abuse, and exploitation. (Human Rights Watch, 2014; OAG, 2013). Children with disabilities and those from low-income families are disproportionately affected by physical violence within the

school setting (Jones et al., 2012; UNICEF, 2012). Discrimination against and exclusion of children with disabilities renders them disproportionately vulnerable to violence, neglect, and abuse. Estimates of risk indicate that children with disabilities are at significantly higher risk of experiencing violence than peers without disabilities. These children are more prone to bullying in schools than their peers (UNICEF, 2013).

Moreover, children with disabilities are disproportionately denied their right to education and have challenges accessing health services and all the other services essential for optimal growth and development. Although children's vulnerability is widespread in all regions of Uganda, the magnitude is highest in post-conflict areas, especially in northern Uganda (OVC Situational Report, 2010). The protracted armed conflict in Northern Uganda saw abduction and violence against children. This conforms with global evidence that illuminates the heightened risk of exposure to violence among children in humanitarian settings (Stark & Landis, 2016).

Violence affects children's physical and mental health. Furthermore, it may result in disability or death, HIV infection and greater susceptibility to risky behaviours such as substance abuse and early sexual activity, impaired ability to learn and socialize, and undermines their development leading to emotional, social, and behavioural problems (UNICEF, 2014). Children exposed to violence are more likely to drop out of school and are at heightened risk for later victimization and violence perpetration. The consequences of violence on children vary according to the child's age, nature, duration and severity of abuse, innate resiliency, co-occurrence with other maltreatment, or adverse exposure such as violence between parents.



2.3 The Legal and Policy Environment for Prevention of VAC in Uganda

Uganda has a robust legal and policy environment to protect children against violence. The Constitution of the Republic of Uganda (1995) is the overriding national legal framework. It states that, '*No person shall be subjected to any form of torture or cruel, inhuman or degrading treatment or punishment.*' The Prevention and Prohibition of Torture Act 2012 prohibits acts of torture in an official or private capacity, and the torture of a child can lead to a sentence of life imprisonment. The Children's Act, Cap 59 (2016) emphasizes the rights, duties and responsibilities for the protection of children. It mandates the MoGLSD to take the lead in the care and protection of children. In response to the emerging online violence against children, the government adopted The Computer Misuse Act 2011, which criminalizes child pornography, cyberstalking, and electronic communication with the intent to disturb the peace or right of privacy of any child.

The Government of Uganda developed the Orphans and other Vulnerable Children (OVC) policy in 2004 to ensure full development and realization of the rights of all children. The 2020 National Child Policy replaced the OVC Policy to create an enabling environment for duty-bearers and ensure that sufficient resources are mobilised

and efficiently utilized towards delivering appropriate interventions for children in a coordinated, transparent, and accountable manner. In addition to the above, a range of specific policies guide protecting children from violence (MoGLSD, 2020). These include the National Social Protection Policy (2015), National Youth Policy and Action Plan (2016), and other various policies, plans, and strategies related to child welfare and protection domiciled in different sectors of government, such as the Universal Primary Education (UPE) Policy (1997), National Adolescent Health Policy for Uganda (2004), National Policy on Disability in Uganda (2006), Universal Secondary Education (USE) Policy (2007), the Second National Health Policy (2010), the Special Needs and Inclusive Education Policy (2011) and the National Framework for Alternative Care (2012).

However, efforts to effectively protect children from violence, abuse, exploitation, and neglect are undermined by the weak implementation and enforcement of existing policies and laws, inadequate safeguards, widespread poverty, limited capacity for a pro-active and responsive statutory workforce exacerbated by the weak community and family structures (MGLSD and UNICEF, 2018).

2.4 Child Protection Systems/Mechanisms

Child protection systems are 'formal and informal structures, functions and capacities that prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system comprises human and financial resources, laws and policies, governance, data collection and system monitoring, child protection and response services, and non-formal support of families and communities. It has different actors, including children, families, communities, those working at the subnational or national level, and internationally. Child Protection Systems are formal, and informal structures, functions and capacities created to prevent and respond to violence, abuse, neglect, and exploitation of children (UNICEF, 2013).

Community-based Child Protection Mechanisms (CBCPMs) are grassroots/local-level processes that respond to violations against children or work to prevent risks to children's well-being at the community-level. CBCPMs are vital components of child protection systems since they operate at grassroots levels, such as the village level in rural areas and neighbourhood level in urban

areas, where children and families live and may be exposed to significant risk. Also, they are rich in potential child protection resources such as parents, teachers, and religious leaders. While evidence suggests that safe, stable, nurturing relationships and family environments are essential to preventing violence against children and assuring all children their full potential, parents and family members are also perpetrators of violence. In addition, millions of children in Uganda are at risk of being separated from their parents and families (MoGLSD, 2015). Moreover, families struggle to effectively care, protect, and provide for their children, putting their immediate well-being and long-term development at risk.

Poverty is a significant driver of family and child vulnerability. To a variety of risks and threats, including child-family separation often in interaction with other factors such as violence, abuse and neglect in the home; family violence; parental drug and alcohol use and abuse; parental illness or loss; physical or mental ill health of caregivers or children and other stressors.



A child protection system comprises human and financial resources, laws and policies, governance, data collection and system monitoring, child protection and response services, and non-formal support of families and communities.

2.5 Ending Violence Against Children

Preventing violence in childhood and providing services for its victims has the potential benefits of improving the health, well-being, and outcomes of Uganda's children and therefore provide the foundation for improved growth of their communities. Uganda is a Pathfinding partner in the Global Partnership to End Violence Against Children; this gives the Uganda Government the responsibility to commit itself to be accelerated and evidence-based action to prevent and respond to VAC as a model for other countries.

In 2016, the Global Partnership to End Violence Against Children released INSPIRE: Seven strategies for Ending Violence Against Children. This technical package includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood. The seven strategies are;



INSPIRE aims to replace children's experiences of violence with safe, stable, and nurturing environments and relationships in which they can thrive (WHO, 2016). As a pathfinding country, Uganda has committed to investing in implementing, monitoring and evaluating of INSPIRE strategies.



3. Understanding the Impact and Sustainability Of CBCPMS in Prevention of VAC

3.1 The Study and Project Context of Northern Uganda

Between 1988 and 2007, the Northern Uganda region experienced a violent armed conflict between the Lord's Resistance Army and the Government of Uganda. The long-term armed conflict destroyed the traditional social protective safety nets and weakened the community cohesion that strengthened the protection of children from abuse and violence. Civilians, particularly women and children, bore the impact of the war. Nearly 90% of the population in the Acholi region (approximately 1,500,000 people) went into protected camps with minimal access to essential social services (Horn, 2009; Muyinda & Whyte, 2011) social and economic difficulties that affected them. Those problems most frequently identified were the fundamental issues of food, health and poverty, which were perceived to stem primarily from the way the camps were structured and resourced. Respondents described four main response strategies: assistance from others (including neighbours, relatives, agencies and community organisations. The

armed conflict reinforced social and cultural factors which promote and perpetuate violence with impunity. In the current post-conflict era, Northern Uganda continues to register a high prevalence of VAC. This was due to factors such as family disintegration, poverty, a high prevalence of alcohol and substance abuse, psychosocial distress, gender-based violence, and harmful cultural practices that precipitate child abandonment and premature exiting of children from their family units. The formal child protection system managed by the government of Uganda is rife with limited capacity, weak coordination, poor record-keeping and reporting systems. The legal and policy frameworks are also not well understood by the duty-bearers and with inconsistencies, inadequate protective provisions, and poor implementation. In Uganda, 79% of primary and 96% of secondary school children felt that the laws meant to protect children were not working (UNICEF, 2013).

3.2 The Empowering Communities to Protect Children' Intervention

Building on its previous work in strengthening community-level child protection systems, ChildFund International (Uganda) implemented the 'Empowering Communities to Protect Children' Project from 2017 to 2020. The intervention was built on CBCPMs in the post-conflict setting of Northern Uganda and worked through strengthening community structures to protect children from abuse and violence in two sub-counties of Kitgum Matidi and Lagoro, Kitgum District. The project was conceived on the understanding that the protection of children is best realized through a practical and functional community child protection system. Specifically, the intervention aimed to promote increased investment in the child protection sector and increased access to child protection services, with four outcomes, namely;

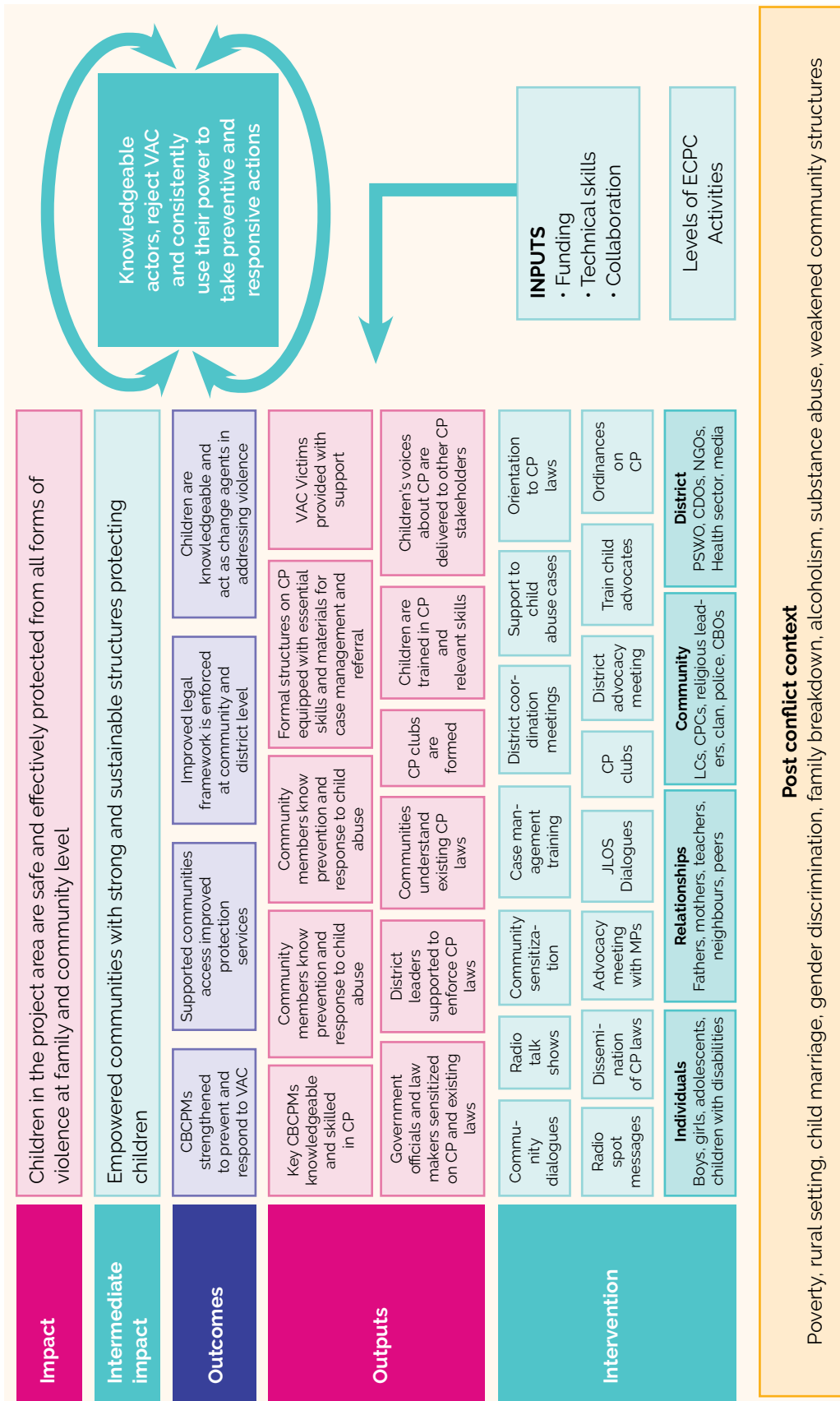


The project set out to ensure that children living in the targeted community are safe and protected from violence at the family and community-levels. This would be achieved by effectively implementing activities targeting caregivers and parents, the entire community, and service delivery structures. Community members, including children, parents/caregivers, teachers, traditional leaders, and local leaders, together with local government actors, including probation officers, police, state attorneys, health workers, and the media, were the main drivers of the intervention. The project empowered children through school-based child protection clubs to equip them with knowledge and skills to report and prevent violence. Children in 10 schools were mobilised to join the clubs as members; club patrons who were teachers selected club members and provided support and guidance to the children in clubs. Activities went beyond the school environment, with children engaging in project-facilitated dialogues with local leaders at the district, national and global levels. Activities were

coupled with teacher training to create safe school environments for children. Parents and caregivers were engaged through community dialogues and sensitized on community-specific risk factors and VAC prevention. Local leaders at the village, sub-county, and district levels were trained in child protection, specifically focusing on child protection laws, case management, and the referral network. The media was used as an outlet to reach the broader community with messages on VAC.

The theory of change (figure 1) focuses on stimulating all actors, from children to their families, communities, schools, local community, and district leaders, on deploying their power and agency to prevent and respond to all forms of violence. Through training, community dialogues, and sensitization, the project aimed at empowering all actors with increased knowledge, positive attitudes, and values to propel them into actions that prevent violence, as well as skills to take responsive action when VAC occurs.

Figure 1: Pictorial presentation of the theory of change for the “Empowering Communities to Protect Children” project Based on the Project’s Logical Framework described in the project Design Document.



3.3 The Problem Statement

In line with four (4) INSPIRE strategies, the Empowering Communities to Protect Children (ECPC) Project adopted community-based child protection mechanisms. A fundamental hypothesis supporting Community-Based Child Protection systems (CBCPMs) is that they offer an effective and sustainable mechanism for preventing and responding to VAC. CBCPMs focus on parent and caregiver support to strengthen parent-child relationships and help prevent violence throughout a child's lifecycle. The project also built on education and life skills to empower child advocates with skills, knowledge, and experiences that build agency and resilience, reduce risk factors for violence, and increase children's opportunities to succeed academically, grow socially, and avoid experiencing or perpetuating violence.

Whereas some evidence indicates that CBCPMs lead to positive outcomes for children, such as the capacities of communities to fulfil children's rights, better-quality care, and better access to birth registration and education, more evidence is required to underpin the use of CBCPMs in Uganda. Indeed, promising benefits of CBCPMs in enhancing good outcomes for children have been documented elsewhere. For example, studies in Sierra Leone (Stark et al., 2014; Wessells, 2015) showed that community-driven actions that emphasize intra-community systems collaboration and linkages with the formal child-protection

systems achieved increased ownership, effectiveness, and sustainability of the systems resulting in positive outcomes for children.

Overall, there is also a limited number of studies, more so in Uganda, that have employed rigorous methods to examine the impact of child protection interventions adopting CBCPMs. The tendency for most evaluations of CBCPM has been to focus on process and output indicators (CPC Network, 2010) rather than outcomes for children and families. It has been observed that the studies still need robust evaluation designs. Those investigating CBCPMs have also not defined impact pathways nor suggested how interventions could be implemented sustainably. Moreover, the strategies that work to create a safe environment for children have yet to be discovered.

Furthermore, the available studies need to provide more details on knowledge transfer. Hence, this evaluation research contributes to the knowledge base on effective strategies for preventing violence against children. Given that CBCPMs for prevention and response to violence against children is on the rise in Uganda, evaluating the impact and sustainability of these interventions provides a significant opportunity for learning, policy advocacy, program improvement, and scaling of interventions.



Overall, there is also a limited number of studies, more so in Uganda, that have employed rigorous methods to examine the impact of child protection interventions adopting CBCPMs.



3.4 Evaluation Questions

The overall question for this evaluation was: What is the impact and sustainability of interventions to strengthen community-based child protection systems on preventing VAC in families and communities emerging out of armed conflict?

3.4.1 The Specific Questions

The impact evaluation sought answers to six specific research questions drawn from the Project's theory of change. These are:

Questions

- i. Does training Child Protection stakeholders result in functional community-based Child Protection systems prevent VAC?
- ii. Does equipping child protection structures with knowledge, skills, financial and material resources for case management improve access to child protection services?
- iii. Does legislation and dissemination of relevant child protection laws lead to improved implementation and enforcement for preventing of violence against children?
- iv. Does equipping children with knowledge and skills in child protection make them indispensable change agents for addressing violence against children?
- v. What are the critical enablers of project success, and what should be avoided for future similar interventions in post-conflict and non-post-conflict settings?
- vi. How sustainable are interventions to strengthen community-based child protection systems for prevention and response to VAC?



4. Theoretical Orientation and Evaluation Methodology

4.1 Theoretical Orientation

Prevention of VAC requires considering its complex nature. VAC is an outcome of the interaction of factors at multiple ecological levels. This evaluation drew on the ecological systems theory developed by Urie Bronfenbrenner (1979) to examine the effectiveness, impact, and sustainability of the ECPC project. Also known as the Human Ecology Theory, the Ecological Systems theory examines five environmental systems that produce a framework through which child protection interventionists can examine the relationships between children, their communities, and the wider society.

The theory identifies five environmental systems:

1. The *microsystem* refers to the institutions and groups that immediately and directly impact the child's development, including family, school, religious institutions, neighbourhood.
2. The *mesosystem* consists of interconnections between the microsystems. For example, between the family and teachers. Or between the child's peers and the family or the child and the leaders and law enforcement agents.
3. The *exosystem* involves links between social settings that do not involve the child. For example, a child's experience at school may be influenced by the teacher's experience at the teacher's home or by the parents' experience at work.
4. The *macrosystem* describes the overarching culture that influences the developing child; and the microsystems and mesosystems embedded in those cultures. Neighbour. Cultural contexts can differ based on geographic location, socioeconomic status, poverty, and ethnicity. Members of a cultural group often share a common identity, heritage, and values. Furthermore, macro-systems evolve across time and from generation to generation.
5. The *chronosystem* consists of the effect of environmental events and transitions over the life course of a child, as well as changing socio-historical circumstances of the child.

Bronfenbrenner's ecological systems theory provides an analytical framework for understanding the dynamic interplay between the child and his/her social context. Such as how the family, school, and community influence the child's protection, development, and long-term outcomes, and indeed, child protection systems, as is the case in the project under evaluation. Informal actors – including children, families, and communities – are essential parts of child protection systems, although too often, they are portrayed simplistically as beneficiaries or as part of the problem. Although often portrayed as beneficiaries (Wessells, 2015), children are key players within the child protection system. Studies show the resilience of children amid adversity, including surviving in difficult situations and protecting themselves (Boothby, Strang, & Wessells, 2006; Fernando & Ferrari, 2013). Children are agentic social and political actors who support families and communities to protect peers. At the household level, non-formal actors protect children, including parents and extended families, communities, and local leaders. Parents socialize children,

equip them with risk identification, avoidance, and management skills, and shield them from harm (Wessells, 2015). Children are also accorded protection within the school setting, where they spend much of their time.

Community members, such as local and religious leaders, teachers and elders, respond to and prevent harm to children. However, some are also perpetrators of violence. Families often harm children through family violence or sexual abuse, harmful practices such as female genital mutilation, and the propagation of detrimental social norms.

Within the macro level, formal actors such as probation and social welfare officers, police, and officials within the Justice, Law, and Order sectors lead the child protection system at national and sub-national levels. The media, government leaders, and civil society organizations play an essential role at societal levels. Because problems such as child trafficking cross international boundaries, international actors contribute to or support national child protection systems.



Bronfenbrenner's ecological systems theory provides an analytical framework for understanding the dynamic interplay between the child and his/her social context.



A Child Protection System Mapping Study in Uganda (UNICEF, 2013) revealed that most of the weaknesses and gaps in the functionality of the child protection system in Uganda were attributed to inadequate public resourcing of child protection structures, institutions, and programs. Except for salaries for government child protection staff, most of the funding for child protection programs was donor dependent. Donor support was provided outside the government budget framework, which did not create obligations for government to invest in child protection. Amidst national budgetary constraints, leaders in child protection still need to package and communicate child protection services in a manner that makes them amenable to increased public financing. There is also a need for more effective mechanisms for tracking and monitoring the use of the resources allocated to institutions with a child protection mandate.

An understanding that the welfare of children is shaped by an interplay of multiple factors in the immediate and broader environment has carried with it the necessity for holistic interventions for child protection. However, how these interventions generate desirable child protection outcomes also varies, calling for project-specific evaluations to

generate specific lessons and evidence for scalability and policy and practice influence. The social-ecological model provides a valuable framework for understanding how a complex interplay of risk factors shapes violence against children at different levels or settings of this nested and interconnected system (Krug, 2002). The model identifies risk and protective factors at four levels, beginning with the individual and transiting through to the impact of close relationships, the community, and broader society. The different levels or settings in the social-ecological model highlight how the occurrence and co-occurrence of violence across different settings, from individual to societal, influence children's experience of violence and long-term outcomes (Matthews, 2014). The goal of this model is to prevent the incidence of violence and, therefore, an understanding of the risk and protective factors that lead to a child's vulnerability and the complex interplay between the various levels. Finally, the ecological systems theory enables appreciation of the fact that child protection/child well-being is a responsibility of multiple centres of response, of which the 'health' of all determines the quality of a child's welfare/protection outcomes.

4.2 Evaluation Methodology

4.2.1 Evaluation Design

The evaluation employed a quasi-experimental design with a matched control/comparator group, utilizing a mixed methods approach. A baseline was conducted in August 2020, followed by an end-line survey and qualitative data collection in May/June 2021.

4.2.2 Study Area

This evaluation was conducted in Kitgum District in the intervention sub-counties of Kitgum-Matidi and Lagoro. Latanya and Ogom Sub-counties in the neighbouring Pader district were carefully selected as the comparator study sites. An evaluation of the intervention was not anticipated at the time of project design. Accordingly, the project's baseline research methodology did not assign a comparison community. To remedy this, and to measure the impact of the intervention, baseline research to enable the generation of baseline indicator values for the comparison community was designed to facilitate a counterfactual analysis of impact based on the results of the endline evaluation phase. Research collaborators from the district local government confirmed that the sub-counties selected to constitute the comparison community in Pader District never had similar project interventions.

4.2.3 Study Population and Sampling

The number of direct project beneficiaries for children (3,000) and household population in the intervention community of 6,086, as estimated in the 2014 census report. The evaluation sample size was computed based on Krejcie and Morgan's (1970) sample size computation formulae, baseline indicator values of child abuse cases reported by

children (57%) and caregivers (71%). A two-stage sampling design was used to select the survey sample. For the baseline, the sample size was comprised of 1232 respondents, including 712 children (371 in Kitgum and 341 in Pader) and 525 parents/caregivers (268 in Kitgum and 257 in Pader). Regarding the endline data collection phase, the total survey sample size was 1,230, including 738 children (371 in Kitgum and 367 in Pader) and 492 adult caregivers/parents (244 in Kitgum and 248 in Pader).

4.2.4 Data Collection

The survey targeted caregivers/parents and children, using a structured questionnaire developed based on the vital project indicators. The survey collected data on the socio-demographic characteristics of respondents; respondents' perceptions, knowledge, and attitudes on VAC; the prevalence of VAC; factors that predispose children to violence; awareness of existing legal frameworks, and participation in activities that promote the protection of children from violence. The structured questionnaires for the parent/caregiver and children survey were administered using a mobile-device-based survey program (ODK) to improve turn-around time between data collection and subsequent analyse and minimize data inconsistencies. Cross-references between variables were inbuilt during data capture, and data was uploaded daily for access by the data management team.

4.2.5 Data Management and Analysis

The survey was administered using a mobile-based-survey program Open Data Kit (ODK) to improve turn-around time between data collection and subsequent analyses

and minimize data inconsistencies. Cross-references between variables were inbuilt during data capture. Data were uploaded daily for access by the data management team. Responses of declined or do not know were considered missing and removed from the analysis. Data were coded, cleaned, and prepared for analysis using STATA version 15. Exploratory analysis was conducted on all variables. Descriptive statistics provided proportions for categorical data and mean (SD) and median (IQR) for continuous variables.

A bivariate analysis was conducted using

a chi-square test of independence to establish whether findings in the outcome indicator variables varied by phase across the intervention and comparison area to establish the impact of the intervention. In addition, a proportions test was performed to determine the specific proportions that differed significantly. The difference in difference estimator was used to compare the outcomes between the intervention and comparison community. Trends in outcomes over time where indicators are available between baseline and endline line were estimated as follows:

$$\hat{Y} = \beta_0 + \beta_1 D^{Post} + \beta_2 D^{Tr} + \beta_3 D^{Post} D^{Tr} + \beta_4 X + \mathcal{E}$$

Where:

\hat{Y} = outcome variable

D^{Post} = time dummy (1=after intervention and 0= before intervention)

D^{Tr} = treatment group dummy (1= treatment and 0=no treatment)

$D^{Post} D^{Tr}$ = time*treatment interaction

β_3 = is DD estimate

X = vector of control variables

\mathcal{E} = error term

4.2.6 Research Ethics

Written permission was obtained from Kitgum and Pader Local Governments to conduct the study under COVID-19 circumstances. Ethical approval for the evaluation was obtained from Gulu University Research Ethics Committee (GUREC) and Uganda National Council for Science and Technology (UNCST). In line with guidelines issued by the UNCST, a response and mitigation plan against the COVID-19 pandemic was developed. All COVID-19 SOPs were adhered to as stipulated. Such as, training of the research team by a health professional, sensitization of the community on COVID-19 symptoms, sanitization of hands for research team and participants, temperature screening for all participants, provision of PPE (face masks) and social distancing. Furthermore, informed consent and assent were duly taken from participants before administering the survey and interviews, and the participant's name was not disclosed or used for any purpose.



5. Evaluation Findings

This section presents the evaluation findings with quantitative and qualitative data evidence. Findings are organized with respect to the research questions. Presentation of the study findings is preceded by a discussion of the respondent's characteristics.

5.1 Respondent Characteristics and Experiences of VAC at Baseline and Endline

At baseline, in the intervention group, most caregivers (Table 1) were aged 40-49 years (62%), while in the comparison group, the majority (57%) were 60 years or more. At the endline, more than half of caregivers (56%) in the intervention group were in the 18-29-year age range, while in the comparison area, the majority (54.2%) were between 40 and 49 years old.

Most caregivers in the intervention group were male (61.1%), while at the endline, most were female (55%). In the comparison group, the majority of caregivers were female at baseline (54%), while at the endline, the majority were male (58.9%). In the intervention area, 52.4% and 51.2% had attended school at baseline and endline, respectively. This contrasts with the respondents in the comparison area, where the majority at baseline (54.4%) and endline (58.5%) reported they had never attended school.

Regarding experiences of emotional violence, more respondents (53.5%) in the intervention group reported they did not know a child in the community or their household who had experienced emotional violence in the 12 months preceding the baseline survey. At the same time, 50.8% of caregivers knew of a child who had experienced emotional violence. At the endline period, 55.4% of caregivers in the intervention area knew of a child who had experienced emotional violence. In contrast, in the comparison area, 56% did not know of a child with such experiences in the 12 months preceding the survey. For physical violence, at baseline, more caregivers (56.2%) in the intervention area did not know a child who had experienced this form of violence before the survey; in the comparison area, more caregivers (53.1%) knew of a child with physical violence experiences. At the endline phase, more caregivers in the intervention group (50.9%) did not see a child with an experience of physical violence. In comparison, more in the comparison group (51.5%) knew of a child with an experience of physical violence.

Regarding sexual violence, more caregivers in the comparison area knew a child who had an experience with this type of violence at the baseline (57%) and the endline (54.8%). In the intervention area, more caregivers reported they did not know a child who experienced sexual violence at both baseline (55.5%) and endline (51.1%). Regarding reporting incidents of sexual violence, more caregivers (51.3%) in the intervention area had not registered or did not know someone who had reported an observed incident of sexual violence. At the endline, more caregivers (59.8%) in the intervention area indicated they or someone they knew had reported an observed incident of sexual violence to the authorities. Among the caregivers in the comparison group, more (49.6%) had reported sexual violence at baseline. However, at the endline, a more significant proportion (54%) indicated no experience reporting sexual violence to the authorities.

The results in Table 1 indicate that age ($p < 0.05$), sex ($p < 0.01$), knowledge of a child who experienced physical violence ($p < 0.05$), and sexual violence ($p < 0.01$) were significantly associated with the baseline period of data collection. Further, sex ($p < 0.01$), knowledge of a child who experienced emotional violence ($p < 0.05$), and reporting a case of sexual violence against a child were significantly associated with the endline period of data collection.

Table 1 Background Characteristics of Caregivers at Baseline and Endline, Presented for Intervention and comparator Areas

	Baseline			Endline		
	Intervention (N=268)	Comparison (N=257)	Chi-squared (p-value)	Intervention (N=244)	Comparison (N=248)	Chi-squared (p-value)
Age			10.76 (0.029)*			3.47 (0.498)
18-29 years	45.8	54.2		56.0	44.0	
30-39 years	46.7	53.3		47.1	52.9	
40-49 years	61.9	38.1		45.8	54.2	
50-59 years	59.0	41.0		47.5	52.5	
60 or more years	42.5	57.5		48.3	51.7	
Sex			10.71 (0.001)**			9.03 (0.003)**
Male	61.1	38.9		41.0	58.9	
Female	46.0	54.0		55.0	45.0	
Ever attended School			1.50 (0.220)			2.60 (0.107)
Yes	52.4	47.6		51.2	48.8	
No	45.6	54.4		41.5	58.5	
Know a child in the community or household that experienced emotional violence in last 12 months			0.99 (0.321)			6.36 (0.012)*
Yes	49.2	50.8		55.4	44.6	
No	53.5	46.5		44.0	56.0	
Know a child in the community or household that experienced physical violence in the last 12 months			4.47 (0.035)*			0.28 (0.595)
Yes	46.9	53.1		48.5	51.5	
No	56.2	43.8		50.9	49.1	

	Baseline			Endline		
	Intervention (N=268)	Comparison (N=257)	Chi-squared (p-value)	Intervention (N=244)	Comparison (N=248)	Chi-squared (p-value)
Know a child in the community or household that experienced sexual violence in last 12 months			7.44 (0.006)**			1.30 (0.254)
Yes	43.0	57.0		45.2	54.8	
No	55.5	44.5		51.1	48.9	
Respondent or someone known to them reported observed sexual violence incident			0.04 (0.847)			7.19 (0.007)**
Yes	50.3	49.6		59.8	40.2	
No	51.3	48.7		46.0	54.0	

Notes: * $p < 0.05$; ** $p < 0.01$

Regarding children's characteristics (Table 2), most (55.2%) children in the intervention area at baseline were in the 14-15 years age group, while most (51%) children in the comparison area were 16 years or more. At the endline, more than half of the children (53%) in the intervention area were in the age group 14-15 years, and a similar proportion (52.8%) in the comparison group were in the 12-13 years age group.

Regarding the sex distribution, at baseline most children in the intervention group were male (62%), while in the comparison group, most were female (51%). At the endline more children in the intervention group were male (52.5%), while in the comparison group, more were female (52%).

At baseline, more children (56%) in the intervention area did not have experiences of past year emotional violence, compared to half of the children in the comparison area. At the endline, more children in the intervention area had experienced emotional violence (52%); more children (51%) in the comparison group reported no experiences of emotional violence.

Regarding physical violence, more children in the intervention area, both at baseline

(58%) and endline (57.5%), did not experience this violence. In the comparison area, 51.6% and 56.4% had experiences of past-year physical violence at baseline and endline, respectively. At the endline, more children in the intervention area (57.5%) reported no experiences of physical violence, while 56.4% in the comparison area reported they had experienced physical violence. More children in the intervention area (53.6%) experienced past-year sexual violence at baseline. At the endline, more children in the intervention area (61%), experienced sexual violence. Children in the intervention area (55.6%) did not report sexual violence to the authorities. In contrast, at the endline period, more children in the intervention area (58%) had reported sexual violence experiences to the authorities.

Table 2 shows that children's experiences of physical violence ($p < 0.05$) and reporting sexual violence to authorities ($p < 0.01$) were significantly associated with the baseline period of data collection. Further, at the endline period, experiences of physical violence ($p < 0.01$) and reporting sexual violence to authorities ($p < 0.01$) were significant.

Table 2 Background Characteristics of Children at Baseline and Endline, Presented for Intervention and comparator Areas

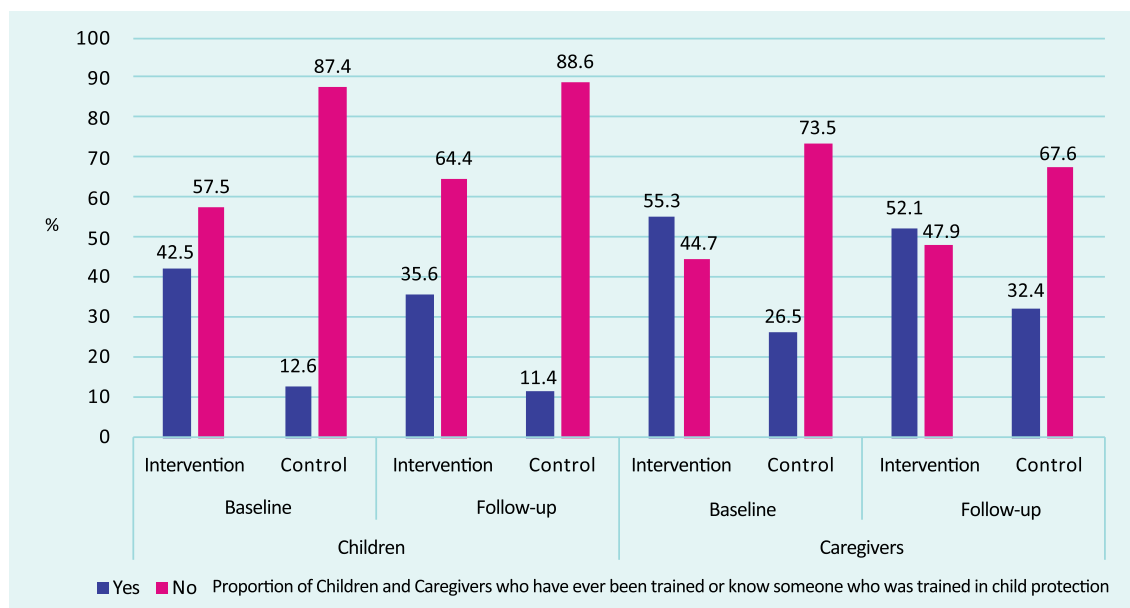
Children's Socio-Demographic Characteristics						
	Baseline			Endline		
	Intervention (N=371)	~Comparison (N=341)	Chi-squared (p-value)	Intervention (N=371)	Comparison (N=367)	Chi-squared (p-value)
Age			2.51 (0.474)			2.39 (0.496)
10-11 years	53.8	46.2		52.9	47.1	
12-13 years	49.0	51.0		47.2	52.8	
14-15 years	55.2	44.8		53.1	46.9	
16 or more years	48.7	51.3		47.8	52.2	
Sex			3.61 (0.057)			1.39 (0.238)
Male	55.8	44.2		52.5	47.5	
Female	48.6	51.4		48.1	51.9	
Experienced emotional Violence in last 12 months			2.24 (0.135)			0.66 (0.417)
Yes	49.9	50.1		51.8	48.2	
No	55.6	44.4		48.8	51.2	
Experienced physical violence in the last 12 months			5.98 (0.015)*			14.17 (0.000)**
Yes	48.4	51.6		43.6	56.4	
No	57.7	42.3		57.5	42.5	
Experienced sexual violence in last 12 months			0.05 (0.819)			2.20 (0.138)
Yes	53.6	46.4		60.9	39.1	
No	52.0	48.0		49.6	50.4	
Reported observed sexual violence incident			7.29 (0.007)**			4.27 (0.039)*
Yes	44.7	55.3		57.5	42.5	
No	55.6	44.4		48.3	51.7	

Notes: *p<0.05; ** p<0.01

5.2 The Impact of Training Child Protection stakeholders on Functionality of Community-Based Systems for Prevention of VAC

More respondents from the intervention area (including both children and caregivers) had been trained or knew someone who had received training in child protection at baseline and endline. Among caregivers, 55.3% and 52.1% in the intervention area had been personally trained and knew a third party who had been trained; compared to 26.5% and 32.4% in the comparison area at baseline and endline time, respectively.

Figure 1 Proportion of Respondents who have ever been trained or know someone who was trained in child protection



The differences in training in child protection among caregivers were significant across the study sites ($p = 0.001$).

Among the children in the intervention area, 42.5% had been trained at baseline, compared to 12.6% in the comparison area. At the endline period, there was a slight reduction in the proportion of children in both study areas reporting they had been trained or knowing someone who had been trained. In the intervention area, 35.6% reported exposure to training compared to 11.4% in the comparison area. The differences in training among children in the intervention and comparison areas were statistically

significant ($p = 0.001$).

The impact of training child protection stakeholders on the functionality of the community-based child protection systems in preventing VAC was measured by the difference in willingness to report VAC incidents to the relevant authorities. Among the children in the intervention area, there was a significant increase in the desire to register VAC (DiD 4.98, $p = 0.037$). Likewise, there was also an increase in caregivers' willingness to report violent incidents, although the observed change was not statistically significant (Table 3).



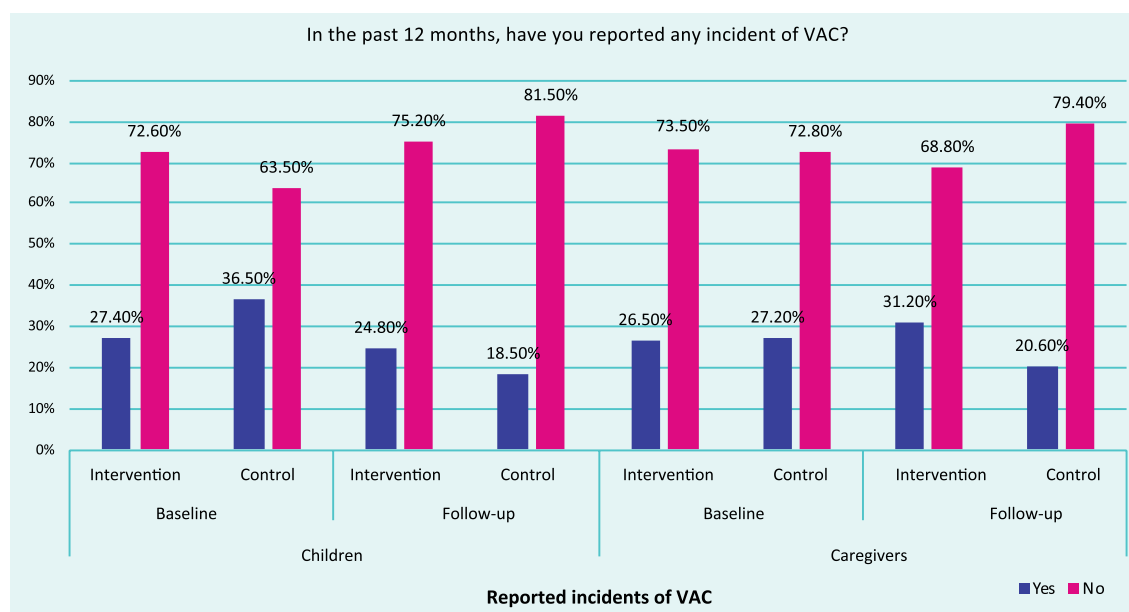
Table 3 Difference in Difference Measures of ECPC Outcome Indicators Among Children and Caregivers-Comparing Intervention and Comparison Communities

Outcome variable	Baseline			Endline			Diff-in-Diff
	Comparison	Intervention	Diff (Baseline)	Comparison	Intervention	Diff (Endline)	
Children							
Impact of training							
Willingness to report	10.92	2.19	-8.72	8.6	4.86	-3.74	4.98 (0.037**)
Case Management							
Ever reported any form of violence	1.45	1.70	0.25	1.63	1.73	0.09	-0.16 (0.001***)
Implementation of laws							
Being confident in child protection structures	0.98	1.00	0.02	0.99	0.99	0.01	-0.02 (0.072)
Adequacy in laws	48.70	43.46	-5.24	50.45	43.48	-6.98	-1.74 (0.734)
Child Participation							
Indispensable agents	1.07	1.06	-0.01	1.27	1.12	-0.15	-0.14 (0.286)
Reported Prevalence of Violence							
Witness any form of violence	1.29	1.54	0.25	1.36	1.49	0.13	-0.13 (0.015**)
Emotional violence	1.19	1.33	0.14	1.36	1.41	0.06	-0.08 (0.104)
Physical violence	1.30	1.34	0.04	1.35	1.46	0.09	0.05 (0.348)
Sexual violence	1.90	1.91	0.02	1.92	1.92	-0.01	-0.02 (0.417)
Caregivers							
Impact of Training							
Willingness to report	4.11	2.01	-2.09	3.42	2.55	-0.87	1.22 (0.464)
Case Management							
Ever report any form of violence	1.66	1.78	0.12	1.73	1.74	0.01	-0.11 (0.040**)
Implementation of laws							
Being confident in child protection structures	1.01	1	-0.01	1	0.99	0	0.01 (0.433)
Adequacy in laws	1.57	1.59	0.02	1.57	1.48	-0.09	-0.11 (0.078')
Child Participation							
Indispensable agents	0.98	1.05	0.08	1.02	1.08	0.06	-0.02 (0.818)
Prevalence of Witnessing Violence							
Witness any form of violence	1.24	1.49	0.26	1.31	1.45	0.14	-0.12 (0.053')
Emotional violence	1.25	1.45	0.20	1.41	1.45	0.04	-0.157 (0.012**)
Physical violence	1.34	1.50	0.16	1.40	1.49	0.09	-0.07 (0.278)
Sexual violence	1.45	1.63	0.18	1.59	1.70	0.11	-0.07 (0.227)

5.3 Impact of Equipping Child Protection Structures with Knowledge, Skills, Financial and Material Resources on Improved Access to Case Management

Improved access to response services was one of the critical outcomes of the ECPC project. The intervention assumed that increased investment in child protection structures, by way of skills building for key staff, and provision of financial and material resources would remove case management barriers and improve access to child protection support services. The intervention invested in articulating and disseminating the child protection referral pathway, and facilitating the structures to undertake effective case management of VAC. This provided clarity for duty-bearers on what they were required to do when confronted with a VAC case. For the children and community, it helped to establish where to report VAC cases and services available from different sources.

To measure the impact of equipping child protection structures on improved access to case management, the children and caregivers' survey asked respondents whether they had ever reported a case of VAC to the authorities in the 12 months preceding the baseline and endline survey phases.



Among the children, in the intervention area, there was a decrease in the proportion who reported VAC from 27.4% at baseline to 24.8% at the endline. Data from children in the comparison group also indicates a decline of 36.5% at baseline to 18.5% at the endline.

There was a registered increase from 26.5% at baseline to 31.2% in the endline survey in the proportion of caregivers who reported a VAC case to the authorities. This is in contrast to the proportion of caregivers in the comparison area whose data shows a decline in reporting VACs from 27.2% to 20.6% from baseline to endline.

In terms of impact, analysis of children's data shows that ECPC was associated with a significant reduction in the reporting of cases of VAC (DiD = 0.16; $p = 0.001$). Similarly, caregivers' data also shows a substantial decrease in the reporting of cases of VAC (DiD = 0.1; $p = 0.04$).

These findings from the qualitative data contrast the quantitative impact evaluation. Based on interviews with the district Probation and Social Welfare Officer in Kitgum, official data indicated increased reporting of cases of violence against children in Kitgum district due to the ECPC project. The perspective of the child protection actors in the district was that the increased reporting of cases was not an indication of an increase in the prevalence of VAC. But it could be a proxy for increased knowledge and a shift in norms around VAC including the importance of reporting VAC and where to report incidents of VAC among the community members.

There has been a lot of engagement with community structures and children enlighten them and open their eyes to the reporting channels and referral pathways. Comparing current and previous reporting statistics can mislead you into thinking such cases have increased. What has changed is that there are more people reporting cases. Those days (in the past), they were not reporting even if violence was happening (Key Informant, Kitgum)

The community dialogue meetings and radio programs conducted under the auspices of the ECPC project were considered pertinent. They were characterized by intensive sensitization on the child protection referral pathway, including what cases to report, where to report, and available services from community structures. The mass sensitization, coupled with the improved facilitation of structures, had resulted in community members to report cases of violence.

Despite practical limitations, there was overwhelming qualitative evidence to show that actors in the intervention area were more enthusiastic about reporting and how the cases were subsequently resolved. Notably, the evaluation notes that the interest to ensure that cases reported are addressed/handled stimulated innovative ways of sidestepping the practical challenges, particularly related to logistics. For instance, officers engaged in case management used their professional networks and relationships as a resource in case management. One officer shared an experience when they were managing a complicated family case in which a girl and her mother were at risk of abuse perpetrated by the father as follows:

.....there was no airtime nor transport; the place was far, and this child was on the phone begging me to go and save her. But at that point, my hands were tied as I had no way to reach out. I called the probation officer for a solution, but the vehicle was unavailable, and I could not run there to save the situation. But I did not give up. I coordinated with the police, and we maneuvered around from the other side until we made an arrest (Key informant, Kitgum).

5.4 Impact of Dissemination of Child Protection Laws on Improved Implementation and Enforcement for Prevention of VAC

The ECPC intervention set out to address gaps in the effective implementation of policies and laws. The project ensured the dissemination of relevant child protection laws to stakeholders at different ecological levels. All the stakeholders, including the local government officials (probation officers, community development officers, education and health officers), local leaders (clan heads, elders, religious leaders, women, and youth leaders), and communities, were sensitized on existing laws and policies. Laws were simplified and disseminated in easily accessible versions. The project trained relevant duty-bearers, including local government authorities; (police, resident state attorney, and prisons) and civil society staff and legal officers on existing laws and policies and the importance of implementation of these legal instruments. Support was geared towards formulating and disseminating local laws, conducting legal aid clinics, and community outreaches for long-term sustainable trust building in the community in the justice system and response to victims and survivors of abuse.

Regarding children's knowledge of the laws on VAC in schools (Table 5), results indicate children's responses were significantly different between endline and baseline in both the intervention ($Pr^{(2)} = 0.001$)

and comparison area ($Pr^{(2)} = 0.000$). The proportion of children who were aware of the regulations/laws increased significantly in the intervention area ($Pr(Z_p) = 0.001$) and the comparison area ($Pr(Z_p) = 0.00$). Further, there was a statistically significant increase in the children's awareness of the existing laws on VAC at the community-level at the endline compared to the baseline in both the intervention ($Pr^{(2)} = 0.000$) and comparison area ($Pr^{(2)} = 0.000$). The proportion-specific test also shows that the proportion of children who were aware of the laws/regulations increased significantly by 14.9% and 12.5% in the intervention and comparison areas respectively. There were also changes in children's awareness of the contents of the community laws between the phases. Still, the difference was only significant in the intervention area ($Pr^{(2)} = 0.04$), and a change in proportions was substantial in the intervention area ($Pr(Z_p) = 0.017$) in which the proportion reduced by 11.2% at endline as compared to baseline.

In the intervention area, there was no significant difference in the children's perception of the adequacy of the existing laws on child protection between baseline and endline ($Pr^{(2)} = 0.88$), and the observed changes in the proportions were not significant ($Pr(Z_p) = 0.36$).



The proportion-specific test also shows that the proportion of children who were aware of the laws/regulations increased significantly by 14.9% and 12.5% in the intervention and comparison areas respectively.

Table 4: Knowledge of laws and legislations on VAC in the Intervention and comparator community

Variable	Caregiver's Responses						Children's Responses					
	Intervention			Comparison			Intervention			Comparison		
	Base-line	End-line	Pr(Z _p)	Base-line	End-line	Pr(Z _p)	Base-line	End-line	Pr(Z _p)	Base-line	End-line	Pr(Z _p)
Aware of law in schools	59.0%	75.0%	0.0001	0.000	46.7%	0.667	23.1%	34.0%	0.0005	14.7%	25.3%	0.0002
Know content of law in schools	84.2%	84.7%	0.4472	0.678	85.7%	0.174	84.9%	80.2%	0.1892	68.0%	80.7%	0.2547
Aware of law in community	52.2%	66.8%	0.0004	0.001	43.1%	0.270	24.2%	39.1%	0.0000	23.2%	35.7%	0.0001
Know content of laws in community	87.1%	82.8%	0.1480	0.082	89.1%	0.021	87.8%	76.6%	0.0167	76.3%	79.4%	0.2960
Think VAC laws are adequate	62.7%	63.5%	0.4222	0.061	38.0%	0.500	35.5%	34.2%	0.3601	18.8%	27.8%	0.0025

Among the caregivers in the project area, there was a significant increase in reported awareness of the laws to address VAC in schools and the community at the endline compared to the baseline phase. The proportion of caregivers who were aware of the laws increased significantly (PrZp) = 0.0004) by 14.6% from 52.2% at baseline to 66.8% at the endline. This is in contrast to caregivers in the comparison area, whose findings indicate a non-significant reduction of 4.8% in the proportion of respondents who reported awareness of laws at the endline. The proportion of caregivers who knew the contents of the laws/regulations enforced at the community-level, in the intervention and comparison areas at the endline period, registered a decline. This change, however, was not statistically significant.

The impact of increased dissemination of the laws on the prevention of VAC was measured by survey respondents' views on the adequacy of laws and the confidence they had in the capacity of child protection structures to respond to child protection cases per the laws. The findings (Table 3) show a reduction in children's confidence in the ability of child protection structures to enforce laws (DiD = -0.02; p = 0.072) and in the adequacy of laws to respond to VAC (DiD = -1.74; p = 0.734); these are however not significant. The qualitative data corroborate these findings:

"I feel that law is not satisfying enough because in some instances when your right is violated, that person who violated is supposed to be arrested. So, I do not feel satisfied because these people are arrested and sometimes only spend 3years in jail, are released. Such a person will continue to violate my rights" (Children's FGD- Kitgum)

"In my opinion, I don't feel satisfied because in case an adult commits an act of violence against me, a child, that adult may be arrested and detained for only a week in the police cell and then released. So, we don't understand whether that person pays the police to be released that fast."(Children's FGD- Kitgum)



The voices of children obtained through FGDs demonstrate dissatisfaction with the enforcement of the laws but also illustrate limitations in understanding basic legal principles on issues such as bail or prison sentences.

The caregivers' findings on the enforcement of laws are mixed and varied from those of children. The analysis shows that, unlike the findings among children, there was an increase in confidence in child protection structures, although not significant (DiD = 0.01; $p = 0.433$). Similar to conclusions among the children's population, caregivers also reported a decreased appreciation of the adequacy of laws (DiD = -0.11; $p = 0.078$).

Implementation of laws and adherence to

legal guidelines in cases of VAC is a complex process. The qualitative evidence from the evaluation indicated that legal standards for handling VAC cases were only sometimes adhered to. Despite the high knowledge among duty-bearers regarding prescribed legal action in cases of VAC, dynamic variables were considered when dealing with individual VAC incidents. For example, in some cases, parents and others involved preferred negotiating with perpetrators outside legal processes. The statutorily mandated officers often supported the informal negotiation processes by families to resolve cases of VAC. However, data shows that this state of affairs was more in the comparison area than the intervention community.

5.5 Impact of Children's Participation on Empowering Children to Become Change Agents for Addressing VAC

The ECPC project model focused on augmenting children's agency, premised on the assumption that children are responsible for protecting themselves and their peers against violence and associated risks. Different project activities were geared towards mobilizing and empowering children as active child protection agents. Children were mobilised through school-based child rights clubs and provided with training and other forms of support. The primary outcome measure for the project's impact on children's agency was active participation in events that influence policy and practices on child protection.

Regarding awareness of children's clubs (see Table 6), there was a higher proportion of children who were aware of the existence of children's clubs at baseline compared to the endline period in both the intervention (58.9% vs. 33.7%) and comparison areas (11.2% vs. 10.9%). In the intervention area, there was a significant change in children's awareness of the child clubs that actively advocate for children's rights. The proportion of children aware of school-based child rights clubs reduced significantly ($Pr(Z_p) = 0.000$) by 25.2% from 58.9% at baseline to 33.7% at the endline. The proportion of children who were aware of community groups increased by 3.8% from 3.2% at baseline to 7% at endline. This increase was significant ($Pr(Z_p) = 0.01$). This suggests the waning influence of school-based clubs in the study context. The qualitative interviews indicated that the effect of COVID-19 impacted the functionality of children's clubs as they were mainly organized around/within the schools. Despite these results, the findings show an increase of 3.1% in the proportion of children who reported they were members of the

rights clubs in the intervention area;

Most children in the comparison area reported they were unaware of children's clubs at baseline (85.3%) and the endline (86.4%). The statistical findings correspond with the qualitative data showing the absence of child protection clubs in the comparison area.

Children's clubs' predominant activities were community sensitization and identifying and reporting VAC. In the intervention area, significant differences in club activities were observed between baseline and endline periods. Specifically, in the areas of identifying VAC, where there was a positive change of 10.1% ($Pr(\chi^2) = 0.064$), referring VAC cases (% change of 10.1% ($Pr(\chi^2) = 0.001$)) and other VAC prevention activities (% change of 11.7% $Pr(\chi^2) = 0.004$). There were also changes in community sensitization, with a 2.4% increase between baseline and endline, the difference in the change insignificant ($Pr(\chi^2) = 0.66$). There was also a 3% increase in the proportion of children who indicated that the clubs engage in reporting VAC cases (40.2% at baseline vs. 43.2% at endline), although this was not significant ($Pr(\chi^2) = 0.59$).

In the comparison area, positive percentage increases were observed in the areas of community sensitization (11.1%), referring VAC (7.44%), and other activities (23.3%). Negative percentage changes were observed concerning identifying VAC (-0.9%) and reporting VAC (-2.9%); the differences were insignificant. Except for other activities, all other changes were not statistically significant.

Table 5: Knowledge, Participation in children's clubs and Perceived Importance of Children's clubs

Variable	Intervention				Comparison			
	Base-line	Endline	Pr(Z _p)	Pr(²)	Base-line	Endline	Pr(Z _p)	Pr(²)
Aware of club that actively advocate for children's rights								
Yes, at school	58.9%	33.7%	0.0000	0.000	11.2%	10.9%	0.4532	0.817
In the community	3.2%	7.0%	0.0096		3.5%	2.7%	0.2691	
Not aware of any	37.9%	59.3%	0.0000		85.3%	86.4%	0.3400	
Respondent was a member of club that advocates for children's rights								
	39.3%	42.4%	0.2846	0.569	41.0%	30.0%	0.1529	0.306
Activity that clubs engage in								
Community sensitization	48.0%	50.4%	0.3307	0.661	56.4%	67.5%	0.1550	0.310
Identifying VAC	34.7%	44.8%	0.0320	0.064	35.9%	35.0%	0.4668	0.934
Reporting VAC	40.2%	43.2%	0.2923	0.585	15.4%	12.5%	0.3556	0.711
Refer VAC cases	6.9%	17.6%	0.0010	0.002	2.56%	10.0%	0.0874	0.175
Other activities	23.7%	12.0%	0.0041	0.008	33.3%	10.0%	0.0058	0.012
Ever participated in the activities of the child rights clubs								
Ever participated	26.1%	22.6%	0.1378	0.276	6.5%	6.3%	0.4478	0.896
Not participated	73.9%	77.4%	0.1378		93.5%	93.7%	0.4478	
It is important to have child rights clubs								
It is important	65.9%	50.9%	0.0000	0.000	32.2%	41.7%	0.0044	0.000
It is not important	7.3%	10.8%	0.0468		26.8%	13.4%	0.0000	
Not sure	26.9%	38.3%	0.0000		41.0%	45.0%	0.3400	
Importance of the child rights clubs								
Report VAC perpetrators	30.6%	38.1%	0.0512	0.102	18.2%	24.8%	0.0996	0.199
Helps in preventing VAC	47.4%	57.1%	0.0214	0.043	42.7%	36.0%	0.1328	0.266
Helps in referring VAC cases	25.7%	26.5%	0.4308	0.862	7.3%	17.7%	0.0073	0.015
Informs community on children rights and VAC	60.4%	51.3%	0.0292	0.058	56.4%	61.4%	0.2043	0.409

There were statistically significant changes in the children's perceived importance of having community and school-based groups/clubs that actively advocate for children's rights in both the intervention area (Pr(2) = 0.00) and comparison area (Pr(2) = 0.00). The proportion of children who considered that community/school-based clubs are important-significantly reduced in the intervention area by 15%. The same proportion significantly increased in the comparison area by 9.5%.

Regarding the perceived usefulness of child rights clubs by children, the proportion

of children in the intervention area who considered the community/school-based groups/clubs useful in; reporting VAC perpetrators preventing VAC occurrence significantly increased at the endline as compared to the baseline. While those who reported that the clubs/groups sensitize the community about children's rights and VAC significantly reduced at the endline. In the comparison area, the only observed significant increase was in the proportion of children who reported that clubs help refer VAC cases.



The evidence on the impact of children's participation shows a decrease in the proportion of children who participated in child protection activities as a result of the intervention, although this was not significant (DiD = -0.14; $p = 0.286$). These results should

be interpreted in the context of school closures occasioned by the COVID-19 lockdown. The evaluation recognizes that children's participation in ECPC-supported clubs was possible in schools as the project heavily relied on a school-based model.



6. Sustainability of ECPC Project and Critical Enablers of Sustainability

The ECPC Project model considered the sustainability of the formal and non-formal structures in violence prevention. The project implementation was conducted through existing systems and resources, including human resources, for sustainability within the formal procedures.

6.1 Building on Existing Child Protection Structures

The design of the ECPC was focused on building the capacity of established actors already doing child protection work. The approach of relying on pre-existing structures was a departure from the convention, where new projects set up their parallel structures and provide training to those, they recruit specifically to be their agents. This project worked with Kitgum District Local Government and obtained guidance on the structures to work with. They were working with existing structures the District Local Government formally recognizes as child protection structures, providing an avenue for sustainability. The non-formal structures used by the project in Kitgum were created during the conflict period and have endured the post-conflict transition, metamorphosing into post-conflict child protection structures that the local government recognizes. The child protection committees (CPCs) in Kitgum have remained vibrant and continue providing essential case management services. District officials in Kitgum confirmed the benefits of training to the continued functionality of CPCs. These structures are made up of community volunteers who need more knowledge and skills at the time of recruitment. Training ensures that the laymen and women who are part of the CPCs acquire the requisite skills to execute their roles. The post-conflict period has been characterized by a turnover in the CPC membership as some volunteers become either deceased or too old to conduct their duties effectively.

This project has helped in keeping our structures running.... some volunteers started working in 2001, and they have become old; some have died and need replacement, and others left. So, this work is not ending, and we still need to continuously train new people that come on board (Key Informant, Kitgum)

There is a remarkable difference between the CPCs in Kitgum and Pader, which illuminates the impact of training and continued engagement of these structures. While the CPCs in Kitgum have endured the post-conflict transition and are recognized by the district actors and community members as formidable structures, those in Pader face an existential threat. The CPCs in Pader were reported to be inactive and unable to respond meaningfully to reported cases.

In this sub-county, other than the police outpost, the child and the family unit, and office of the CDO we do not have any institution or other places where those cases can be reported. We used to have the Child Protection Committees (CPC), but now they are no longer working. The CPCs were there a long time ago...they were there when people had just returned to their homes from the Internally Displaced Camps. But now, they are not vibrant. They have just gone down like that. The CPCs have disappeared. There is nothing like such committees. These committees collapsed because when cases were reported to the people on the CPC, they would not be able to handle them or even refer them elsewhere. They were not being facilitated to do this work and there was no orientation or retraining. So, the people on these committees gave up and disappeared (Sub County key informant, Pader).

Key informants in Pader associated the weakened CPCs with increasing violence against children. The absence of the CPCs and a vibrant, effective case management and referral network has resulted in impunity. Perpetrators are almost confident that their actions have no consequence because the victims have limited options for reporting. The sanctions that the CPCs previously imposed no longer exist.

Nowadays violence is too much the perpetrators are not fearing anything. The victims don't report the case to the child protection unit at the police postthey keep dying at home. Even if they report it to the LC, the LC cannot handle such cases, and some of the LCs are perpetrators themselves. But when those committees were here, cases reported to them would be taken very seriously and were always forwarded for action. That is not happening these days (KI at Sub County in Pader).

In addition, the project worked with non-statutory structures like religious and cultural organizations, which are widely recognized and respected by the community. Working with structures provides an immense opportunity for sustainability. Evidence from community members and leaders shows that, unlike the formal structures that are externally funded, cultural institutions are funded by families and individuals. The clan system, especially, is a dominant and well-respected structure that has the potential to mobilize its members for VAC prevention. Some clan leaders who interacted with the evaluation team expressed enthusiasm about continuing prevention work, using the skills generated during the training, even after the formal phasing out of funded implementation.

As clan leaders, even when this program ends, we are confident of the knowledge we have acquired through ECP and we will continue to work hard even if they are not around. For example, they have given us the book of bylaws; they have given us a register book for all crimes committed, and right now, we can agree that we got the knowledge from ECP, and even if they are not here, we will continue the good work (IDI-Clan leader-Kitgum)

Despite training extended to the clan structures, there needed to be evidence to show the integration of this structure in the formal local government-led ones. The strength of the clan system needs to be harnessed better for sustainability. In the absence of adequate resources for case management, the clan structure is an enduring one. Its decisions can override those of the formal structures governed by laws and regulations.

6.2 Increased Collaboration and Skills for Sustainability Potential

The project increased collaboration among duty-bearers in ensuring that services are available for prevention and response to VAC. Coupled with training, the articulation of the referral pathway enabled all duty-bearers to be aware and confident about their respective roles and those of their peers in the child protection mechanism. As a result, these actors work in close collaboration with one another and provide support to others. The following excerpt from a key informant interview depicts the depth of awareness among the actors on the value of working as teams to address the VAC.

I do not usually do these things alone. I am there, the CDO [Community Development Officer] is there, and at times where necessary, the LCIII (Sub-County) chairperson is there, and remember, we do involve the LCIs (village leaders) and other people. So, I see that we have the necessary people who are equipped in terms of knowledge, and generally, we have the structure though for the other things like transport costs/means we rely mainly on outside [NGO] support (Key Informant Interview, Kitgum)

Duty-bearers were aware of each actor's comparative advantages over the other and cultivated relationships that allowed them to exploit resources at their disposal to ensure child protection.

6.3 Case Management Enhanced by Working with Community Members

The project relied on already existing structures that had been established in the communities. One of these structures is that of para-social workers. These were recruited from the villages and were trained in essential case management. It revealed that working with community structures helped facilitate case management. Social welfare officers rely on para-social workers to provide information about community cases and coordinate case management. The para-social workers are trusted by the communities and play a linkage role between services and community members.

Para-social workers have helped a lot; they are people that we get from the community and know most of the people. Once you describe what you need, they can help. So, they have eased it for us (Key informant, Kitgum).

When suspects are granted bail and return to the community, the communities misunderstand what is happening. The lack of clarity among the communities on judicial processes hampers the work of para-social workers. The para-social workers are put on the spot because the communities suspect, collaboration between them and the suspects. This can result in mistrust between the community and the para-social workers. It was noted that para-social workers had expressed concerns when suspected sexual violence offenders returned to the community.

.... actually, the para-social workers come to me and say we bring cases to you especially defilement, but you find perpetrators back home, why? Why do they come back? It makes it hard for us now to do our work because the community looks at you like an enemy, and they think that you have been bribed yet you have not (key informant, Kitgum).

The para-social workers support monitoring the situation with VAC. They provide monthly reports to their respective jurisdictions' administrative units (sub-counties). They are facilitated with equipment like bicycles to ease transport, wellingtons to help them navigate muddy terrain, and books for record-keeping. The para-social workers, however, only work as unpaid volunteers. The need for a proper compensation plan for para-social workers casts a shadow on the sustainability of this particular structure. Presently, the different agencies working in the district rely on this structure, meaning they may be able to access some facilitation allowances, which could keep them motivated. It is still unclear, however, if they would continue to provide the services they do if these organizations were absent.

Critical Barriers to Sustainable VAC Case Management

a) Inadequate Capacity for Endline Especially due to Logistical Barriers

Despite the reported achievements and improvements in child protection case management, effective follow-up of cases needs to be improved by better record-keeping and logistical barriers. Some instances of VAC need to be adequately followed up because the initial records need to provide adequate or precise details to allow for subsequent actions. Duty-bearers often shelve cases because they need contact details or have incomplete case information. It was also clear that effective case management is a factor in the effort the victims and their families invest in the case. In some situations, those who report incidents of VAC do not follow them up adequately. When this happens, the statutory duty-bearers respond by shelving the cases. This suggests low motivation for following up on cases in the absence of pressure by those affected.

One challenge is that people report cases, and don't come back to follow up on the cases; then, you find no phone number for you to follow up. Even the name of the village you find the name is not clear, so following up can be so hard (Key informant, Sub County in Kitgum).

In this post-conflict setting, many families are still in recovery, living on the margins and unable to afford such expenses. Logistical barriers strain the community as victims, and their families, keen to follow up cases, are often sometimes required to provide facilitation, including stationery, communication, and transport. In some cases, family members who persist in obtaining justice are asked by duty-bearers to dispose of their livestock and poultry to get the money to facilitate the case endline. In a setting characterized by poverty, it is unlikely that many families will be able and willing to dispose of their assets for proper case management.

..... the woman did not have, and at that time I also did not have money. We asked her, don't you have anything at home? She said no. I do not have a shilling. Then we asked her if she had a hen or a rooster at home that she could exchange for fuel, and she said that she had only one cock, and it was still young, and she wanted to keep it (key informant, Sub County in Kitgum).

Logistical barriers are a universal hindrance and extend to the comparator study area. Discussions with actors in the health sector identified inadequate logistics as a critical barrier to accessing health care for victims of violence. In Pader, health workers reported that they often experience stock-outs of supplies which encumbers their ability to provide therapeutic support to violence survivors. They also further observed that they refer cases to the police and the Community Development Officers but are aware that many of the cases referred are never followed up to a conclusion. Individuals that are referred sometimes opt out of the process; sometimes, when they report to the office they are referred to, they do not access

any support due to logistical limitations. Duty-bearers are poorly facilitated and can only be able to follow up cases if the families reporting the cases provide transport and communication. These findings suggest that children from low-income families unable to access cash may not benefit from the project and key services if they experience VAC.

b) The Allowances [Facilitation] Syndrome in Post-Conflict Settings

One of the hallmarks of recovery and development programs and projects in post-conflict Uganda is the payment of allowances to community and opinion leaders in exchange for their time and services. This has resulted in an expectant mindset and a sense of entitlement on the part of many actors. The local leaders who support the work of child protection in the project area are unwilling to do so in the absence of some benefit to them. This has sometimes resulted in sabotage where leaders mobilize against child protection interventions to protest the non-payment of 'expected' benefits and entitlements. Consequently, the notion of volunteerism embedded in the assumptions of project sustainability appears to be delusional.

The last time we went for dialogue, we found the LC1 was mobilizing the people not to attend. This is because we were not giving him and the community allowances for attending. The mentality is that people must be paid to participate, even when an event potentially benefits them (Key informant, Kitgum).

The packaging and marketing of interventions that do not directly translate into immediate benefits for the participants must be thought through to ensure buy-in for ownership and sustainability.



c) The Clash between Formal and Traditional/informal Child Protection Approaches

The utility of the child protection structures is partly hampered by the collectivist value system inherent in the study area, where people feel obligated to protect the interests of others. The central philosophy of Uganda's legal approach to violence against children is punitive, making it run counter to the socio-cultural orientation that often 'compels' reconciliation. Moreover, the reconciliatory approach ensures that perpetrators, survivors, their families can co-exist. The clashes between these two approaches challenge the utility of modern formal child protection structures. The community-based actors, especially the village leaders [LCs] were inclined to adhere to the traditional cultural prescriptions of child protection. This focus and methods were not in the child's best interest but rather on reconciliation between the perpetrator and the survivor and their respective families. The result of this clash in values often rendered the formally established procedures for responding to violence impractical. The community leaders tasked with child protection adopted a pragmatic style to respond to reported cases. This sometimes entailed a selective supply of information to other actors in the referral network or advising those involved in reported incidents to take other actions that were contrary to the procedures provided by legal guidelines. For example, it was widely reported that LCs sometimes withheld information from the police to prevent cases from escalating. Village leaders [LCs] also advise families to settle cases outside of the formal systems.

Like in some communities, you find that all of them, [LCs] fear creating enmity... you are expected to handle certain things in specific ways... you are not supposed to take the case there... so you find them [LCs] also sitting on it For example, if it is a case of incest, you may find a baby coming out of that incest, yet, you were stopped from talking, and yet they had said they would handle it from home, and they end up not doing anything. So, culture also prevents them from bringing out those things. I also told you in my case that the chairman failed to arrest a perpetrator whom he knew himself that was abusing his wife and daughter, but because they are related, so he used the influence of the leader to keep his relative free (Key informant, Kitgum).

d) Inadequate Utilization of the Acholi Clan System

Discussions with KIs and at the district in both Kitgum and Pader districts illuminated the potential of the Acholi clan system to play an impactful role in child protection, for which this evaluation regarded as a missed opportunity. It is also imperative to note that the long war between the rebels of the Lord's Resistance Army and the Government of Uganda Army (over 20 years) in Acholi affected but did not destabilize the functionality of the clan system. Every family in Acholi belongs to a clan, representing each individual's heritage and identity. The clans have a leadership structure and guide members on expected behaviour by all the members. The clan system in the study area is vibrant and well-respected. Interactions with study participants in both the project and comparator areas suggested that this structure has immense potential to contribute to the reduction of violence against children.

...the clans have good potential to reduce violence against children if the right strategies are designed for them...the clans need to be strengthened so that they can do this. The role of this institution should not be underplayed. In Acholi, the clan system is very important, and it is a strong institution. When they call a meeting for 2 o'clock, everyone invited will show up on time. These clans must be strengthened because no one can dare defy what they say (District officials, Pader).

Despite the potential of the clan system, it was not deliberately targeted by the project. The evaluation team had interactions with clan leaders who confirmed the project had not targeted them. Clan leaders, however, reported that they intervene in violence cases brought to their attention by clan members. As indicated above, traditional edicts guide the clan leaders when interfacing with violence cases.

There are rituals that we follow if someone brings a case to us. For example, if a girl has been forced to have sex in the bush, we slaughter a goat or a chicken; if this is not done, that girl will not have a child in the future if she gets a husband. If a family tortures a child, we go to the home and to talk to the people torturing the child. They listen to us. We have never received any external support or training from anyone. We are willing to be trained if it can help our people. Those organizations need to work hand in hand with clan leaders; they should not leave us behind so that violence can be eradicated completely (KI, Clan leader in Kitgum).

The clan leaders who participated in the study demonstrated a willingness to collaborate with organizations that provide services to improve individual well-being and community cohesion.

Limitations of Child Empowerment in the Context of ECPC

The child empowerment component of the project was exclusive to children in schools. Children who needed access to school were inevitably locked out of the opportunity to participate in the clubs. Additionally, there needed to be a clear criterion for club admission, and membership to the school-based clubs was at the discretion of the club patron. In some cases, it was reported that patrons selected children based on academic performance. The limited access to children's clubs is likely to undermine sustainability, as only a few children can access the clubs. Open entry and exit to the clubs would ensure more significant impact and sustainability. While efforts to mobilize children in the clubs to meet with local and national leaders are commendable, such actions are difficult to sustain beyond ChildFund's financial support. The clubs would ideally be impactful by empowering children to demand and effect immediate changes on issues that impact their protection within their immediate environments. Incremental capacity development and amplification of children's voices would be a more enduring strategy than the impressive, unsustainable dialogues with leaders that are not easily reachable by the children in the project areas.



7. Conclusions and Lessons From the Evaluation

Deliberate community-level interventions purposed to build the capacity of critical stakeholders (parents/caregivers, children, and informal and formal child protection stakeholders) to prevent VAC can significantly impact knowledge of and responses to VAC. The interventions can leverage utilization of proper channels of reporting violence cases by caregivers and children. In addition, critical stakeholders in service delivery become aware and prioritize response to VAC. Overall, community-based responses to VAC present compelling opportunities for sustainability because, by their design, they build a systemic sense of institutional interdependence, collaboration, and mutual accountability between and among actors at the micro, meso, and macro levels.

The ECPC project demonstrated that empowerment through knowledge alone is not enough. The knowledge must translate into prevention and response to VAC. Child protection Committees were trained to handle VAC cases on the one hand effectively, and the rest of the community

were sensitized on the importance of reporting and where to report. The CPCs are a unique structure specifically established for VAC, and being closest to the people and specialized in child protection work, their training and equipment enhanced the quality of work they could do.

The intervention acknowledged that despite being part of the child protection system, Police and Local Council structures are occupied with other demands that occasionally disrupt their efficacy. In the comparison community (Pader), the evaluation noted a higher tendency to report VAC cases to elected Village Leaders (Local Council) and the police than the intervention community where initial reporting was with the CPCs. Increased reporting of cases in the project communities and elsewhere in Kitgum was attributed to the intervention's emphasis on reporting cases through the normal response/case management pathway. The cases could easily be recorded as opposed to the comparison community.

Training and engagement with child protection stakeholders by the project impacted how the structures operated/ worked in response to VAC. This is confirmed by the extent of trust caregivers and children had in these structures, in the intervention area compared to the comparison area. As a result of the training, there was also a noticeable influence of the intervention on children's ability to report VAC cases, especially to their parents and CPCs. Reporting VAC cases to Village Leaders (LCs) was discouraged as cases were likely to be lost because of the fear by LCs to threaten their social/family ties/relations.

There was a higher trust and confidence in the structure handling VAC cases in the intervention area compared to the comparison community. In turn, this trust increased the reporting rate of cases in the community. It improved the utilization of the referral pathway for VAC cases in the intervention community compared to the comparison community. Trust in the structures was higher in the intervention area than in the comparator. The ECPC project impacted community trust in VAC service providers and their systems. This is crucial for a sustainable response mechanism for VAC. The reduction in fear of bribery, shortened distances to service points, and reduced fear of reprisal all combined to impact reporting positively.

Overall, qualitative findings from this evaluation show that deliberate interventions to enhance reporting/response to VAC cases positively impact practice. There was also overwhelming qualitative evidence to show that people/actors in the intervention area were more enthusiastic about reporting and completing cases, despite practical/logistical limitations. Notably, the evaluation notes that the interest to ensure that reported

cases are addressed/handled stimulated innovative ways on how some logistical challenges, mainly related to transport and communication were addressed.

Before the interventions, proper mapping of the key and influential community-level (grassroots level) structures and systems, was undertaken. Despite failures, it became imperative for effective project implementation to have the Acholi clan leadership structures prominently featured as part of the informal community leadership resource the project could have utilized. During community feedback meetings at the community and district level, the clan system in the Acholi culture featured very prominently as an indispensable institution in preventing VAC.

The respect that the clan leaders command was a good window through which norms and practices that negatively impact children can be re-modelled. Moreover, previous studies have indicated that careful integration of formal and informal child protection systems and more reliance on the latter enhances the effectiveness of child protection mechanisms (Wessells, 2015). Clan leaders and elders involved in the project in different capacities and not necessarily clan leaders. Yet, they reported that even before the ECPC project, they always intervened in cases of violence brought to their attention by clan members. In the comparator community (Pader), the clan system was equally referred to as a strong community institution/structure that intervened in cases of violence against children. The only major challenge is that it was not strongly linked to the formal child protection structures. To enhance the sustainability of outcomes of similar projects in similar contexts in Northern Uganda, interventions should carefully integrate this structure by directly involving clan leaders

and elders in community capacity building..

There is demonstrable potential for empowering children as agents of child protection. Children became more knowledgeable about their protection, rights and knew where to report VAC. However, as children become more demanding, and question the status quo, there is pushback from the community and their parents. The resultant friction suggests the need for child empowerment strategies to engage more openly with parents and other caregivers. Moreover, child empowerment strategies of the ECPC project were mainly anchored in school settings. The extended closure

of schools during the COVID-19 lockdown period significantly compromised the effectiveness of school-based programs, as these were completely shut down. Lessons from the COVID-19 lockdown suggest the need for child empowerment programs that are universal and community based, potentially accessible to all children, even amid institutional disruptions. Beyond child empowerment, the restricted mobility of the population during the COVID-19 lockdown severely disrupted the project's implementation, and watered down the momentum gathered around reporting cases of VAC.



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ANNEX I: CAREGIVER QUESTIONNAIRE

(Aged 18 Years and above)

CAN WE START NOW (tick as appropriate)?	
<input type="checkbox"/> Yes, permission is given → Record household's particulars.	
<input type="checkbox"/> No, permission is not given → Discuss this result with your supervisor. Go to next household.	
HOUSEHOLD IDENTIFICATION PARTICULARS	
HH1. GPS Location: _____	HH2. DATE OF INTERVIEW: ___ / ___ / 2014
HH3. District : _____	HH4. Sub-county _____
HH5. Parish: _____	HH6. Village _____
HH2. Name of HH head: _____	HH1 Household ID: __ _ _ _ _ _ _ _ _ _ _
HH8. Interviewer's Code Number __ _ _ _	Time Interview started: __ _ : __ _ AM / PM

SECTION 1: RESPONDENT PROFILE

No.	Questions and Filters			Skip to
Q101	Name: _____	Contact: _____		
Q102	Sex of respondent (by observation)	Male Female	1 2	
Q103	Is the respondent the Head of the Household?	Yes No	1 2	If 1, go to Q205
Q104	If no, what is your relationship to the Head of the Household? CIRCLE ONE ONLY.	Spouse/Partner Son/daughter Parent of Household head Other relative, specify _____ No relation	1 2 3 4 5	
Q105	How old are you?	Age in completed years	__ _	
Q106	What is the marital status of the household head? CIRCLE ONE ONLY.	Married, living with spouse Married, not living with spouse Not married, living with partner In a relationship, not living with partner Single, not in a relationship Divorced / separated Widower / Widow Other, Specify _____	1 2 3 4 5 6 7 98	
Q107	What language do you mainly use/speak at home? (choose only one language)	Langi Acholi Other, specify _____	1 2 98	
Q108	Have you ever attended school?	Yes No	1 2	If 2, go to SECTION 2
Q109	IF YES, what is the highest education grade /level/form you have completed? CIRCLE ONE ONLY	Primary Secondary Technical/vocational Cert. University/college Diploma University/college Degree Other, Specify _____	1 2 3 4 5 98	

SECTION 2: CAREGIVER'S PERCEPTION, KNOWLEDGE AND ATTITUDES ON VIOLENCE AGAINST CHILDREN

No.	Questions and Filters			Skip to
Q201	Do you understand what is meant by child abuse or violence against children?	Yes, very well Yes, fairly Yes, just know about it No	1 2 3 4	
Q202	Generally, how much is a problem of violence against children in your community?	It is very common It is fairly common It is rare It is non-existent	1 2 3 4	<i>If 4, go to Q204</i>
Q203	In your opinion, where does violence against children occur MOST?	Home School In the community (outside of home and school) Other, specify _____	1 2 3 98	
Q204	Recalling over the past 12 months, have you witnessed any child who experienced any form of violence?	Yes No	1 2	<i>If 2, go to Q206</i>
Q205	If yes, where did the most recent incident happen?	Home School In the community (outside of home and school) Other, specify _____	1 2 3 98	
Q206	In case a child in your household or a child from your community experience(d) any form of violence, would you report the incident?	Yes No I don't know	1 2 99	<i>If 2 or 99, go to Q208</i>
Q207	Where can you report the incident?	Parents/caregivers of the perpetrator LC1 chairperson/committee member Child protection committee Health workers NGO/CBO staff/ child protection activists Police Probation and welfare officer Community Development Officer (CDO) Cultural leaders/elders Religious leaders Courts or judicial officers Headteacher/ Class teacher Prefects or child rights club leaders Other, specify _____	1 2 3 4 5 6 7 8 9 10 11 12 13 98	
Q208	In the past 12 months, have you reported any case/incident of violence against children in which a child in this household or from the community was a victim?	Yes No	1 2	<i>If 2 or 99, go to Q210</i>
Q209	Where did you report?	Parents/caregivers of the perpetrator LC1 chairperson/committee member Child protection committee Health workers NGO/CBO staff/ child protection activists Police Probation and welfare officer CDO Cultural leaders/elders Religious leaders Courts or judicial officers Headteacher/ Class teacher Prefects or child rights club leaders Other, specify; _____	1 2 3 4 5 6 7 8 9 10 11 12 13 98	<i>Any response Skip to Q211</i>

Q210	If no, why did you not report?	Don't know where to report It is normal in my community for these things to happen The perpetrator would bribe/influence his/her way out Fear of retaliation from the perpetrator No action would be taken on the perpetrator I am not interested in pursuing VAC cases Preference to resolve issues at the local level Long distances to the relevant protection structures Need to maintain family, clan or community harmony and good public image I don't care, it is none of my business I did not experience or witness any form of VAC Other, specify; _____	1 2 3 4 5 6 7 8 9 10 11 98	
Q211	Where do you always get information on child protection?	Radio stations Community groups CBOs/FBOs/NGOs staff Community meetings Family Teachers/PTAs Local government officials Police Religious gatherings Print media Telephone Television Other, specify; _____	1 2 3 4 5 6 7 8 9 10 11 12 98	

SECTION 3: PREVALENCE OF VIOLENCE AGAINST CHILDREN (Caregiver's Experience and Practices)

Q301			Q302					Q303			Q304		Q305														
Sometimes, when children and adolescents are growing up, people say or do things to make the child or adolescent feel embarrassed, ashamed or bad. In the past 12 months, has any child in your household or from the community that you know been.....?			How often does this happen to children? Codes 1. Almost every day times a week) 2. Once a week 3. Once a month 4. Once in the past 3 months 5. Once or twice a year					Can you tell me where does this occur most of the time? Codes 1. Home 2. Community 3. School			Did you or any other person report the incident? YES NO		Can you tell me where the incident was reported to? Codes 1. My Parents/caregivers 2. LC1 chairperson/ member 3. Child protection committee 4. Health worker(s) 5. NGO/CBO/FBO staff 6. Police 7. Probation & welfare officer 8. Community Development Officer(CDO) 9. Cultural leaders/elders 10. Religious leaders 11. Courts or judicial officers 12. Headteacher/ Class teacher 13. Prefects or child club leaders 14. Other, specify _____														
													EMOTIONAL VIOLENCE	YES	NO	1	2	3	4	5	1	2	3	1	0 (Go to next row)	1	2
Screamed at very loud and aggressively?			1	0 (Go to next row)	1	2	3	4	5	1	2	3	1	0 (Go to next row)	1	2	3	4	5	6	7	8	9	10	12	13	14
Said mean things or cursed a child?			1	0 (Go to next row)	1	2	3	4	5	1	2	3	1	0 (Go to next row)	1	2	3	4	5	6	7	8	9	10	12	13	14
Made to feel ashamed or embarrassed in front of other people in a way that always make a child to feel bad about?			1	0 (Go to next row)	1	2	3	4	5	1	2	3	1	0 (Go to next row)	1	2	3	4	5	6	7	8	9	10	12	13	14

Threatened to be hurt or killed, including invoking evil spirits against a child?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Bullied (teased, embarrassed) so that the child felt sad or bad	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Spread rumours about the child or tried to turn the child's friends against him/her	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Tried to scare or intimidate a child on purpose by the way they looked at the child, by shouting or by smashing things?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
PHYSICAL VIOLENCE	YES	NO			YES	NO	
Pushed, Grabbed, or Kicked?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Hit, beat, or spanked a child with a hand	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Hit, beat, or spanked a child with a belt, paddle, a stick or other object	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Choked, smothered or tried to drown a child	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Pulled the child's hair, pinched or had his/her ear twisted	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Burned or scalded a child, (including putting hot chillies or peppers in the child's mouth)	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Locked up in a small place, tied up, or chained to something	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Making a child to stay in one position holding a heavy load or making a child to do exercise as punishment	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made child(ren) dig, slash a field or do other labour as a punishment?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Making a child to stand or kneel in a way that hurts as a punishment?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Denied a child food as a punishment?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Sexual Violence	Yes	No			Yes	No	

Touched or pinched a child's private parts [e.g. breasts, buttocks or genitals], or made a child to touch theirs	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Forced (induced) a child(ren) watch a sex video or look at sexual pictures in a magazine or computer	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Forced (induced) a child(ren) to look at their private parts or wanted to look at the child's private parts	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Seduced a child(ren) with money or material things to do sexual activities?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Forced (induced) a child to consent to marriage or consensual union	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Forcefully Kissed a child(ren).	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Threatened or pressured a child to have sex or do sexual things	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Forced a child(ren) into commercial sex work	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____
Raped or forced a child to have sexual intercourse (vaginal, anal or oral)	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14 _____

SECTION 4: Factors that predispose children to violence, awareness of existing legal frameworks and participation in activities that promote child protection

No.	Questions and Filters		Skip to
Q401a	Children's exposure to violence is mediated by various social, economic and political factors. In your opinion, do the following factors predispose children to VAC in your community?	Parents abusing drugs or alcohol	1
		Domestic violence	2
		Denial of basic needs (food, shelter, clothing, etc)	3
		Low household income	4
		Stubbornness of children	5
		Parents ignorance of child protection rights	6
		Children dropping out of school	7
		Parents' limited acceptance of children's rights	8
		Irresponsible parenting	9
		Peer pressure	10
		Parents' attempt to maintain authority	11
		Diminishing role of community in child upbringing	12
		Children abusing drugs or alcohol	13
		High Spread of pornography	14
		Negative cultural/religious beliefs	15
		Inadequate laws/bylaws on child protection	16
		Other, specify; _____	98
Q401b	In your opinion, do the following factors predispose children to VAC in schools?	Stubbornness of the children or badbehaviours	1
		Basic needs not met (food)	2
		Children escaping or absenting themselves from school	3
		Teachers' personal problems or stress	4
		Children's poor performance in class	5
		Peer pressure	6
		Teachers' attempt to maintain authority	7
		Teachers' ignorance of child protection rights	8
		Teachers' limited acceptance of child protection rights	9
		Children abusing alcohol and drugs	10
		The spread of pornographic materials	11
		Children being untidy	12
		Negative cultural or religious beliefs	13
	Other, specify; _____	98	
Q402	Are you aware of the any law, ordinances, by-laws or regulations passed and/or enforced to address violence against children in your community?	Yes	1
		No	2
			<i>If 2, go to Q404</i>
Q403	Do you know the contents of any of the existing ordinances or by-laws?	Yes	1
		No	2
		Not sure/ I don't know	99
Q404	Are you aware of the any law, ordinances, by-laws or regulations passed and/or enforced to address violence against children in schools?	Yes	1
		No	2
			<i>If 2, go to Q406</i>
Q405	Do you know the contents of any of the existing ordinances, by-laws or regulations?	Yes	1
		No	2
		Not sure/ I don't know	99
Q406	In your opinion, do you consider the existing laws, ordinances, by-laws or regulations adequate in addressing violence against children?	Yes	1
		No	2
		Not sure/I don't know	99

Q407	Are you confident that the following child protection structures handle child protection cases well in accordance to the existing government laws and standards? <u>Codes</u> 1. Yes 2. No 3. Don't know LC1 chairperson/committee member Child protection committees Health workers NGO/CBO staff/ child protection activists Police Probation and social welfare officers Community Development Office (CDO) Cultural leaders/elders Religious leaders Courts or judicial officers	Parents/caregivers	1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3
			1	2	3

Section 5: Empowerment of caregivers and their participation in child protection activities

Q501	Have you, anyone from this household or any other community member that you know ever received training in child protection?	Yes No	1 2	<i>If 2, go to Q507</i>	
Q502	In which of the following were you or other children trained? <u>Codes</u> 1. Yes 2. No 3. I don't know	Children's rights	1	2	3
		Reporting violence against children	1	2	3
		Referral pathways	1	2	3
		Any other response to child violence	1	2	3
		Sauti 116	1	2	3
Q503	When was the last time that you or other children that you know received the training in child protection?	Less than 6 months ago	1		
		6 months – 1 year	2		
		1 to 2 years ago	3		
		Over 2 years ago	4		
Q504	Did the training enhance your knowledge and skills in prevention and response to violence against children?	Yes No	1 2		
Q505	Specifically, what new skill(s) did you learn			
Q506	In your opinion, were the trainings on child protection that you and/or others that you know received useful?	Yes No	1 2		
Q507	Are you aware of any community groups or clubs in your community that are actively advocating for children rights and/or prevention of violence against children?	Yes No	1 2		
Q508	If yes, are you a member of any of such clubs?	Yes No	1 2		
Q509	Which activities do such groups/clubs engage in?	Sensitise community members on child rights Identify Violence against children Cases Report VAC cases Refer cases Other, specify; _____ I don't know/ Not sure	1 2 3 4 98 99		

Q510	In your opinion, is having community groups or clubs that actively advocate for children rights and/or prevention of violence against children helpful in reducing VAC?	Yes No I don't know	1 2 99	<i>If 2 or 99, go to Q512</i>
Q511	How are such groups/clubs helpful in reducing VAC?	Report teachers who perpetrate violence Prevent violence against children Referring VAC cases It informs us on the VAC and child rights Other, specify; _____ _____	1 2 3 4 98	
Q512	Have you, anyone from this household or other community members that you know ever actively participated in any of the child protection promotion/ awareness activities?	Yes No	1 2	<i>If 2, end interview</i>
Q513	Which activity(ies) have you or anyone that you know participated in?	Community outreaches Community dialogues with stakeholders e.g. Police, parents, Probation etc. Commemoration of internationally recognized child events e.g. Day of the African child. National dialogues with stake holders e.g. MPs, Ministry of Gender, NGOs etc. Participated in a radio talk show Other, specify; _____ _____	1 2 3 4 5 98	
Q514	How have you benefitted from such activities?	I'm now aware of the different forms of violence against children I have learnt the reporting process I have knowledge on referral I'm now equipped with knowledge on child rights I'm aware of child protection laws and by-laws I'm confident to speak about prevention of VAC Other, specify; _____ _____	1 2 3 4 5 6 98	
Q515	In general, are you in a better position to use the skills in furthering the cause even beyond/after school?	1 Yes 2 No	1 2	

The End

Thank you so much for your precious time and sincere response

ANNEX II: CHILDREN QUESTIONNAIRE

(Aged 10 – 17 Years OR Primary 4 to Primary 6)

SECTION 1: CHILD PROFILE

Q/ No.	Questions and Filters			Skip to
Q101	District	Kitgum Nwoya	1 2	
Q102	Sub-county	Kitgum – Matidi Lagoro Koch – Goma	1 2 3	
Q103	Sex of Respondent	Male Female	1 2	
Q104	How old are you?	Age in completed years		
Q105	Are your biological parents alive?	Both parents alive Both parents dead Only mother alive Only father alive Don't know	1 2 3 4 99	
Q106	Are you living with your father and your mother at home?	Yes, living with biological mother and father No, living with biological Father only No, living with biological Mother only None – not living with my biological parents	1 2 3 4	
Q107	What is your relationship to the head of your household? — <i>that is, the main person Making decisions in this house</i>	I am the head of the household (child-headed) Son/daughter Brother/sister Niece/nephew Step-child Grandson/granddaughter Not family-related Other (specify)	1 2 3 4 5 6 7 98	
Q108	Do you have any form of disability known to you?	Yes No	1 2	
Q109	<i>If Yes, which form of disability do you have?</i>	Physical disability Has difficulty in seeing Has difficulty in hearing Has difficulty in speech Has mental/learning disability Other, specify _____	1 2 3 4 5 98	

SECTION 2: CHILDREN'S PERCEPTION, KNOWLEDGE AND ATTITUDES ON VIOLENCE AGAINST CHILDREN

No.	Questions and Filters			Skip to
Q201	Do you understand what is meant by child abuse or violence against children?	Yes, very well Yes, fairly Yes, just know about it No	1 2 3 4	
Q202	Generally, how much is a problem of violence against children in your community?	It is very common It is fairly common It is rare It is non-existent	1 2 3 4	<i>If 4, go to Q204</i>
Q203	In your opinion, where does violence against children occur MOST?	Home School In the community (outside of home and school) Other, specify _____	1 2 3 98	
Q204	Have you or any child/pupil that you know experienced any form of violence against children in the past 12 months?	Yes No	1 2	<i>If 2, go to Q20</i>

Q205	If yes, where did the most recent incident happen?	Home School In the community (outside of home and school) Other, specify _____	1 2 3 98	
Q206	In case you or any child/pupil that you know experience any form of violence against children, would you report the incident?	Yes No I don't know	1 2 99	If 2 or 99, go to Q208
Q207	Where can you report the incident?	My Parents/caregivers LC1 chairperson/committee member Child protection committee Health workers NGO/CBO staff/ child protection activists Police Probation and welfare officer Community Development Officer (CDO) Cultural leaders/elders Religious leaders Courts or judicial officers Headteacher/ Class teacher Prefects or child club leaders Other, specify _____	1 2 3 4 5 6 7 8 9 10 11 12 13 98	
Q208	In the past 12 months, have you reported any case/incident of violence against children in which you or a person that you know was a victim?	Yes No	1 2	If 2 or 99, go to Q210
Q209	Where did you report?	My Parents/caregivers LC1 chairperson/committee member Child protection committee Health workers NGO/CBO staff/ child protection activists Police Probation and welfare officer CDO Cultural leaders/elders Religious leaders Courts or judicial officers Headteacher/ Class teacher Prefects or child club leaders Other, specify; _____	1 2 3 4 5 6 7 8 9 10 11 12 13 98	Any response Skip to Q211
Q210	If no, why did you not report?	Don't know where to report It is normal in my community for these things to happen The perpetrator would bribe/influence his/her way out Fear of retaliation by the perpetrator No action would be taken on the perpetrator My parents are not interested in pursuing VAC cases Preference to resolve issues at the local level Long distances to the relevant protection structures Parents' greed for material and/or financial gains Need to maintain family, clan or community harmony and good public image I don't care, it is none of my business I did not experience or witness any form of VAC Other, specify; _____	1 2 3 4 5 6 7 8 9 10 11 12 98	

Q211	Where do you always get information on child protection?	Radio stations Community groups CBOs/FBOs/NGOs staff Community meetings Family Teachers/PTAs School clubs – child rights clubs Local government officials Police Religious gatherings Print media Telephone Television Other, specify;	1 2 3 4 5 6 7 8 9 10 11 12 13 98	
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SECTION 3: CHILDREN'S EXPERIENCE OF VIOLENCE

CQ301			C3402	CQ303	CQ304		CQ305
Sometimes, when children and adolescents are growing up, people say or do things to make the child or adolescent feel embarrassed, ashamed or bad. In the past 12 months, have you been.....?			How often does this happen to you? Codes 6. Almost every day times a week) 7. Once a week 8. Once a month 9. Once in the past 3 months 10. Once or twice a year	Can you tell me where does this occur most of the time? Codes 4. Home 5. Community 6. School	Did you report the incident? YES NO		Can you tell me where you reported to? Codes 15. My Parents/caregivers 16. LC1 chairperson/ member 17. Child protection committee 18. Health worker(s) 19. NGO/CBO/FBO staff 20. Police 21. Probation & welfare officer 22. Community Development Officer(CDO) 23. Cultural leaders/elders 24. Religious leaders 25. Courts or judicial officers 26. Headteacher/ Class teacher 27. Prefects or child club leaders 28. Other, specify
EMOTIONAL VIOLENCE	YES	NO			YES	NO	
Screamed at you very loud and aggressively?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Said mean things or cursed you?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made you feel ashamed or embarrassed in front of other people in a way you will always feel bad about?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Threatened to hurt or kill you, including invoking evil spirits against you?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Been bullied (teased, embarrassed) so that you feel sad or bad	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Spread rumours about you or tried to turn your friends against you	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Tried to scare or intimidate you on purpose by the way they looked at you, by shouting or by smashing things?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14

PHYSICAL VIOLENCE	YES	NO			YES	NO	
Pushed, Grabbed, or Kicked you?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Hit, beat, or spanked you with a hand	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Hit, beat, or spanked you with a belt, paddle, a stick or other object	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Choked you, smothered you or tried to drown you	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Pulled your hair, pinched you, or twisted your ear	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Burned or scalded you, (including putting hot chillies or peppers in your mouth)	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Locked you up in a small place, tied you up, or chained you to something	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Making you stay in one position holding a heavy load or another burden or making you do exercise as punishment	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made you dig, slash a field or do other labour as a punishment?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made you stand or kneel in a way that hurts to punish you?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Taken your food away from you as a punishment?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Sexual Violence	Yes	No			Yes	No	
Approached or spoken to you in a sexual way or wrote sexual things about you	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Touched or pinched your private parts [e.g. breasts, buttocks or genitals], or made you touch theirs	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Made you look at their private parts or wanted to look at yours	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14

Give you money or things to do sexual activities?	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Forced (induced) you to consent to marriage or consensual union	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Kissed you when you didn't want to be kissed.	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Involved you in making sexual pictures or videos	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Threatened or pressured you to have sex or do sexual things	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Forced you into commercial sex work	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14
Raped or forced you to have sexual intercourse (vaginal, anal or oral)	1	0 (Go to next row)	1 2 3 4 5	1 2 3	1	0 (Go to next row)	1 2 3 4 5 6 7 8 9 10 12 13 14

SECTION 4: FACTORS THAT PREDISPOSE CHILDREN TO VIOLENCE, AWARENESS OF EXISTING LEGAL FRAMEWORKS AND CHILDREN'S CONFIDENCE IN CHILD PROTECTION STAKEHOLDERS

No.	Questions and Filters		Skip to
Q401a	Children's exposure to violence is mediated by various social, economic and political factors. In your opinion, do the following factors predispose children to VAC in your community?	Parents abusing drugs or alcohol	1
		Domestic violence	2
		Denial of basic needs (food, shelter, clothing, etc)	3
		Low household income	4
		Stubbornness of children	5
		Parents ignorance of child protection rights	6
		Children dropping out of school	7
		Parents' limited acceptance of children's rights	8
		Irresponsible parenting	9
		Peer pressure	10
		Parents' attempt to maintain authority	11
		Diminishing role of community in child upbringing	12
		Children abusing drugs or alcohol	13
		Spread of pornography	14
		Negative cultural/religious beliefs	15
		Inadequate laws/bylaws on child protection	16
		Other, specify; _____	98
Q401b	In your opinion, do the following factors predispose children to VAC in your school?	Stubbornness of the children or badbehaviours	1
		Basic needs not met (food)	2
		Children escaping or absenting themselves from school	3
		Teachers' personal problems or stress	4
		Children's poor performance in class	5
		Peer pressure	6
		Teachers' attempt to maintain authority	7
		Teachers' ignorance of child protection rights	8
		Teachers' limited acceptance of child protection rights	9
		Children abusing alcohol and drugs	10
		The spread of pornographic materials	11
		Children being untidy	12
		Negative cultural or religious beliefs	13
		Other, specify; _____	98
Q402	Are you aware of the any law, ordinances, and by-laws passed and/or enforced to address VAC in your community?	Yes	1
		No	2
			<i>If 2, go to Q404</i>
Q403	Do you know the contents of any of the existing ordinances or by-laws?	Yes	1
		No	2
		Not sure/ I don't know	99

Q404	Are you aware of the any law, ordinances, by-laws or regulations passed and/or enforced to address violence against children in your school?	Yes No	1 2	<i>If 2, go to Q406</i>
Q405	Do you know the contents of any of the existing ordinances or by-laws?	Yes No Not sure/ I don't know	1 2 99	
Q406	In your opinion, do you consider the existing laws, ordinances or by-laws adequate in addressing violence against children?	Yes No Not sure/I don't know	1 2 99	
Q407	Are you confident that the following child protection structures handle child protection cases well in accordance to the existing government laws and standards? <u>Codes</u> 4. Yes 5. No 6. Don't know LC1 chairperson/committee member Child protection committees Health workers NGO/CBO staff/ child protection activists Police Probation and social welfare officers Community Development Office (CDO) Cultural leaders/elders Religious leaders Courts or judicial officers	Parents/caregivers	1 2 3	
		1 2 3		
		1 2 3		
		1 2 3		
		1 2 3		
		1 2 3		
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		1 2 3		
		1 2 3		
		1 2 3		
		1 2 3		

SECTION 5: EMPOWERMENT OF CHILDREN AND THEIR PARTICIPATION IN CHILD PROTECTION ACTIVITIES

Q501	Have you or any other child that you know ever received training in child protection?	Yes No	1 2	<i>If 2, go to Q507</i>
Q502	In which of the following were you or other children trained? <u>Codes</u> 4. Yes 5. No 6. I don't know	Children's rights	1 2 3	
		Reporting violence against children	1 2 3	
		Referral pathways	1 2 3	
		Any other response to child violence	1 2 3	
		Sauti 116	1 2 3	
Q503	When was the last time that you or other children that you know received the training in child protection?	Less than 6 months ago	1	
		6 months – 1 year	2	
		1 to 2 years ago	3	
		Over 2 years ago	4	
Q504	Did the training enhance your knowledge and skills in prevention and response to violence against children?	Yes No	1 2	
Q505	Specifically, what new skill(s) did you learn		
Q506	In your opinion, were the trainings on child protection that you and/or other children received useful?	Yes No	1 2	
Q507	Are you aware of any children led groups or clubs in your school or community that are actively advocating for children rights and/or prevention of VAC, such as; child rights clubs?	Yes, at school Yes, at community-level No	1 2 3	<i>If 2, go to Q510</i>
Q508	If yes, are you a member of any of such clubs?	Yes No	1 2	
Q509	Which activities does such groups/clubs engage in?	1 Sensitise children/ pupils in child rights 2 Identify Violence against children Cases 3 Report VAC cases 4 Refer cases 5 Other, specify; _____ 6 I don't know/ Not sure	1 2 3 4 98 99	

Q510	In your opinion, is having children led groups or clubs that actively advocate for children rights and/or prevention of violence against children helpful in reducing VAC?	1 Yes 2 No 3 I don't know	1 2 99	<i>If 2 or 99, go to Q512</i>
Q511	How are such groups/clubs helpful in reducing VAC?	1 Report teachers who perpetrate violence 2 Prevent violence against children 3 Referring VAC cases 4 It informs us on the VAC and child rights 5 Other, specify; _____	1 2 3 4 98	
Q512	Have you or a child/pupil that you know ever actively participated in any of the child protection promotion/ awareness activities?	1 Yes 2 No	1 2	<i>If 2, end interview</i>
Q513	Which activity(ies) have you or a child that you know participated in?	1 Community outreaches 2 Community dialogues with stakeholders e.g. Police, parents, Probation etc. 3 Commemoration of internationally recognized child events e.g. Day of the African child. 4 National dialogues with stake holders e.g. MPs, Ministry of Gender, NGOs etc. 5 Participated in a radio talk show 6 Participated in a debate/child rights club activity at school 7 Presented a music, dance, drama, poem, etcetera on child protection 8 Other, specify; _____	1 2 3 4 5 6 7 98	
Q514	How have you benefitted from such activities?	1 I'm now aware of the different forms of violence against children 2 I have learnt the reporting process 3 I have knowledge on referral 4 I'm now equipped with knowledge on child rights 5 I'm aware of child protection laws and by-laws 6 I'm confident to speak about prevention of VAC 7 Other, specify; _____	1 2 3 4 5 6 98	
Q515	In general, are you in a better position to use the skills in furthering the cause even beyond/after school?	3 Yes 4 No	1 2	

The End

Thank you so much for your precious time and sincere response

QUALITATIVE TOOLS

ANNEX III: GROUP INTERVIEW GUIDE FOR CHILDREN (Children leaders)

- 1 What is the role of children in addressing violence against children?
- 2 Tell me about the prevalence/level of occurrence of violence against children in your...?
 - a) School
 - b) Home.
 - c) Community

Probe, for the common perpetrators at each level
- 3 What are the most common forms of violence faced by you or your peers in the ...?
 - a) School/
 - b) Home
 - c) Community

Probe, who are the common perpetrators
- 4 Are you aware of any child protection structures where you can report violence against children cases in the;
 - a) Community, and
 - b) School.

Probe to enlist the structures known at each level
- 5 What laws, by-laws and regulations are you aware of that relate to child protection? *probe for laws and/or by-laws on defilement, corporal punishments, education, child labour, etc.*
- 6 Are there some by laws or regulations that target prevention and response to violence against children that are being championed in this community? *Probe to enlist those championed*
- 7 Have you or any other child that you know ever been consulted for opinions in the process of formulating a by-law in this school or community? How were you consulted?
- 8 How satisfied are you with the existing laws, by-laws and regulations in addressing violence against children in the;
 - a) Schools
 - b) Community

Probe for the gaps and challenges
- 9 What are some of the activities do children engage in to prevent Violence against Children?
Probe for their participation in group activities, life skills training,

- 10 Have you or any child that you know ever been trained in child protection? *Probe for the type of training, who trained them, frequency of training, etc*
- 11 Are you aware of the reporting criteria for violence against children?
- 12 Are you aware of the reporting chain? If you are destructed on one step are you able to continue to the other step e.g. from parent to police?
- 13 Are there some child right clubs in your schools or community that you know of which actively participate in prevention and response to violence against Children? *If yes, probe for their mandate*
- 14 Do these child-led clubs enhance child participation in Child protection? *If yes, probe for how?*
- 15 In your opinion does empowering children in child protection make them an integral part in fighting violence against children?
- 16 Do you feel that you or children in your school or community are adequately trained and/or empowered to respond and prevent Violence? *Probe on the support of parents or caregivers.*
- 17 What are some of the gaps/challenges that undermine children's active participation in prevention and response to violence against children?
- 18 What can be done to ensure that children effectively and sustainably participate in prevention and response to violence against children?

ANNEX IV: FGDS AND GROUP INTERVIEW GUIDE FOR CAREGIVERS

(Aged 18 Years and above)

- 1 Tell me about the prevalence of violence against children in your community.
- 2 What are the most common forms of violence against children?
- 3 Who are the most perpetrators of violence and where do they occur most?
- 4 Do you know any laws or by laws relating to Child protection and response to violence against children? *probe for laws/by-laws on defilement, corporal punishments, child labour, education, etc.*
- 5 Before and during formulation of these laws, were you consulted and you gave your opinion?
- 6 Overall what was the level of your participation in the process of formulating these laws/ by-laws?
- 7 In your opinion, are the available laws and regulations at national and community-level adequate in addressing VAC? *Probe on what is lacking and what needs to be done*
- 8 Tell me about the structure(s) that you are aware of which prevent, respond to violence against children and promote child protection in this community?
- 9 Are you aware of their mandate? *Probe for the mandate of each of the structure mentioned*
- 10 Do you belong or know anyone in the community who is a member of any community-based child protection structures?
- 11 Are you confident in functionality of the community-based child protection structures (CBCPCs)? *Probe for functionality at different levels e.g. LC, CPCs, religious leaders, elders, clan leaders, etc.*
- 12 Overall how satisfied are you with the operations of the CBCPCs in your community?
- 13 What are some of the loopholes in the CBCPCs?
- 14 How can the role of the CBCPCs in promoting child protection be strengthened?
- 15 Have you ever participated in a dialogue or training where issues of child protection and Violence against children was discussed? *Probe for what was discussed*
- 16 What new thing did you learn?

ANNEX V: GROUP INTERVIEWS GUIDE FOR COMMUNITY BASED CHILD PROTECTION COMMITTEES

1. Tell me about the prevalence of violence against children in this community. Probe for who the common perpetrators are.
2. What are the most forms of violence in the community?
3. What is the history of this Child Protection Committee? Probe for the criteria of becoming a member.
4. Are there similar committees in this or neighbouring communities?
5. What is the committee's role (s) in protecting children from violence and abuse? Probe for identification of cases, prevention and awareness, handling referrals, monitoring child protection in communities.
6. Have you ever received training in child protection? Probe for who trained, the prevalence of the trainings.
7. What topics did the trainings cover? Probe for child rights, laws, policies etc.
8. What topics do you think were not covered during these trainings?
9. Do you have functional by laws in whose formulation you were involved?
10. What are some of the awareness-raising activities have been conducted by CBCPCs in relation to VAC in the last 6 months?
11. What are the funding sources for your activities?
12. What challenges do you face in fulfilling your mandate of protecting children in the community from Violence?

ANNEX VI: KEY INFORMANT INTERVIEW WITH THE PSWO, POLICE CFPU, DCDO, CDO

1. Please tell me about the role of your office in prevention and response to Violence against children in this district.
2. Comment of the prevalence of VAC cases in the district? Probe for the most commonly reported forms of violence against Children.
3. Who are the common perpetrators of Violence against children?
4. Do you have emergency protection shelters where children at risk or victims of violence stay? Probe for the services offered by these protection shelters.
5. Thinking about 3 years ago, how different is the situation in terms of VAC cases prevalence? Probe to establish whether there have been positive changes and the reasons for the change to.
6. Tell me about the existence of CBCPCs in this district? What is their mandate?
7. To what extent have they contributed to the reduction of VAC and enhanced child protection and safeguarding? Probe for their level of confidence in CBCPCs as a pillar for addressing VAC.
8. In your opinion what challenges hinder their performance of functionality?
9. Suggest some recommendations that can help strengthen their performance.
10. Apart from CPCs which other organizations are in the areas of child protection?
11. Tell me about their coordination. Probe whether there is duplication of services, existence of uniform Standard Operating Procedures.
12. Is there a child protection case management information system? Who is responsible for it?
13. Is there an information sharing protocol that is followed?
14. Out of experience, in what position are children in your district in responding to Violence? Probe on how many cases are reported by children, the usage of Sauti 116.
15. What percentage of funding is reserved for child protection prevention and response? Probe where there a funding gap?
16. Generally what suggestions do you give to promote child protection and reduce violence against children in this area?

ANNEX VII: KEY INFORMANT INTERVIEW WITH THE HEALTH FACILITIES

1. What is your understanding of violence against children and its implications on the health and lives of children?
2. What are the most common forms of violence you know in this area?
3. Does this facility handle health issues as a result of VAC? Probe for the volume of cases handled at least in a period of one month.
4. Tell me about the referral process for Violence against children cases.
5. Would you confidently say that the referral pathway is sufficient? Probe for loopholes in the referral system.
6. May you share with me a success story of any case that was referred at this health facility that was related to VAC?
7. Who are your partners in working with children?
8. How satisfied are you with the partnership and coordination of different stakeholders in addressing VAC cases? Probe for duplication
9. What challenges are faced by this facility in responding to cases of VAC and what can be done to mitigate these challenges?
10. Suggest possible recommendations for prevention and response to VAC in this area.



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