

HORIZONTAL SPREAD OF COMMUNITY OWNED CHILD PROTECTION: A CASE STUDY FROM MARAFA, KENYA

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INTRODUCTION

In many countries, large numbers of children are exposed to multiple child protection risks, demanding intervention on a population basis and motivating efforts to scale up child protection interventions. The most frequently used, vertical approach to scaling up is to train and large cadre of workers who then replicate them in manualized fashion. Typically, such scale up efforts are driven the Government Ministries or international NGOs, or some combination thereof. Usually, the interventions themselves are expert-driven, which means that external experts rather than local people hold the power and drive the key decisions and approaches.

In an era of localization of aid and calls to share more power with communities, a valuable questions to be asked include ‘How could local people scale up a child protection intervention?’ and ‘What would a scale up effort driven by local communities look like, and could it achieve positive outcomes for children?’ Such questions are not intended to diminish more top-down approaches but to open the door to grassroots driven approaches that feature local problem solving, local ownership, and strong internal motivation of the kind seen in work on community-led child protection (CLCP). In important respects, grassroots driven approaches such as CLCP complement more top-down, expert driven approaches.

Consistent with this idea, existing work on scaling up recognizes that in addition to vertical scale up, there may also be horizontal scale up, which may include spontaneous scale up as well as facilitated forms of scale up. Spontaneous scale up occurs without external support, as might occur when one village sees what another village is doing to support children and then decides on its own to use the same approach to support its children. Facilitated scale up involves efforts to enable the spread of an intervention among actors at the same level, as might occur when people from one village intentionally reach out to another village to both inspire them and help them use a particular intervention. Recognizing the importance of learning from communities, this case study intermixes spontaneous and facilitated spread of a community-led intervention.

Initial Community Action to Address ‘Early Sex’ in Marafa

Initial ethnographic learning in two areas—Marafa and Bamba—in Kilifi, Kenya sought to learn from the narratives and lived experiences of girls and boys. The rapid ethnography indicated that significant numbers of school age girls were out of school, lived in poverty and exchanged sex for food, money, or sanitary pads. Often girls who were hungry took fried potatoes from men who demanded sex in return. Needing to travel to reach school, many girls accepted rides from ‘boda boda’—male motorbike drivers—who then demanded sex for the transportation. Many girls dropped out of school because their families were unable to pay school fees or to buy the sanitary pads needed to remain in school. This system took a heavy toll,

as girls, many of whom became pregnant at an early age and had to drop out of school or who dropped out of school, began idling and spending unsupervised time with boys and men, and then became pregnant.

When this information was fed back to the community people at a large meeting, they began asking themselves what they were going to do to address these problems. Asked by a facilitator to think about which issue they might want to address, they held large and small group discussions over a period of months and decided to address ‘early sex,’ which was a root cause of early pregnancy, school dropout, and early marriage.

Through a slow, facilitated process of dialogue that included children and marginalized people, the community decided to address early sex through a mixture of processes. To reduce idling and provide peer support for staying in school, girls formed football teams, with practices used as occasions for learning life skills and discussing the importance of education and avoiding pregnancy. Football games became occasions for holding community discussions about the importance of girls staying in school and not being abused or getting pregnant early. Also, parents talked in groups about how to support their daughters’ education, prevent early pregnancy, and engage in constructive parenting.

Using a quasi-experimental design, an evaluation reported significant reductions in early sex and teenage pregnancy and increases in education participation and children’s connection with their caregivers. These outcomes, together with others, established the efficacy of child protective actions that were led not by outside experts but by the community itself using its own networks, capacities, and resources. The evaluation revealed the importance of internal motivation, as community members showed collective concern about early sex, felt responsible for addressing it, and took ownership for the issue, the collective process and action, and the outcomes for children.

Spontaneous Spread

An unexpected yet exciting outcome of this work was its spontaneous spread. Children, youth, and parents in villages within 50 kilometers of Marafa had heard in marketplaces and other public spaces about the community-led activities, and several villages expressed eagerness to have similar activities in their own communities. Some community members from other villages spontaneously attended the community-led meetings in Marafa, and numerous girls and boys from other villages attended the sports activities that were part of the community-led intervention.

This spontaneous spread approach was of keen interest since it begins with local interest and initiative, making it a natural platform for expanding community-led work. Also, it suggested the utility of community-to-community outreach by people who had been active previously in community-led action.

Based on this finding, we decided to support and document community-to-community scale up processes on community-led and -owned child protection. With support from the Oak Foundation from 2020-2023, we learned from the horizontal scale up to 20 communities in the

wider Marafa area that chose to engage in community-led child protection. This case study documents the process in Borehole community. The documentation was led by Ken Ondoro, the national researcher, and Jotham Mchango, who facilitated much of the work in Marafa.

A CASE STUDY: BOREHOLE COMMUNITY

Borehole is a community of approximately 500 people that is approximately 5 kilometers from Marafa village. It took its name from the borehole that an NGO dug many years ago in order to help the community survive a severe, prolonged drought. This case study of Borehole documents the horizontal spread process and the community-led process that the community used to address harms to children, with attention also to the impacts on children. The documentation process is based on participant observation; community meetings; sub-group discussions with adolescent girls, adolescent boys, women, and men; and in-depth interviews with community members including representatives from the four subgroups as well as teachers, coaches, religious leaders, and village elders.

The Initial Spread Process

Because Borehole had a close relationship with Marafa, Borehole community members had observed Marafa's community-led process in two village from the early stages. Word of what was happening in the villages spread as members of the Marafa villages talked while they conducted business or came to visit friends. Borehole community members observed that almost all primary school age children in Marafa were attending school. This situation contrasted with that in Borehole village, where many children missed school. As one Marafa community member reported:

They asked us, 'What are you people doing so children come to school?'

The Marafa community members shared what they were doing and welcomed people from Borehole village to attend their planning and intervention meetings, which some members of Borehole village did.

When the Marafa children and youth began playing football as part of their intervention activities, children and youth from Borehole often came to watch. After a time, some of the girls and boys asked if they could join the Marafa teams, and the Marafa teams welcomed them as players. A few months later, the girls and boys from Borehole formed their own girls' and boy's football clubs in order to play matches with the Marafa teams. At games, Marafa youth presented their slogan about refraining from early sex and staying in school. After these games, some of the girls and boys from Borehole spontaneously attended some of the life skills sessions that were part of Marafa's intervention process. By the second year of Marafa's intervention activities, youth from Borehole were engaged in some of the same intervention activities.

In the third year (late 2019) of Marafa's community led process, when community members reflected on their successes, challenges, and future activities, Marafa community members said that they wanted to share what they had learned and accomplished in addressing early sexual debut and early pregnancy with other communities in the area. They felt strongly

that to protect their own children, efforts were needed to reduce the harms to children who were from other villages and who interacted with Marafa children.

We have always been saying that our children are not safe until our neighbors also get the same information that we have. So we have to find ways of reaching out to them.

The parents' group in particular felt strongly that the parenting sessions they had been involved with had greatly helped themselves and their children and wanted to share what they had learned. Moreover, people in neighboring villages had also approached them and requested help in setting in motion a similar process.

Some of the neighbors who are our friends sometimes come to visit us and they see or hear what the children and the parents are doing and they request if we could also help them do the same.

They saw that it was good that our children were not idle. They wanted the same for their children.

The people in Marafa were quick to point out that this sharing of ideas and approaches had antedated 'our' efforts to enable and document horizontal spread.

But you remember, we started this ourselves even before you started talking about it and we saw the need to support our neighbors for the benefit of our children because some of our children have girlfriends and boyfriends from those neighboring villages. If neighbors don't have skills, we have to empower them ...

The children have learned from those players [on the Marafa team]. People have gotten the message... They also want their children to go to school. To protect them from drugs. For girls not to get pregnant.

The Community Facilitated Spread Process

In 2020, the Marafa intervention committee decided that they would invite representatives of the other villages to a meeting in Marafa. The plan was to tell the visitors about the community-led process and share what they had done, with the hope that the representatives would return home and ask their community if they wanted representatives from Marafa to visit and share their experiences. If particular villages were interested, representatives of the Marafa community would then visit their village. If the villages then decided to engage in such a process, the Marafa community would help support them.

The Marafa village elder then called other village elders in the area, told them about the meeting, and asked them to send representatives from their village. The meeting sparked strong interest, and the representatives said they would share what had been discussed at the meeting with their respective villages and then inform Marafa if they were interested in having a visit from the Marafa CLCP team. Altogether 20 villages—including Borehole—expressed keen interest.

The Marafa intervention committee organized two teams – one adult, and one youth – that had actively participated in the community-led process to visit the other communities. The adult team was comprised of seven adults, and the youth team included the captains of the girls and boys football teams as well as other youth who were active in the youth activities. The teams planned to spread across the 20 villages, with two team members going to each village.

We have a team of seven parents who will be going round the villages to share the same information.... We agreed that the team of seven will always be splitting to two people per village, so only two people will need transport to the other villages.

Shortly thereafter, in March 2020, just as the Marafa team had started to organize visits, COVID-19, or ‘Corona’ as it was called in the area, emerged. Government restrictions curtailed travel between villages and forbade large group meetings. There was also increasing fear that people from outside their village could transmit COVID. As a result, the plan for visiting other communities was put on hold for nearly a year.

When COVID restrictions eased, the intervention committee in Marafa decided to resume its plan to visit the other villages. It decided that the elders from Marafa would call the other village elders and ask for a meeting in each of their villages to determine their readiness and interest in having a group from Marafa visit their village to share what they had been doing to address harms to children. To support this effort, youth on the committee called youth leaders in the other villages and asked them to mobilize youth participation in the meeting. Fortunately, the Borehole community welcomed the idea of the Marafa team’s visit.

The Visit with Borehole

The Marafa team members who visited Borehole included both adults and youth who had been very active in all phases of the community-led work and were well-known and respected in Borehole. The adults included a village elder and another adult who was a strong advocate on behalf of children and youth. The youths included the captains of the girls’ and boys’ football teams, respectively.

At the meeting, the Marafa representatives outlined their process and work. First, having extended discussions about all the harms to children, they selected one harm to focus on – early sex. They described how these discussions included everyone in the village, including children, people with disabilities, and people who do not usually come to meetings. Next, they planned how to address early sex. Parents decided that they should learn how to talk to their children about sex and pregnancy and engage in better parenting. Girls and boys decided that having football games, with life skill discussions afterwards were crucial in keeping children from being idle and enabling children to learn skills that help to avoid early sex and pregnancy. The Marafa team explained also how they had not pressured people to participate and how the community-led action built primarily on community resources such as the time and energy of ordinary citizens, without an infusion of significant economic resources. They also spoke of the importance of different people participating and sharing diverse views. They described how their

chiefs supported the community-led process and had decided not to participate in the discussions, since no one would disagree with a chief.

As part of Marafa's outreach to Borehole, their child and youth theater group went to Borehole to perform plays about pregnancy and early sex. They described the theater activities:

R: Together with the theatre group, we organized some performances and went round the neighboring villages, acting about issues of early sex and early pregnancies.

I: And how did you do it?

R: We made a play where a girl comes from school, meets a bodaboda guy and then the boda-boda guy gives the girl one hundred shillings, sleeps with the girl and then the girl gets pregnant....

It was big, almost all the community members attended. So after that act, we ask parents and children [in separate groups] whether this happens in the community and all of them would respond yes. After that, we will ask how they can avoid this. After that, we will move to the next play where the parents do not give girls basic needs such as food and sanitary towels at home, the girl would then look for another man to provide her with those needs and then end up getting pregnant. After that we would also ask the same questions to both parents and children whether this happens at home and how can we avoid these things.

Having heard the Marafa team's description, the people of Borehole discussed how they, too, had problems of early sex, early pregnancy, and children out of school that had increased during the COVID pandemic. During COVID, increasing numbers of girls had become pregnant due to girls being out of school and engaging in transactional sex for food and sanitary towels, which had become increasingly scarce as many parents had lost their sources of income. Furthermore, the chief had instructed the people of Borehole to ensure that girls did not get pregnant, though they felt uncertain at the time about how to prevent early pregnancy.

For us, we had a lot of parenting issues here and our girls were getting pregnant especially during this Corona. The chiefs came here and started telling us that we have to make sure that our girls do not get pregnant and our boys do not engage in drugs and we wondered how do we do that? So when Kadudu and Mr. Karisa came here we just felt they were God sent and it was the right time. (Father, group discussion)

Issue Selection and Collective Action

Subsequently, Borehole had several community meetings to further discuss harms to children and which harm to focus on. People talked about how early pregnancies occurred because boda-boda drivers and other men with money lured girls with food, sanitary towels, and other basic needs in exchange for sex. There also was early sex with peers, typically beginning around puberty, which adults attributed to children being idle, negative peer influence, and parents not monitoring their children.

You know that parents have the responsibility of taking care of their children but when they cannot meet their needs, for example, you find boys just hanging around with no one

to care for them. Girls also loiter around without being monitored, then the result is early pregnancy. There are things that young girls need in their lives but they cannot be provided for so you wonder if they cannot get good food, or the other basic needs, there will be a marriage. So if she meets a man or boy out there who is ready to provide for her the things that she needs then possibility of getting married is while still young is high.

The community chose to focus on early pregnancy, which related to issues of sexual exploitation, marriage, and school dropout. To address this nexus of problems, the community decided to have sessions for parents and to organize sports plus life skills activities for children and youth. Having learned that the Marafa girls were going to school and not getting pregnant, the parents decided to conduct the parenting sessions in the same way Marafa had done. To learn more about this, they agreed to invite Marafa parents to teach them how to create and run these sessions.

The collective planning and action showed strong reliance on local resources and problem-solving abilities. The parents in Borehole agreed to have monthly meetings and selected parents who could facilitate them. For some of the meetings, they invited Marafa parents to share their ideas and learn from what they had done, yet they did not use outside experts or a manualized approach. Instead, they focused on their issues of early pregnancy, early sex, and children out of school, and selected whom they wanted advice and support from.

In the course of the parents' meetings in 2021, the parents discussed how parents' lack of money led their girls to have sex with the boda boda drivers in exchange for sanitary towels, food, and money. They noted that the Marafa community had formed a self-help group to raise money through farming, using the proceeds for school fees, sanitary towels, and other basic needs, especially for girls. Impressed that community members who had been successful with chicken farming, they, too, wanted to sell chickens and use the money to pay for their children's secondary school fees, buy clothes for themselves and children, and buy a cow and sell the milk.

Adding an economic element to the community-led action, they formed a self-help group to generate some income for families in the community, named their chicken farm initiative the Madina Poultry Farm, and formed a committee of 20 members to oversee the farm. To support this work, the Child Resilience Alliance contributed \$500 and the Borehole community also contributed \$500. They then bought 60 chicks and materials to build sheds to begin the project. Although they had planned to start with 60 chicks and sell them when they matured, the initial chicks suffered a high mortality rate. Subsequently, however, the community members used more disease resistant chicks and obtained the desired earnings through chicken farming.

Children and youth proved to be leaders in the community-led process and made several innovations on their own. They had already formed football teams stemming from their interactions with the Marafa teams, and some children had already attended some of Marafa's life skills sessions. Although they recognized early pregnancy as a pressing issue, they also wanted to address the issue of drug use among boys, staying in school and avoiding early sex. They decided that football activities and life skills sessions following practice and games were the best way to address these issues. They now decided to have their own life skill sessions and selected a teacher from the community who volunteered to support their life skill sessions as they

addressed the challenges they faced. The boys also invited Kadudu, who was active with youth in Marafa, to provide advice about avoiding negative peer pressure and using drugs. The girls invited Jospheine, a teacher and role model who was mentoring girls in Marafa, to have discussions about avoiding early sex, saying no to men who asked for sex, and staying in school.

Following several months of life skill sessions, the girls and boys also decided to engage in peer mentoring. The girls and boys football teams selected the slogan “footballers against teenage pregnancy and drug abuse.” They championed this slogan via a group of seven players who were role models of not engaging in early sex or drug use and who discussed these issues in their daily interactions with peers. They also held meetings to talk to groups of girls and groups of boys in their village about the dangers of having early sex that would lead to early pregnancies, and of using drugs.

The community process was inclusive and engaged parents (both women and men), girls, boys, and female and male youth. It featured adults’ power sharing with children, which gave children space to exercise creativity in organizing their own activities. The participants in the community-led work themselves chose to engage, without pressure from local leaders and elders. Although some people came into the process earlier than other, participation increased over time, enabling a whole community approach.

Benefits to Children’s Well-Being

Through their participation and leadership, children developed an increased sense of agency, greater voice on issues that affected them, and the confidence that comes with active engagement on and success in helping to address issues of importance to themselves and the wider community. Indeed, having voice and a sense of agency is known to be an important determinant of mental health and psychosocial well-being.

The parents indicated that as a result of the community-led action, more children were able to stay in school because parents used the money from chicken farming to pay for their children’s school fees.

Children are benefitting. I will sell fertilized eggs at 900 per tray. I use the money to support my children. My child also uses the eggs as food.

It has helped me... I even added 2 chickens. I sell a chicken, I get money to support my children.

My chicken laid eggs. I sell eggs and get money to buy other 50 chicks...We use the money to pay school fees for our children.

This was an important outcome not only because of the central role that education plays in children’s healthy development but also because the children themselves wanted to stay in school and saw it as helping them to avoid problems of pregnancy and drug use.

In addition, youth and parents reported that youth are not involved in drugs and negative peer relationships because of the sports activities:

We benefited as youth. We joined a football team... This brought the youth together. We were given footballs. The playing football has helped. The youth are off drugs and bad company. (Boy)

Our youth have been helped by this sport. Together they play football. They became so tired they don't get home to do bad things like drugs or bad company. (Parent)

The youth liked the football because it was exciting and enabled youth cooperation and solidarity. But they and their parents also liked the football because it helped them to stay away from drugs and from affiliating with peers who engaged in drug use.

Lessons Learned

Although this effort has not been evaluated fully, it achieved promising results and offers several valuable lessons.

For one thing, this case study documents how CLCP can spread horizontally, in this instance through a mixture of spontaneous and community-facilitated spread. This modality of spread animated by community caring for their children, networking, and desire to learn from each other, which they have done for many years in areas such as farming. The facilitated spread was animated also by the collective ownership and pride of accomplishment felt by the people of Marafa. The community-to-community spread of CLCP augurs well for the scale up of CLCP through a horizontal as well as a vertical approach.

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A second lesson relates to the importance of economic elements in a holistic approach to child protection. Although the importance of economic drivers of child protection issues is well documented, the global child protection sector has a ways to go in making economic elements central in interventions and mainstreamed throughout the sector. Yet communities are often more holistic in their approaches than are child protection technical specialists, who may or may not have economic expertise. That communities took the lead in developing their own economic interventions that had positive results for children indicates the importance of learning from communities in how they go about protecting their children.

The importance of affording communities space to innovate is a related lesson. Early work on CLCP invited communities to address a single harm to children. Yet communities in this work have been quick to see the inter-relatedness of diverse child protection issues and the fact that they often arise from the same root cause. This lesson invites humility and also provides a poignant reminder that communities often are in the best position to figure out how to address significant risks to children. This is not to imply that outside agencies and child protection workers have no role but to suggest that outsiders should not be in the driver's seat, which belongs to community people.

An enduring lesson is that children are more than 'beneficiaries' or people who exercise their participation rights in collective efforts. The success of this work on CLCP and its horizontal spread owes in no small part to children's leadership. By bringing forward their own

lived experiences, children were able to ignite community caring and responsibility taking for their children's well-being. Equally important, children lead the way in developing key activities such as football that would draw young people in and also enable them to reach out to young people in other communities. Also, as young people themselves decided not to use drugs or become pregnant but to stay in school, they became positive role models within their communities. These developments only hint at how valuable children's leadership can be in the child protection arena.

To be sure, many unanswered questions and challenges remain. An important question is whether, in the long run, the child protection processes and outcomes for children will be as positive and as durable in Borehole community as they have been in the Marafa community? A challenge inherent in the horizontal spread process is that people in spread communities may tend to copy what had been done by the communities that had used the full CLCP process. It is possible that this copying could limit rich problem solving from within in the spread community or the development of development of highly contextual solutions. Also, it is possible that the relatively effective spread process described above owed to the very high levels of ownership and pride of accomplishment of the Marafa community and their skills in facilitating the spread process. Not all communities may be so talented or to be in a position to use their time to enable the horizontal spread of CLCP.

These questions and challenges, however, are invitations to continue this journey of learning from and with communities how to do contextually relevant, locally owned child protection. In significant respects, this journey stands to enrich the field of child protection and to give more substance to priorities such as shifting power to communities and enabling local action and accountability on behalf of at risk children.