

Child Sacrifice and the mutilation of children in Uganda



HUMANEAFRICA

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Please Note

This report contains accounts that some people may find disturbing.

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Cover photo by Rikke Dyrberg

"I took one glance at my child and couldn't take another look. He didn't have arms and his legs had been cut off, the head was on the other side from the body (...) I was crying uncontrollably, I imagined the pain he must have gone through. It made me sad as a mother that someone could kill an innocent child like that" (Victim's mother; Masaka District)¹

"One held my neck from the back, and the other one started beating me (...) when I got to my senses my neck had a cut and blood was flowing. My testicles were also cut and when I tried standing I was so weak" (Victim, Mukono District)²

"I was requested for the blood of a girl who was a virgin and I used this chance to acquire one. She was alone in the path and I was undercover to take what I could offer my boss. (...) I mutilated the girl's genitalia and also pulled out her throat and parked them in my black polythene bag and delivered them to the witchdoctor" (Agent, Buikwe District)³

"He pulled out the knife and started cutting the parts he needed. After he drunk the blood and he also gave me to drink. And he told me that drinking blood prevents the spirit of the victim to haunt us" (Man who confessed to mutilating people to remove body parts, blood and tissue, Buikwe District)⁴

"I got to use this through a tough situation that I wanted to get rid of and this was urinating on my bed as big as I am. (...) I was given a young boy's genitalia and it was very black and stiff (...) I only tied it around my knickers for those two days during the days and the nights" (Woman who confessed to using body parts, Buikwe District)⁵

"My relatives used to treat people using people's organs like fingers (...) to heal people's illnesses and to initiate people into traditional healing" (Victim's father and traditional healer's son, Buvuma District)⁶

¹ Interview code Di7

² Interview code EACO10

³ Interview code EACI38/EACO45

⁴ Interview code EACO37

⁵ Interview code EACO27/EACO35

⁶ Interview code EACO2/EACO11/EACO13

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Acronyms

CIA – Central Intelligence Agency

CID – Criminal Investigation Department

DRC – Democratic Republic of Congo

EACO – Empower And Care Organization

FGM/C – Female Genital Mutilation/Cutting

GDP – Gross Domestic Product

HIV/AIDS – Human Immunodeficiency Virus Infection / Acquired Immunodeficiency Syndrome

KCM – Kyampisi Child Care Ministries

MFPED – Ministry for Finance, Planning and Economic Development

MoH – Ministry of Health

NRM – National Resistance Movement

OHCHR – Office of the United Nations High Commissioner for Human Rights

PwC – PricewaterhouseCoopers Limited

RACHO – Restoring African Cultural Heritage Organisation

RRU – Rapid Response Unit

UBOS – Uganda Bureau of Statistics

UHRC – United Human Rights Council

UK – United Kingdom

UNDAF – United Nations Development Action Framework

UNICEF – United Nations Children's Fund

US – United States

WHO – World Health Organization

Executive Summary

This research into issues relating to child mutilation, known locally as child sacrifice, is the only research based exclusively on firsthand eyewitness accounts in Uganda.

Prior to this research, information on child mutilation and sacrifice has been largely based on hearsay and reports in the press and was therefore easy for both Governments and Civil Society to claim it either did not occur or was so infrequent it did not merit any response or attention. The findings in this report however, show that regular mutilations occur throughout Uganda and body parts, blood and tissue are forcibly removed from children and adults often while they are still alive.

During the four-month fieldwork and preparation period, 858 individuals from 25 communities attended workshops where they openly discussed issues relating to child mutilation and sacrifice. These community-based workshops took place in the Western, Central and Eastern regions of Uganda and generated 140 firsthand interviews where informants have either seen body parts, blood or tissue missing from a body or have seen body parts, blood or tissue after being removed from a body.

The report also contains confessions from individuals who have been involved in mutilating children and removing body parts. These confessions include accounts confirming that specific body parts are actively sought from live victims in exchange for money for the use of harmful practices. The report also contains interviews with traditional healers who have admitted to prescribing children's body parts in traditional medicine and community members who admit to consuming and wearing children's body parts, blood and tissue in the belief that this will make the treatment stronger and more powerful. A number of interviews with victims who have survived mutilations help to shed light on the manner in which these body parts are removed.

During the four-month fieldwork and preparation period from June to September 2012, there has been an average of one mutilation/sacrifice each week in one of the 25 communities where this research was based. These weekly mutilations, confirmed with eyewitness accounts make it possible to establish a baseline for incidents relating to child mutilation and child sacrifice in Uganda.

10,317 youth in Uganda, representing every district in the country, confirmed they have heard of a child being sacrificed in their community.

This report documents a deep-rooted belief throughout all communities visited that traditional medicine containing body parts, blood or tissue is stronger and more powerful.

For the first time, the process of child mutilation/sacrifice has been examined through firsthand accounts. Community members have described how they have visited traditional healers and received potions containing children's body parts. Traditional healers confirm that they prescribe potions containing body parts, blood and tissue and explain how their agents remove body parts from children while they are still alive. Interviews with those who have been involved in the process of removing body parts, blood and tissue, confirm this claim and informants describe how they select children and how body parts are removed.

Both male and female children and adults are mutilated for their body parts. The vast majority of those attacked are children between the age of three and 18 years. However, there are a number of cases where mothers in the latter stages of their pregnancy have been attacked and the fetus has been removed and mutilated.

A number of firsthand interviews confirm the community's perception that the police are either not able or not willing to respond to issues relating to child sacrifice.

Acknowledging and responding to issues relating to child mutilation and sacrifice appears to be a low priority for both Civil Society and Government in Uganda. There is a clear shortage of resources to respond to issues relating to child mutilation and sacrifice throughout Uganda.

Rationale

HumaneAfrica has been working in Southern Africa with issues relating to child mutilation and so called child sacrifice since 2008. Over this period numerous incidents where children have been mutilated and body parts removed have been reported and a significant number of these reports involved mutilations of children in Uganda.

In 2011, HumaneAfrica called a meeting in Kampala, Uganda with local and international organisations who shared a commitment to upholding the rights of children. These organisations included Save the Children, OHCHR, UHRC, UNICEF, Restoring African Cultural Heritage Organisation (RACHO), Lively Minds and Kyampisi Child Care Ministries (KCM). This meeting led to a four-day workshop where local organisations participated in a mapping exercise designed to both explore where children are mutilated/sacrificed in Uganda and also examine and compile the various investigations and studies made by local organisations.

The conclusion was that although a number of organisations have been involved in rapid assessments and desk reviews on this issue, there was very limited data based on firsthand accounts and even less on understanding the factors which drive the demand for children's body parts.

This research therefore aims to fill these gaps and answer the following questions:

1. What is the incidence and prevalence of child mutilation in Uganda?
2. What are the macro (socio-economic, cultural, political, historical), interpersonal and individual factors that lead to the mutilation of children?
3. Are certain gender and age groups specifically targeted for the removal of body parts, blood or tissue?
4. What is the perception of communities regarding the authorities' response to cases of child mutilation/sacrifice?

On answering these questions, this report aims to raise awareness and provoke action in addressing the Human Rights violations connected to mutilating children for the purpose of removing body parts, blood or tissue for harmful practices.

HumaneAfrica

HumaneAfrica is a UK registered charity working exclusively with issues relating to the removal and movement of body parts, blood and tissue for harmful practices.

HumaneAfrica's work involves both designing and carry out research and implementing a community based response where the community is given the opportunity to respond to the findings of the research and through a process of social norm change, collectively abandon the use of body parts, blood and tissue for harmful practices.

Project definition of Child Sacrifice

The term Child Sacrifice is widely used throughout Uganda to describe a mutilation where body parts, blood or tissue have been removed from a child. There is a general feeling from community members that this term has evolved from the sacrifice of animals and during the past five to seven years, it has become more and more common to use human body parts, blood and tissue instead of animal parts in traditional medicine.

Previous definitions of child sacrifice from institutions working on these issues have been based almost entirely on hearsay reports and undercover investigations. There has been an assumption that the removal of body parts is ceremonial and preparation of these body parts is part of a ritualistic process.

This research found no evidence of any ceremony or ritual connected with the removal of body parts and the confessions contained in this research from those removing and administering these body parts have confirmed no such ceremonies or rituals exist either when removing or prescribing children's body parts. However, the term child sacrifice is well known and frequently used throughout Uganda to describe attacks on children where body parts, blood and tissue are removed and for this research the term will be used and defined as follows:

Child Sacrifice is the harmful practice of removing a child's body parts, blood or tissue while the child is alive. These body parts, blood or tissue are either worn, buried or consumed by an individual in the belief they will assist with a number of issues including overcoming illness, gaining wealth, obtaining blessings from ancestors, protection, initiation, assisting with conception and dictating the gender of a child.

Research Methodology

This report is based on 2 months of fieldwork in 25 communities in Uganda's Central, Eastern and Western Regions and was carried out by ten researchers working in nine districts throughout Uganda. Data was also collected using UNICEF's U-report.

Research Team

When carrying out research into an issue as sensitive as child mutilation/sacrifice, much consideration was required when selecting the researchers. As a consequence, it was deemed necessary that the researchers were familiar with the cultural background of those attending the workshops and those agreeing to be interviewed. This enables the researcher to create an open environment for communicating issues relating child mutilation/sacrifice. Furthermore, it was important that the researchers could communicate directly with those attending, using the local language of the community. Therefore, it was decided to arrange partnerships with three local implementing partners, EACO, Makerere University and Kyampisi Child Care Ministries and employ the services of researchers with knowledge and a strong connection with the local community.

Fieldwork partners

EACO

The Empower And Care Organization (EACO) is a community based organization that provides physical and psychosocial support to marginalized and at-risk women, vulnerable children & orphans, youth and the elderly living in the Mukono district. EACO seeks to empower these groups of people through economic development, which it achieves through education programs, vocational training, and the provision of health care. EACO also campaigns for Poverty, HIV/AIDS and human rights awareness and provides direct support to children who have been orphaned as a result of the Poverty, HIV/AIDS, Violence, and Displacement by War or Conflict.

Makerere University School of Social Sciences

The School of Social Sciences is part of the Makerere University College of Humanities and Social Sciences which is a semi-autonomous institution headed by the Principal and Deputy Principal. The School of Social Sciences has wide ranging research interests including the fields of: health, livelihoods, education, children and youth studies, water and sanitation, decentralisation, peace, conflict, governance and accountability and democracy amongst

others. The school collaborates with Government of Uganda Ministries, Agencies and Departments, bi lateral and multi-lateral agencies and Civil Society to provide cutting edge research, training and consultancy. The School is multi-disciplinary with staff having competencies in carrying out baseline surveys using quantitative and qualitative/participatory research methods.

Kyampisi Childcare Ministries (KCM)

Kyampisi Childcare Ministries (KCM) is a faith-based organization working mainly in the village of Kyampisi, working to provide physical, emotional and spiritual support to vulnerable children, so that they can live more productive and positive lives. Their area of work is to provide free and accessible education, Biblical teaching and basic necessities such as clothing, food, scholastic materials and medication to children aged three to ten years.

Training the researchers

The three organisations mentioned above attended initial training over a four-day period to develop interview techniques. The researchers then completed two days fieldwork training and finally attended a further four-day training workshop. The training was designed and undertaken by HumaneAfrica. The researchers were introduced to the research project, the workshop presentation format and various interview techniques, including open questioning techniques and the importance of neutrality. They were trained on how to place emphasis on important issues relating to the project and how to gather as much information as possible, always keeping the safety and security of the informant and themselves a priority. Training on how to use a dictaphone and how to introduce its use was also covered.

This training also prepared the researchers to facilitate the workshops aimed to create an open and honest platform for discussion and as explained in the methodology, to allow the communities to raise the issue of child mutilation/sacrifice.

Fieldwork

25 communities were chosen in the following 9 districts:

Kiryandongo District

Masindi District

Wakiso District

Jinja District

Mayuge District

Mukono District

Masaka District
Kalungu District
Buikwe District

The communities were chosen primarily because the partners were already established and active in these areas rather than because it was felt these areas may produce more information on this issue. This also enabled the researchers to work more cost efficiently and reduced travel costs significantly.

The following map shows the 25 communities where the research took place.

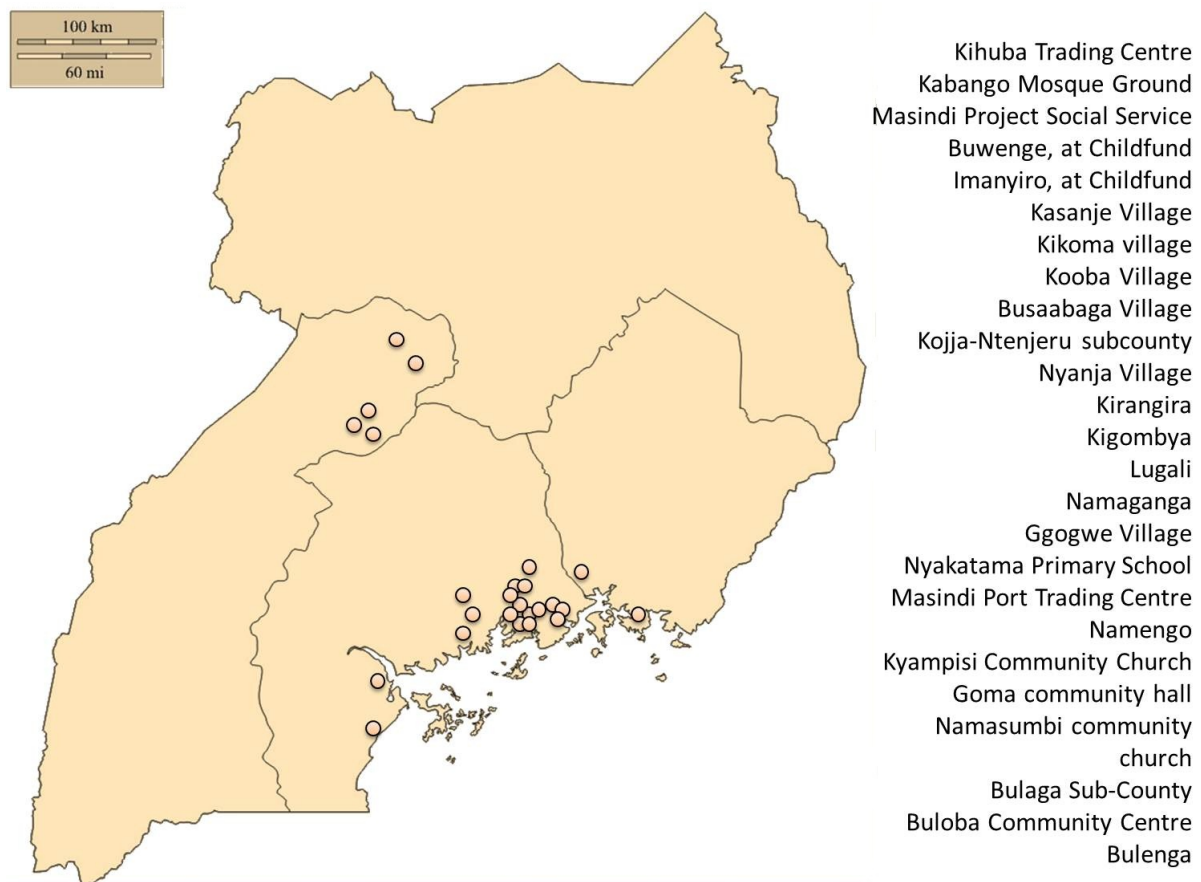


Fig. 1: Showing the 25 communities where the research was based

Research into issues relating to child mutilation is extremely sensitive and consideration of the consequences for those speaking out needed to be taken into account, whether in terms of immediate security or their standing in the community. Taking these concerns into consideration, the names of those interviewed have not been used in this report, unless permission was received and this information could not jeopardise the individuals' safety. In

addition, some of the names of locations have also been changed.

Workshops

In order to create a suitable environment and platform for discussion for such a potentially sensitive subject, it was important to create a relaxed, comfortable and safe environment.

This environment was achieved by arranging workshops within the various communities, wherever possible run by facilitators and/or organisations familiar to those attending. The workshops were conducted in the local language. It was important that as far as possible, the workshop was an enjoyable interactive experience for all those participating. The workshop concept is popular in Uganda and ensuring a high level of attendance was rarely an issue.

The workshops were conducted in the community and were entitled “*Human Rights Workshop*”. Groups from many sectors of society were invited including local leaders, health workers, teachers, women and men. As there was no precedent and little information on which sectors of a community might have information and relevant experiences, multiple sectors were invited. Each workshop followed the same format, with the researchers adapting the presentation to their own style, ensuring the environment was suitable for those attending.

The workshops covered basic Human Rights definitions with a presentation followed by participatory exercises. These included small group discussions on possible Human Rights violations, debates and case scenarios. Once the concept of Human Rights had been established, the group were asked to split up into small groups and discuss various case scenarios and then bring their conclusions back to the larger group. The case scenarios were designed to bring discussion and were often ambiguous to generate debates.

One of the case scenarios discussed in the workshop contained an account of a mutilation where body parts had been removed from a child. The term “*child mutilation or child sacrifice*” was purposely never introduced by the person facilitating the workshop. This phrase or term was only used once the group themselves mentioned this as their conclusion to the case scenario. The facilitator then followed up on this introduction, by inviting other participants of the workshop to comment. On every occasion in each of the 25 communities, this led to an open discussion on the subject and proved to be an excellent method to encourage people to discuss this potentially sensitive issue.

During this discussion, the facilitator would note who was comfortable talking about the issue of child mutilation/sacrifice. Once the workshop had concluded, the presenter followed up with the individuals and requested an interview, explaining in more detail the purpose of the project and the reason the individuals had been selected.

Snowballing and referrals

Some individuals, who attended the workshops, were prepared to introduce other members of the community who had firsthand information on this topic. Furthermore, the workshop provided a platform for people to share news and media reports of attacks and the researchers were able to follow up on this information to obtain firsthand information.

Reliability and validity of the interviews

When conducting qualitative research the purpose of interviewing is to gain deeper insight into a specific phenomenon, in this case child mutilation for the purpose of removing blood, tissue or body parts. What is essential is the social context making certain actions meaningful. The idea is to place parts of social life into a larger whole.

Qualitative interviewing is not concerned with ‘truth’ in terms of a quantifiable generalisation, but is concerned with achieving understanding of complex phenomena or dynamics in society. Therefore, the research team had no intention of ‘disproving’ or putting the information provided on trial. Rather, the intention was to document and analyse the subjective reality presented by the informants.

There have however been numerous opportunities to test firsthand accounts by interviewing other individuals who also had eyewitness information for the same incident. The 140 firsthand interviews contained in this report relate to 77 incidents where body parts, blood or tissue have been removed. Therefore there has been an average of approximately two firsthand interviews per incident.

An example of this is a participant from a community workshop in Masindi District who provided details during the workshop of an attack on his son, a 7-year-old boy who was found dead in November 2009 in Nyenga village, Buikwe District, *“My son’s body had a missing finger, genitalia his two eyes and one tooth missing and he was left naked with the traditional cloth in his mouth”* (EACO15). The details of this interview and the body parts which had been removed were verified by four other informants. One of these informants was a local shopkeeper who witnessed the child’s body; other informants included a Police officer, the Chairperson and the individual who prepared the body for burial. Each informant

saw the child's mutilated body and confirmed the body parts that had been removed.

The research team used a triangulation of methods, when they had the opportunity. The team thus tested the reliability of certain information, in the way that they saw the same incident described from several angles, which ensures a high level of reliability and validity of the results.

The research process gave no reason to doubt the information provided by the participants, as they had nothing to gain and on occasion, much to lose from participating in this research.

Findings and interview samples

During the four months between June and September 2012, in the 25 communities where this research took place, 20 mutilations occurred where the research team acquired at least one firsthand account. This number, more than one mutilation per week in those 25 communities, gives an indication of the scale of the activity relating to child mutilation/sacrifice throughout Uganda.

The following is a summary sample of some of the 20 incidents of mutilations, which occurred during this four-month preparation and research period. As mentioned previously, the names and some places have been changed to protect those people sharing their experiences.

Interview Code: EACO26

Location: Katuge village, Wakiso District, Uganda

Interview Date: 14 September 2012

Informant: “James”, 27-year-old brother of the 16-year-old female victim

This interview was conducted with a 27-year-old man who is the brother and caretaker of the 16-year-old girl who was found dead on 22 June 2012, by a security guard in a forest in Wakiso District. The informant believes the victim was kidnapped on her way to school. One leg, one arm and the throat had been removed. The informant suspects it was a witchdoctor who removed her body parts.

Interview Code: Shel12

Location: Kawaala Sub-County, Kampala District, Uganda

Interview Date: 11 September 2012

Informant: “Sarah”, the victim’s grandmother

The interview was conducted with the grandmother of a two-year-old boy who was allegedly killed by his father and uncle in Mpigi District. In August 2012, the victim’s uncle took the 2-year-old child for a walk. A few days later, the boy was found dead without one leg, one arm, the head and the genitals. The informant says the uncle confessed to her that he was involved in the case along with the victim’s father. He confessed to watching the father kill and mutilate the boy allegedly for their business to prosper.

Interview Code: Di7

Location: Kyabakuza Sub-County, Masaka District, Uganda

Interview Date: September 2012

Informant: "Brenda", Victim's mother

The interview was conducted with the mother of a seven-year-old victim who was abducted on 18 June 2012 in Masaka District by a man who offered him a ride. The boy was found dead in a forest on 24 June 2012. The arms and legs had been removed. The head was cut off and was left near the body.

Interview Code: Den6/Den8

Location: Boma Village, Buliisa District, Uganda

Interview Date: 9 September 2012

Informant: "Charles", Detective Corporal

This interview was conducted with a Detective Corporal from Buliisa District. On 7 July 2012, "Eliza", a 26-year-old female who was approximately 6 months pregnant disappeared when she went to fetch firewood. The following day her body was discovered. Her abdomen was dissected and internal organs were cut and removed. Half of the liver, the kidneys, the intestines, the genitals and the left nipple were missing. The fetus has been extracted from the victim, the fingers and private parts had been removed.

Incidence and prevalence of child mutilation in Uganda

As there were previously no studies or research based on firsthand accounts of issues relating to child mutilation/sacrifice in Uganda, there was no baseline with which to compare and establish an increase or decrease in child mutilation/sacrifice in this region.

This research, based solely on eyewitness accounts established a baseline for child mutilation/sacrifice and the results are presented below.

Incidence

During the two months of fieldwork, the research team visited 25 communities in the Central, Western and Eastern Districts. 858 individuals attended workshops designed to create an open and honest environment for discussion described earlier in the methodology. These 25 communities generated 140 firsthand interviews concerning 77 different cases where bodies had been seen with body parts, blood or tissue missing or body parts, blood or tissue had been seen after being removed from a body.

In this report, the term firsthand is defined as an informant who has:

- seen a mutilated body with body parts, blood or tissue missing
- seen a body part, blood or tissue separate from a body
- been exposed to an attack where body parts, blood or tissue have either been removed or attempted to be removed
- used body parts, blood or tissue for harmful practices
- confessed to killing a person/persons for the purpose of removing their body parts, blood or tissue

No hearsay accounts have been included in this report when referring to specific incidents where body parts, blood or tissue have been removed

The following maps show the locations of the 140 firsthand interviews and the location of the weekly mutilations which took place during the four-months between June to September 2012.

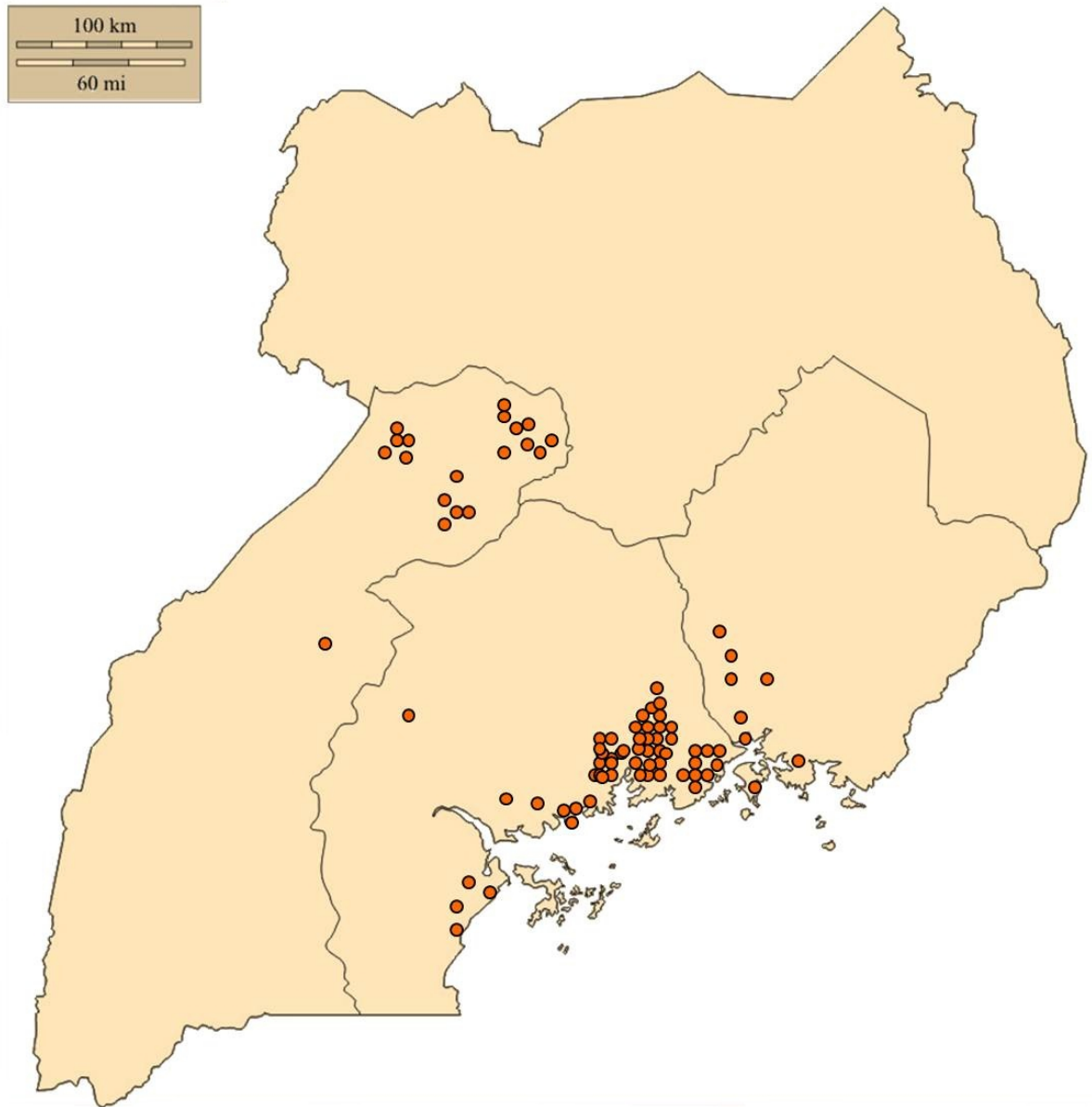


Fig. 2: Showing the location of 140 firsthand interviews throughout Uganda

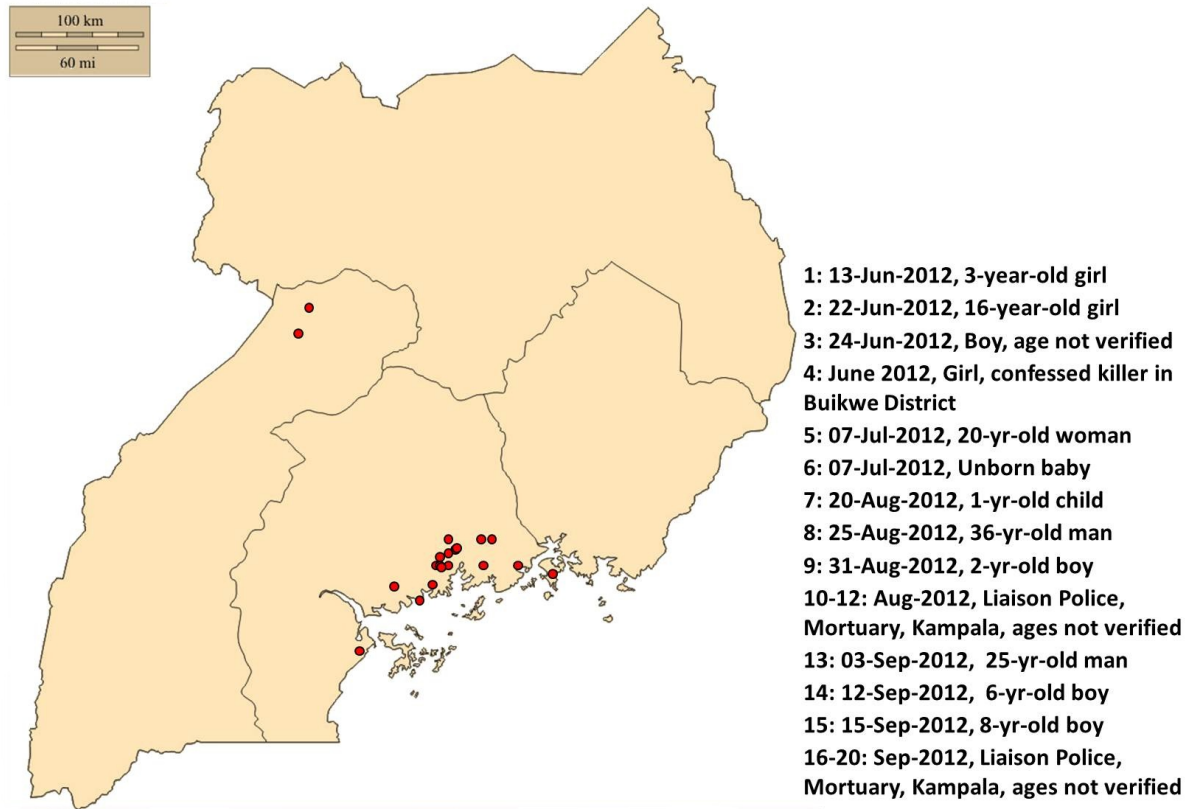


Fig. 3: Showing the 20 mutilations/sacrifices during the four-month preparation and research period where at least one firsthand interview was acquired

Generating 140 firsthand interviews during such a short fieldwork period gives an indication of the frequency of attacks on children throughout Uganda. This view is supported by the general feeling amongst communities who have been adversely affected by this issue.

Throughout numerous firsthand interviews, informants have expressed how common mutilations are in their community.

A doctor in charge of a health centre in Wakiso District who examined the body of a nine-year-old girl found dead in January 2010 with one arm and one leg missing, said *"In my medical practice I have come across so many cases similar to this"* (UG_TW_I_27). In Mukono District in February 2012, a victim's neighbour who witnessed the body of a 23-year-old man without the genitals and the stomach cut open, stated *"such incidences are so many in our community"* (UG_TW_I_32). Also in Mukono District in February 2011, a community member witnessed the body of a 2-year-old boy, found in a thicket with his head shaved and the left hand, leg, intestines and genitals missing. The informant commented, *"Cases of child sacrifice are commonly seen especially in Mukono district"* (UG_TW_I_34). When asked if

mutilations ever happened in the community, the parent of a three-year-old girl, who was found dead with her tongue removed, answered *"Of course yes, like two months back before my daughter's incident occurred, and the boy's genital was taken and tongue"* (UG_TW_I_35). In July 2010 another parent, this time of an eight-year-old boy, who had survived an attack in where his genitals were removed, said *"my son is the second case in this area"* (Lyd1).

In January 2009, a mother, informed by her husband's driver that their seven-year-old girl was mutilated, her genitalia and some blood removed by her father, said *"Before he (the driver. ed) ran away he told me that my husband was sacrificing other people's children especially those found at the streets of Kampala to get rich and also for his buildings to be finished faster"* (Shel3). She later added *"the police came home and made more investigations about the case and found out that (name removed, ed.) was not the first child to be sacrificed by him"*. A Liaison Police Officer in charge of a city mortuary in Kampala states *"it is not the first mutilation that I have seen, on average I can see 5 bodies or victims in a month"* (Shel15). Also in Kampala, the Head of Homicides Desk who witnessed the body of a 35-year-old victim with several body parts removed, stated *"In my career as a police detective, I have come across many cases of a similar nature. In many instances the internal organs like the heart, liver and kidneys are missing"* (UG_TW_I_17). A Detective from Buliisa District in July 2012, involved in the investigation of the attack on a pregnant woman whose body and fetus were left mutilated, said *"we have seen it happening in many parts not only here"* (Den6/Den8).

Through numerous firsthand interviews, it has been established that many different body parts were discovered missing from mutilated bodies. A community member who, in June 2012, witnessed the mutilated body of her neighbour, a three-year-old girl in Buvuma Island said *"there was a hole in the armpit, her heart and left ear were missing"* (EACO1). The mother of a two-year-old boy who was mutilated in 2010 stated *"The body was naked in the bush it didn't have the left hand, the head was clean shaven, they had cut off the private parts and the stomach was open"* (Di11). A Chairman from a Local Council I in Masindi District who saw the mutilated body of a man, said *"all the body parts were intact apart from the blood which was not found on the body and at the scene"* (Lyd6). When talking about the body of an eight-year-old boy who was found dead in September 2012 in Wakiso District, a Liaison Police Officer in charge of a mortuary in Kampala, said *"the victim was missing the lungs and the eyes"* (Shel15). A Police Officer from CID in Kibaale District, describing a case that took place in February 2009, stated *"the body had various parts missing, the breasts had been cut off, the fingers were cut off, the head was clean shaven and the genitals were also cut off"* (Di12).

During numerous interviews, informants stated that they personally saw which body parts had been taken, *"I saw that even the private parts were cut off (...), I saw they had only chopped off his small last finger on the right hand"* (UG_TW_I_45). The Head of the Homicides Desk of a police station in Kampala, who witnessed the body of a woman that had been mutilated in February 2012, said *"I noted that the head, the butt and private parts were missing"* (UG_TW_I_17). A community member, renting a room to a man who was found dead in Mukono District in April 2012, said *"after the body being examined then I noticed that the genitalia was also missing"* (EACO30). A community leader from Kiryandongo District, who helped remove the floating body of a 10-year-old girl from the water, stated *"we found that her private parts were cut off"* (Den1).

Based on the firsthand interviews contained in this research, a total of 177 body parts, blood or tissue were mentioned as missing from bodies. Furthermore, nine body parts, blood or tissue were seen separate from bodies. The graphs below show which body parts, blood or tissue have been mentioned as missing from bodies in firsthand interviews and which body parts, blood or tissue have been seen separate from bodies.

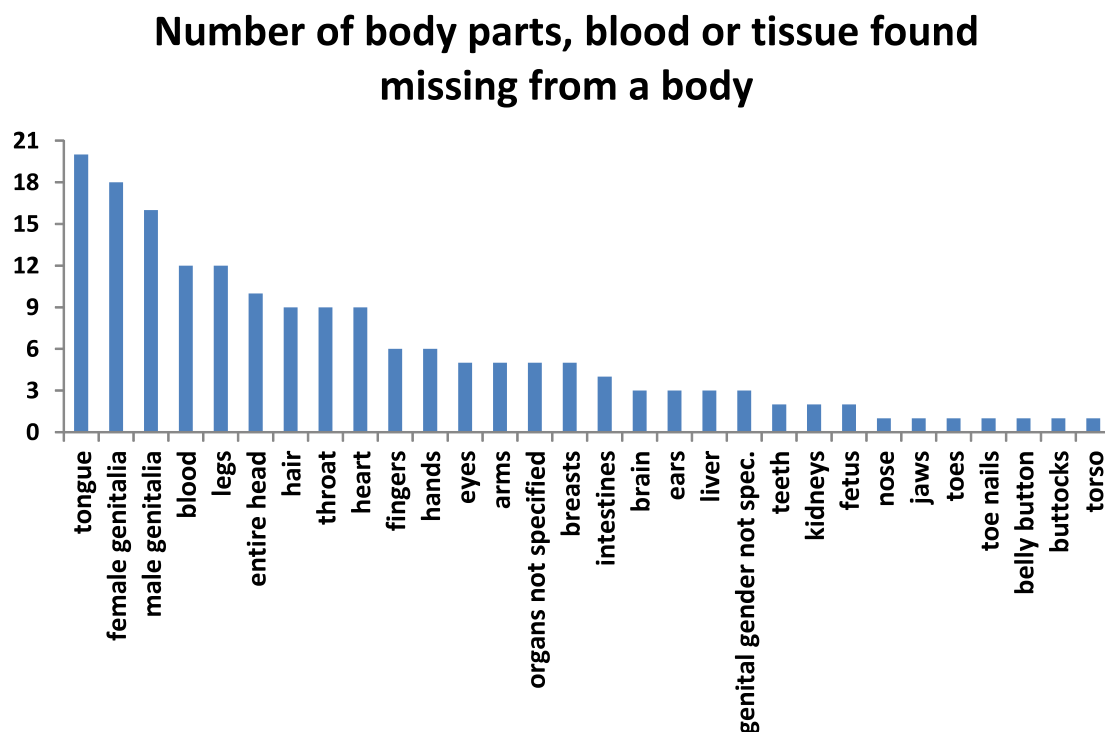


Fig. 4: Showing the number of different body parts, blood and tissue seen missing from bodies

Number of body parts, blood or tissue found separate from a body

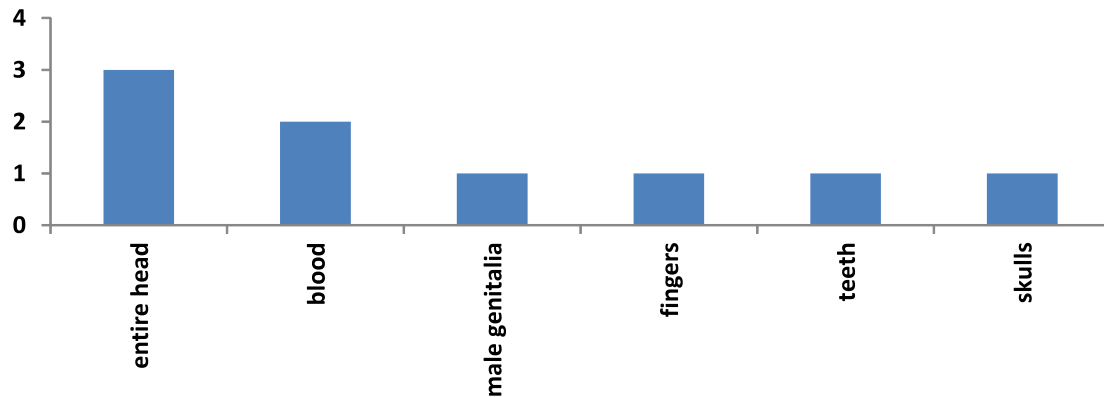


Fig. 5: Showing the number of different body parts, blood and tissue seen separate from bodies

The following graph illustrates the age and gender split for the 77 firsthand cases mentioned in this research. It shows slightly more girls than boys have been mutilated and that children are mutilated/sacrificed more often than adults.

Age and gender of victims of mutilation/sacrifice

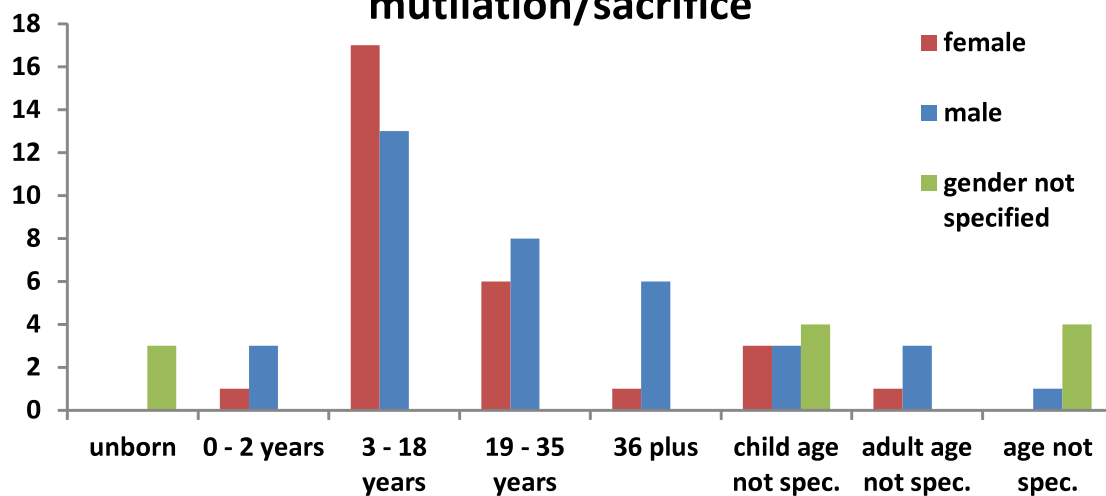


Fig. 6: Showing the age and gender spread of victims of mutilation/sacrifice

Increase in the number of child mutilations/sacrifices in Uganda

There is a general feeling amongst informants that the number of child mutilations/sacrifices is increasing. A police officer who provided the details for the case of a 16-year-old girl who was found dead in February 2009, with her breast, fingers and private parts missing and her head shaven in Kibaale District, said *"these cases have been on the rise in many districts"* (Di12). A traditional healer, who was interviewed in Kalungu District, stated *"before that there was no sacrificing human beings, now these days there are very many such cases"* (V12TH).

This increase is also demonstrated by numerous community members stating that they recently observed cases for the first time. A community member who witnessed a six-year-old boy, who was found without his genitalia in Mukono District, in September 2012, said *"this has been the first time"* (EACO21). A Chairperson from a Local Council I from Buliisa District, who in July 2012 was called, to witness the mutilated body of a woman and her fetus which had been removed from the woman's womb and mutilated, said *"in fact we had spent a long time without seeing such an act in our area, it was actually the first time in my life to see that act being in my area"* (Den7). A community member when talking about a case which took place in April 2012 in Mukono District, in which her neighbour was found dead with his tongue and fingers of the right hand missing said *"I was so scared and this was my first time to see this I started crying loudly, as if I was beaten, this was done to my friends' mother"* (EACO4).

During an interview with an elderly woman from Mukono District, concerning a five-year-old girl who was found in February 2011 without the tongue and the throat, the researcher asked if this had happened in the village before. The informant answered *"no, it has been the first time"* (EACO5). A herdsman, who was an eyewitness in a case that took place in November 2010 in which the body of a two-year-old boy was found with one hand, one leg and the genitals missing and with his head shaven, said *"it was scary also for me because I had never seen anything like that in my life before"* (Di10).

When interviewed about the case occurred in January 2010, Wakiso District, in which a 10-year-old girl was found dead without one leg and one hand, the victim's caretaker said *"in all my life I had never seen such an act. I just used to hear them on radio or read them in newspapers"*. While talking about the same case, the Vice-Chairperson of the community said *"I had never seen this kind of act in all my life since I was born in 1956. I used to hear these acts in far off places on radio and may be newspapers but not in village and or in the neighbourhood I had never witnessed such an act"* (UG_TW_I_21). In Buikwe District in 2009 a six-year old boy's genitalia, eyes and one finger of the right hand had been removed. The

person who prepared body for burial, said *“this has been my first time to hear of this case”* (EACO19).

The following graph shows the number of mutilations/sacrifices mentioned by informants during this research. Some of these firsthand accounts date back to 2005 while the vast majority occurred in 2011 and 2012.

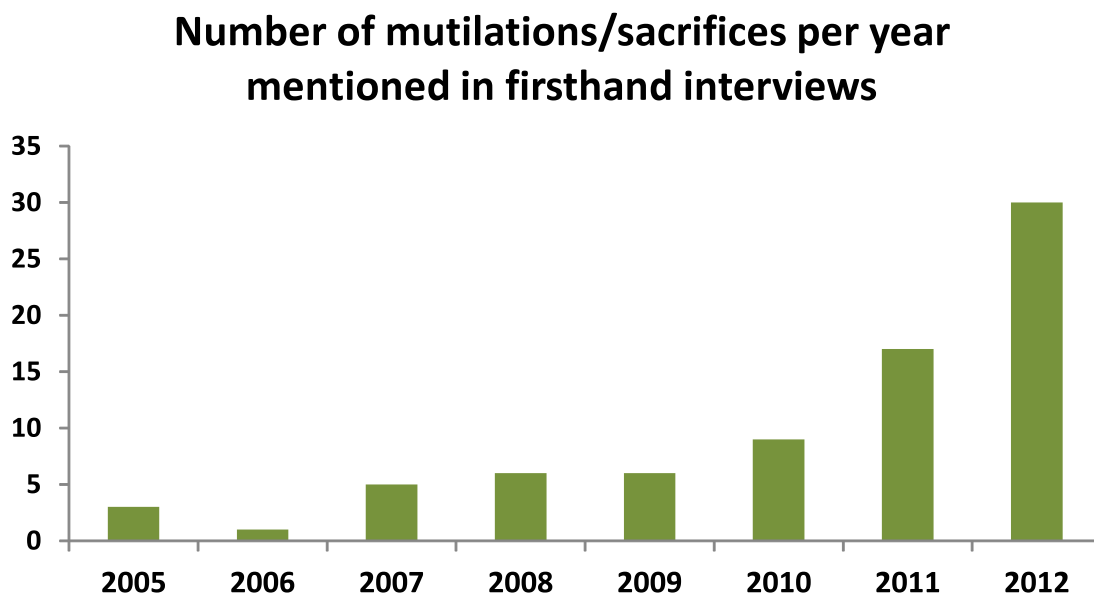


Fig. 7: Showing the increase in mutilations/sacrifices over the past eight years

Prevalence

Each of the 25 communities visited during this research produced at least one firsthand account. As mentioned previously these communities were chosen for their geographical convenience as the partners who conducted the research were already active in these communities and no consideration was given to whether these communities may be more or less likely to be affected by this issue.

Based on the findings from these 25 randomly selected communities, there is strong indication that the vast majority of communities throughout Uganda are adversely affected by issues relating to child mutilation/sacrifice.

To explore this further, HumaneAfrica partnered with UNICEF’s U-report. This a free SMS-based system that allows young Ugandans to speak out on what is happening in

communities across the country, and work together with other community leaders for positive change.

UNICEF U-report

U-report is a new communications technology developed by UNICEF Uganda and launched in 2011. U-report equips mobile phone users with the tools to establish and enforce new standards of transparency and accountability in development programming and services.

By sending the text message, 'join,' to a toll-free number and submitting a few personal details, anyone with a mobile phone can become a volunteer 'U-reporter', sharing their observations and ideas on a wide range of development issues.

UNICEF sends a question via SMS text to U-reporters, who can respond either with a simple menu-based reply or with personal messages. The UNICEF team analyses and interprets the responses, sharing the results and often following up with additional questions or suggestions.

U-report members are active in every district in Uganda. Partnering with UNICEF's U-Report presented an opportunity to explore the prevalence of child mutilation/sacrifice using a quantitative approach, asking members to confirm if they were aware of incidents of child mutilation/sacrifice in their own communities. This question would give an indication of whether the 25 communities, which experienced one child mutilation/sacrifice each week are the norm throughout Uganda.

The following question was sent out to all U-report members:

Have you heard of a child sacrifice in your community, yes or no?

27,587 people responded to this question with 10,317, more than 37%, confirming that they had heard of a child sacrifice in their community.

The following map shows the number of individuals from each district in Uganda who have heard of a child sacrifice in their community.

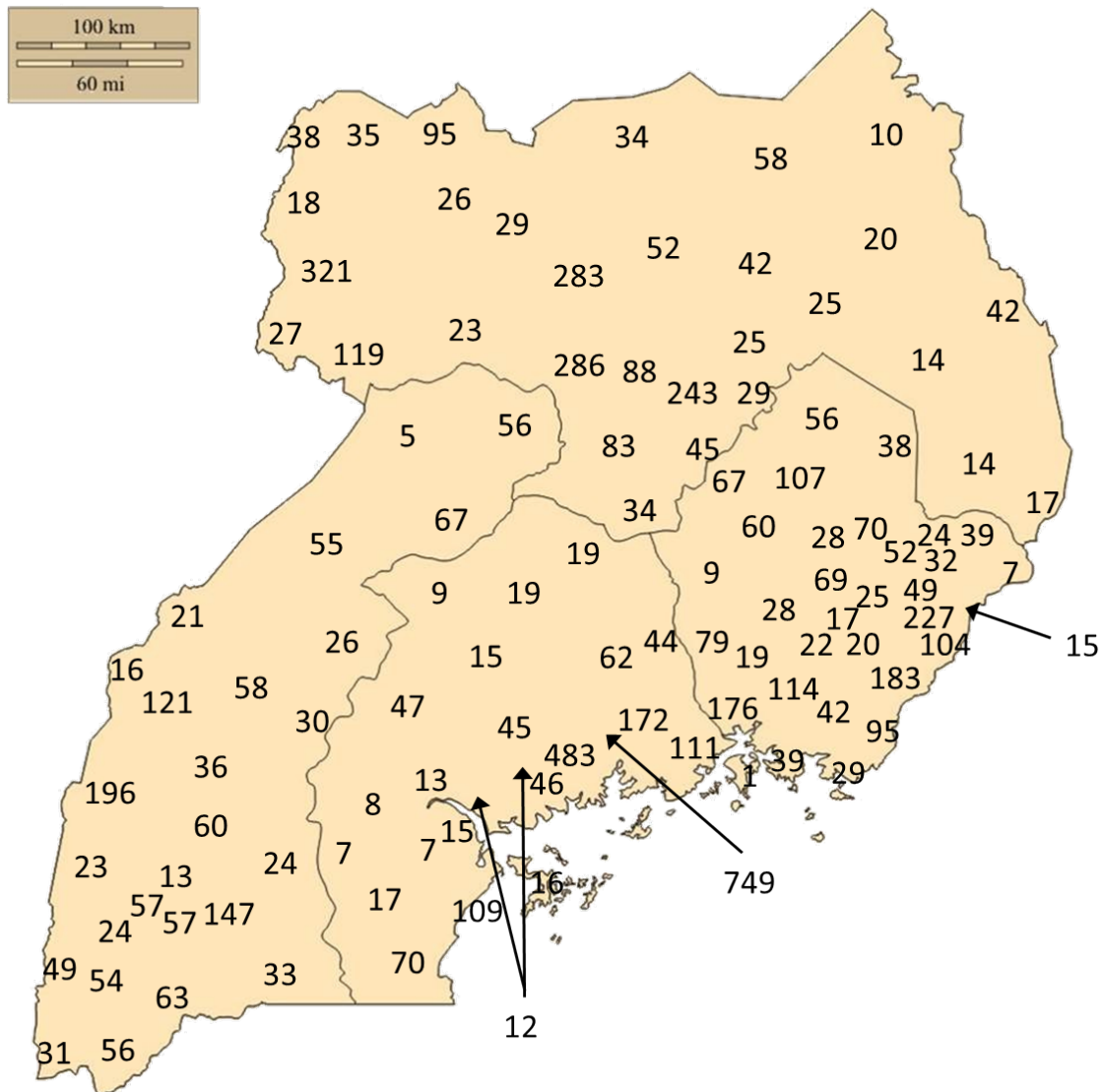


Fig. 8: Showing the number of individuals who confirmed they had heard of a child who had been sacrificed in their community

Even though the members were asked to answer yes or no, some chose to give details about mutilations/sacrifices that had recently taken place. According to these responses there were 10 mutilations/sacrifices during the four weeks prior to this question being sent out by U-report. Four cases were mentioned on the same day the question was sent out.

These alarming findings are supported by numerous community members who feel the issue of child mutilation/sacrifice is widespread throughout Uganda. A Chairman from Masindi District, when talking about two cases where two men were attacked and their blood was removed said *"by the time it happened, there were other cases around the country where*

people were being killed and their blood taken" (Lyd6). In another interview, in Buliisa District in July 2012, the Investigating Detective who witnessed the mutilated bodies of a woman whose unborn child had been removed from her womb, stated "*we have seen it happening in many parts not only here*" (Den6/Den8). Also in Buliisa District CID Homicide handled two cases: in May 2010, the case of an eight-year-old boy who survived an attack but was left without his genitals, and the case of a woman whose breasts and genitalia were removed in August 2011. The police officer said "*This is a new offence which has taken place and very common in our country (...) these are rampant cases happening*" (Den21/Den23).

Another case concerned a woman in the latter stages of pregnancy who was found dead, her unborn child removed from her womb and a number of other body parts also missing. When interviewed, in April 2010, the Chairman from Buliisa District said "*the cases are rampant like in Butiaba*" (Den12). A community member in Masindi District who witnessed two cases of child mutilation/sacrifice, one in 2006 and the other in 2011 said "*Witchdoctors were very many in Masindi and such cases were rampant*" (Den20/Den24).

The media report regularly of cases of mutilation/sacrifice throughout the country. During the four-month period from June to September, 38 incidents were reported by the press where body parts, blood or tissue had been removed. Only one of these 38 cases was a report about an incident included in this report. The other 19 cases were not mentioned in the press.

Macro, interpersonal and individual factors that lead to the mutilation of children in Uganda

Historical, political and socio-economic situation in Uganda

Uganda is located in Eastern Africa, bordered by South Sudan in the north, Kenya in the east, Democratic Republic of Congo (DRC) in the west, and Tanzania and Rwanda in the south. It covers a total area of 240,038 km² (CIA, 2012). Based on the Census of 2002, the total population of Uganda was 24.2 million, with a population growth of 3.2 per cent per annum. The population is expected to increase to 38 million by 2015 (Government of Uganda, 2010). According to the Census 2002, the country is multi-ethnic: Baganda 16.9%, Banyakole 9.5%, Basoga 8.4%, Bakiga 6.9%, Iteso 6.4%, Langi 6.1%, Acholi 4.7%, Bagisu 4.6%, Lugbara 4.2%, Banyoro 2.7%, other 29.6% (CIA, 2012). In 2010, 50.7 per cent of the population were children below 15 years of age, of which 2.3 million were orphans. People aged 60 years and above constituted 4.6 per cent of the population, almost 1.4 million (Government of Uganda, 2010). The amount of children below 15 years results in a high dependency ratio for Uganda, 1.12 dependents per worker, when compared to the average for sub-Saharan Africa, which is 0.87 (UNDAF, 2009). The country is a peasant-based economy. In 2005/06, 75.1 per cent of the labour force in the country was involved in agriculture (Government of Uganda, 2010). The net enrolment in primary school in 2010 was 96% while the completion rate to primary 7 was 54% (MFPED, 2012).

According to a demographic survey in Uganda (UBOS, 2012), the total fertility was 6.2 per woman aged 15 to 49 years old, for the three years preceding the survey. Communicable diseases such as Malaria, HIV/AIDS and Tuberculosis are the major causes of ill health and mortality with malaria being the most prevalent illness (UBOS, 2010) and the highest cause of both morbidity and mortality in Uganda (UBOS, 2012). The prevalence of HIV and AIDS has increased among men and women aged 15 to 49, from 6.4 per cent in 2004/05 to 7.3 per cent in 2011 (MoH and ICF, 2012). Between 2000/01 and 2011, the infant mortality declined from 88 to 54 deaths per 1,000 live births while the under-five mortality reduced from 152 to 90 deaths per 1,000 live births. The childhood mortality is lower in urban areas, Kampala being the area with lowest mortality rate in Uganda (UBOS, 2012).

Uganda has had many governance challenges since independence in 1962 from Britain.

The country's history is characterized by political instability under military dictatorships characterized by civil wars and coups d'états especially between 1970 and 1985 (Government of Uganda, 2010). Since the National Resistance Movement (NRM) government

came to power in 1986, there has been relative stability. Representatives from different ethnic groups are incorporated into the government and army.

Since the 1990s, there have been improvements in key economic indicators of growth in Uganda. The annual per capita GDP growth of 3.5 per cent was among the highest in the world. Between 2004/05 and 2007/2008 it increased to 8.0 per cent (UNDAF, 2009). But it declined to 6.7 per cent in 2010/11 and it is expected to decline further to 3.2 per cent in 2011/12 due to both internal and external issues, which have significantly slowed down economic growth. The internal issues resulted from droughts and power shortages along with poor implementation of Government programmes and the external issues included the increasing global oil and commodity prices and the downswing in the European economy (PwC, 2012). On a positive note, poverty levels appear to be reducing, the percentage of people living in poverty dropped from 56.4 per cent in 1992/93 to 24.5 per cent in 2009/2010.

In Uganda, poverty and poor life opportunities are a reality for the vast majority of the population. The interviews conducted for this research project confirmed that poverty is a strong driver when it comes to people consulting witchdoctors. Individuals are desperately trying to evade poverty and the frustrations and poor life conditions associated with it. They are therefore susceptible to the witchdoctors' offers of improved health and/or financial situation.

Social anthropological perspectives on child mutilation/sacrifice for harmful practices

Historically, people of Eastern Africa have used traditional healers to aid them in terms of health and to help them improve their life situation in various ways. This has been confirmed in this research project. Access to Government health services and 'Western' medicine remains low in many areas, and the use of traditional healers is widespread and for many it remains a first choice. It has been documented that traditional healers have developed many remedies using herbs and plants, which alleviate their patients' problems. The WHO defines traditional medicine as follows *"Traditional medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness"* (WHO, 2002).

As seen in the WHO definition of traditional medicine, the use of human body parts, blood or tissue is not considered part of traditional medicine. Rather, the use of body parts can be

considered witchcraft and a harmful traditional practice. Yet, in practice, the terms witchdoctor and Traditional Healer are sometimes used interchangeably.

Difference between traditional healers and witchdoctors

Throughout this report, the terms traditional healer and witchdoctor are mentioned in numerous interviews. Several traditional healers have stated that there is a clear distinction between a traditional healer and a witchdoctor. According to one traditional healer from Buikwe District, *"To put it clear, a traditional healer is one who treats people with herbs while a witchdoctor is one who does human sacrifices and does charms to people"* (EACO17). Other traditional healers, while stating there is a difference, claim that all traditional healers are witches. A traditional healer from Kalungu District said *"Every Traditional healer is a witch, the difference is in killing. (...) There is no traditional healer who is not a witch because when you come when you are sick, when I don't bewitch the other spells or curses you have come with, then I can't heal you"* (V13). A traditional healer from Masaka Districts stated, *"A traditional healer can do all. He can treat, heal and also bewitch. He can be a witch. Now me, and every Traditional healer is a witch but there are various types of bewitching"* (V9).

However, not all traditional healers agree with this distinction. A traditional healer from Buikwe District who confessed to using children's body parts was asked the difference between a traditional healer and a witchdoctor, and said *"There is no difference as long as it is dealing with healing"* (EACO39/EACO44). When asked which one he was, he answered, *"you can call me a traditional healer"*.

The general distinction between traditional healers and witchdoctors appears to be based on whether or not they kill or use body parts in their medicine. *"We also have some bad witches who double as traditional healers but killers at the same time. Those ones you hear that they killed someone, those who pretend to be traditional healers and they strangle children"* (V13). A traditional healer from Kalungu District said, *"The difference is that some witchdoctors have their things which actually just call for sacrificing people and they feed on blood. On the other hand a traditional healer's spirits are inherited"* (V12).

Based on information from the vast majority of traditional healers who were questioned about the difference between a traditional healer and a witchdoctor, this research report uses the term traditional healer to describe an individual who practices traditional medicine without the use of body parts, blood or tissue. The term witchdoctor is used to describe an individual who uses body parts, blood or tissue in their medicines.

It is important to note that although this distinction is made for this research, a number of community members interviewed in this research, interchange these two terms and use the

term witchdoctor when referring to a traditional healer who does not use body parts, blood or tissue in their medicines.

Belief Systems

There is a deep-rooted belief throughout Uganda that the use of body parts, blood and tissue in traditional medicine, makes it stronger and more powerful.

At the end of each workshop, as mentioned in the methodology, participants were asked to complete a questionnaire about their workshop experience. The questionnaire was anonymous and identical apart from one question, which was about the belief that body parts make traditional medicine stronger and more powerful. Half of the group was asked if they themselves believe that body parts make traditional medicine stronger and more powerful. More than one in five people who attended a workshop answered that they believed this. The other half of the group was asked whether people in general believed that body parts make traditional medicine stronger and more powerful. More than half of the participants answered that people believe that body parts will enhance traditional medicine. Although this is a much generalized question, it does indicate that the belief holds strong in the general population.

During interviews, informants who witnessed bodies with body parts, blood or tissue missing, were asked why they thought these body parts were removed. Out of the 144 firsthand informants, 125 chose to answer this question. 93% believed the body parts, blood or tissue were used for witchcraft or other harmful practices, 3% said they did not know and 4% gave reasons not related to these harmful practices, such as murder.

Throughout numerous interviews, community members confirmed, their own belief that body parts, blood or tissue made traditional medicine stronger and more powerful. A 27-year-old woman from Buikwe District who confessed to using children's teeth prescribed by a witchdoctor in 2008, in order to overcome poverty, said *"I was troubled in my marriage, we didn't have any money to cater for our feeding, and one day my sister-in-law came home and advised me to go to the witchdoctor to give me some remedy to overcome poverty. This witchdoctor was a man, he gave me 2 teeth to put in my husband's trouser pocket when washing for a period of one month and I started seeing ourselves getting out of the poverty and we are well off now"* (EACO28/EACO36). The researcher then asked if the teeth belonged to a child and the woman said *"Yes, and a child of about three or four years"*.

Also in Buikwe District, a woman who admitted to visiting a witchdoctor to ensure she would give birth a male child, confessed to using a male child's genitalia prescribed and prepared by

a witchdoctor. The researcher asked if it had worked for her, and she said *"Yes it did and I have a son of 4 years"* (EACO12/EACO14)

A Chairman from Masindi District who witnessed two cases in his area, one of a 20-year-old man whose blood was extracted in 2002 and the other of a 30-year-old man who was allegedly killed by his own brother and friend also for his blood, said *"I think it is true because if they can kill someone, it means these medicines work for them. (...) They can be used to put in the foundations of buildings; they can also be used in ritual ceremonies to protect someone's wealth. They can also be given to their gods when they demand for them"* (Lyd6).

In May 2011 the aunt of a 12-year-old boy, allegedly taken by his uncle to a shrine in Mukono District where he was sacrificed and his blood removed, stated *"the spirits need blood for them to have power"* (EACO33). A traditional healer who was interviewed in Kalungu District in September 2012, said *"we hear that Majjini⁷ feeds on people's blood or human sacrifice. Those are the ones who take the children to cut off their heads, tongues, the hearts we hear them"* (V12TH). A Chairman from Kiryandongo District who witnessed the body of a nine-year-old girl found without her genitalia, stated *"I hear they use body parts to kill people and if one wants to kill some, they ask him/her to bring some parts. Some use the human bone then they send in terms of spirit that move on air and it comes and attack you because he or she wants to kill you once mixed with body parts. (...) People who use body parts use them for killing they I hear because they send to people in order kill them. People who go to the witch doctors that they want to kill someone; they do such kind of act, they mix their medicines with the body parts just like that and they send to the person they want to kill. And if they don't help you urgently the medicine can kill you, so I don't know whether is true or not I just hear"* (Den1).

The stepmother of a 20-year-old woman who was killed in 2011 in Masindi District for her genitalia, said *"people say so that one can acquire riches according to what people say and that others can attain more powers"* (Den17). A community member who witnessed the body of a 35-year-old woman who was found dead without her genitalia in Masindi District in 2011, stated *"they are satanic and they work"* (Den22). A community leader from Kiryandongo District who provided details for two cases, one of a 20-year-old man whose head was cut off in 2005 and the other of a 25-year-old pregnant woman, murdered with her fetus removed in 2008, said *"it brings wealth and makes you become rich"* (Den2). Another community leader from the same district, who also witnessed the case of the man who had

⁷ evil spirits

been decapitated, stated *"they wouldn't have cut off people's head if they don't get rich"* (Den10).

When asked if he believed that people get rich when using body parts, the grandfather of a 12-year-old boy who was killed and found without his genitals in October 2008, in Masaka District, said *"Yes, people get rich but it's also a curse"* (Di8). The mother of a two-year-old boy whose body was found in November 2010 without his left hand and leg, intestines and genitals, answered the same question saying *"Yes, but that money is haunted"* (Di11). When asked if she believed that medicine is stronger when it contains body parts, the relative of a six-year-old boy who was killed and had his throat removed in July 2009 in Mukono District, said *"If those body parts were not useful to the Traditional healers they would not be demanding for them. But since they demand for them then, I think they help in their medicine. Basing on the occurrence of these cases, then this means that the body parts they really help them in their medicine"* (V1).

Anthropological background

Different types of traditional medicine exist in eastern and southern Africa, typically making use of various natural products. Several anthropologists have carried out research into traditional medicine in Africa, such as Adam Ashforth, Gerald Labuchagne and M. Griffin.

According to Ashforth, both traditional healers and witches use supernatural forces, but they use it for different ends. Ashforth explains that witchcraft is considered the act of malicious persons who use harmful substances whereas traditional healers administer aid to patients, and almost always dispense substances. Both groups are considered experts who fabricate substances and possess secret knowledge to achieve healing or witchcraft. He further states that witches are said to be able to cause every disease and misfortune whereas a number of healers claim to be able to cure every disease (including AIDS) and to remedy every misfortune (Ashforth, 2005).

In Southern Africa, the mutilation of children occurs in a very similar way and for the same purpose as in Uganda. According to research conducted by HumaneAfrica in Southern Africa between 2008 and 2010, children are mutilated while they are alive and body parts, blood and tissue are used for harmful practices in the belief they enhance traditional medicine. The process of extracting and using children's body parts is practically identical to the process described in this report, however the names given for this practice are different. Muti is a Southern African term for this mutilation, which relates to the medicine or potion. In Uganda, however, it is known as child sacrifice and relates to the way body parts, blood or tissue are extracted

"Muti" is a term that is used widely in other parts of Southern Africa to describe traditional medicine. The word *Muti* is derived from the Zulu word for tree, of which the root is *-thi*. African traditional medicine makes use of various natural products, many of which are derived from trees. For this reason, medicine generally is known as *Muti*, but it is also applied to formulations used in traditional medical dispensing. As part of *Muti* practices, some witchdoctors make use of the so-called 'medicine murder' or '*Muti* murder', where body parts are removed from the bodies of living persons. Although these terms were not specifically mentioned by informants in this research, there appear to be many similarities.

Some of the anthropological research in Southern Africa regarding the practice where body parts are removed from the bodies of living persons explain that the intention is not to kill the victims as such, but it is expected that they will die due to the damage inflicted (Ashforth, 2005). It is a deep founded belief of the witchdoctors that the body parts are necessary for the practice to work and it is required that the victims are dismembered while they are still alive. The screams of the victims are believed to make the medicine more powerful by waking the spirits and empowering them (Griffin et al 2004, Labuschagne 2004).

The confessions obtained in this research from individuals who have been involved in mutilating children and removing body parts confirm that specific body parts are actively sought from live victims in exchange for money for the use in harmful practices.

Labuschagne states the witchdoctor will not himself engage in the killings, but will send a third party to do it (Labuschagne 2004). This is partially supported by the evidence in this research project, where a number of persons described this phenomenon.

Turrell (2001) provides an explanation by Harriet Ngubane, an anthropologist, stating that normally evil was removed by the slaughter of an animal. This would open up contact between the living and the dead and its body would be an offering to the ancestors. According to Ngubane, sometimes the need for the evil to be removed and good to be obtained was so great that the use of animals was not enough and only a human would do. According to Turrell/Ngubane, ritual killings of a human was required for the acquisition of extra-ordinary powers. This was necessary to win advantage between chiefs but ritual murders became more common and out of the chiefly control and became available for "ambitious commoners" (Turrell 2001).

The interviews obtained in this research document that traditional healers have prescribed children's body parts in traditional medicine and community members have admitted to consuming these body parts, blood and tissue in the belief that this will make the treatment

stronger and more powerful. However, no mention of the ritualistic aspect of the killings was made in any of the interviews.

According to Labuschagne, the term *Muti* murder has been substituted incorrectly with the terms ritual or sacrificial murder, however although *Muti* murder may be ritualised in that it is done in a certain way, it is not a sacrificial act as the aim is only to obtain body parts for medicines and not to appease any god or deity. Although, as mentioned above, the term *Muti* murder was not mentioned in this research, it appears that the only aim of the killings is to obtain certain body parts, blood or tissue. Despite the term child sacrifice being commonly used in Uganda, according to the interviews, there is no specific sacrificial element to the killings.

Based on the confessions from those individuals prescribing, obtaining and using body parts blood and tissue, there is an opportunity to understand more clearly the process of child mutilation/sacrifice in Uganda.

This research has established for the first time through confessions and firsthand accounts the process of child mutilation, known locally as child sacrifice.

Confessions

Confessions from individuals who have either admitted to using children's body parts, blood or tissue for harmful practices, confessed to removing body parts, blood or tissue from children and so-called witchdoctors who have confessed to prescribing children's body parts, blood or tissue for harmful practices have made a significant contribution in enhancing the understanding of the process of child mutilation/sacrifice for this research report.

These confessions provide valuable insights into why body parts are taken and they give an indication of the process of removing and using body parts. Through interviews with people who have admitted to removing body parts from children, it has become evident that there is a clear link between the individual who removes the body parts and the traditional healers and/or so-called witchdoctors.

These interviews also highlight the issue of supply and demand. They demonstrate that community members generate the demand by visiting the so-called witchdoctors even though they are aware that these body parts have come from children who have been mutilated for this purpose. *"I felt so guilty because I, by the time the potion was prepared, I got to know that it was for a young boy and cases arise from the community that children are sacrificed"*. These confessions also demonstrate that community members are prepared to use children's body parts again, even though they are aware of the consequences to the

children. When asked if they would visit the so-called witchdoctor again one community member responded, *"I tell you I would because I was helped in a critical moment and my marriage was saved"*. When asked if they would accept again that a child needed to be sacrificed, the response was less clear, *"This is hard to answer"*.

The agent and traditional healer also confirm they have no issue or regret being part of this mutilation/sacrifice process.

The confessions also highlight the deep-rooted belief that children's body parts work and that when used for these harmful practices, they make medicines and so-called potions stronger and more powerful.

Below are four examples of interviews with individuals who have confessed to either using children's body parts, blood or tissue for harmful practices, confessed to removing body parts, blood or tissue from children or confessed to prescribing children's body parts, blood or tissue for harmful practices.

Confession from a community member

Interview Code: EACO2/EACO11/EACO13

Location: Buikwe District, Uganda

Interview Date: 21 August 2012, 29 August 2012 (Revisit 1), 06 September 2012 (Revisit 2)

A participant from a workshop in Namaganga referred the facilitator to a father whose daughter had recently been mutilated. As the interview evolves, the father confesses to using children's body parts himself. In the following confession the father describes how he assisted his mother who worked as a traditional healer. He describes how she finds her clients and also his involvement in the process. With all confessions, it is important to establish why the individual chooses to confess. In this instance, the informant appears to share this information because he believes that two months before this interview took place, his mother was responsible for mutilating his own three-year-old daughter. This incident appears to have brought about a change of behaviour regarding accepting the use of children's body parts for harmful practices.

The interview begins with the interviewer asking what takes place in the shrine the place where a traditional healer consults community members and practices their traditional medicine.

Q: Can you explain what happens at the shrine?

A: Well, all people inside the shrine have to kneel in respect of the place, and you were not meant to ask any question be it refusing what they have told you to do. You had to abide by everything within the shrine.

Q: How did you know about this?

A: We had a family shrine and they used to perform rituals like initiating people into traditional healing and they used to do it by making the person drink blood from human being

Q: For what purpose were your relatives using these body parts?

A: To heal people's illnesses and to initiate people into traditional healing.

Q: Do you believe that medicine is stronger when mixed with body organs?

A: Yes, because I used it before.

Q: What body parts did you use exactly?

A: I was given the two fingers which looked like those of the child and also drunk blood in a small pot (...)

Q: And who prepared the potion for you?

A: My mother prepared it.

Q: Who were her clients?

A: People from the neighbouring village who were referred by the neighbours who lived near our home.

Q: How did your mother find the clients?

A: People who knew my mother used to refer them.

Q: What potions did she make and how did she make them?

A: I remember when this lady came in, mother asked her the kind the sex of child she wanted and she said she wanted a boy and she mixed blood in the pot and told her to drink it when I was seeing and then she asked me to jump over her so that she may give birth to the child.

Q: Did the potion work for her?

A: It did because she now has a boy of four years.

Q: How much did she charge?

A: This lady had to pay her 500,000 Ugandan shillings [approximately US\$185 ed.] and when it worked for her she gave her 2,000,000 Ugandan shillings [approximately US\$740 ed.].

Q: Are potions with body parts more expensive?

A: Yes, because it is not easy to find them.

Q: Why do you say that it is not easy to find them?

A: Because it is risk taking.

Q: Can you explain how some body parts work well for some treatments and other body parts work better for other treatments.

A: Blood works better for those women who are barren and fingers are prepared for those who are being initiated into traditional healing according to those I saw my mother the witchdoctor prepare.

Q: Is there a preference between boys' body parts and girls?

A: I think it is there and I know that it's applicable to the barren women to get the child's sex.

Q: Can you explain exactly why there is a difference?

A: Of course to get the particular sex of the child.

Q: Do you believe in mutilating people?

A: I used but am now against it because it happened to my daughter.

Q: Can you please tell me more about that scenario?

A: Oh...that bad day! Whenever I recall that day, sorrow fills my heart, my daughter was sacrificed by my biological mother! (...) my mother acted as a devil to take part in sacrificing my daughter (...)

Q: How did you feel on after reaching the place?

A: I was terrified immediately I lost my strength and sat down shivering and tears started flowing from my eyes I started cursing the 13th of June 2012. I didn't bother calling my wife because she could lose her mind, my one and only three year old girl!

Q: How did the body appear?

A: It had cotton wool on the belly, she had a hole in the armpits, her left ear was cut, and her heart was missing.

Q: Why was the girl sacrificed?

A: I think to perform rituals.

Q: Why do you say so?

A: My relatives used to treat people using people's organs like fingers.

Q: For what?

A: To make our ancestral spirit active, but I now I don't condone it, the fact that my child was sacrificed. (...) She used to tell people who came to the home and those in the neighbourhood that she could do anything for a person to live well like gaining wealth, giving birth and also to treat different illnesses and initiating people into traditional healing. So people used to come and she attended to them

Q: But who asks for the rituals?

A: The traditional healers, because my mother was also a traditional healer.

Q: Which parts do you think are demanded by these activists?

A: (...) I think they use these body parts according to the demand, like to initiate people into traditional healing our mother used to give people human blood and fingers but I can't tell how they used it (...) so I believe this is what they did to my daughter because they wanted to initiate our family member into traditional healing and I believe they utilized that time when we were all away.

Confession from an agent

Interview Code: EACO37/EACO38/EACO45

Location: Buikwe District, Uganda

Interview Date: 26 and 27 September 2012

An informant from Buikwe District referred the facilitator to a man who confessed to mutilating both children and adults in order to sell their body parts to a so-called witchdoctor. The informant explains that the so-called witchdoctor requests certain body parts chooses the victims to be mutilated. The informant believes that he will not be caught because he drinks blood that allegedly protects him.

The interview begins with the interviewer asking how the informant started his business of mutilating people.

Q: Am here to talk about your business, can you please tell me how it all started?

A: (...) My first job was to ride a bodaboda transporting people. When things turned sour for me I opted into kidnapping the people, children inclusive. I was paid for this because I was doing it for tycoons who came from Kampala and different areas. I used to charge them 200,000/= UGX [approximately US\$75, ed.] for adults and 350,000 UGX [approximately US\$132, ed.] children. One day I met a man whom I didn't know that he was a witchdoctor and hired me to go and get him a young boy and told me that he wanted his teeth, ears, the genitalia and his heart. He asked me to help him mutilate the body but I told him that I fear, may be him doing it when I am seeing. He pulled out the knife and started cutting the parts he needed. After he drunk the blood and he also gave me to drink. And he told me that drinking blood prevents the spirit of the victim to haunt us. There and then I gained courage and hired me to start carrying it out and he increased my pay, doubling the prices of kidnapping. We packed the body in the sack and looked like the slaughter pig and no one could identify it.

Q: How do you feel about this kind of job?

A: I feel bad killing someone in pain but I have nothing to do because it the only way I survive. I am now heartless I am no longer a human being, I am worse than a beast.

Q: Why do you say so?

A: People don't behave in that manner but the greed for money caused me to act like this.

Q: Did you know the clients who used to ask you to kidnap people before?

A: No, but as time went by I got to know them.

Q: How about the witchdoctor?

A: the same and I got to know the nature of his job.

Q: Have you ever been caught transporting these organs?

A: No, and I will never.

Q: Why?

A: The blood we drink protects us.

Q: Do people in this community know that you do this business?

A: No, apart from the clients I find at the witchdoctor's place and we always ask them to keep quiet on it.

Q: How do you kidnap adult people?

A: I use chloroform in the handkerchief when I am in a secrecy place and for the children I use sweets and giving them some eatables.

Q: But why sacrificing?

A: The witchdoctor said to get rich and to treat different illness and to have sounding businesses.

Q: So do you believe in it?

A: Yes, it has worked for me and the lady who brought you to me, it worked for her too.

Q: What have you gained in this business?

A: I built a posh house in Nakasongola district and I have married a beautiful woman.

Q: Does she know the kind of job you do?

A: She knows that I ride a bodaboda and she is happy with that.

Q: Do you have children?

A: No, I told my wife not to produce any, I fear that mine can also fall a victim.

Q: Do you believe in God?

A: Yes, I do and before leaving home I ask him to be with me. (...)

Q: Do you only work for the one witchdoctor you mentioned, or are there others you do work for?

A: I used to work for other people but I now work for the witchdoctor.

Q: Are you ever asked specifically for body parts of adults?

A: No, for both the adults and children mainly.

Q: Are you ever asked specifically to get body parts from a certain age of child?

A: For children, of all age, as long as they are not above 18 years of age.

Q: Are some body parts worth more than others?

A: Yes, especially the genitalia and the head are worth.

Q: Are children's parts worth more than adults?

A: Yes.

Q: How do you choose your victims?

A: I choose who didn't prick their ears, and boys who are not circumcised.

Q: Are the parts removed while they are still alive?

A: When they are unconscious it's when I remove them after using chloroform.

Q: Why?

A: The sacrifices which are dead are not worth.

Q: When was the last mutilation you did – can you give some details?

A: It was in June when I kidnapped a girl who was coming from the well at 6:30pm because it was getting dark and I was requested for the blood of a girl who was a virgin and I used this chance to acquire one. She was alone in the path and I was undercover to take what I could offer my boss.

Q: Can you describe a recent mutilation please

A: I mutilated the girl's genitalia and also pulled out her throat and parked them in my black polythene bag and delivered them to the witchdoctor.

Q: How many children do you think you have mutilated

A: In total I can't give the exact figure but they are like 23. But they didn't belong to the same community.

Q: You said before you regret that you do this work, why don't you find a different way of working without killing?

A: I am now used to this business and I don't think I can leave it now.

Q: You said you used body parts in medicines before, please can you give examples of what you personally have used?

A: It was blood to help me not to be haunted by the spirit of the victim and not to be discovered in the community that I am the culprit if at all they make a search for this.

Q: Who asked you to choose children who do not prick their ears and boys who were not circumcised?

A: The witchdoctor.

Q: Who told you that if the children are already dead that this is not a sacrifice and not worth anything?

A: The witchdoctor.

Q: You said you used to work for other people. Were they other witchdoctors and were you doing the same thing?

A: No, these were tycoons who were asked by their witchdoctors to sacrifice.

Q: Who chooses what type of victim should be mutilated?

A: The witchdoctor gives the description of the person to be mutilated.

Q: When choosing the victim, do you choose from any community? Any tribe?

A: You choose from any community as long as it's safe for you and the tribe is not a big deal I pick on any.

Q: When you attack your victims, does it involve any sort of ritual or sayings?

A: No.

Q: Have you been trained how to extract the body parts?

A: Yes.

Q: Who trained you?

A: The witchdoctor trained me.

Confession from a Traditional Healer/so-called witchdoctor

Interview Code: EACO39/EACO44

Location: Buikwe District, Uganda

Date of Interview: 6 October 2012

The traditional healer/so-called witchdoctor was referred by one of his clients, another informant from Buikwe District. During the interview, he describes the interaction between client and traditional healer/so-called witchdoctor inside the shrine and how he chooses what to prescribe for each client. He also explains why children's body parts are used for traditional medicines and why they are allegedly more powerful. The interview begins with the interviewer asking the difference between the terms 'traditional healer' and 'witchdoctor'.

Q: We have heard people use the term witchdoctor and also traditional healer, can you tell us the difference?

A: There is no difference as long as it is dealing with healing.

Q: Which one are you?

A: You can call me a traditional healer.

Q: How did you come to practice this form of medicine?

A: My late father initiated me into this.

Q: We have heard from some of your clients that your potions which contain children's body parts work for them, can you tell us more about this please?

A: Yes, when these medicines are mixed with these body parts they strongly work and the results are seen when applied.

Q: Can you tell me about your clients, where are they from and how do they find you?

A: Well, my clients come from all areas and I get to know them or they get to know me through the clients I work on.

Q: Please can you describe the process of traditional healing?

A: When in the shrine all people sit and start offering money in the basket, they then say their reasons for coming in the shrine. Here they sit while kneeling as I chew my coffee berries to change my tone while speaking to the clients.

Q: What exactly happens in the shrine?

A: The discipline here is that you don't talk until I ask you to and you don't have to show that you are scared of anything.

Q: What sort of community members visits the shrine?

A: All groups of people but mainly women.

Q: What sort of things do they come to ask for?

A: The treatment for barrenness when they want to give birth.

Q: Have you heard about witchdoctors using body parts in their medicine?

A: Yes, and I use it too.

Q: Do people believe that medicines are stronger when they contain body parts?

A: Yes.

Q: Why?

A: Results are undeniable.

Q: What are these body parts used for?

A: To gain wealth, initiate people into traditional healing and for barren women to give birth plus gaining leadership.

Q: Why do people want to sacrifice/use this kind of medicine?

A: To obtain those reasons I've given you.

Q: How are these rituals with body parts performed?

A: It's a long process depending on what the client wants.

Q: Where do traditional healers learn how to perform these rituals and how to do this medicine containing body parts?

A: Through our ancestors.

Q: Would you use the body parts of your own relatives?

A: Yes.

Q: For how long have you been using children's body parts?

A: Since 1996, so you can now tell the years I've been in this field.

Q: Have you ever been caught?

A: No.

Q: Has anyone from the government or police come to you for this type of medicine containing body parts?

A: Yes, and she was a woman Member of Parliament who wanted to retain her position and that was in January 2011.

Q: Does it matter if your victims are alive or dead during the extraction?

A: We don't consider the dead to be sacrifices.

Q: Does it matter if they are children or adults?

A: It doesn't really matter, though we so much consider those for children.

Q: How do you choose what type of person you need for each medicine?

A: Those who have never shed a lot of blood, preferably the young children.

Q: Do u ever regret what u do?

A: No, I don't.

Q: I asked last time, how are these rituals with body parts performed? And you said 'It's a long process depending on what the client wants.' Please can you give an example of woman who is barren, how do you treat that?

A: I tell her to undress and then show her how to apply the potion but I can't say it to you because it's scary unless you are my client. But I ask them the sex of the child they want and then pick the genitalia organ.

Q: What body parts are used?

A: Mostly the genitalia, breasts and the parts on the head.

Q: Can you only use children's body parts for barren women?

A: Yes.

Q: Do you charge more when medicines contain children's body parts? Can you give an example please?

A: Yes, I charge highly when it is the child's body part because these children are not easily kidnapped. The fee can range from 500,000- 1,000,000 [approximately US\$188 to 376 US\$, ed.] depending on the age of the client, depending on the period of time the client has spent with this issue.

Q: Others have told us that the girls ears need to not be pierced for sacrifice and the boys virgins, can you explain this please?

A: Yes, it's the sign to show that the victim has been whole and was never tampered with.

Q: How do you get the body parts?

A: I have my agent I give him the description of what I want and he delivers them.

Q: Are the victims from this community?

A: Most of them are got from the nearby or further communities.

Q: Does anyone suspect you?

A: No.

Q: Can you tell me of specific medicines that you have administered to your clients using body parts?

A: The one for barren women, using the genitalia and those who want to get wealthy I give them teeth or fingers because these can't be easily seen.

Q: Who requested each of them?

A: The barren women and those who want to get wealthy.

Q: What were they for?

A: To produce children and to bring big businesses.

Q: What body parts were in them?

A: The genitalia and the teeth.

Q: And the ages of the body parts?

A: For children of 2-7years.

Q: When preparing the medicines, does the process involve any kind of ritual or sayings?

A: No.

Q: How many children and adults have been killed for your medicines while you have been a traditional healer?

A: They are many I can't tell the exact number.

Confession from a community member

Interview Code: EACO27/EACO35

Location: Buikwe District, Uganda

Date of Interview: 19 and 26 of September

A Chairperson who participated in a workshop in Nyenga Village, Buikwe District, referred the researcher to a woman who admitted to using the genitals of a young boy, as prescribed by a so-called witchdoctor, to treat a condition of urinating in her bed. The interview begins with the interviewer asking the woman to talk about the use of body parts and she explains the reason why she used these body parts. During the interview the informant says she feels guilty for using a child's body part, but later she adds that she would visit the so-called witchdoctor again if she needed to overcome another problem.

Q: Madam, Can you tell me more about the use of body parts?

A: Well, these organs are given to us to attain what we want. I got to use this through a tough situation that I wanted to get rid of and this was urinating on my bed as big as I am. The organ I was given was a genitalia of a young boy

Q: How did you feel using them?

A: I felt so guilty because I, by the time the potion was prepared, I got to know that it was for a young boy and cases arise from the community that children are sacrificed.

Q: Who helps find them?

A: I don't know because the witchdoctor does not tell where these are got from the fact that it is against the law.

Q: Are there other women who use body organs?

A: Yes, they are there and I can direct you to one who took me to the witchdoctor to apply this potion.

Q: How about men?

A: I know of the boda-boda cyclist who drinks blood from human sacrifices.

Q: Was the potion helpful to you?

A: Yes it was and I ceased urinating on the bed.

Q: Is your husband aware of it that you ever used body parts?

A: No. (...)

Q: How did you get to know about the person who gives this potion?

A: A friend of mine directed me.

Q: How do they find the potion?

A: They have agent already.

Q: For how long did you use it?

A: It was once and it worked for me, since that application of the potion, I have never urinated on the bed. (...)

Q: Can you please describe your visit to the witchdoctor?

A: Well, I had this serious problem and I needed to be helped out and mine was urinating on the bed and my husband was yet to divorce me because of this bad habit that was too much and almost unbearable. I made consultation of how I can be helped on this, and a certain lady directed me to the witchdoctor who could solve this problem.

Q: What were you asked and what did you say?

A: I was asked for a certain amount of money which was 300,000/= UGX [approximately US\$113, ed.] for two days only I didn't say anything I just gave in the money for my wellbeing.

Q: Can you please describe the shrine - what was it like?

A: Although, we call it a shrine, it's hard to believe because it is a permanent structure and with iron sheets unlike the commonly known shrines. When I entered inside, I had to leave my shoes outside and gave in an offering before talking to the witchdoctor.

Q: What did you have to do in the shrine?

A: I knelt and only answer what I was asked.

Q: Before you visited the witchdoctor did you believe that body parts might help you with your problem?

A: I believed it because before, I tried traditional herbs and they didn't work for me.

Q: Did you visit a hospital or clinic before seeing the witchdoctor?

A: Yes, I visited the gynaecologist and I wasn't helped anyway.

Q: If another situation arose and you needed to visit the witchdoctor would you visit him again?

A: I tell you I would because I was helped in a critical moment and my marriage was saved.

Q: And would you accept again that a child needed to be sacrificed for your treatment?

A: This is hard to answer madam.

Q: Please can you describe the potion?

A: I was given a young boy's genitalia and it was very black and stiff.

Q: What did you do with the potion, did you wear it, eat it?

A: I only tied it around my knickers for those two days during the days and the nights and made sure that I returned it to the witchdoctor before my husband sees it. (...)

Q: Did you ask the witchdoctor to explain what was in the potion?

A: No, queries are not entertained in the shrine.

Q: Do you think the price for the potion was high because it contained body parts?

A: According to what I expected, it wasn't high.

Q: Do you go to church or believe in God?

A: I go to church and believe in God.

The examples shown above from community members describing their visits to so-called witchdoctors where they receive potions containing children's body parts, give an insight into the reasons why individuals visit so-called witchdoctors and explain how they believe that using body parts will make the treatment stronger and more powerful.

The so-called witchdoctors confirm that they prescribe potions containing body parts, blood and tissue and as illustrated above, explain how their agents remove body parts from children while they are still alive. Interviews with those who have been involved in the process of removing body parts, blood and tissue, confirm this claim. They describe how they select children and how body parts are removed.

The community members, while aware of the consequence of their visit to so-called witchdoctors, were prepared to use body parts knowing that children had been harmed. They believed that the treatments are stronger and more powerful because they contain body parts, blood or tissue. Neither the so-called witchdoctor or the agent have any regret being part of this mutilation/sacrifice process and both continue to work within the community mutilating children and supplying the body parts, blood and tissue to community members.

What is the perception of communities regarding the authorities' response to cases of child mutilation/sacrifice?

There is a general perception from numerous community members that authorities are ineffective in responding to reports of child mutilation/sacrifice. The need for community members to provide financial incentives to the Police to investigate reports of mutilations/sacrifices is also apparent.

An informant, when talking about a suspect who allegedly mutilated and killed his seven-year-old nephew, in June 2012, in Masaka District, said *"he was even arrested by the police and was after let go. The defence secretary told me that that man gave the police a bribe of 500,000 shillings [US\$186]"* (Di3). The grandmother of a two-year-old boy who was found dead in August 2012 in Mpigi District, said *"I told my son to send me some money so that we pay the officers at CMI so that the investigations would continue he told me that he did not have the money"* (Shel12). In Buliisa District in July 2012, the mother-in-law of a pregnant woman whose mutilated body was found near the mutilated foetus which had been removed from her womb, stated *"if we had money they would follow up the matter and see how those people whether can be arrested but we don't have the money and this is the problem"* (Den9). In April 2012, a boda-boda cyclist from Wakiso District, who witnessed the mutilated bodies of two adult men, said this about the suspect: *"the state failed to prove the murder case against him and it has now been brought up for retrial. He bribed each and every police officer"* (UG_TW_I_44).

Mob justice

According to firsthand interviews, community members have on a number of occasions, taken matters into their own hands and delivered both the judgement and the punishment to suspects of child mutilation/sacrifice, often resulting in the death of the suspect. A mother, who witnessed the mutilated body of her seven-year-old daughter, allegedly attacked by her father in January 2009, said *"when people got to know that he had killed his own daughter they ganged around the police station and they demanded to release him so that they would kill him by themselves. The police refused. When night came the people went into the Rubanga police station and beat him up to death"* (Shel3). When referring to a man who confessed to attacking an eight-year-old boy who survived after his genitalia had been removed in May 2010 in Kiryandongo District, the victim's neighbour stated *"Due to too much anger, they beat him and became very weak that he could not move and they burnt him on the way after he had confessed"* (Lyd3). In Jinja District, a man went into a police station and confessed to a police officer that he had killed and beheaded a child, later the

police officer stated in an interview *"we heard a big group of people coming toward the police station shouting 'give us that man, give us that man.' We tried to restrain the crowd. We fired bullets in the air but they just kept coming. In the end we ran out of ammunition and the crowd overpowered us and they stormed into the station, broke the holding cells, dragged out the suspect and lynched him in front of the Police Station"* (UG_TW_I_7).

An informant in Kamuli District, who witnessed three heads being found at the house of a so-called witchdoctor who was suspected of mutilating children in 2007, said *"last time when I passed this place, I found that his house had been knocked down by the villagers"* (Os2). A similar incident occurred in a case in which a 12-year-old boy was taken by his uncle to a shrine where he was allegedly sacrificed. A community member recalls *"The boy's uncle who was the witchdoctor it's what all the people confirmed and they started destroying the shrines"* (EACO32).

Police record keeping on reports of child mutilation/sacrifice

A number of informants were initially reluctant to share information on specific cases of child mutilation/sacrifice due to fear the researchers might report them to the Police, even though according to their testimonies, they only witnessed a mutilated body. A community member who witnessed the body of a man who was discovered with his head removed in April 2012 in Wakiso District, said *"I hope you won't take me to the police but I think it is the traditional healers"* (UG_TW_I_40). A community member (EACO40) said *"I will tell you but do not take me as a suspect at the police"*, when talking about the body of a five-year-old girl who he witnessed without her genitalia and tongue, in Mukono District in March 2010.

Community members have also mentioned their reluctance to report incidents to the Police through fear they will be arrested for the crime they are reporting. In 2010, a family witnessed the mutilated body of a 10-year old girl with the left hand and left leg removed. They reported the incident to the Police and were arrested the following day. According to their statement, they were incarcerated for eight months despite no evidence being brought forward of their involvement in the incident. During their interview they spoke of threats of violence during their interrogation *"At the headquarters we were interrogated and asked a lot of questions. They did not torture us at all but they would intimidate us that they were going to use cruel means if we don't tell them the truth (...) The commissioner Homicide himself came and asked me several questions and I denied each and everything and told him I had no hand in the death of (name removed, ed.). His subordinates would threaten me with death"* (UG_TW_I_23)

The baseline established in this research report of one mutilation per week in 25 communities contradicts the official Police figures on child mutilation/sacrifice.

According to the Commissioner, Homicide Department, from January to November 2012 there were nine cases of child mutilation/sacrifice and four cases of adults being mutilated/sacrificed throughout the country. During the four-month period from June to September 2012, according to the Commissioner, four cases were officially reported throughout Uganda. This figure is in stark contrast to the 20 mutilations/sacrifices, which occurred, in the same period, in the 25 communities where this research was based. As these 20 cases are supported with at least one eyewitness account, it brings into question the accuracy of Police record keeping. This is further highlighted by UNICEF's U-report, where the respondents mentioned three cases of child sacrifice reported to the Police the week the question was sent out and 10 mutilations/sacrifices during the month of October. Therefore, the community members' perception of the impact this issue has on their communities and the Police's perception appear to be dramatically different which suggests a need for the authorities to better report on these issues.

Recommendations for Civil Society and Government

For programmes to be developed to eliminate child mutilation/sacrifice in Uganda there firstly needs to be an acknowledgement from both Civil Society and Government that child mutilation/sacrifice occurs on a regular basis throughout Uganda and is far more prevalent than previously thought. It is hoped that this research report will assist in this transition.

A number of stakeholders from Civil Society and Government are working on the fringe of issues relating to child mutilation/sacrifice, however there is currently no collective effort on this issue. It is therefore recommended that a Steering Committee be established to bring these stakeholders together on a regular basis to pool resources and knowledge and work towards eliminating child mutilation/sacrifice in Uganda. It is recommended that UN organisations such as UNICEF and OHCHR, Justice Law and Order Sector (JLOS) institutions, non-governmental organisations with a commitment to upholding the rights of children and specialists in the field of child mutilation/sacrifice be part of this committee.

The draft action plan on Child Sacrifice from the Ministry of Gender, Labour and Social Development should be endorsed and implemented, taking into account the findings of this research. This action plan needs to acknowledge the incidence and prevalence of child sacrifice throughout Uganda as documented in this report.

This research has established that communities drive the demand for children's body parts, blood and tissue. In order to abolish child mutilation/sacrifice, this demand needs to be eliminated and social norms need to change. There is an opportunity to learn from UNICEF's work eliminating FGM/C and HumaneAfrica's work eliminating child mutilation for harmful practices using a social norm change process. This process assists communities in abandoning the use of body parts, blood and tissue for harmful practices. It is recommended that this process be implemented in communities throughout Uganda.

Furthermore, it is recommended that traditional healer organisations who condemn the use of body parts, blood and tissue in traditional medicine take part in this process and use this as an opportunity to support this change in social norms.

Lastly, there is a need for relationship building exercises to take place between the authorities and communities on reporting and investigating issues relating to child mutilation/sacrifice.

Conclusion

The objective of this research was to create a suitable environment and platform for discussion with the aim of achieving a better understanding of the incidence and prevalence of child mutilation/sacrifice in Uganda. This has been achieved through 25 community based workshops, attended by 858 individuals from many different sectors of society; both State and non-State, where the issue of child mutilation/sacrifice has been openly discussed.

This research shows that children are regularly mutilated/sacrificed throughout Uganda. It documents that body parts are taken from victims while they are still alive. All 140 interviews contained in this research are firsthand accounts where the informant has witnessed a body with body parts, blood or tissue missing from a body or has seen body parts, blood or tissue separate from a body. The wealth of information obtained during the short fieldwork period of two months demonstrates how widespread and prevalent this situation is.

The findings show how every randomly selected community has been adversely affected by issues relating to child mutilation/sacrifice.

Both children and adults are victims of mutilations for the removal of body parts. There is no evidence that adults are specifically targeted for their body parts, however there are a number of accounts in this research where children have been specifically targeted. The vast majority of these mutilations have involved children. Three accounts involved women in the latter stages of their pregnancy where the fetus was removed and mutilated.

This research concludes that the 77 incidents where body parts, blood or tissue have been removed have all been for the purpose of harmful practices.

The findings of this research show that it is a commonly held belief in Uganda that when traditional medicine contains body parts, it is stronger and more powerful.

Child mutilation/sacrifice is prevalent throughout Uganda and it is a deep-rooted belief that it can solve any problem, ranging from poverty to health issues. Of the 125 informants who expressed an opinion as to why body parts, blood or tissue are removed, 93% believed they were either to be sold or used for activities relating to witchcraft or other harmful practices.

Interviews show that so-called witchdoctors have a firm belief themselves that body parts, blood and tissue are needed to resolve certain issues. So-called witchdoctors, usually through a third party, actively seek children's body parts, blood and tissue from live victims.

Child mutilation/sacrifice is part of a complex supply and demand business. The demand for these so-called potions containing body parts, blood and tissue comes from the community, as it is the community members themselves who visit the so-called witchdoctors.

During the four-month fieldwork and preparation period there has been an average of one mutilation/sacrifice each week in the 25 communities where this research has been based. These mutilations/sacrifices are supported with at least one firsthand account.

There is a general perception from community members that authorities are ineffective in responding to reports of child mutilation/sacrifice. The need for community members to provide financial incentives to the Police to investigate reports of mutilations/sacrifices is also apparent. A number of informants expressed fear connected to reporting incidents of child mutilation/sacrifice to the authorities. Community members have on a number of occasions, taken matters into their own hands and carried out both the judgement and the punishment on suspects, often resulting in the death of the suspect.

The community members' perception of the impact this issue has on their communities and the Police's perception appear to be dramatically different which suggests a need for the authorities to better report on these issues.

Victims of mutilations, who have survived an attack, have shared the devastating impact these attacks have had on their daily lives. Parents, who discovered their children's mutilated bodies, have shared their outrage at what has become a common occurrence in many communities in Uganda.

There is currently no Government or Civil Society strategy to reduce the demand for children's body parts, blood or tissue within communities.

A number of stakeholders from Civil Society and Government are working on the fringe of issues relating to child mutilation/sacrifice, however there is no collective effort on this issue. A Steering Committee to bring these stakeholders together on a regular basis to pool resources and knowledge and work towards eliminating child mutilation/sacrifice in Uganda is needed.

To reduce the demand for body parts, blood and tissue, social norms need to change. This process of social norm change should begin as soon as possible, bringing communities together to collectively abandon the use of children's body parts for harmful practices.

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