



Background

This is a summary of the final report of action research undertaken in Kenya to test community-led models of child protection. You can read the whole report [here](#).

You can also read additional reports about the action research in Kenya [here](#).

In 2009, a global, interagency review found a weak evidence base for the effectiveness of Community Child Welfare/Rights/Protection Committees (CPCs), one of the most widely used community-based child protection interventions at that time. The evidence indicated that CPCs achieved low levels of community ownership, had modest levels of effectiveness, and were unsustainable. Local people tended to see them as 'NGO projects' and depended on the NGOs for continuing them.

As a result, an interagency group decided to develop and systematically test the effectiveness of alternative child protection processes - those which have high levels of community ownership and leadership. The *Child Resilience Alliance* agreed to lead the research and to use a participatory action research approach.

In Kenya (there was also research in Sierra Leone), action research was conducted in Kilifi County in Coast Province in areas populated by Giriama people. The Marafa location (two adjoining villages constituting one community) was randomly assigned to test the intervention. Bamba location (two adjoining villages constituting one community) was a 'comparison' community.

In both Marafa and Bamba, leading harms to children were identified as lack of food, being out of school, early pregnancy, overwork, drug abuse, poor parenting, and bad behaviour by children. Sexual exploitation and abuse of girls was widespread, as girls who were hungry took food from men, who demanded sex in return. Also, girls took rides from 'boda boda' (motorbike taxi drivers), who then demanded sex as a form of payment. Teenagers and young people took part in *disco matangas*, (funeral celebrations that raise money to help pay families' funeral expenses) but were sites of mass drinking and sexual abuse of girls by men. Many girls became pregnant, dropped out of school, and more than a few got married at a young age.

After ethnographic and data collection stages, the intervention in Marafa focused on a facilitated slow, inclusive process of community dialogue to decide which harms to children through a community-led action. The community themselves decided to address early sex through their own self-designed and collectively implemented action (2017-2019). The community-led action included:

- community dialogues about the importance of avoiding engagement in early sex;
- girls and boys playing football as a means of avoiding idling and sexual activity;
- learning life skills, often in discussions associated with football practice or games;
- encouragement of girls to stay in school;
- community theatre and dialogues to raise awareness of the problems of early sex and how to prevent it;
- discussions between parents and girls about how to prevent early sex and other problems;
- the community successfully petitioning the Chief to ban *disco matanga*.

Key findings were:

- **Girls and boys in Marafa became key actors**, decision-makers, and influencers in the community-led action. Children were key in influencing peers, talking about the importance of staying in school and avoiding early sex.

- **Early sex:** Early sex decreased significantly in Marafa. Among girls and boys in the age range of 8 -11 years, the decrease in Marafa was greater than the more modest decrease in the comparison community of Bamba, where a youth group had been active around issues such as teenage pregnancy. Early sex was also reduced among girls 12-15 years in Marafa with the reduction being greater than in Bamba. The average age at which girls began engaging in sex was delayed in Marafa by around 2 years after the community-led intervention.
- **Teenage pregnancy:** The narratives of girls, boys, and adults indicated that teenage pregnancy had decreased significantly in Marafa due to support from parents, life skills such as saying 'No', staying in school, positive role modelling, and men's awareness of how lack of basic necessities such as sanitary towels made girls vulnerable to men. Children and adults agreed that the principal factor in reducing teenage pregnancy in Marafa was that local people had come together and petitioned the Chief to ban *disco matanga*. The Chief of Marafa confirmed that ending *disco matanga* played a role in reducing early pregnancy. In contrast, people in Bamba reported consistently that early pregnancy was a significant problem and that 8 girls out of 30 from the primary school in Bamba had become pregnant in the school year in which the endline data were collected. Girls frequently became pregnant due to having unmet needs for items such as sanitary towels. *Boda boda* and even grown men exploited girls for whom they had provided such items. In addition, HIV in children was reportedly a widespread problem in Bamba, though it was not discussed openly.
- **Improved Parental Care of Children:** In Marafa, parents worked together with the advice of a teacher to talk with their children about puberty, sex, and pregnancy. They also learned how to set rules in the home regarding, for example, treating each other with respect, and the importance of monitoring their children and knowing their location and activities. The parents reported that they enjoyed talking with their children and had begun to treat them better. The children, too, said consistently that they enjoyed being able to talk with their parents in ways that they had not done previously.

Parents also showed increased commitment to meeting girls' basic needs as a way of reducing transactional sex. In Bamba, no activity had taken place for parents around caring for their children and women complained that the men were disinterested and alcohol abusers.

- **School Participation:** In Marafa, the reduction in idling and early sex, together with changing peer and parental influences on children, led to reduced school dropout from primary school and increased participation and learning in school. The parents attributed increased school participation to the improved parenting and to the community formation of an out-of-school committee that responded to cases of out of school children. Bamba showed no increase in school participation, with no parents and civic groups working to limit school dropout. Sometimes being out-of-school led children to engage in activities such as *disco matanga*, leading to high rates of pregnancy.
- **Spread of the intervention:** A positive yet unexpected development was that the children and the parents in Marafa helped to spread the community-led intervention to neighbouring villages. Football plus discussions, including at tournaments, served as the primary means through which the spread occurred. In discussions, people from the neighbouring villages asked whether they could have the community-led intervention in their own villages. Parents, too, reached out to neighbouring villages, sharing their learning and accomplishments. In Bamba, there were limited positive supports for children, no dynamic ambassadors, and no spread to neighbouring villages.
- **Links with Government services:** The action research worked closely with the Department of Children's Services via its Field Office. Ken Ondoro was frequently invited by the Office to give inputs on different issues or to give trainings to Government child protection officers in different Counties.