A GROUNDED VIEW OF COMMUNITY-BASED CHILD PROTECTION MECHANISMS AND THEIR LINKAGES WITH THE WIDER CHILD PROTECTION SYSTEM IN THREE RURAL AND URBAN AREAS IN KENYA

Summary and Integrated Analysis

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For the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems

April 17, 2014

Suggested citation:
Wessells, M., Kostelny, K., & Ondoro, K. (2014). A grounded view of community-based child protection mechanisms and their linkages with the wider child protection system in three rural and urban areas in Kenya. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

ACKNOWLEDGEMENTS

This research report is an output of the Interagency Learning Initiative on Community Based Child Protection Mechanisms and Child Protection Systems. The technical leadership for the Initiative is provided by the Columbia Group for Children in Adversity. The research would not have been possible without the collaboration of many agencies and stakeholders. The Initiative gratefully acknowledges the support and engagement of all partners and members of the global reference group: ChildFund, the Child Protection Working Group, Human Science Research Council, IICRD, Oak Foundation, Plan International, REPPSI, Save the Children, Terre des Hommes, TPO Uganda, UNICEF, USAID, War Child Holland, and World Vision. Particular thanks go to PEPFAR, UNICEF, and the Oak Foundation for their financial support and also for their technical advice.

The Initiative is indebted to diverse people, agencies, and stakeholders in Kenya. Special thanks go to the residents of the six research sites, who gave freely of their time and knowledge. We also thank Jemaiyo Chabeda-Barthe, who provided valuable assistance as lead ethnographer during the early phase of the research. The Initiative also thanks the Government of Kenya for its valuable inputs and support, particularly through Professor Jacqueline Oduol, former Secretary for Children's Affairs in the Ministry of Gender and Children's Affairs, and Mr. Ahmed Hussein, Director of the Children's Department. Appreciation also goes to the District Commissioners, the District Officers, the District Children's Officers, the Area Chiefs, Assistant Chiefs, Chairmen, village elders, community health workers, and youth leaders who facilitated the research. Thanks also go to Save the Children in Kenya for coordinating the Kenya Reference Group. The following groups were members of the Kenya Reference Group and gave important inputs into discussions of issues such as areas that were of strategic interest in Kenya: Action Aid International, AMREF, ANPPCAN, APHIA PLUS, CARE, CEFA, ChildFund, Child Line, CLAN, CRADLE, Girl Child Network, IRC, KAACR, Plan International, Save the Children, World Vision, and UNICEF Kenya. The authors also wish to thank the members of a multi-stakeholder meeting convened March19-20, 2014 by the Department of Children's Services for their valuable feedback on the research and the report.

The Initiative expresses its gratitude to Ken Ondoro (Team Leader) and the other Kenyan researchers who collected the data at the six research sites. Dr. Kathleen Kostelny served as the lead international researcher and also lead data analyst for this study. This report was written by Dr. Mike Wessells with valuable inputs from Kathleen Kostelny, Ken Ondoro, and Sarah Lilley of Save the Children, who coordinates the global Reference Group and who helped to facilitate the inter-agency aspects of the work in Kenya.

The views expressed in this report are those of the researchers and should not be assumed to reflect the views of any partner organization.

ABBREVIATIONS

AAC	Area Advisory Council
ANPPCAN	African Network for Protection and Prevention Against Child Abuse and Neglect
APHIA PLUS	AIDS Population and Health Integrated Assistance Plus
CBCPM	Community-based child protection mechanism
CBO	Community-based organization
CLAN	Children's Legal Action Network
CHW	Community health worker
CWC	Child Welfare Committee
DCO	District Children's Officer
DCS	Department of Children's Services
FPE	Free Primary Education
GBV	Gender-based violence
HIV/AIDs	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IICRD	International Institute on Child Rights and Development
ILI	Inter-Agency Learning Initiative
IRC	International Rescue Committee
KAACR	Kenya Alliance for the Advancement of Children's Rights
KEMRI	Kenya Medical Research Institute
KSH	Kenyan Shillings
LAC	Location Advisory Council
MoU	Memorandum of Understanding
NCCS	National Council for Children's Services
NCST	National Council for Science and Technology
NGO	Nongovernmental Organization
PEPFAR	U. S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
REPSSI	The Regional Psychosocial Support Initiative
SES	Socio-economic status
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
VCO	Volunteer Children's Officer

INTRODUCTION

Background

Contemporary discussions on strengthening national child protection systems agree that community-based child protection mechanisms (CBCPMs) are fundamental elements of child protection systems.[1] Because they are relatively easy to access, or perhaps are the only alternative that is available in responding to harms, CBCPMs have become frontline mechanisms for protecting children from exploitation, abuse, violence, and neglect and to promote children's well-being.[2]

Defined broadly, CBCPMs include all groups or networks at grassroots level that respond to and prevent child protection issues and harms to vulnerable children. These may include family supports, peer group supports, and community groups such as women's groups, religious groups, and youth groups, as well as traditional or endogenous community processes, government mechanisms, and mechanisms such as Child Welfare Committees or Child Protection Committees initiated by national and international non-governmental organizations (NGOs). Some of these supports--family and peer group supports, for example--are non-formal since they are not part of the Government led system of child protection. Other supports, such as Chiefs and village elders in the Kenyan context, are arms of the formal, Government led system.

Unfortunately, relatively little is known about the effectiveness and use of CBCPMs and their alignment and linkage with formal aspects of wider child protection systems. In 2009, a global, interagency review of the effectiveness of CBCPMs, primarily ones such as Child Welfare Committees (CWCs) that had been facilitated by international NGOs, found a paucity of quality evidence. It also reported that CWCs were frequently set up in parallel with existing mechanisms, without appropriate efforts to learn about and build upon what was already there. As a result, CWCs tended to be unsustainable. Preliminary evidence suggested that where CWCs were effective and sustainable, they were 'owned' by the community and linked with government led mechanisms such as district level Child Protection Networks that received referrals of difficult cases and helped to build the capacities of the CWCs.

This gap in knowledge about CBCPMs is problematic since an understanding of the use, effectiveness, and sustainability of CBCPMs is essential for improving practice and policy in regard to strengthening child protection systems. It is widely agreed that CBCPMs should complement, link, and collaborate with, and align with formal parts of a national child protection system. Yet the question remains: do they in fact do these things? A crucial step in systems strengthening is to learn about the views and practices of local people--not what they ought to do but what they actually do in regard to child protection. In other words, there is a need to focus more on function, that is, on how people perceive childhood and harms to children, and what actually happens when particular harms occur. In addition to indicating whether the child protection system is working in the intended manner, such learning could help to identify obstacles to and limits on the effective functioning of the child protection system, and help to

[1] African Child Policy Forum et al. (2013); Child Frontiers (2010); Davis et al. (2012); UNICEF et al. (2013a).
[2] Eynon & Lilley(2010); Wessells (2009).

guide efforts at strengthening the child protection system in ways that yield tangible improvements in children's well-being.

To address this knowledge gap and to help strengthen policy and practice around child protection, the Interagency Learning Initiative is implementing action research in Kenya and Sierra Leone (see Annex 1). The first stage of the research, which is the focus of this report, involves systematic learning about existing CBCPMs and their linkage with formal, government led aspects of the wider child protection system. Subsequently, randomly selected communities will choose a child protection issue to address and will design and lead the implementation of an intervention that includes an appropriate link with the formal system. Before the intervention has begun, and following two years of implementation, children's well-being and risk outcomes will be measured using a survey instrument that provides quantitative data. Following a quasi-experimental design, matched communities that do not engage immediately in a community-driven implementation process will be tracked over the same period of time using the survey instrument. A unique feature of this process is the use of population-based measures of children's risk and well-being that are based in part on local views of harms to children and children's well-being. This public health approach to child protection measurement could be instrumental in ensuring that steps to strengthen the child protection system produce measurable improvements in children's protection and well-being.

The Research in Kenya

Kenya was selected for this research because there was a desire to learn from a country in East and Southern Africa, and Kenya has an impressive array of child protection laws and ongoing efforts to strengthen child protection. In addition, Kenya was one of the early countries that undertook a multi-stakeholder mapping of its national child protection system in 2009,[3] the results of which have guided the development of a sophisticated framework for the Kenyan national child protection system and guidelines for strengthening child protection systems at the County level in a process of decentralization.[4] The research reported in this paper, which has a strong community emphasis, was viewed as a valuable complement to the aforementioned mapping of the national child protection system. To help guide the research in Kenya, Save the Children and UNICEF convened a Reference Group that included the Kenyan Government and national and international NGOs that work on community-based child protection.

The purpose of the first phase of research was to learn about CBCPMs in three areas of Kenya--Mombasa, Kilifi, and Kisii. The research focused on diverse sources of vulnerability, such as those related to HIV and AIDS, as well as the issues that fit under the traditional child protection rubric. The key questions addressed in the research are shown in the box on the following page. In particular, the research sought to identify how local people understand children and childhood, what they saw as the main harms or risks to children, what CBCPMs existed and how they were used, what protective factors enabled children's positive coping and resilience, and whether and how the CBCPMs linked with elements of the formal, government

[3] NCCS (2010).
[4] NCCS (2011); NCCS (2013).

led aspects of the national child protection system. The research aimed to disaggregate responses by age, gender, socio-economic status, and, where possible, religious orientation.[5]

To answer these questions, the research used systematic, qualitative methodology.[6] The advantage of qualitative methodology is the richness and depth of understanding that it provides, whereas the advantage of quantitative methods is the ability to answer questions related to 'how much' or 'how often' something occurs and to generalize one's findings.[7] A mostly qualitative methodology was used because the intent was to elicit and learn about local people's views, using their categories and understandings rather than those embedded in preconceived questions. By eliciting people's own views, values, and practices, one obtains a rich, grounded picture of their beliefs and practices, with the added value of giving voice to local people. In addition, this approach avoids the biases that might have occurred if a survey instrument had been used. The use of a survey instrument assumes that one knows which questions are important to ask. At this early stage of learning, it is appropriate to take the more humble stance embodied in the axiom 'We don't know what we don't know' and use qualitative, elicitive methods to learn on a deeper level. The later stages of the research will use a mixed methods approach that integrates quantitative and qualitative methods.

KEY RESEARCH QUESTIONS

- How do local people understand: What is childhood and children's development? What are girls' and boys' normal activities, roles, and responsibilities? What are the main child protection risks or sources of harm to children, aside from poverty and health problems? What processes or mechanisms are used by families or communities to support children who have been affected by various protection threats? What are the outcomes of those mechanisms, and how satisfactory are the outcomes to different stakeholders?
- How do child protection risks vary by gender?
- How do child protection risks and responses vary by social class?
- Whom to girls or boys turn to for help when protection threat X arises?
- What is the influence of religion on children's protection and well-being?
- What are the main preventive factors that enable children's protection and well-being?
- Who are the natural helpers and what networks do they have?
- What are the indigenous, 'traditional' mechanisms of protection and how are they regarded by different groups?
- Apart from indigenous mechanisms, what groups or structures (e.g., Area Advisory Councils or CBCPMs facilitated by NGOs) exist in communities, districts, or counties? How are they perceived by local people? What are their roles, responsibilities, and functionalities?
- How are very sensitive/complex issues addressed?
- Who has or does not have access to existing protection mechanisms (e.g., do the poorest of the poor or people not related to the Chief have access)?
- What do government and NGO actors see as their main roles and responsibilities in regard to CBCPMs?
- What are the linkages of community mechanisms with the national child protection system? How do communities perceive government mechanisms such as the police or legal system? What are the gaps in those linkages?

[5] In some cases, it was not possible to contrast different religions due to the religious homogeneity of the community or the risk of stigmatizing the few people who were part of a religious minority.
[6] Creswell (2014).
[7] Berg & Lune (2014); Denzin & Lincoln (2011); Silverman (2011).

METHODOLOGY[8]

The research used a methodology of rapid ethnography that focused on child protection. Ethnography is a qualitative methodology that enables one to learn systematically about a society or culture.[9] Ethnography was well suited for this research since it can provide a rich, grounded picture of local beliefs, values, and practices in regards to childhood and the community mechanisms for children's protection and well-being. Since ethnographic researchers lived in or near the community and had ongoing interaction with local people, they were able to build the trust that was needed to obtain an in depth understanding of the actual functioning of CBCPMs.

Sites

This research was conducted in 2012-2013 in Mombasa and Kilifi in the Coast area, and Kisii/Nyamira in Nyanza area.[10] These areas and the sites[11] within them were selected through a highly consultative process with diverse NGO and Government stakeholders in Kenya, and also with members of the global Reference Group. To achieve diversity, an effort was made to include urban and rural areas and also areas from different parts of Kenya. Within each area, there were two sites that were judged to be comparable[12] based on direct observations and information collected from local authorities. The criteria for comparability included kinds and levels of child protection threats, size, socio-economic status (SES), and access to health, education, and child protection services.

The sites were not intended to provide a representative national sample but were viewed as offering strategic value by filling gaps in current understandings of child protection in Kenya. Coast Province was of interest in part due to the range of interacting child protection concerns there. Coast Province has a large child sex tourism industry that is believed to engage approximately ten to fifteen thousand girls,[13] and it also presents other child protection problems such as early marriage,[14] child labor, and child abuse.[15] Within Coast Province, Mombasa is a site of child sex tourism and other problems, and it has numerous slum areas, some of which have been studied extensively but some of which have received little attention. Kilifi was selected in part because of its proximity to Mombasa and because there was interest in learning whether and how Kilifi serves as a 'feeder' for children's entry into sex tourism in Mombasa. Nyanza was selected because it has areas such as Kisii, about which relatively little is known in regard to child protection, and that have a high rate of HIV and AIDS.

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[8] The details of the methodology used in each area may be found in the respective full report; see Kostelny et al. (2013) and Kostelny et al. (2014a, 2014b).
[9] Pawluch, Shaffir, &Miall (2005).
[10] At the time when the research was designed, these areas were designated as provinces, though subsequently Kenya shifted to a system based on counties.
[11] Within each site, the research was conducted in a subset of villages or communities.
[12] Having two comparable sites in each area was mainly for purposes of the subsequent phases of the research, including the quasi-experimental design that requires intervention and comparison areas.
[13] UNICEF (2006).
[14] International Center for Research on Women (2011).
[15] ANPPCAN (2008); Onyango (2004).

The six sites are described in Table 1 below, with the names of the villages or communities masked for purposes of confidentiality. Across all the sites, most families lived in one- or two-room structures made with mud and a thatched or metal roof and lacking electricity or running water. The minority of families that enjoyed relatively higher SES lived in larger structures made of brick and had electricity connections. Overall, the sites had a paucity of services and supports such as secondary schools and health clinics.

Area	Site	Population	Description
Mombasa	Bangladesh	5,000	One of seven villages within the urban Bangladesh slum; ; ethnic groups: Giriama, Luhya, Kamba, and Luo; languages: Kiswahili, Mijikenda and Sheng; economic activities: casual labor at construction sites; small scale businesses selling vegetables and fish; making and selling local brew
	Tudor Moroto	3,000	One of three areas within the urban Tudor Moroto slum ; ethnic groups: Giriama, Kamba, Luo, Luhya, and Kikuyu; language: Kiswahili, Mijikenda and Sheng; economic activities: cutting poles used in construction and small scale businesses; selling vegetables, fried potatoes and local brew
Kilifi	Bamba	900	Two adjacent rural villages; ethnic group: Giriama; language: Mijikenda; economic activities: casual labor at construction sites; making and selling charcoal; working in people's farms; small businesses selling vegetables, deep fried potatoes, and local brew
	Marafa	900	Two adjacent rural villages; ethnic group: Giriama; language: Mijikenda; economic activities: small scale subsistence farming; working in other people's farms; making and selling charcoal, small scale businesses selling fish and vegetables
Kisii/ Nyamira	Kisii	4,000	Two adjacent rural villages; ethnic group: Kisii; language: Ekegusii; economic activities: small scale subsistence farming; casual labor on tea plantations, construction sites, and working on people's farms; small businesses selling vegetables; making and selling local brew; commercial farming of tea
	Nyamira	4,400	Two adjacent rural villages; ethnic group: Kisii; language: Ekegusii; economic activities: small scale subsistence farming; casual labor transporting bricks; small businesses selling vegetables; brick making; commercial farming of tea; making and selling local brew

Table 1. Description of the six research sites.

Research Design

The research used a mixture of narrative and participant observation methods, making it possible to triangulate different sources of information. The research design included planned contrasts according to the age and gender of the participants. For example, group discussions and in-depth, individual interviews were planned and conducted in a manner that learned systematically from eight subgroups:

- Women: Age 25 years and above
- Young women: Age 18-25 years
- Teenage girls: Age 13-17 years
- Young girls: Age 5-12 years
- Men: Age 30 years and above
- Young men (typically not married): Age 18-30 years
- Teenage boys: Age 13-17 years
- Young boys: Age 5-12 years

In all activities, deliberate effort was made to learn from these different subgroups. Because bias might have occurred through mixing members of different subgroups (e.g., by mixing women and men, or teenagers and adults), group discussions were conducted separately with different subgroups. This approach enabled participants to speak more openly, and it made it possible to contrast the views of different subgroups.

An intentional contrast was made in regard to people who had relatively low SES (approximately 70% of the .population) and high SES (approximately 30% of the population). The SES of participants was identified using multiple indicators such as type of housing materials, house size, location, and types of foods usually consumed. To allow analysis of the effect of SES differences, approximately 70% of the group discussions on risks and functional responses had participants of low SES, whereas approximately 30% of those discussions had participants of high SES. Variation in SES was also considered in the selection of participants for in-depth interviews. In other activities, care was taken to observe and listen for any differences according to SES.

An intentional contrast was also between citizens and people such as Chiefs, elders, government teachers, and Children's Officers who were part of the formal child protection system. This enabled learning about the alignment of and linkages between CBCPMs and aspects of the formal child protection system.

Research Team

The research teams consisted of 17 Kenyan researchers-- 9 males and 8 females. The specific researchers varied by area since the researchers for a particular area were selected in part according to their understanding of that area and their ability to speak the dominant language. The research teams consisted of five people in Mombasa, and six people in each of Kilifi and Kisii/Nyamira. Before beginning their research, the researchers who worked in an area received two weeks of highly participatory training led by international researchers and Kenyan team leaders. In each area, the research team divided into two sub-teams that were gender balanced and that worked in one site. The team leader oversaw the data collection, checked the records of the researchers for accuracy, mentored the researchers regularly on how to improve their method, and participated in the data analysis. Also part of the research team were two international researchers who led the training, backstopping, and data analysis.

Research Tools

Eight tools were used to collect data from various sub-groups in each site (see Table 2 below).

Method	Description
Participant observation (no. participants=267)	Visiting schools, homes, and accompanying people to their farms, the researchers observed children in the context of family, peers, school, work, religious practice, and community life, and prepared written records.
In-depth interview (no. participants=228)	The field researchers conducted one-on-one, recorded interviews of approximately one hour duration in the local languages with diverse young people (13-18 years) and adults. The interviews were conducted in a contextual, open ended manner that took into account the participant's gender, their situation and social position, and their interests and willingness to discuss particular topics. The interviews were not strictly scripted, and the researchers had been trained to ask probing questions and to follow participants' interests.
Timeline (no. participants=98)	Timelines identified how individual participants viewed the normal child development process, key developmental milestones (e.g., naming, going to school, initiation), what marked the transition from childhood to adulthood, and children's roles and responsibilities at different stages of development.
Group discussion of risks and pathways of response (no. groups = 104; no. participants = 1,045)	Group discussions (recorded) were conducted over a period of approximately 90 minutes with 7-10 participants from the various sub-groups. In the first part of the discussion, participants identified the things that harm children and then ranked them, identifying the three that were 'most serious' or most concerning. In the second part, the researchers asked questions that identified the two most typical pathways and mechanisms of response to each of the top two child protection issues in regard to a hypothetical child. In mapping a response pathway, researchers asked at each level in which a decision was taken, who was consulted, who took the decision to act, what were the outcomes for the child, and how different stakeholders (e.g., parents, community, the child) viewed the outcomes.
Group discussion of preventive factors (no. groups = 57; no. participants = 500)	Researchers facilitated and recorded discussions with groups of 7-10 participants (60-90 minutes) from various subgroups, inviting them to identify and rank order the things that help to prevent a particular harm at home, school, or in the community.
Body mapping (no. groups = 68; no. participants = 668)	In this method, which enabled learning from groups of approximately ten boys or girls, 5-8 and 9-12 years of age, a child lay on a large sheet of paper while other children used crayons to trace an outline of his or her body. Having colored in the drawn figure and named it, the children were asked questions such as "What do the eyes see that they like?" and "What do the eyes see that they don't like?" Similar questions were asked regarding ears, mouth, hands, and so on. Care was taken not to probe what the children said since the intent was to avoid exploring the child's own, possibly painful experiences.
Risk mapping (no. groups = 56; no. participants = 540)	In groups of approximately ten boys or girls 5-8 and 9-12 years of age, children drew a map of the area around which they lived, drew in the places that were safe for children and areas that were unsafe for children, and answered questions about where children went, or who they went to, when they felt unsafe.
Key informant	In depth, recorded interviews were conducted with individuals who worked in or regularly connected with the formal child protection system in order to learn about their views of child protection threats, the role and response of the formal

interview (no. participants=117)	system, and the linkages of community mechanisms with the formal child protection system. Interviews were conducted with Chiefs, assistant chiefs, village elders, teachers, health workers, police, NGO child protection workers, and Children's Officers.

Table 2.The various methods that were used in the research.[16]

Research Ethics

The research recognized and actively sought to address the ethical complexities and dilemmas associated with research on children.[17] The research was reviewed and approved by the Kenya Medical Research Institute (KEMRI) as well as by the National Council for Science and Technology (NCST).

The researchers were governed by Save the Children's Child Safeguarding Policy, adapted for research purposes. To avoid causing unintended harm, participants were asked not about specific cases or their own situation, but about all the children in the area. Informed consent was obtained through careful procedures that did not involve coercion, and people whom the participants knew and trusted helped to explain the purpose of the research, the steps involved, and possible risks or benefits. Children's assent was also obtained together with the consent of their parents. The participants were free to end their involvement in an activity at any time. To protect confidentiality, the records contained no names or other personal identifiers. Throughout, care was taken not to raise expectations that the participants or their family or community would receive material benefits such as money as a result of their participation.

Data Collection and Work Plan

Each team of researchers lived and worked in its respective site for 4 weeks (with the team leader staying on for additional time). The data collection in all three areas took place between July, 2012 and August, 2013. In each site, the first week of data collection consisted mostly of participant observations and group discussions in order to build familiarity and trust and to reduce concerns about strangers talking with people individually. Early on, body mappings were also used to collect data from children because they generated much excitement and interest. Subsequently, methods such as individual interviews became increasingly prominent.

The interviews and discussions with community members were conducted mainly in the dominant language that people spoke in each area (Kiswahili in Mombasa; Mijikenda in Kilifi, Ekegusii in Kisii/Nyamira). Interviews with officials from the government or international NGOs were conducted either in Kiswahili or English, depending on which they were most comfortable with. Systematic records in English were kept for all activities, and verbatim records of interviews and group discussions were made from voice recordings. To protect confidentiality, the voice recordings are kept in an encrypted file on a secure hard drive. The written records

[16] This table was adapted from Wessells et al. (2012).
[17] Alderson & Morrow (2011) ; Allden et al. (2009); Boyden (2004) ; Graham et al. (2013); Hart &Tyrer (2006) ; Morrow (2009) ; Schenk & Williamson (2005).

were modified to remove names and other individual identifiers. Overall, data were collected from 3,463 people.

Data Analysis

The researchers (Kostelny, Ondoro, and Wessells) did the main data analysis using a grounded methodology,[18] reading the data holistically and inducing consistent categories and patterns, triangulating narrative and observational data throughout. The categories and patterns served as working hypotheses that were then checked by re-reading and further analytic discussion among the researchers. The analysis also used a method of contrasts to discern differences by gender, age, and SES. In analyzing the group discussions, for example, frequency analyses were used to disaggregate the top-ranked harms to children according to differences in gender, age, and SES. Analysis of narratives, too, used the method of contrasts to identify systematic differences in the perceptions and lived experiences of teenage girls, teenage boys, young women, young men, older women, and older men. Consistent with this mixed methods approach, care was taken to obtain the most comprehensive understanding by integrating the insights from both qualitative and quantitative data.

Limitations

The short time frame of this research (6 weeks in each site) limited the depth of what was learned by comparison with the thick descriptions provided by multi-year ethnography. Also, the research has limited generalizability since the areas studied did not comprise a representative national sample.

Also, this research did not attempt to measure the actual prevalence of various child protection risks or obstacles to the use of various parts of the child protection system. Its premise is that it is important to understand the perspectives, beliefs, and lived experiences of children and adults in regard to child protection issues, responses, and preventive measures. An understanding of the subjective perceptions, beliefs, and meanings that influence people's behavior can illuminate how people view children and child protection issues, how they experience the formal child protection system, what resources and networks they use in responding to child protection issues, and what obstacles limit the use of the formal system. However, the research was not designed to answer the question such as 'How many times did a particular protection risk occur in a specified period of time?' Unless indicated otherwise, statements in this report such as 'Many girls became pregnant by age 14' were based primarily on the participants' perceptions. Although such statements were triangulated with statements made by other, independent participants in order to decrease the influence of idiosyncratic views, they cannot be taken by themselves as accurate indicators of the actual frequency of the protection risks. Whenever it was possible, such statements were triangulated with direct observations, for example, of young teenage girls who were conspicuously pregnant or who were already mothers near the age of 14 or 15 years. The report indicates when direct observations by researchers corroborated the participants' reports.

[18]Charrnaz (2006); Strauss & Corbin (1990).

While it is important to keep these limitations in mind, it is also important not to reject out of hand people's perceptions of the frequency of various risks. For one thing, even if the risk of a problem such as homicide were objectively low, it is helpful to know that young people worry extensively about getting shot or stabbed. In addition, perceptions of frequency can be indicative of the actual frequencies. For example, in a particular society, people may say 'most girls are married by the time they have reached 20 years of age.' Although such statements may not be backed by hard, statistical data, they may in fact be relatively accurate even if they are imperfect and subject to well documented biases.[19]

Much additional research is needed in order to identify empirically the actual incidence rates of various child protection risks and violations. Subsequent phases of the present research project aim to clarify the actual incidence rates.

[19] Kahneman, D., Slovic, P., & Tversky, A. (1982).

KEY FINDINGS AND ANALYSIS

Although this research examined a mixture of rural and urban sites and included areas from different parts of Kenya, a remarkable consistency in the pattern of results across areas and sites was evident. This section summarizes these cross-area similarities and also some of the differences between areas.[20]

1.Children faced multiple, severe and interacting risks, that increased their vulnerability and harmed their healthy development and well-being.

With the data pooled across sites, the findings showed that children were affected by multiple, accumulating risks or harms, thereby confirming the results of other recent child focused research in Kenya.[21] The three main harms that participants identified (see Figure 1) were out of school children, sexual abuse and exploitation, and early pregnancy. Other harms that were frequently identified were: alcohol and drug abuse, poor parenting (e.g., parents neglecting children, not providing basic needs, not sending their children to school, and not being good role models), negative influences (e.g., video halls, mobile phones, pornography), heavy labor, and child beating.

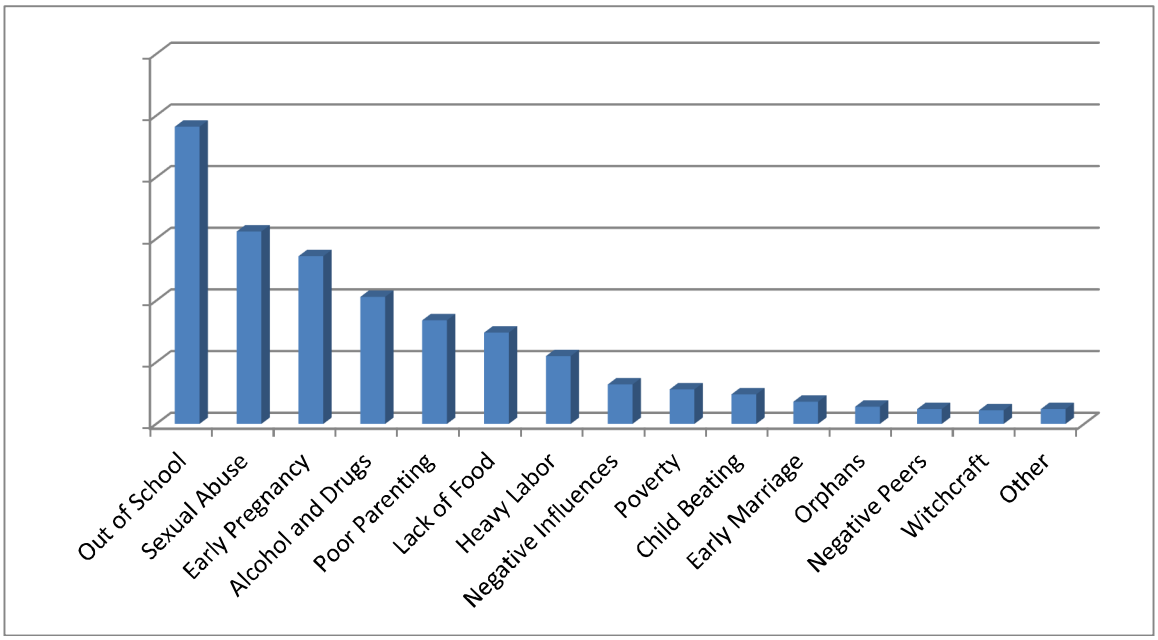

Figure 1. The percentage of participants in all of the group discussions who voted for a particular issue as the most serious harm to children (n=996).

Less frequently identified harms to children were: early marriage, orphaning as a result of HIV/AIDS, negative peers, and witchcraft (e.g., people who were jealous of a child who did well

[20] It is impossible to capture the many differences in the findings across sites in a summary paper of this nature. Readers are encouraged to read the three full ethnographic reports by Kostelny et al. (2013, 2014a, 2014b).
[21] ANPPCAN (2008); UNICEF & Republic of Kenya (2011); UNICEF/Kenya et al. (2012).

in school had a witchdoctor put a spell on that child). Poverty and lack of food were mentioned repeatedly even though the researchers had attempted to steer discussions away from poverty.

An important finding was that most children exhibited remarkable resilience despite the fact that their social ecologies were rife with diverse forms of risk and adversity. However, their ability to navigate complex environments and to cope and adapt with difficult circumstances should not be a cause for complacency, as children who are resilient nevertheless need support. Also, resilience is not set in stone but is dynamic. Over time, the accumulation of risks can undermine children's resilience. Indeed, the multiplicity of the identified risks, coupled with the interactions among the various harms as detailed below, is concerning since research on child development indicates that as the number of risks that children are exposed to increases, there is an exponential increase in the likelihood that children will suffer harm.[22] These diverse risks require a systemic, coordinated approach to child protection.

2. Widespread poverty was a driver of many of the observed harms to children.

Poverty was widespread in all the research sites. Although the researchers had been scripted to focus discussions on child protection issues, poverty frequently emerged. In general, local people saw poverty as a root cause of many of the top-ranked harms to children. So irrepressible was poverty in the group discussions that in Kilifi, the top ranked harm to children was the lack of food, which participants attributed to poverty.

Poverty also played a key role in other harms such as being out of school, early pregnancy, and engaging in exploitative sex. The dominant cause of children being out of school was their parents inability to pay school fees.[23]Also, some parents preferred that their children were out of school so they could engage in casual labor or help with the family *shamba* (farm) in order to bring in additional income. Similarly, teenage girls and pre-teenage girls frequently engaged in sex as a means of obtaining necessities such as sanitary pads, clothes, and other goods such as cell phones that their parents were unable to provide. This transactional sex, together with the low age of sexual debut and the widespread consensual sex between girls and boys, led to early pregnancies.

An important finding was that the harms to children varied according to SES. Overall, the weight of the accumulating harms fell most heavily on children who were from relatively low SES households. For example, children from relatively poor families were more likely to be out of school due to their inability to pay school fees, and girls from relatively poor families were more likely to engage in transactional sex as a means of meeting their needs.

Although it has been assumed in the past that economic benefits to a family will 'trickle down' to the children, few of the benefits have been found to flow to vulnerable children.[24] Badly

[22] Rutter (1979, 1985).
[23] Even though Kenya has a Free Primary Education Programme , some schools require pupils to pay 'development money' to be used for school maintenance (including kerosene, water, and salaries for watchmen), exams, and activities such as sports and 'tuition' (mandatory, after school tutoring by teachers).
[24] Child Protection in Crisis Learning Network (2013).

needed is an integrated approach that systematically integrates child protection work with the full range of economic and livelihoods supports, including social protection, which historically have been separate sectors. In particular, it will be useful to deliver economic supports with a child protection lens, thereby insuring that the benefits actually reach the most vulnerable children.

3. Gender related issues of sexual abuse and exploitation, early pregnancy, and early marriage were prominent.

Girls and boys reportedly engaged in consensual sex at an early age, and girls as young as nine years of age became pregnant. Consensual sex frequently took place at or around video halls, dances, or *disco matangas* (funeral celebrations that raised funds for the grieved family). Also widespread, however, was nonconsensual sex that was rooted in male power, economic hardship, and inability to meet one's basic needs and that took diverse forms. In all sites, the rape of girls was identified as a problem. Also, sexual abuse of girls, frequently by an uncle or other person who helped to support the family, was reportedly more widespread than was rape by a stranger. These findings resonated with those of the national Violence Against Children Survey.[25] Sexual abuse of girls as young as six years of age was associated with the sale of *chang'aa* (a local alcoholic brew), which was one of the primary means of livelihood. When mothers sold *chang'aa* from their homes, they frequently had their daughters stand outside as a lure to male customers. When the male customers became inebriated, they violated the daughters.

Transactional sex was said to be very common, particularly for girls. Girls who lacked money, transportation, items such as cell phones, and necessities such as food or sanitary pads frequently obtained them by exchanging sex for them. Also, *boda boda* (motorbike) drivers enticed girls with money, later demanding that the debt be paid with sexual favors. In addition, boys or men lied to or 'cheated' girls, treating them kindly until they became pregnant and then rejecting them afterwards. Lacking other means of earning money and meeting basic needs, some girls engaged in prostitution, although few entered the sex tourism and trafficking arena. Teenage boys, too, engaged in transactional sex, usually with an older woman whose husband had died (reportedly from HIV/AIDS) in exchange for money, a place to stay, or other items.

The net result of such extensive sexual activity--which participants said was usually without protection--was a large number of early pregnancies. However they occurred, early pregnancies negatively affected girls' well-being. Early pregnancies not only posed significant reproductive health risks but also led to dangerous abortion attempts outside of health facilities. In addition, early pregnancy frequently brought an end to a girl's education. A pregnant girl usually dropped out of school due to shame, and the birth of her child meant another mouth to feed for a family whose food security was already stretched to the breaking point. In many cases, such girls had no other option than transactional sex for meeting the basic needs of themselves and their children.

Early marriage was a significant form of gender-related abuse since such marriages were not chosen freely by girls but organized by families for purposes of obtaining the dowry, typically in

[25] UNICEF et al. (2013b).

the form of animals or money, or a mixture thereof. In many cases, a girl's marriage was arranged at a very early age without the girl even knowing about it. Also, early marriages stemmed from abusive practices wherein an older man gave a girl things with her mother's knowledge. When the girl's breasts had begun to show, the older man came to marry the girl, whom the mother gave to him.

Kenya has an impressive, reasonably comprehensive set of child protection laws, including ones that prohibit the harms outlined above. Such laws, however, are not consistently enforced.

4. The views of harms to children varied according to gender, SES, and age.

The results of this research illuminated how the category 'children' is far from homogeneous, as the harms and their effects varied by the gender, SES, and age of the children. For example, in the urban slums in Mombasa, teenage girls were much more likely than were teenage boys to rank sexual abuse and exploitation as one of the top three harms to children (see Figure 2 below). This gender difference likely stemmed from the fact that teenage girls were frequent targets of sexual abuse and exploitation. In one group discussion alone, girls identified six forms of sexual

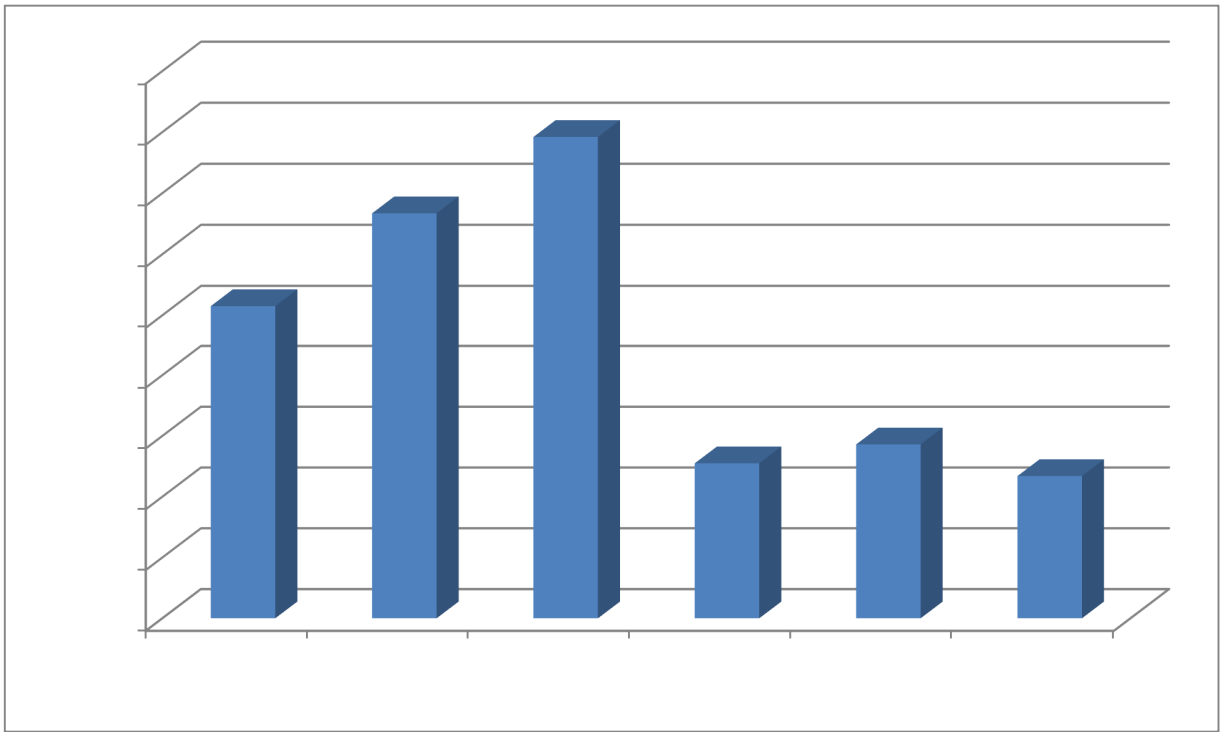

Figure 2.The percentage of participants in urban slums in Mombasa by age and gender sub-group that rated sexual abuse and exploitation as one of the top three harms to children (n=334).

abuse and exploitation: ‘sex to buy *Always* (sanitary pads), ‘forced by uncle into sex,’ 'sex so periods stop’ (because they lacked the money needed to purchase sanitary pads), ‘sex with men

who pay the mother,' 'prostitution,' and 'rape.' Also, across all the sites, teenage girls were much more likely than boys to rank early pregnancy as one of the top three harms to children.

Overall, people from low SES families were more likely than were people from high SES families to rank out of school children as the most serious harm to children or as one of the top three harms to children. This difference likely reflected the fact that low SES families had greater difficulty paying school fees and therefore were more likely to have children who were out of school.

Age effects were visible in the distinctive views of young children (5-12 years). More than teenage children, young girls and boys expressed concerns about seeing or hearing people quarrel, fight and use abusive words, carrying heavy loads (e.g., 20 liter jerry cans of water) or doing heavy work, stepping with bare feet in feces, being around people using alcohol or *bhang* (marijuana), or being punished by being beaten, caned, having pepper put in their eyes, or having their hands burned.

Because children's situation and needs varied significantly according to their gender, SES, age, and other factors such as their ability status, child protection systems should take into account children's diversity and intentionally support various sub-groups.

5. HIV/AIDS and related problems were significant sources of vulnerability for children.

HIV and AIDS were highly impactful problems in all three areas and spread mainly by virtue of unprotected sex with multiple partners. Boys and girls were sexually active at an early age, and some girls were so active that adults described them as 'addicted to sex.' Married men reportedly had sex outside of wedlock, became HIV positive, and subsequently infected their wives. Children who were born to HIV positive mothers often became HIV positive themselves. Because transactional sex was conducted without protection and without knowledge of the HIV status of one's partner, HIV was also transmitted by transactional sex (girls with boys or men; boys with older women and men). Also, some people who were HIV positive reportedly spread the disease deliberately in order that they would 'not die alone.' In general, the research participants showed awareness of HIV and AIDS, yet that awareness was not coupled with concerted action such as consistent, correct use of condoms to prevent its spread.

The plight of children affected by HIV and AIDS was visible particularly in the maltreatment of orphans. Children who had lost a parent (especially the father) due to AIDS were treated very badly by their step parents and relatives, who denied them food, did not allow them to go to school, and overworked them.

> *There are those children who lost their parents due to sicknesses* [HIV/AIDS]. *These children really suffer because of lack of food, school fees. Sometimes those people they stay with are really bad people who beat them without any proper reason... You know these orphans just stay with relatives and sometimes they are mistreated.* (Teenage girl, in-depth interview, Kilifi)

Clearly, then, a systemic approach will need to address the situation of children affected by HIV and AIDS.

6. Being in school was a significant preventive factor in regard to harms such as sexual exploitation and early pregnancy, yet being in school was also associated with harms such as beatings, discrimination, and sexual exploitation.

A consistent finding was that children valued education and wanted to be in school. In keeping with the view that education has protective value,[26] this study found that being out of school was a gateway to myriad harms. Out of school boys frequently got involved in gambling, alcohol and drug use, stealing, heavy work, and sexual exploitation of girls. Out of school girls were highly vulnerable to sexual exploitation, early pregnancy, and sexually transmitted infections, including HIV and AIDS. These findings underscore the importance of making quality, accessible education for girls and boys a fundamental part of strengthening national child protection systems.

Unfortunately, there were multiple causes of children being out of school, in addition to the economic causes discussed above. These included negative peer influences by children who were out of school, children's decisions that they did not want to go to school, the view of some parents that education had little value, and 'bad teachers' who reportedly came to school drunk. Worse yet, school was not uniformly a protective factor for all children. In fact, being in school posed significant risks such as beatings by teachers, humiliation, and sexual abuse by teachers.

> *...At school, the teacher telling you 'bahakalawazyalwa kuku'* [it's better you were born a hen] *because you can't perform well at school. You are attending school but it's better you don't attend at all. This is discouraging, especially if coming from the teachers, and even some drop school.* (Teenage boy, in-depth interview, Marafa)

> *....In school, there were a lot of cases of defilement. Like last year..., we had a teacher defiling a girl in class 4. He lied to the girl to come and take her results, and when people were in church, he was busy defiling the girl. We went to the house after a neighbor came and reported to me.* (Key informant interview, Bangladesh)

Some children reportedly dropped out of school because of the abusive practices of teachers. The fact that being in school was both a source of protection and a source of risk for many children indicates the importance of making schools safe, supportive environments for learners.

7. Valuable preventive factors at family and community levels were operative yet had limited capacity, effectiveness, and reach.

A primary function of a child protection system is to prevent risks and actual harms to children. Identifying preventive factors is critical for child protection practice because they are assets or resources that programs can strengthen and build on as a means of promoting children's well-being and resilience. Previous work on CBCPMs has sometimes failed to build adequately

[26] INEE (2010)

on existing strengths and preventive factors, with reduced effectiveness and sustainability as a result.[27]

In regard to prevention, the findings of this research presented a picture that was mixed at best. Preventive factors for a particular risk were found to be operating at different levels such as family, peer group, school, and community levels, and families and communities showed considerable vigor in their efforts to keep their children safe and out of harm's way. Unfortunately, the preventive factors had significant limits and fell far short of making the steep reductions in harms to children that are needed.

In regard to teenage pregnancy, numerous preventive factors operated at different levels (see Table 3 below) and involved the concerted efforts of parents, religious leaders and organizations,

Level	Preventive Factors	Limits
Family	*Education:* Parents and extended family advised children, taught them good values and behavior, and about early pregnancy and how to avoid it. *Discipline:* Parents did not allow children to go to night events at which drinking and sex were likely, and beat children if they went. *Economic support:* Parents met girls' basic needs for food and items such as sanitary pads.	- Norms of early sexual debut and consensual sex encouraged early sexual activity and trumped parental advice and discipline. - Girls were often coerced into sex and became pregnant as a result of sexual exploitation and abuse. - Low SES families were unable to meet girls' basic needs, leading many girls to engage in transactional sex. - Sexual abuse within families was reportedly widespread and may have helped normalize early sexual activity.
Peers	*Education:* In one urban slum, a youth group provided free education on safe sex and distributed condoms. In one rural site, older girls who had had an early pregnancy educated and counseled young girls on the importance of avoiding early pregnancy.	- Youth groups were either inactive in most sites or were not active on issues of early pregnancy. - Peers who counseled safe sex or avoiding early pregnancy were a small minority who ran against a strong tide of peer norms of early, unprotected sex.
Community	*Religion:* Religious leaders counseled abstinence and taught good values and behavior. Religious groups helped to raise money to help children stay in school. *Education:* Teachers provided guidance and education about appropriate behavior, and they monitored children's behavior. Some schools also provided pregnancy tests. *Contraception:* Birth control methods such as 'injections,' pills, and implants were available. *Discipline:* Village elders disciplined girls for inappropriate behavior.	- Strong peer norms of consensual sex outweighed guidance and threats of punishment for engaging in early sex. - Older men and even some teachers sexually abused girls. - Condom use was reportedly very rare. - Significant numbers of girls (and boys) were out of school due to inability to pay school fees, indicating that fund raising and loan activities could not keep up with the need. - Out of school girls had no means of

[27] Wessells (2009).

	Economic support: Community groups helped to raise or loan money that enabled children to stay in school.	supporting themselves, so many of them engaged in transactional, unprotected sex.

teachers, youth groups, and community groups. Nevertheless, these preventive factors were unable to overcome significant risks such as the local norms of early sexual debut and unprotected sex, the widespread sexual abuse and exploitation, and economic hardships. As a result, early pregnancy continued to be a highly significant and impactful problem.

A similar pattern occurred in regard to out of school children and other harms to children. Most parents encouraged children to stay in school, helped to pay their school fees, and punished children who were out of school by choice. Teachers, too, encouraged children to go to school, and punished those who did not attend school, just as elders did. Community groups such as religious groups and 'merry go rounds' (savings and loan groups), helped families pay their children's school fees.

Despite these efforts, however, significant numbers of children were out of school. To some extent, this may have been due to abject poverty--there were not enough loans or scholarships to go around. Also, some families, particularly very poor ones, wanted their children to work in order to help support the family. Some children preferred to be out of school, often out of a desire to earn money.

In addition, there was a paucity of preventive factors at family and community levels in regard to sexual exploitation and abuse, alcohol and drug abuse, or early marriage. As a result, these child protection issues remained widespread. If the promise of child protection systems is to be realized, it will be necessary to rectify these failures of prevention at the local level and to strengthen and prioritize local efforts at prevention.

8. Nonformal family and community mechanisms were of central importance in responding to risks to children, yet were overstretched and variable in their effectiveness, and some caused harm to children.

Overwhelmingly, the main responders to harms to children were the family and the nonformal aspects of the community. This finding is consistent with the increasing consensus about the importance of family and community-based child protection mechanisms.[28] Unless the harm was a criminal offense (and sometimes even if it was a criminal offense), people's first line of response to the harm was to use family and nonformal community mechanisms, processes, or practices. As discussed below, these nonformal mechanisms were linked with the formal child protection system, even at community level via the Chief and elders, who were seen as arms of the Government. However, the formal elements of the child protection system were mostly second tier responders. They were used primarily when the harm was a criminal offense or when people had tried using nonformal mechanisms but had not achieved the outcomes they had wanted.

[28] African Child Policy Forum et al. (2013); Child Frontiers (2010); Davis et al. (2012); UNICEF et al. (2013a); Wessells et al. (2012).

The primacy, importance, and limits of nonformal family and community responses to harms to children were readily apparent in regard to the two top-ranked harms: out of school children and early pregnancy. For children who were out of school due to their inability to pay school fees, the dominant pathway involved the mother going to the school and 'pledging' to the headmaster that she will pay the fees later after she had obtained the money. The headmaster sometimes allowed the child to return to school but in other cases refused to let the child return until the fees had been paid. In the latter situation, the mother went to the 'merry go round,' a savings and loan scheme organized by local women, and borrowed the money. After the mother had taken the money to the school and had paid the fees, the child was admitted back into school.

This varied effectiveness of family responses was evident in regard to dysfunctional families. For example, if the mother told the father that their child was out of school but the father was 'a drunkard,' the father typically did not try to help the child. Such children dropped out of school, looked for work, and got married. Boys engaged in casual labor such as transporting bricks or picking tea, whereas girls who had dropped out of school went to work as 'house help' (domestic servants). In these and related cases, families were not effective means of response.

In addition, family and community mechanisms--including formal elements--strained in responding to 'willful' children who were out of school because they did not want to go to school. In response, the parents typically beat the children 'thoroughly.' If elders noticed such children, they ordered them to return to school, and beat them if they refused to do so. In some cases, elders reported such children to the Chief, who ordered them to return to school and threatened to arrest them and their parents if they did not return to school. Such punitive responses, however, were not highly effective in getting the children to return to school.

In regard to early pregnancy, the dominant pathway of response was through the family. Typically, the mother noticed the pregnancy, and with the father demanded that the pregnant girl tell who was responsible for the pregnancy. The parents then took the girl to the boy's (or man's) house, confronted the boy and his family, and asked the boy to accept responsibility for the pregnancy. If the boy accepted responsibility for the girl's pregnancy, he was forced to marry the girl, who dropped out of school, and to provide for her and the child. The boy usually dropped out of school and looked for casual labor to support his new family. The girls' parents were usually happy with such arrangements, which protected family honor, maintained relationships between families, and included compensation that lessened their economic burdens.

This pathways of response was not always effective, as it was reported to be common for boys who had impregnated girls to run away. In addition, pathways of response to early pregnancy were not always legal or safe. In a minority of cases, the parents of a boy who had impregnated a girl rushed to the police and paid them a bribe. Subsequently, when the parents of the pregnant girl reported the violation to police, they did not follow up on the report, and the matter died. Also, safety issues arose in regard to abortion, which was one of the most common responses to early pregnancy. Rather than being done in health clinics or hospitals, girls usually induced abortions, sometimes with the knowledge of a family member, by taking over the counter pills that were designed to treat other conditions or traditional medicines from herbalists that caused the death of the fetus. Some girls inserted a metal rod into the uterus or went to

people who did so. Participants reported that many girls had died as a result of such dangerous approaches.

Effective, appropriate family responses to diverse harms were impeded by poor parenting, which ranked among the top five harms. Poor parenting included failures to watch over their children, feed and clothe them properly, take them to the clinic or health post, teach them good behavior, send them to school, motivate and encourage them, give them good advice, and provide a positive role model. Poor parenting was also evident in alcohol abuse, excessive beating of children, and sexual abuse of girls by family members, frequently with the knowledge of a parent or parents who felt powerless to stop it. In the urban slums, poor parenting seemed to reflect the decreasing age of girl mothers coupled with social disruption and a lack of social cohesion. Amidst multiple generations of young mothers, many girls became mothers at an early age and had few role models or guidance on how to be a good parent.

Sadly, some families also caused significant harm to children and blocked effective response to those harms. Diverse participants indicated that uncles or even fathers sexually abused girls, but people were secretive about this abuse and were reluctant to discuss it. Girls' silence around this issue owed to their fear of stigma and what would happen if they reported it. Also, parents were reluctant to report because they wanted to protect family honor, prevent family conflict, or avoid offending a family member who, although a perpetrator, provided money and aid that the family needed. The fact that there was typically a conspiracy of silence around this harm and no response to it, cautions against romanticized views of families.

Communities, too, were also sources of harm to children. Salient examples were the sexual abuse of girls by some teachers, the sexual exploitation of girls by adult men, and the sexual abuse of teenage boys by older women. Community members--including Chiefs and elders--used harsh corporal punishment that harms children and violates their rights. In addition, communities generally supported female circumcision, which is illegal under Kenyan law and widely regarded by child protection workers as a harmful traditional practice.

Because families and communities were sources of both protection and risk to children, it is important to work simultaneously on strengthening the positive family and community practices while working to change the harmful family and community practices. Current evidence indicates that the most effective means of changing harmful traditional practices is not through a top-down, didactic approach or through legal approaches alone but through a patient, internally driven process of dialogue, problem-solving, and changing social norms within communities, across families, and between citizens and authorities.[29] In essence, communities and families must decide themselves that the time has come to stop harms to children such as female circumcision and sexual abuse of girls within the family.

[29] Ahmed et al. (2009); Dagne (2009).

9. At local levels, there were significant problems of alignment between the nonformal and the formal aspects of the child protection system.

It is widely recognized that the alignment of nonformal and formal aspects is a prerequisite for making a national child protection system effective.[30] In many countries, however, social and cultural norms guide child protection activities along channels that diverge from those prescribed by the national laws and policies, and Kenya is no exception to this pattern.

The findings of this research identified multiple, significant divergences or points of misalignment between the nonformal and formal aspects of the Kenyan child protection system. For example, local views of childhood frequently differed from the chronological view enshrined in national law that children are people under 18 years of age. Only a small minority of participants adhered to the latter definition. When people used a chronological definition of childhood, they varied widely in their views regarding the ages of children. Most people defined childhood in non-chronological terms that emphasized dependency, having limited responsibility, being of small physical stature, not being married, or having child-like behavior or limited cognitive abilities.

> *To say that this is a child, you look at his brain, his thoughts, his behavior and his age. So a child is from 1 month to 5 years.* (Young woman, in-depth interview, Tudor Moroto)

> *According to God's plan, a child is a gift from God. But again according to the constitution a child is somebody who is under the age of eighteen years and who has not acquired an ID card.* (Young woman, in-depth interview, Kisii)

> *A child is one who does not have responsibilities, does not have a job, can't help in anything in case of financial issues, can't buy food, clothes for himself or anything. The child depends on his parents for everything.* (Teenage boy, group discussion, Marafa)

> *A child is one who cannot determine what is right or wrong.*(Teenage boy, group discussion, Nyamira)

> *A child is the one who is very small ... when you see their body, the way they appear, you definitely know that this is a child.* (Man, group discussion, Marafa)

> *A child is a child until he is an adult when he/she is married and has his own people/ kids.* (Women, group discussion, Nyamira)

Significant divergences also occurred with respect to views of harms to children. For example, Kenyan law (e.g., the 2013 Marriage Bill) prohibits early marriage, yet early marriage remains a customary practice in many parts of the country and occurred in all the research sites. Similarly, as mentioned above, the circumcision of girls continues to be done in various areas, although it is prohibited under Kenyan law. More broadly, national law and local norms diverged

[30] African Child Policy Forum et al. (2013); Child Frontiers (2010); Davis et al. (2012); UNICEF et al. (2013).

in regard to the treatment of girls. Although Kenyan law forbids the sexual exploitation of girls, such sexual exploitation was reportedly widespread in the research sites. There was an unfortunate tendency of local people to see girls' sexual exploitation as an unavoidable part of the lives of girls, particularly those from poor households.

Divergences between customary practices and national law occurred also in regard to child protection practices. Although Kenyan national laws expressly prohibit corporal punishment of children (e.g., Article 29 of the new Kenyan Constitution), child beating was viewed locally as an essential means of protecting children. Parents frequently used child beating and threats of beating as a means of keeping children in school and giving them a disincentive for engaging in 'bad' behavior such as going to night time events where children frequently drank alcohol and engaged in sex. So strong were these local norms of corporal punishment that even people within the formal system (e.g., Chiefs, elders, and teachers) who were supposed to be the protectors of child rights, frequently used child beating as a means of disciplining and protecting children. In addition, some local practices for protecting children had lethal consequences. For example, if people had seen a stranger raping a child and they caught him before the police had arrived, they reportedly burned the perpetrator to death. Although such practices sat outside Kenyan law, they were viewed locally as a means of deterring rapes of children.

Fortunately, many points of overlap and alignment between local norms and Kenyan national law were visible as well. For example, most people valued education, and it was a social norm that girls and boys went to primary school, as national policies and laws prescribed. Furthermore, although local norms allowed child beating, people drew a line between appropriate discipline and cruel, inappropriate forms of corporal punishment such as burning a child to death. In these and other respects, there was alignment between the nonformal and the formal aspects of the child protection system.

Overall, much work remains to be done in to improve the alignment of the nonformal and formal aspects of the child protection system. To develop more complete alignment, it is vital to strengthen the partnership and collaboration across the nonformal and formal spheres, avoiding the backlash that can occur when efforts are made to impose Government views on local people.[31] Appropriate channels for facilitating a collaborative approach are the Area Advisory Councils (AACs) and their local counterparts, the Location Advisory Councils (LACs). These multi-stakeholder forums include members from both the nonformal and the formal aspects of the child protection system, and their aim is to support and monitor children's services, raise awareness on child rights, and develop strategic partnerships in support of children. The membership of these forums consists of line ministries, NGOs, community-based organizations, faith based organizations, and representatives from the business community. However, not all of the AACs in the areas of the research sites had strong programs of work on behalf of children and in many respects were only beginning their work.

[31]Wessells (2009); Wessells et al. (2012).

10. Although linkages existed between the nonformal and formal aspects of the child protection system, the formal system was underused and faced numerous challenges such as corruption, preference for endogenous approaches, taboos against reporting, and inability to get appropriate action through the formal system.

Each research site had people such as Chiefs, Assistant Chiefs, elders, police, teachers, District Children's Officers, Volunteer Children's Officers, and others who had one foot in the community and were also arms of the formal child protection system. These connectors sometimes received and acted on referrals from parents and other citizens in regard to child protection issues such as out of school children and early pregnancy, among others. In this regard, they served as important points of linkage at the local level between the nonformal and the formal aspects of the child protection system.

Overall, however, the evidence regarding people's willingness to use the formal system was mixed, thereby confirming the results of a recent UNICEF survey.[32] Even in regard to statutory crimes such as the rape of a child, people were frequently unwilling to report the offense to authorities. For example, participants were asked whether people in their community were willing to report to the authorities a case of rape of a child by a stranger. In some of the sites, over two thirds of the respondents answered 'No' to that question, even though such a violation was clearly a criminal offense. When asked the same question but in regard to the rape of a child by a member of the child's family, the unwillingness to report was evenhigher.

The findings illuminated numerous obstacles to the use of the formal system, primary among which was bribery. Participants reported that they were reluctant to go to the village elders, Chiefs, or Assistant Chiefs because they asked for 'something small,' that is, a bribe, before they would take any action. Bribery also interfered in other ways with the functioning of the formal system. For example, perpetrators who had been apprehended for a crime such as rape of a child reportedly made sure that the case against them would not be prosecuted effectively by bribing the police, who dropped the case, or by paying money to the victim's family, which also led to the case being dropped.

A second obstacle was people's preference for handling violations against children using nonformal mechanisms of the family and community. As discussed above, people sought their own solutions via the family before they went to the community. If they could not solve the problem, they often turned first to nonformal community groups such as religious groups or savings and loan associations before going to formal system actors such as the Chief. In part, the preference for nonformal solutions may have reflected social norms. In regard to harms such as early pregnancy, this preference may also have been related to families' desire to receive compensation or to maintain harmony with other families.

Violations against children also went unreported due to the taboo associated with reporting in public, family abuses and problems. For example, taking public cases such as sexual abuse of a child by a family member was viewed as inappropriate. To report such violations could bring shame and stigma, and it could damage the family relationships that were so important to the

[32] UNICEF & Republic of Kenya (2011).

wider well-being of children and families. Parents who were unable to meet their children's basic needs feared that if they reported, they would lose the financial support that the perpetrator had previously provided to the family. To avoid such problems, families usually remained silent about the abuse, or, if they responded to it (in the rural areas), they tended to use traditional means such as the perpetrator making restitution by paying a cow or money to the child's parents.

Another obstacle was the perception that reporting violations to authorities did not lead to action. Participants reported that even when a violation against a child had been reported, the perpetrator had been apprehended, and the case had been investigated, the case seldom made it to trial since the courts were backlogged with unheard cases. A similar perception was visible even among people who worked within the formal system. In some cases, community authorities such as Chiefs spoke of how they had referred a case of a violation against a child up to the next level (which by law was supposed to handle such cases) in the reporting chain of the formal system only to find that nothing had been done at the higher level or to have the case handed back down.

Collectively these obstacles sapped people's willingness to use the linkages that existed even when the linkages were accessible and were the legally appropriate channels to use in responding to and preventing harms to children. A key task in increasing the effectiveness and use of the system will be to address these obstacles in ways that build family and community support for the appropriate use of the formal system and that increase the fidelity to Kenyan laws and policies of the activities that occur within the formal child protection system.

PRIORITIES FOR ACTION

Kenya is at a fertile moment in its ongoing work to strengthen its national child protection system. In response to the findings from the national study of Violence Against Children, a detailed action plan has been developed and is currently being implemented.[33] In addition, much is being done to decentralize and to empower Counties to take increased responsibility for insuring children's protection and well-being. It is hoped that the findings from this study, which complement those of the earlier national systems mapping and the Violence Against Children study, will help to inform the implementation of the recently developed County Child Protection Systems Guidelines.[34]

The findings from this research help to identify a variety of priorities for action. It was not the purpose of the research to make highly specific recommendations that fit with the extensive work being done by diverse actors to protect children and indicate how it is most appropriate to move forward. Accordingly, this section presents the broad action priorities together with a suggested next step in which diverse stakeholders in Kenya review the findings and develop contextualized recommendations for action. As part of the ongoing discussions on how to support children, it will be important for stakeholders inside Kenya to triangulate the findings from this research with those from other pieces of research.

Priorities for Action

1. Enable a coordinated, holistic approach. The systemic risks to children that were identified in this research demand an equally systemic approach to response and prevention. What are needed are collaborative efforts that coordinate formal and nonformal elements of the child protection system, and that benefit all children rather than particular categories of vulnerable children.

2. Integrate economic support and child protection. Poverty was a key driver or amplifier of diverse child protection risks, which fell disproportionately on children from low SES families. To enable children's protection, it is essential to support families' economic well-being through social protection, livelihoods, and the wider array of economic supports. However, it will not be sufficient to conduct independent efforts to strengthen families' economic situation and to protect children. Instead, economic strengthening and child protection should be integrated in a manner that insures that the economic benefits actually support children's protection and well-being by, for example, making it possible for children to stay in school.

3. Address gender issues. Girls suffered extensively from the combined risks of sexual abuse and exploitation, early pregnancy, early marriage, and social norms of male privileging. Boys, too, were affected by sexual exploitation by older women. Because of the gendered nature of the risks to children and the magnitude of the gender inequalities in Kenya, CBCPMs and wider child protection systems should include a strong gender lens and work specifically to keep girls

[33] UNICEF (2013b).
[34] Government of Kenya (2014).

in school, reduce and end the widespread sexual exploitation and abuse of girls and boys, and promote gender equality.

4. Place families and communities at the center. Family and nonformal community mechanisms were the main responders to risks to children, and they played a pivotal role in prevention as well. For this reason, it is essential to make the strengthening of family and community protective efforts a high priority on the child protection systems strengthening agenda.

5. Strengthen prevention. Preventive factors were present at different levels in all the research sites, yet they were stretched thin and unable to meet children's needs on a large scale. Child protection systems strengthening efforts should make it a priority to support and build on the existing preventive factors and to help families and communities develop new and appropriate means of prevention.

6. Improve the use, functionality, and accountability of the formal system. This research identified numerous linkages between CBCPMs and the formal child protection system. However, they were underutilized due to obstacles such as corruption, preference for endogenous approaches, taboos against reporting, and inability to get appropriate action through the formal system. Concerted efforts to remove these obstacles are needed in order to improve the functioning and the accountability of the formal system, and ultimately, to increase citizens' appropriate use of the formal system.

7. Support internally driven social change. There were multiple points of misalignment between the formal aspects and the nonformal aspects of the child protection system in Kenya. Where misalignments arose because local social norms and practices contradicted Kenyan law, it will be useful to work to change the norms and practices through patient, internally driven processes that minimize backlash and increase the fidelity to Kenyan law and international human rights standards. At the end of the day, social transformation toward the fulfillment of the rights of all children is a key part of strengthening national child protection systems.

Next Step

An important next step in the learning process will be for diverse child protection stakeholders within Kenya to develop specific, contextualized recommendations based on the findings of this research. Helpful movement in this direction took place in March, 2014, when various Government, INGO, NGO, and other stakeholders met for two days in Nairobi to discuss the research methodology, findings, and their implications. However, more time was needed to flesh out specific recommendations. The research team offers this paper and the associated three, area specific studies as sources that can inform the additional discussions that are needed in order to protect the well-being of Kenya's greatest resource--its children.

REFERENCES

African Child Policy Forum; African Network for the Prevention and Protection against Child Abuse and Neglect; Environnement et Developpement du Tiers-monde; et al. (2013). *Strengthening Child Protection Systems in Sub-Saharan Africa: A Call to Action.*Dakar: Author.

Alderson, P., & Morrow, V. (2011).The ethics of research with children and young people. London: Sage.

Ahmed, S., Al Hebshi, S., & Nylund, B. V. (2009). *Sudan: An in-depth analysis of the social dynamics of abandonment of FGM/C*. Innocenti Centre Working Paper 2009-08. Florence: UNICEF.

Allden, K., Jones, L., Weissbecker, I., Wessells, M., Bolton, P., Betancourt, T., Hijazi, Z., Galappati, A., Yamout, R., Patel, P. Sumathipala, A. (2009). Mental health and psychosocial support in crisis and conflict: Report of the Mental Health Working Group—Humanitarian Action Summit. *Prehospital and Disaster Medicine, vol. 24* (supplement 2).

ANPPCAN (2008).*Violence against children in Kenya*. Nairobi: ANPPCAN.

Berg, B. & Lune, H. (Eds.) (2014).*Qualitative research methods for the social sciences*. Essex: Pearson Education Limited.

Boyden, J. (2004). Anthropology under fire: Ethics, researchers and children in war. In J. Boyden & J. de Berry (Eds.), *Children and youth on the front line* (pp. 237-258). New York: Berghahn.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. Thousand Oaks, CA: Sage.

Child Frontiers (2010). *Mapping and assessing child protection systems in West and Central Africa: A five-country analysis paper*. Bangkok: Author.

Child Protection Livelihoods and Strengthening Task Force (2013).*Children and economic strengthening programs: Maximizing benefits and minimizing harm*. New York: Child Protection in Crisis Network for Research, Learning, & Action.

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.

Dagne, H. G.(2009). *Ethiopia: A comparative analysis of the social dynamics of the abandonment of harmful practices in four locations.* Innocenti Centre Working Paper 2009-07. Florence, Italy: UNICEF.

Davis, R., McCaffery, J., & Conticini, A. (2012). *Strengthening child protection systems in sub-Saharan Africa: A working paper*. Dakar: Inter-agency Group on Child Protection Systems in sub-Saharan Africa.

Denzin, N. & Lincoln (2011). *The SAGE Handbook of qualitative research (4th ed.)*. Los Angeles: Sage.

Eynon, A., & Lilley, S. (2010). *Strengthening national child protection systems in emergencies through community-based mechanisms: A discussion paper*. London: Save the Children UK.

Government of Kenya (2014). *County child protection systems guidelines*. Nairobi: Author.

Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical research involving children*. Florence: UNICEF Office of Research-Innocenti.

Hart, J., &Tyrer, B. (2006). *Research with children living in situations of armed conflict: Concepts, ethics and methods*. Refugee Studies Centre Working Paper No. 30. Oxford University: Queen Elizabeth House.

INEE (2010).*INEE Minimum standards for education: Preparedness, response, recovery*. New York: Author.

Kahneman, D., Slovic, P., & Tversky, A. (1982). *Judgment under uncertainty: Heuristics and biases*. Cambridge: Cambridge University Press.

Kostelny, K., Wessells, M., Chabeda-Barthe, J., & Ondoro, K. (2013). *Learning about children in urban slums: A rapid ethnographic study in two urban slums in Mombasa of community-based child protection mechanisms and their linkage with the Kenyan national child protection system.* London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Kostelny, K., Wessells, M., & Ondoro, K. (2014a).*Community-based child protection mechanisms in Kilifi, Kenya: A rapid ethnographic study in two rural areas.* London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Kostelny, K., Wessells, M., & Ondoro, K. (2014b).*Community-based child protection mechanisms in Kisii and Nyamira: A rapid ethnographic study in two rural areas of Kenya.* London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Morrow, V. (2009).*The ethics of social research with children and families in Young Lives: Practical experiences*. Oxford: Young Lives Research Project.

National AIDS Control Council (2009).*Kenya national AIDS strategic plan 2009/10-2012/13: Delivering on universal access to services*. Nairobi: Author.

National Council for Children's Services (2010). *Summary of the outcome mapping and assessing Kenya's national child protection system: Strengths, weaknesses, recommendations*. Nairobi: NCCS.

National Council for Children's Services (2011).*The framework for the national child protection system in Kenya*. Nairobi: NCCS.

Onyango, P. (2004). *A study of commercial sex exploitation of children in Kenya.* ANPPCAN Regional Office.

Pawluch, D., Shaffir, W., & Miall, C. (2005). *Doing ethnography: Studying everyday life*. Toronto: Canadian Scholars' Press.

Rutter, M. (1979).Protective factors in children's response to stress and disadvantage. In M. Kint& J. Rolf (Eds.), *Primary prevention of psychopathology, Vol. 3: Social competence in children* (pp. 49-74). Hanover, NH: University Press of New England.

Rutter, M. (1985).Resilience in the face of adversity. *British Journal of Psychiatry, 147*, *598* – 611.

Schenk, K., & Williamson, J. (2005). *Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources*. Washington, DC: Population Council.

Silverman, D. (Ed.)(2011). *Qualitative research: Issues of theory, method and practice (3rd ed.)*. Thousand Oaks, CA: Sage.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.

UNICEF (2006). *The extent and effect of sex tourism and sexual exploitation of children on the Kenyan coast*. Nairobi: Author.

UNICEF, & Republic of Kenya (2011). *Report on knowledge, attitudes and practices (KAP) baseline assessment on child protection issues in 7 districts in Kenya*. Nairobi: UNICEF/Kenya.

UNICEF/Kenya, Division of Violence Prevention, National Center for Injury Prevention and Control, U. S. Centers for Disease Control and Prevention, & Kenya National Bureau of Statistics (2012). *Violence against children in Kenya: Findings from a 2010 national survey. Summary report on the prevalence of sexual, physical and emotional violence.* Nairobi: Author.

UNICEF, UNHCR, Save the Children, & World Vision (2013a). *A better way to protect ALL children: The theory and practice of child protection systems, conference report.* New Delhi: Author.

UNICEF, Centers for Disease Control and Prevention, & Kenya Vision 2030 (2013b). *Summary findings and response plan: Violence Against Children in Kenya*. Nairobi: Author.

Wessells, M. (2009). *What are we learning about protecting children? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children.

Wessells, M. (2011). *An ethnographic study of community-based child protection mechanisms and their linkage with the national child protection system of Sierra Leone*. London: Columbia Group and the Inter-Agency Learning Initiative on Community-Based Child Protection Mechanisms and National Child Protection Systems.

Wessells, M., Lamin, D., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies*, *7(31)*, 211-227.