

## **A Grounded Approach to the Definition of Population-Based, Child Protection and Well-Being Outcome Areas**

Stark, L., Wessells, M., King, D., Lamin, D., & Lilley, S.<sup>1</sup>

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## EXECUTIVE SUMMARY

### Introduction

The field of child protection has suffered from having a weak evidence base, including too little attention to systematic evaluation and a reliance on process indicators rather than outcome indicators that can show meaningful improvements in children's lives. As the field moves increasingly toward the development of national child protection systems, it is important to define outcomes that can guide the construction of measures that can be used to gauge whether a child protection system is effective. Ideally, the outcomes should reflect children's assets and well-being as well as deficits, apply to populations rather than particular projects only, and reflect a mixture of local views and insights from international child protection standards such as those of the African Charter on the Rights and Welfare of the Child (the African Charter) and the UN Convention on the Rights of the Child (CRC).

To contribute to the development of such outcome definitions, interagency research was conducted during May-August, 2011 in four chiefdoms in Sierra Leone—two in Moyamba District and two in Bombali District. Moyamba is in the south and is predominantly Mende speaking, whereas Bombali is in the north and is predominantly Temne speaking. Although the research did not attempt to study a national sample, Bombali and Moyamba Districts are regarded as being relatively typical of a society that is still primarily agricultural in nature. The research is part of an inter-agency, grounded learning initiative that aims to strengthen child protection practice in the global child protection sector through research in Sierra Leone and Kenya.

Two sub-studies were conducted for purposes of defining risk reduction and well-being outcome areas, respectively. Consistent with a grounded approach, the intent was to identify outcome areas that were categories generated through systematic, elicitive discussions with local people, staying very close to the exact terms people used. If people generated 'education' as a well-being outcome area, this was accepted as an outcome area that fit with local values and that local people wanted to achieve in regard to children. It was recognized that additional work would need to be done to sharpen the definition of outcomes (e.g., by defining indicators) and to develop systematic measures of the outcomes.

Both studies were conducted by a team of Sierra Leonean researchers who spoke the relevant local languages, had received training, and worked under the guidance of a Sierra Leonean Team Leader. Both studies paid careful attention to research ethics and adhered to principles of confidentiality, informed consent, and child safeguarding. In addition, questions were not asked about children's difficult experiences or painful memories. To avoid an extractive approach, the research is part of a stream that includes action components to strengthen community-based child protection mechanisms. The hope is that the outcome areas identified will be used in subsequent efforts to measure the

outcomes for children and to determine the effectiveness of community-based child protection mechanisms and aspects of the wider child protection system in Sierra Leone.

### **Sub-Study One**

The first sub-study, which was conducted January-April, 2011, used rapid ethnographic methods to learn about harms to children as defined by local people. The methods used included participation observation; in-depth interviews conducted one-on-one; group discussions that identified harms to children and ranked them according to how serious or concerning they were; timelines that enabled learning about child development; and body mapping that enabled learning from young children. The data were analyzed by two international researchers who used holistic methods of grounded analysis to identify key categories and their ranking. The study was limited by its short time frame, lack of a nationally representative sample, language limitations, and collection of data by researchers who were not professional ethnographers. Also, it relied on participants' perceptions and did not attempt to measure the incidence rates of particular harms to children.

Overall, the main risks identified were teenage pregnancy out of wedlock, being out of school, heavy labor, and maltreatment of children who were not living with their biological parents. The latter risk was more prevalent in Moyamba than in Bombali, whereas the opposite was true in regard to children engaged in heavy work. Participants also identified numerous harms that they viewed as less serious<sup>2</sup> but that were nonetheless of concern. These included child beating; cruelty; incest, rape, and sexual abuse; neglect and bad parenting; witchcraft, abduction and ritual murder; and child rights. Of these, child beating and criminal offences such as cruelty and rape or other sexual abuse of children deserve consideration in regard to measurement and monitoring since local people are actively discussing them and increasingly view them as issues to be addressed.

### **Sub-Study Two**

The second sub-study, which was conducted May - July, 2011, focused on identifying and defining well-being outcome areas that reflect resilience and are useful in preventive aspects of child protection work. Using a free-listing strategy, it asked representative samples of people in the participating communities to imagine a boy or girl who is doing well and to identify the things that indicate that the child is doing well. It also sought to identify local protective and preventive strategies by asking what had made it possible for a child to do well.

In each of the two districts, just over 200 brief interviews were conducted individually with randomly sampled people in each of four sub-groups: adult men, adult women, girls aged 13-18 and boys aged 13-18. Initially, the interviewer asked an individual participant to think of a child who is 'doing well' (see Annex 3). Next the participant was asked to disclose the gender and approximate age of the child. Once the

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<sup>2</sup> See footnote 8, p.17X for an analysis of participants' understandings of 'serious.'

interviewer had recorded the age and gender of the child in question, he or she asked ‘*How can you tell that this child is doing well?*’ Information was recorded verbatim on data collection forms, and interviewers probed for additional ways the respondent knew a child was doing well until at least four responses had been given. The interviewer also asked which of the four indicators of well-being was most important. Last, the interviewer asked ‘Why do you think some children do well in life but not others?’ as a means of learning about coping strategies and communal practices that enabled prevention and protection. In a single interview of approximately 45 minutes, participants were asked to provide information on two children from four sub-categories: boys aged 5-12 years; boys aged 13-17 years; girls aged 5-12 years; and girls aged 13-17 years. In nearly all interviews, the interviewees provided information on two children (see Annex 4 for additional information on the sample composition and the age and gender of the imagined children). Information from each interview was then written out onto separate cards for the sorting and analysis.

Three researchers—two national and one international—independently sorted the items, which were written one per card, into natural groupings on an inductive basis. The three sorters then reviewed together their individual sorting and discussed areas of consensus and disagreement. The three sorters then completed a final sort of the responses together, resulting in a consensus that was informed by their experiences with the data during the initial individual sorting. Category enumeration and frequency counts were then used to summarize the results. Separate group sorting and frequency analyses were completed for each chiefdom in order to capture the nuances of the items pertaining to particular chiefdoms and enable comparisons across the different chiefdoms. Similarly, separate sorting were made for different sub-groups of imagined children in order to examine, for example, whether girls aged 5-12 had different indicators of well being than did boys aged 5-12. The data on preventive factors was analyzed separately by a single analyst, who used a grounded analysis process to identify natural categories, with the primary emphasis on discerning the dominant categories and any variations within them.

This sub-study was limited by the use of single, brief interviews to identify people’s indices or indicators of children’s well-being. Also, it was limited by variations in the expertise and patience of the interviewers. It did not use statistical methods of checking inter-rater reliability, although it did achieve high levels of inter-rater consistency by means of a group discussion and consensus approach.

With the data pooled across sites and participant sub-groups, the main well-being outcome areas were education, contribution to household activities (e.g., doing household chores), obedience, respect (e.g., greeting elders and others in an appropriate manner), not involved in ‘*mami en dadi* business’ (i.e. sexual activity), contribution to family livelihoods (e.g., helping with farming or the family business), good character (e.g., does not step out of line), and good manners (e.g., greets her parents in the morning). Education was by far the most frequently mentioned category, within which participants frequently cited aspects such as effort, attendance and performance as important. The second most frequently mentioned outcome area—contribution to household activities—included aspects such as doing chores such as fetching water and sweeping the family

compound. Following those top two outcomes areas were a group of four outcomes areas—obedience, respect, not involved in sexual activity, and contribution to family livelihoods—that were close in regard to how frequently they were mentioned.

In the pooled data set, few large effects were visible in regard to the interviewees' gender and age and also the gender and age of the children who were envisioned. One exception was that participants were more likely to cite 'not involved in mami en dadi business' as an outcome area when they had envisioned an older child than when they had envisioned a younger child. In addition, when an older girl had been envisioned, participants were more likely to cite 'not involved in mami en dadi business' as an outcome area than when an older boy had been envisioned.

When the data were further disaggregated by district, numerous effects of variables such as age and gender of the child were visible. In Moyamba, for example, the participants rated 'not involved in mami en dadi business' as an outcome area more frequently for older children than for younger children. Also, when young males were envisioned, female participants identified 'contribution to household activities' and 'obedience' more frequently than did male participants. In turn, the male participants were more likely than women participants to list 'contribution to family livelihoods' as an outcome area in regard to young boys. In addition, although 'contribution to household activities' was listed as an outcome area less often for older envisioned children than for younger envisioned children, this decrease was greater when the envisioned child was a male. However, these variations did not occur consistently in Bombali.

Preventive factors ('Why do some children do well in life but not others?') fell into two interacting categories: those related to children's social environment and those related to children's qualities, attitudes, and behavior patterns. Participants identified the family as the primary external determinant of whether a child did well or poorly. Put simply, children who had good family care were seen as more likely to do well than did children who did not have good family care. Good care included providing necessities such as food, shelter, and health care; teaching good behavior by setting a positive example and disciplining the child if necessary; teaching and demanding respect for parents and elders; paying school fees and providing encouragement to study; and monitoring children to make sure they did not engage in sexual activity or other forms of bad behavior. Wealth was identified as an enabler of family support, and poverty was a significant limitation on the ability of the family to care properly for children. Peers were a secondary environmental factor that influenced whether children did well or poorly. Wider, community influences were seldom mentioned, although participants cited religion and demonstrating respect to elders as important factors.

With regard to children's qualities, attitudes, and behavior patterns, key factors were whether children listen to the advice of elders; obey their parents; show respect to other people; are 'serious,' that is, hard working and focused; abstain from sex; help their parents; and are 'clever' or intelligent. Many participants noted that a child's well-being reflected a combination of environmental and child-related factors. For example, children

who are serious in school were seen as coming from caring parents and as being intelligent and hard working. Overall, the narratives suggested how family care established a foundation that children then built upon through their decisions and actions.

## **Discussion and Implications**

In summary, this research identified locally defined outcome areas related to child protection risks and children's well-being. In regard to child protection risks, the desired outcome areas are reductions in: teenage pregnancy, out of school children, maltreatment of children who are not living with their biological parents, heavy work, child beating, and sexual abuse. In regard to children's well-being, the desired outcome areas are increases or improvements in: education, contribution to household activities, obedience, respect, noninvolvement in 'mama en dadi business,' and contribution to family livelihoods.

Collectively, these comprise a mixture of risk reduction and well-being outcome areas that can be used to define precise outcomes and indicators that should form the foundation of measures used to document and track the effectiveness of child protection systems at levels ranging from community level to the district level and the national level. The fact that they were generated by local people means that they are contextually relevant and relevant to the sustainable improvements that people want to see.

An important finding was the divergence of locally defined outcome areas and those which fit international child protection standards and national law. Whereas outcome areas such as participation in education resonated with Western derived outcome areas, most of the outcome areas defined by local people reflect local views of childhood and cultural beliefs, values, and practices that are distinctly Sierra Leonean and that diverge in important respects from those of Western societies. For example, in U. S. society as a whole (particularly among middle class families), it would be quite unusual for people to include in their top six outcomes items such as contributions to household activities or to family livelihoods. This divergence cautions against the use of outsider constructed indicators that local people will likely regard as impositions that are alien, not immediately relevant, and possibly disrespectful of local views.

At the same time, it is essential to view locally defined and other outcome areas and indicators in a critical perspective. For example, participation in education may be regarded as a positive outcome area, yet that would not be a defensible view if children were victims of sexual violence in schools. In addition, the risks identified by local people are by no means the full set of child protection risks that warrant attention. The higher risks associated with being a girl were not mentioned. Consistent with local cultural norms regarding female circumcision and initiation, no participants identified female genital mutilation/cutting (FGM/C) as a harm to girls or young women. From the standpoint of the CRC and the African Charter, and well documented health risks, however, FGM/C is a violation of children's rights and counts as a profound protection risk. Similarly, HIV/AIDS is an important risk to Sierra Leonean children, yet it may not surface in local views of outcomes due to stigma, widespread misunderstandings, or both.

It is important, then, to complement the risk reduction and well-being outcome areas defined in this study with others derived from a careful situation analysis and attention to international child rights standards and national law. Unfortunately, no accepted methodology exists for accomplishing this in a productive manner. To impose internationally defined outcomes on local communities would likely upset people and evoke backlash. A better approach is to introduce outsider defined outcomes through a dialogue-oriented approach and to address issues of harmful traditional practices through a slow, internally guided process of changing social norms. The definition of outcomes is best regarded as an ongoing process in which it is crucial to build community buy-in and ownership, without which national and subnational child protection systems will have limited impact on improving the well-being of vulnerable children.

An important result was the convergence of the findings regarding well-being and the findings of the previous, ethnographic phase of work, which also underscored the importance of education and of children not being involved in ‘mami en dadi business.’ This convergence serves as a source of triangulation that boosts confidence in the findings of each study. Yet the methods were complementary in important respects. The present study used quantitative methods, and having quantitative data on various outcomes made it possible to rank order the outcomes, which would have been more challenging to do using ethnographic, qualitative data alone. Similarly, the ethnographic work identified that education participation can be harmful, a point that did not come out of the more quantitative methodology. The complementary nature of these methods cautions against the use of single methods and suggests the value of a multi-method approach to defining outcomes.

The evidence presented above on preventive factors underscores the primacy of the family as a determinant of children’s well-being. This result fits well with an ecological, transactional framework of child development that emphasizes the importance of social relations and ongoing interactions between children’s behavior and that of people who interact with and socialize children. It also complements the findings from the ethnographic research about the central role played by communities as well in promoting children’s well-being. The important of the family suggests that the development of child protection systems must include steps to support appropriate family care through education, capacity building, and other means. These are key steps toward prevention of abuse and exploitation, which is one of the primary functions of a national child protection system. It is hoped that the definition and measurement of well-being outcomes for children will contribute to this wider agenda of prevention.

## 1. INTRODUCTION

The field of child protection has suffered from having a weak evidence base regarding the effectiveness of various interventions. At present, most child protection agencies adhere to global standards that are based primarily on practitioner expertise and experience rather than on hard evidence.<sup>3</sup> Historically, the monitoring and evaluation function of programming within the child protection has been weak. The absence of a strong evidence base makes for poor accountability since it leaves practitioners in the position of using unproven interventions. An important priority is to develop approaches and standards that are based on systematic, scientific evidence and are less subject to various biases, and that therefore provide a stronger foundation for guiding practitioners' efforts to strengthen practice.

A key symptom of the weak evidence base has been the excessive reliance on process indicators rather than outcome indicators.<sup>4</sup> Process or output indicators such as the number of child protection committees that had been established or the numbers of children engaged in child protection or child rights groups can be useful for monitoring purposes, but they tell us little about whether, at the end of the day, children are discernibly better off as a result of a particular intervention. Questions about whether children's lives have actually improved are better answered by using outcome indicators that relate to children's protection and well-being. Unfortunately, outcome indicators have been used only sparingly in the global child protection sector. A global, interagency review of evaluations of externally facilitated community-based child protection mechanisms that formed the foundation for this research reported that most evaluations had used process or output indicators rather than outcome indicators, thereby making it impossible to determine whether community-based child protection interventions such as child protection committees had made tangible, meaningful improvements in children's lives (Wessells, 2009).

A significant step, then, in the development of the field of child protection is to define and measure child protection outcomes as part of research and evaluations that aim to strengthen practice in the sector. Indeed, this spirit guides the present research, which reflects the backing and investment of diverse agencies, including practitioner agencies. The tasks of defining and measuring outcomes is particularly timely as the child protection sector focuses less on supporting particular categories of vulnerable children and more on strengthening national child protection systems (Davis, McCaffery, & Conticini, 2012). A child protection system may be defined as 'a set of coordinated formal and informal elements working together to prevent and respond to abuse, neglect, exploitation and other forms of violence against children.'<sup>5</sup> A national child protection system includes a wide array of subnational systems such as district or provincial systems and community systems.

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<sup>3</sup> Examples are the *Minimum Standards for Child Protection in Humanitarian Action (2012)*, the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)*, and the *INEE Minimum Standards for Education: Preparedness, Response, Recovery (2010)*.

<sup>4</sup> For a discussion of different kinds of indicators, see Ager, Ager, Stavrou, and Boothby (2010).

<sup>5</sup> Forbes et al. (2011), p. 3.

A fundamental question is how can one determine whether a national child protection system is effective? One cannot assume that because a national system has been engineered by intelligent, well intentioned people, the system will therefore be effective. In fact, many well intentioned systems in sectors such as justice and social welfare are notably ineffective, and some may cause harm. The effectiveness of any national child protection system must ultimately be gauged in terms of the actual outcomes for children whom the system intends to serve. Thus efforts to define and measure the actual outcomes for children are at the heart of the task of building national child protection systems that are effective, cost efficient, and sustainable.

To define outcomes in a productive manner, though, is no simple task. Broadly, there are four main challenges in the definition of child protection outcomes having to do with a deficits focus, the need for population-based outcomes, the quest for culturally appropriate outcomes, and the question of how to balance local views with those of international human rights standards. Each of these is considered briefly below.

### **1.1 Challenges in Defining Outcomes**

Historically, the field of child protection has focused primarily on deficits, that is, on the risks or bad things that happen to children. Although the deficits focus has been useful in galvanizing humanitarian action aimed at reducing child protection risks and responding to violations of child rights, it is too one-sided and tells only part of the story. It makes no more sense to define protection in terms of freedom from risk than it would to define health in terms of freedom from disease. The deficits emphasis has tended to create a reactive emphasis and has downplayed the importance of prevention, which is a fundamental component of child protection work. It has also steered attention away from the positive coping and resilience that many children exhibit even in situations of considerable adversity.<sup>6</sup> Ultimately, work on child protection must simultaneously reduce risks to children and increase children's well-being and resilience. To achieve an appropriate balance, then, it is valuable to define a mixture of risk reduction and well-being outcomes in regard to children. Risk reduction outcomes have to do with reducing the exposure to and impact of protection risks such as family separation, forced displacement, sexual abuse and exploitation, and physical violence, among many others. Well-being outcomes have to do with strengthening protective factors and enabling children's well-being, resilience, and healthy development.

A second challenge relates to the need for population-based outcomes as well as case-based outcomes. Case-based outcomes have featured prominently in work on child protection and have been very valuable in tracking, responding to, and resolving individual cases of abuse, exploitation, violence, and neglect. For example, in regard to family tracing and reunification, a case-based approach has helped to follow up individual children who had been separated from their families and to insure the attainment of the important outcome of their reunification with their biological parents or

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<sup>6</sup> Barber (2009); Boothby, Strang, & Wessells (2006); Boyden & Mann (2005); Masten (2001); Ungar (2011).

extended families. Because they focus on responses to abuses that have already occurred, however, case-based outcomes are responsive in nature and tell us little about prevention and about wider patterns of children's well-being. Even from a responsive standpoint, case-based outcomes are limited in that they cannot provide an accurate picture of the population as a whole. For example, the number of reported rape cases cannot be taken as an accurate measure of the incidence of rape in the wider population since many cases of rape go unreported. Accurate measures of the incidence of rape need to be population based and to discern actual numbers of rapes, beyond the cases that have been reported.

Population based measures are of utmost importance in regard to national and subnational (e.g., district level) child protection systems, which are inherently concerned not only with the numbers of children who are cases but also with the disparity between the number of reported cases and the number of actual violations as well as the well-being of the wider population of children. Population-based measures are also needed in order to move beyond project specific evaluations. As important as the latter are for evaluating the effectiveness of particular interventions, they cannot answer the fundamental question of whether, across projects, there is an improvement children's well-being across many different projects. Attention to population-based outcomes, then, is essential in analyzing the effectiveness of child protection systems.

A third challenge is to define outcomes in ways that fit the local culture and context. Western approaches to psychology and child development have tended to assume the existence of a universal set of child development outcomes across societies and cultures. This preconception has led some researchers to use outcome definitions and measures that have been applied in different societies and are presumed to be universal. The difficulty, however, is that constructs and measures developed in one socio-cultural context may have limited validity in other contexts. At field level, it has not been uncommon to see child protection researchers and practitioners use outside definitions, constructs, and measures that have not been validated and may be inappropriate in a particular cultural setting. This is not only questionable science but also bad practice, as it marginalizes local understandings and may cause backlash from local people who feel that outsider ideas and values are being imposed on them. Child protection outcomes should be defined in a manner that fits the local context and avoids the imposition of outsider ideas by eliciting and building upon local understandings of children and children's well-being.

Although having locally relevant definitions of outcomes is essential, it would be a mistake to romanticize local views and culture. In fact, some local cultural practices may promote children's well-being, whereas others may threaten children's well-being. In this sense, there is a need to balance local views with those enshrined in international human rights standards such as the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Well-Being of the Child (African Charter). 'Balancing' has both conceptual and practical components. Conceptually, it entails using the CRC or the African Charter as a filter to accept appropriate outcomes and to weed out negative ones such as the completion of initiation rituals that entail harmful practices such as female genital mutilation/cutting. Practically, it entails working through a slow,

respectful process of dialogue and problem-solving that aims to enable the change of social norms from within the community. It also entails an initial focus on the problems that are ripe for change, holding those that are most challenging to change for subsequent work. This approach does not entail compromise on rights based programming but entails working in a different manner. It diverges sharply from the widely used approach wherein outsiders define outcomes in terms of the CRC or the African Charter and then impose them on local people through the use of didactic, top-down approaches. The latter approach marginalizes local views and often causes backlash against ideas that seem alien (Behnam, 2011; Wessells, 2009, 2011). In essence, this balancing approach includes a transformational component that seeks to bring local social norms into alignment with the standards of the CRC and the African Charter through a slow, respectful process of social change.

## **1.2 Purpose**

The purpose of this research was to define outcome areas regarding child protection mechanisms and systems that could be used subsequently to guide the construction of outcome indicators and specific outcome measures. The outcome areas were defined in a manner that meets four criteria: (1) combines risk reduction and well-being elements, (2) are population based, (3) are culturally and contextually relevant, and (4) balance local views with those of international child rights standards. Consistent with a grounded approach, the intent was to have the outcome areas be categories generated by systematic, elicitive discussions with local people, staying very close to the exact terms people used. If people generated 'education' as a well-being outcome area, this was accepted as an outcome area that fit with local values and that local people wanted to achieve in regard to children. It was recognized that additional work would need to be done to sharpen the definition of outcomes (e.g., by defining indicators) and to develop systematic measures of the outcomes. In fact, the outcome areas were subsequently used to develop population-based measures of the outcomes for children that will be used in future phases of the research and that could help to measure the effectiveness of child protection systems at sub-national and national levels in Sierra Leone.

This outcomes definition research is part of an inter-agency, grounded learning initiative that aims to strengthen child protection practice in the global child protection sector through research in Sierra Leone and Kenya. As outlined in the box on the following page, the key components of the learning initiative in each country are to (1) document existing community-based child protection mechanisms (CBCPMs) in multiple areas and their linkages with the national child protection system, (2) define population based outcome areas, indicators, and measures for gauging the effectiveness of the subnational and national protection systems, (4) feed the findings back to communities, governments, and agency partners in each country as a means of stimulating reflection and action on strengthening child protection system, (3) systematically test the effectiveness of community owned interventions to strengthen the linkages between CBCPMs and formal, government led aspects of the national child CBCPMs, and (5) use what is learned to strengthen child protection practice at national, regional, and global levels.

The research is part of a wider interagency learning initiative, which also includes the development of a community of practice (see Annex 1). The initiative is funded with generous support from the Oak Foundation, USAID, UNICEF, Save the Children, and World Vision. The initiative is implemented through strong interagency partnerships and overseen by a global reference group (Annex 2). Save the Children serves as coordinator for the initiative and chair of the global reference group, and the Columbia Group for Children in Adversity serves as the technical lead for the research.

### ***The Action Research Design***

The overall research design involves distinct phases of work in each of the three countries, over multiple years.

***Learning About Existing Community Mechanisms.*** This phase aims to identify and learn about the functioning of existing community-based mechanisms using a rapid ethnographic approach and grounded learning orientation.

***Definition of Child Protection and Well-being Outcome Areas.*** This phase, which is the subject of the current report, aims to define population-based positive outcome areas in regard to efforts to protect children. It blends local and outside understandings using a mixture of methods such as free-listing by random samples of children and adults, in depth interviews, and application of international instruments. The outcome areas defined will guide the construction of indicators and measures pertaining to children's risks and well-being. The effectiveness of CBCPMs and of formal protection mechanisms can be tracked over time by ongoing measurement of outcomes.

***Action Research to Strengthen Community-based Mechanisms.*** Using participatory methodology, this phase will test the efficacy of small community-chosen interventions to strengthen CBCPMs by building more systematic, effective linkages with the national child protection system. It involves random selection of comparable communities to receive either immediate intervention or delayed intervention. Rigorous baseline measures of child protection and well-being will be collected, followed by ongoing monitoring and repeated outcomes measurement at 12 and 24 months.

***Feeding Back and Influencing.*** Because the research is action oriented, this ongoing phase will use the information learned to strengthen child protection at multiple levels such as chiefdom level, district level, and national level. Information from the study will be disseminated at several key points to local child protection leaders, who will be invited to reflect and act on the findings. It will also involve influencing and advocacy activities with global, regional and national agencies and groups to take the lessons learned on board.

## 2. METHOD

A mixture of rapid ethnographic and free listing methods were used to define child protection outcome areas in a systematic, contextualized manner. Both methods are well suited to learning about local understandings of risks to children and children's well-being because they combine elicitive, open-ended interviews that bring forward participants' own categories and understandings while avoiding the imposition of predefined child protection categories such as those used by international child protection workers.

Two sub-studies were conducted for purposes of defining risk reduction and well-being outcome areas, respectively. Because these involved different methods and phases of work, they are presented separately below.

### 2.1 Sub-Study One: Rapid Ethnography and Risk Reduction Outcome Areas

As detailed in a previous report,<sup>7</sup> rapid ethnographic methods were used in the period January-April, 2011 to learn about the key child protection risks and responses to them as seen by local people in Bombali and Moyamba Districts. These districts were selected because they were deemed to be representative of different areas of Sierra Leone and they reflected its ethnic, linguistic, and regional diversity.

**Research Sites.** To meet the requirements of the quasi-experimental design of the action phase of the research, the research focused in each district on two similar, nonadjacent chiefdoms that contained three similar pairs of rural villages. Rural sites were of interest in part because Sierra Leone is a predominantly rural society in which agriculture is the dominant means of livelihood. Tables 1 and 2 show the research sites in Bombali and Moyamba Districts, respectively.

**Table 1. Research sites in Bombali District.**

Liebiesayahun Chiefdom	Magbiamba N'dohahun Chiefdom
Mashebra	Pelewala
Sendugu	Robanka
Simbaya	Hunduwa

**Table 2. Research sites in Moyamba District.**

Kombura Chiefdom	Upper Banta Chiefdom
Gondama	Gondoma
Levuma	Mongerewo
Senahun	Morgongbay

<sup>7</sup> Wessells (2011).

**Rapid ethnographic methods.** One of the key questions that the research aimed to answer was “What are the main protection risks or sources of harm to children?” as seen through local people’s eyes. Although numerous methods below addressed this question, it was prioritized in group discussions, which asked participants to identify and rank various risks. Overall, the rapid ethnographic methods included the following:

***Participant observation:*** The field researchers lived in their respective research sites approximately six days a week, typically over a period of two weeks. Visiting schools, sharing meals, and accompanying people to their farms, they made first-hand observations of children in the context of family, peers, school, work, religious practice, and community life.

***In-depth interviews:*** The field researchers conducted one-on-one interviews of approximately one hour duration in the local languages with diverse young people (13-18 years) and adults. The interviews aimed to probe the questions outlined above, yet were conducted in a contextual, flexible 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 open-ended in that they were not strictly scripted, and the researchers had been trained to ask probing questions and to follow the interests of the participants.

***Timelines:*** Timelines were used to learn about how participants viewed the normal child development process and to identify key developmental milestones (e.g., naming, going to school, initiation) and what marks the transition from childhood to adulthood. To learn about children’s roles and responsibilities at different stages of development, questions were asked about the typical activities and responsibilities of children at different ages and the typical progression of development of children over time. On average, timelines took 40-60 minutes.

***Group Discussions:*** Group discussions were researcher-facilitated discussions with 7-10 participants over a period of approximately 90 minutes. In the first part of the discussion, participants identified the things that harm children (other than poverty and health problems) and then ranked them, identifying the three that were most serious.<sup>8</sup> In the second part, the researchers asked questions that identified the two most typical pathways

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<sup>8</sup> By asking ‘which harm was most serious’ or ‘which harm was next most serious,’ the researchers intended to identify which of the harms were of greatest concern to the participants or caused them to worry the most. This phrasing, which was guided by systematic discussion with national researchers and local participants, deliberately reflected a mixture of perceptions regarding the frequency and magnitude of particular harms since this mixture provided the best indication of which harms were of greatest concern on an ongoing basis. In piloting, the researchers had observed that attempts to ask separately about which harms were most frequent and which ones were most severe or damaging did not reveal which harms were of greatest concern. For example, harms that reportedly occurred frequently (e.g., child beating) were often deemed by local people not to be of great concern since the harms were relatively minor in magnitude. Similarly, high magnitude harms such as child rape were not a source of great, ongoing concern since local people saw them as rare occurrences.

and mechanisms of response to each of the top two child protection issues in regard to a hypothetical child. Questions included what happens when threat X arises or to whom do children typically go, who responds, what are the various steps in the support or redress process, who takes the decisions, what are the outcomes, and how satisfied are different sub-groups (e.g., parents, girls) with the outcomes. The discussion participants came from a pre-defined sub-group such as teenage girls, teenage boys, women, and men. Within each subgroup, participants were selected with an eye toward capturing diversity of, for example, socio-economic status and ability status.

***Body Mappings:*** To engage young children and learn about their perspectives, the researchers conducted body mappings (typically for 30-45 minutes) with small groups of children 5-13 years of age. In this method, 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 say since the intent was to avoid exploring the child’s own, possibly painful experiences. Also, talking in depth with young children requires specialized skills and very keen ethical sensitivities, the development of which requires more than a two-week workshop.

***Key Informant Interviews:*** In villages, in depth interviews were conducted with Chiefs and child protection workers (e.g., Child Welfare Committee members, NGO workers, social workers) in order to learn about their views of child protection threats in their villages; the various mechanisms (e.g., traditional or indigenous mechanisms, Child Welfare Committees, NGO facilitated mechanisms; government mechanisms) that may or may not be present in their villages; and the linkages of community mechanisms with the national child protection system.

A brief description of the use of these methods follows, though readers are encouraged to consult the full report of the rapid ethnographic phase for a complete description.

Preparation for the research included meetings with Paramount Chiefs and appropriate Section Chiefs and Village Chiefs, as well as District Council Members and Social Workers, to demonstrate respect, explain the purpose of the research, and gain support for the research activities. Consistently, people were supportive of the research, and local leaders commented on how unusual it was for researchers to want to learn about local people’s understandings and efforts to protect children. Prior to the data collection, a two-week workshop was conducted by lead national researchers and international researchers to prepare the research team to collect data and to field test and finalize the various tools.

The research was conducted by a team of eight Sierra Leonean researchers, who spoke the appropriate local languages. In each district, a team leader oversaw the work of three researchers who each lived in a particular village for a period of approximately two weeks. During the first week, the emphasis was on group discussions, participant observation, timelines, and body mapping, whereas in the second week, greater emphasis

was placed on in-depth interviews. This approach facilitated the development of trust since it enabled villagers to get to know the researchers before the in-depth interviews had begun. Because it engaged large numbers of people early on, it helped to prevent suspicions that particular people were being targeted and that others were being left out. Typically, in a village there were three group discussions, 15 in-depth interviews, 8-10 timelines, and 4 or more body mappings. In these activities, the researchers kept near verbatim records, and they were instructed to use in their reports the terms and idioms that local participants. For example, if participants spoke of 'heavy labor' as a harm to children, the researchers were asked to record the term 'heavy labor' rather than inserting an international term such as 'child labor.' As the researchers worked, they were visited frequently by their respective team leader, who checked the quality of the data and provided mentoring and suggestions for improvement.

**Participants.** The participants were people from the 12 villages identified above. A systematic effort was made to include people who are positioned differently with the communities. Instead of using convenience samples, the field researchers observed who lived on the margins of the community and reached out to people who were exceptionally poor even by Sierra Leone standards. The researchers made a deliberate effort to include both adults, who often comprised the child protection mechanisms, and children, who are agents of their own protection as well as beneficiaries of protection mechanisms. Special attention was given to working with women and well as men and with girls as well as boys since many of the protection risks and mechanisms have important gender components.

**Ethics.** The researchers were bound by Save the Children's Child Safeguarding Policy as adapted for purposes of this research, and ethical issues were discussed at length during the preparatory workshop. Informed consent was obtained from all participants using verbal methods that were appropriate in areas that had low levels of literacy. To protect confidentiality, names or other identifiers were not included as part of the research records. For purposes of enabling trust and minimizing stress, general questions about risks or harms to children and other questions were asked. No one was asked about the risks to particular individuals or to their own children. Care was taken to avoid raising expectations, as the research was framed as an effort to learn about how local people understand and protect children. To avoid association with particular NGOs, which might have been seen as venues for delivering aid, the researchers presented themselves as part of the Columbia Group for Children in Adversity. Throughout the research, the team leaders cultivated ethical awareness and encouraged a stance of critical self-reflection.

**Analysis.** Working with the Lead National Researcher and the Moyamba Team Leader, two international researchers (Kostelny and Wessells) analyzed the data using a grounded methodology.<sup>9</sup> In an intensive process that included 55 person days, the two researchers read and reread the entire data set in a holistic manner until natural categories (e.g., types of child protection risks) and consistent patterns (e.g., pathways of response to particular risks) emerged. It was not assumed that there would be emergent common categories at any particular level (e.g., the district level). Rather, common categories and

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<sup>9</sup> Charmaz (2004); Strauss & Corbin (1990).

patterns were defined inductively, that is, by observing them at whatever levels they appeared. These categories and patterns were checked through discussion among the researchers, and revisions were made as necessary. The analysis sought equally to identify diversity in the categories and patterns of response.

**Limitations.** Since this research was conducted in rural sites only, it is impossible to tell whether similar risks would have been identified in urban sites. Because the research was conducted in only two of 14 districts, one cannot conclude that the results apply throughout the country. The research was also limited in its focus on perceptions. Although this focus was appropriate for learning about people's views, values, and practices, it does not provide information on the actual incidence rate of different risks or harms.

One of the most significant limitations of the research was its short time frame. Even with the extensions mentioned above, research conducted over a period of several weeks can go only so deep and cannot provide the thick descriptions that would be derived from ethnography conducted over a period of years. It was not possible to document the wider cosmology and practices of the participants, and this made it difficult to achieve the rich, highly contextualized picture that would have emerged from a longer study. In addition, the methodology did not permit the tracking of the actual incidence of the various risks identified. Limitations arose also from the collection of data by field researchers who were not professional ethnographers. The field researchers' ability to learn diverse methods rapidly and to collect rich, useful information under challenging conditions was impressive. Understandably, however, they sometimes missed opportunities to probe on particular issues and also made errors such as inserting their own language (e.g. 'child labor') into the transcripts that were intended to capture the exact words of the participants.

Language was also an issue in some villages, particularly in the three villages in Bombali where people spoke mostly Loko. In these villages, it was possible to conduct most interviews and discussions in Krio, although a small number of interviews had to be done via translation. The translators were local people with whom the researcher for a particular village had established a relationship of trust. Care was taken to explain the necessity of capturing the participants' exact words and idioms and of avoiding the insertion of one's own terminology or summary interpretations. Nevertheless, some loss of meaning or accuracy is likely in working through translation. Aside from language, it is possible that outside researchers missed subtle nonverbal responses associated with gender dynamics.

## **2.2 Sub-Study Two: Free Listing and Well-being Outcomes Areas**

The second sub-study, which was conducted May - July, 2011, focused not on deficits but on well-being outcomes that reflect resilience and are useful in preventive aspects of child protection work. Its strategy was to ask representative samples of people in the participating communities identified above to imagine a boy or girl who is doing well and to identify the things that indicate that the child is doing well. A second facet of the

strategy was to identify local protective and preventive strategies by asking what had made it possible for a child to do well in life.

**Research Sites.** The research was conducted in the twelve villages identified above.

**Sampling.** In order to triangulate and cross-validate our findings and also to contrast the perceptions of different subgroups, four sub-populations of interest were defined: adult men, adult women, females aged 13-17 and males aged 13-17. The researchers conducted approximately 50 interviews for each sub-population of interest across each district, providing a total of 409 interviews. This provided fully powered samples for each district, and allowed the team to determine whether there were similarities and differences across districts. The sample characteristics are summarized in Table 3.

**Table 3. The distribution of interviewees by age and gender.**

Age	Gender		Total
	Male	Female	
Children (13-17 years)	84	84	168
Adults (18 and over)	132	109	241
<b>Total</b>	93	35	<b>409</b>

For each village, the team employed systematic random sampling in which the sample size was proportionate to the population. Based upon the number of households within the village, a sampling interval was determined. Sampling involved random selection (using a random number sequence) of one of the first houses within the sampling interval. Interviewers then went to every nth house after that house (n representing the sampling interval for a particular village), following the lines of houses through the village, until the village had been fully covered. Researchers repeated this process four times, based on the sub-population being sampled. If no eligible person was available for interview at a selected household, the interviewers noted this and passed to the adjacent house. If no eligible person was present at three consecutive houses, interviewers passed to the next household indicated by the sampling strategy.

**Interview Protocol.** The brief ethnographic interviewing method was originally developed by Jon Hubbard<sup>10</sup> for use by NGO's providing psychosocial and mental health interventions. Its aims were to enable workers to (1) gather information quickly and systematically about needs, problems, beliefs and strengths when implementing programs with new populations or communities, and (2) develop culturally relevant indicators for evaluating the effectiveness of psychosocial and mental health interventions. The technique involves using a brief semi-structured interview, framed around a question, to systematically collect information on a specific topic of interest from a community or population. The question should not be leading, that is, it should not incline the participant to respond in a particular manner. The responses (each listed item) collected with the interview become 'data' which can be summarized through a variety of human

<sup>10</sup> Hubbard (2008).

and/or statistical means to identify common underlying themes. Since its initial use, the method has frequently been used to collect information on a broad range of communal concerns and forms of resilience.

In the present research, the interviewer began by asking an individual participant to think of a child who is ‘doing well’ (see Annex 3). The interviewer clarified that the child did not have to be doing the best in the village but is a child who is doing satisfactorily. Participants were not asked to disclose the name of the person they were thinking about. This helped to avoid problems of confidentiality and also allowed the interviewees to describe more freely the person they had in mind. Once a participant said she had in mind a child who was doing well, she was asked to disclose the gender and approximate age of the child. In a single interview of approximately 45 minutes, participants were asked to provide information on two children from four sub-categories: boys aged 5-12 years; boys aged 13-17 years; girls aged 5-12 years; and girls aged 13-17. Table 4 shows the distribution of data by the age and gender of the imagined child.

**Table 4. The distribution of data (listed responses) for imagined children by age and gender.**

Age	Gender		Total
	Male	Female	
5-12 years	846	828	1674
13-17 years	682	716	1398
<b>Total no. of responses</b>	<b>1528</b>	<b>1544</b>	<b>3072</b>

Once the interviewer had recorded the age and gender of the child in question, he or she asked ‘*How can you tell that this child is doing well?*’ Information was recorded verbatim on data collection forms, and interviewers probed for additional ways the respondent knew a child was doing well until at least four responses had been given. Researchers frequently probed for additional details on each of the responses to make sure that they had a clear understanding of the indicators of well being that the participant was conveying. For example, if a participant said “she does domestic work,” the interviewer would probe for a more specific response such as “she takes pride in her home and keeps it very clean by sweeping and washing every day.” Frequently asked probing questions included “Please tell me what X [e.g., domestic work] means or involves” or “Please tell me why X [e.g., domestic work] is important.”

In some cases, the answers to probing questions led the researchers to revise their naming of an item. For example, if a participant suggested initially that a young girl is well if ‘she is serious’ and the probing questions then revealed that seriousness meant being serious in school, doing one’s homework for school, and learning well in school, then the item was amended for purposes of accuracy to ‘she is serious in school.’ When such amendments were made, however, the researchers asked the participants whether the amendment was acceptable. Also, the researchers avoided inserting their own words and used the participant’s words.

After the participant had offered four clear responses regarding a particular child, the interviewer would ask the participant to select which of the four indicators of well being was the most important, and the interviewer recorded this information on the data collection form. At the end of the exercise, the interviewer also asked the participant ‘Why do you think some children do well but not others?’ as a means of learning about coping strategies and communal practices that enabled prevention and protection. Again, the interviewers recorded the responses verbatim on the data collection forms.

**Research team.** The Sierra Leonean research team consisted of the Lead National Researcher, Dora King, who also served as the Bombali Team Leader; the Moyamba Team Leader, David Lamin; and five local researchers who spoke the local languages and understood the local context. Gender balance was an important consideration in the research design and the construction of the research team since gender mismatches and power imbalances between the interviewer and the interviewees could have been a source of bias. Of the total of seven researchers, three were female.

Due to some of the language challenges encountered in the ethnographic phase of the research, additional national researchers were sought out to meet the language needs of the data collection in Bombali District during this second phase of work. The fact that several team members had been involved in the earlier phase of the research helped to build trust with community people and mean that some researchers had already had received extensive training in child protection research methodologies.

Following training, the researchers divided into two smaller teams based on their language skills in order to simultaneously collect data in each of the districts. The Bombali Team Leader and the Moyamba Team Leader, respectively, oversaw the two teams’ work. These Team Leaders monitored data collection, supported sampling procedures, ensured adherence to the ethical protocol, and made quality assurance checks of the data at the end of each day. International researchers from the Columbia Group for Children in Adversity provided training on the methodology, oversaw the pilot phase of the data collection, devised the sampling strategy, trained sorters in the data analysis process, and were available as stand-by support for the teams for any problems encountered during data collection.

**Training.** A four-day workshop was conducted in Moyamba, May 11<sup>th</sup>-14<sup>th</sup>, 2011, for purposes of training the research team on the brief ethnographic interview methodology. The Columbia Group for Children in Adversity led the training, which was supported by the two Team Leaders. The workshop provided an overview of the wider action research, and it situated the purpose and scope of the current phase of research within the overall process. Next, the workshop introduced the methodology and its use in other settings, and reviewed the draft research instruments and protocol. Following this session, the team engaged in extensive discussion of the framing of the main question of interest (designed to elicit understandings of child well-being in the Sierra Leonean context), and the most appropriate wording to use in Mende, Temne, Krio, and Loko in order to enable participants to understand the question clearly and elicit rich responses. Sub-groups who

were fluent in a particular language decided how to ask the question clearly and translated the interview protocol into that language.

The workshop made extensive use of role plays, group problem-solving discussions, and reflections on possible ethical dilemmas that might arise during the fieldwork. The lead researchers and the research team collectively reviewed the process of informed consent, identified strategies for ensuring adherence to the ethical principles, and planned for effective, ethical data management and record keeping. Extensive time was spent on field testing wherein the researchers traveled to a nearby village and practiced the sampling process by mapping out a village, determining the sampling interval, and identifying which houses to approach, just as they would have done in the subsequent collection of the actual data. This field testing also provided valuable checks on the appropriateness of the question and the interview protocol.

By the end of the training, the researchers understood the purpose, phases, and methodology of the outcomes research, how the data would be analyzed, and their own roles and responsibilities. They demonstrated appropriate skill in using the tools and in recording quality data, and also showed awareness of the gender dynamics and ethical issues associated with this research and ability to make sound decisions in regard to these issues.

**Data Collection, Recording, and Review.** Upon completion of an interview concerning two different children, each researcher was responsible for transcribing four responses (e.g., ‘she goes to school’) about well being for each child. Each response was transcribed onto the front of a single note card together with details such as the age and gender of the child under discussion and the age and gender of the participant. Thus for each child discussed in an interview there were four cards. Additional descriptive details provided by the participants were transcribed onto the back of each card. Each characteristic or reason for well being thus became its own piece of data. Those statements selected as the most important were indicated with a star in the corner of the note card. Because each interview discussed two different children, there were eight cards for each interview.

Interviewers typically conducted 4-7 interviews per day. In both Moyamba and Bombali, the Team Leaders monitored the work of each field researcher by regular direct observation and review of his or her cards. In a small number of cases, the Team Leader’s review indicated a problem had occurred in the data collection, and in one village, some of the data that had been collected were lost. In these cases, the data collection process was repeated until appropriate levels of data quality had been attained. The data were organized, entered, and cleaned by a Columbia University research assistant, who frequently reviewed the data with the lead researchers and the national team as an additional quality assurance check.

**Ethics.** The same research ethics checks and processes that had been employed in sub-study one were used in the present sub-study.

**Data Analysis.** Once the responses had been transcribed, examined and cleaned, they were ready to be organized into meaningful groups that reflected common themes or dimensions using a simple but robust sorting process. Three individuals – the two Team Leaders and the Columbia University research assistant – completed their own separate sorting exercise to decide which cards should be grouped together. In sorting the cards, each sorter divided the cards on an inductive basis into natural groupings or categories such as ‘education.’ The three sorters then reviewed together their individual sorting and discussed areas of consensus and disagreement. While this process was time consuming, it offered some important advantages. The team was able to compare the piles or categories of items created by different individuals to see whether common categories or domains emerged. This served to assess the reliability of the compiled data.

Following discussion and review of the separate sortings, the three sorters completed a final sort of the responses together resulting in a consensus that was informed by their experiences with the data during the initial individual sorting. Category enumeration and frequency counts were then used to summarize the results. Separate group sorting and frequency analyses were completed for each chiefdom in order to capture the nuances of the items pertaining to particular chiefdoms and enable comparisons across the different chiefdoms. Similarly, separate sorting were made for different sub-groups of imagined children in order to examine, for example, whether girls aged 5-12 had different indicators of well being than did boys aged 5-12.

The data on preventive factors was analyzed separately by a single analyst (M. Wessells) due to limits on time and funding. Following a grounded analysis approach, the data were read and re-read until natural categories emerged. Items were assigned to those categories whenever they seemed to fit. Otherwise, they were left on their own. The main emphasis was on discerning the dominant categories and any variations within them.

**Limitations.** This sub-study entailed the use of single, brief interviews to identify people’s indices or indicators of children’s well-being. As such, it did not achieve the depth of understanding on child well-being outcomes that might have been attained through a much longer study, although the method was used in tandem with an ethnographic process that provided rich data and a context for understanding what participants said. The data were also limited by variations in the expertise and patience of the interviewers. In a small number of cases where the interview seemed rushed or the data seemed incomplete or inaccurate, interviews were redone in order to maintain a reasonable standard of data quality.

Although the study used random sampling, which likely included children from different socio-economic backgrounds and some of the mostly highly vulnerable children, the study was not designed to disaggregate data by socioeconomic status or level of vulnerability. Because the study focused on rural communities in two districts, it did not examine a representative national sample. It did not collect data from urban areas such as Freetown (the capital city), where nearly one third of Sierra Leoneans live. Also, it did not use statistical methods of checking inter-rater reliability, although it did achieve high levels of inter-rater consistency by means of a group discussion and consensus

approach. However, the analysis of the preventive factors was limited by having only a single analyst.

### 3. RESULTS

#### 3.1 Risk Reduction Outcome Areas

The four main child protection risks, which local people referred to as the ‘most serious harms to children,’ were: teenage pregnancy, out of school children, heavy labor, and maltreatment of children who are not living with their biological parents. Since local people saw these as harms in themselves that are important to reduce in order to protect children, they are referred to here as risk reduction outcome areas. Each of these is described briefly below, and additional details on the meanings of the local terms and the key findings may be obtained from the full report on the rapid ethnographic work.

**Teenage pregnancy.** Teenage pregnancy was a widespread, variegated problem that reflected a mixture of consensual sex, and sexual exploitation<sup>11</sup> and abuse. Consensual sex usually involved relations with boyfriends, many of whom were classmates of similar age or a few years older. Adults viewed teenage pregnancy that resulted from consensual sex as a problem only when it occurred out of wedlock, yet most girls (and boys) did not regard pregnancy out of wedlock as a problem. Pregnancies out of wedlock also occurred through exploitative sex with older men. Such sex was not uncommon and was associated with material benefits such as obtaining nice clothing or getting one’s school fees paid. Sexual abuse occurred in several ways, one of which involved mothers ‘sending’ their daughters for purposes of material gain, often with a promise of marriage, to men who then ‘virginated’ (raped) them.

**Out of School Children.** The participant observation indicated that significant numbers of young people who were of school going age were out of school. Local people saw this as problematic since families expected their children to participate in school as a means of improving their ability to help their families and lift them out of poverty. Also, being out of school put children at increased risk of teenage pregnancy, associating with negative peer influences, and related problems.

Both children and adults said that many children did not attend school because the schools were located too far away and children did not like having to walk long distances, in some cases five or more miles, to get to school. Many children did not attend school because their parents could not afford to pay school fees and other school related costs. Also, some families required their children to work on their farms rather than go to school. Many children dropped out of school because they engaged in heavy work and were too tired, sick or otherwise unable to go to school. Similarly, children in Moyamba were often sent to live with uncles and others who elected not to send the children to school, making them work instead. Many girls dropped out of school after they had

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<sup>11</sup> Local people did not use the term ‘sexual exploitation’ but talked frequently about how girls engaged in sex in exchange for material benefits or money. Because such exchanges were exploitative and based on unequal power relations, it seems appropriate to speak of sexual exploitation. It is important to note, however, that the girls themselves typically viewed the exchanges as a means to an end rather than as exploitative.

become pregnant, which happened frequently following initiation into the secret society (Bondo Society).

Other factors that led children to being out of school included maltreatment at school, for example, through beating by teachers, and being subjected to teasing and discrimination. Widespread polygamy also played a role, as mothers typically sent their biological daughters to school, whereas they were likely send other daughters of the same husband who lived in their compound to work rather than to school. Some adults believed that children were out of school because they engaged in bad behavior such as gambling. When leaving school was due to children's own decisions, adults tended to attribute such decisions to the children not having developed proper values or behavior, describing them as "stubborn and "not serious." In contrast, children pointed out the significant hardships and stresses that they and other children encounter each day.

#### **Maltreatment of Children Who Were Not Living with Their Biological Parents.**

Although this issue was of significant concern in both districts, it was of greater concern in Moyamba, where significant numbers of children lived not with their biological parents but with uncles, aunts, or other extended family members. If both parents had died, for example, the children were taken in by extended family members of the parents, typically the father's. Also, because most rural communities had no secondary school, teenagers who wanted to continue their education typically had to migrate to a chieftom headquarters town or a larger town of some other kind. There, they lived either with extended family or with people not from the same biological family who promised to enable the young person to go to school. Discrimination in such situations was quite common, and the 'new' children in the household were expected to do extra work. Often, such children were subjected to maltreatment such as food deprivation and beatings, and they frequently lacked access to the education.

**Heavy work.** Heavy work, which was an issue primarily for boys, frequently consisted of demanding and unpaid tasks such as cleaning the land for their families in preparation for planting. Although some children who engaged in heavy work viewed it as a contribution to their family, participation in heavy work was associated with a variety of problems. For example, older children were often sent to live with relatives in another town as a means of gaining access to either a junior or senior secondary school. Extended family members typically expected children to work in exchange for food and housing while they attended school. However, some extended family members provided them with neither food nor access to school and only demanded that they work. Engagement in heavy work was identified as one of the leading causes of children either not being able to learn or being out of school altogether.

Children and adults often held different views of what constituted heavy work. Boys and girls as young as six years of age often collected water for their families by carrying a five-gallon jug of water on one's head. Whereas adults tended to see such activity as a chore and a means of helping the family, young girls and boys sometimes said that carrying such heavy loads hurt their neck and head.

**Additional risks.** In addition to these main risks, participants also identified numerous harms that were of lesser concern. These included child beating; cruelty; incest, rape, and sexual abuse; neglect and bad parenting; witchcraft, abduction and ritual murder; and child rights. Of these, child beating and criminal offences such as cruelty and rape or other sexual abuse of children were high in magnitude yet were judged to be less ‘serious’ since they were seen as occurring infrequently. In light of the impact they likely have on children, these offences deserve consideration as areas that are ripe for measurement and monitoring in work on child protection. The selection of issues according to ripeness is intended to avoid excessive imposition of outside agendas and to avoid backlash of the kind that has been evoked by ‘child rights.’<sup>12</sup> Local people viewed child rights as having weakened parental authority by having eliminated the option of physical punishment for bad behavior and by having taught children that they have rights, without having placed equal emphasis on their responsibilities. The resulting backlash was not a product of child rights themselves but of the top-down manner in which agencies in Sierra Leone taught child rights to young people as a means of implementing the 2007 Child Rights Act.<sup>13</sup>

Child beating is widespread in Sierra Leone, where most parents believe that corporal punishment is necessary for teaching children respect and appropriate behavior and values. Although child beating is a social norm, it was evident that some people did not support it. In body mappings, children themselves often identified corporal punishment as something they disliked. Some adults, too, argued that corporal punishment harms children and damages relations between parents and children. This diversity of views, together with discussions with key informants, suggests that corporal punishment is currently a topic of discussion and debate within rural communities and chiefdoms of Sierra Leone and is an area that is ripe for social change. Thus it seems appropriate to identify reduced corporal punishment as a desired outcome.

Discussions with key informants such as child protection workers with various NGOs, Government Social Workers, and Family Support Units (FSUs), which include both a social worker and a member of the Sierra Leone Police, indicated that criminal offences such as child rape and cruelty occur in all chiefdoms. The national law mandates that these offences must be reported through the FSUs, which are part of the government led parts of the national child protection system. Numerous informants, however, said that in the past, chiefs have attempted to settle such issues through customary law and other traditional processes and have not gone through the FSUs. Similarly, the data from the ethnographic phase showed clearly that overwhelmingly, people reported harms to children, including those that are criminal offences, through family and chiefdom mechanisms rather than through FSUs. However, this area seems ripe for change since the Paramount Chiefs and the Ministry of Social Welfare Gender and Children’s Affairs recently signed an MoU stating that criminal offences will be reported to the FSU. In light of the backing of the Paramount Chiefs and the prospects for change, it seems appropriate to add to the list of desired outcomes the reduction of child rape and child

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<sup>12</sup> Behnam (2011); Wessells (2011).

<sup>13</sup> Wessells et al. (2012).

cruelty, with reporting of such offences through FSUs as a valuable intermediate outcome.

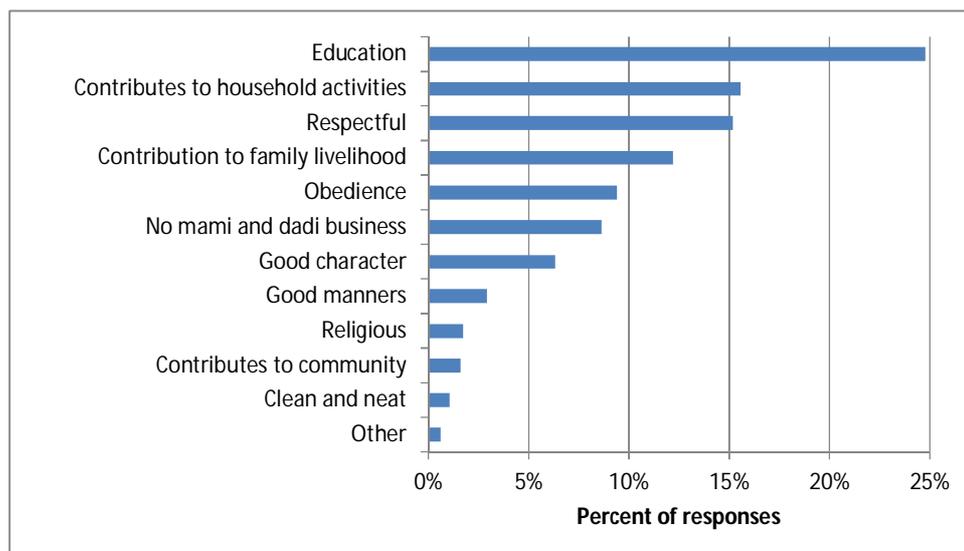
In summary, then, the results suggest that the risk reduction outcome areas include the following: teenage pregnancy, children out of school, maltreatment of children not living with biological parents, heavy labor, child beating, child rape, and cruelty.

### 3.2 Well-Being Outcomes

The main well-being outcome areas identified overall by children and adults were education (e.g., school attendance, effort), contribution to household activities (e.g., doing household chores), obedience (e.g., following parents' requests and orders), respect (e.g., greeting elders and others in an appropriate manner), not involved in '*mami en dadi business*' (i.e. sexual activity), contribution to family livelihoods (e.g., helping with farming or the family business), good character (e.g., does not step out of line), and good manners (e.g., greets her parents in the morning).

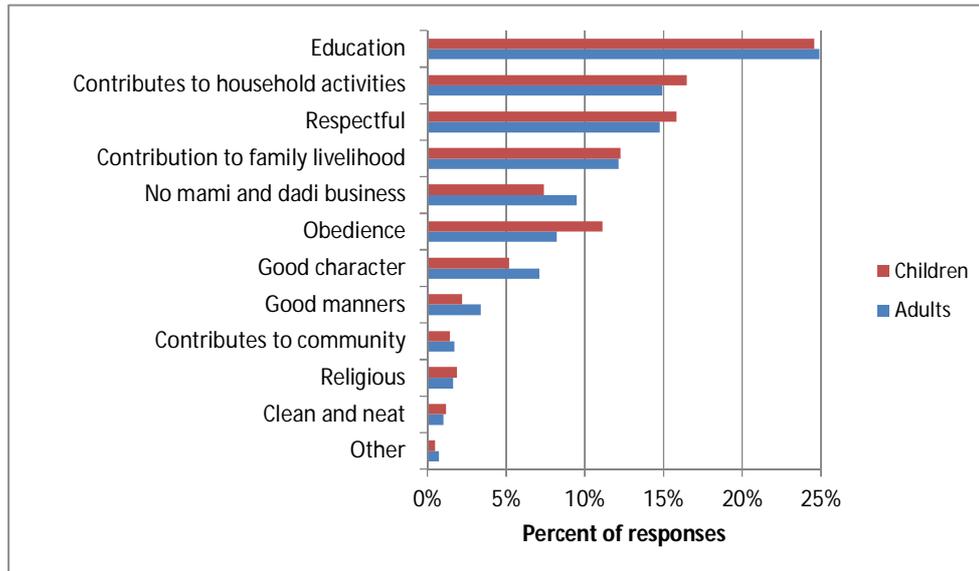
Figure 1 shows the percentage of the overall data (one listed item served as one piece of data) that were sorted under each of the main categories. Education was by far the most frequently mentioned category, within which participants frequently cited aspects such as effort, attendance and performance as important. The second most frequently mentioned outcome—contribution to household activities—included aspects such as doing chores, fetching water and sweeping the family compound. Following those top two outcomes were a group of four outcomes: respect, contribution to family livelihoods, obedience, and not involved in '*mami en dadi business*.' These were close in regard to the frequency with which they were mentioned.

**Figure 1. Outcome areas identified by the respondents.**



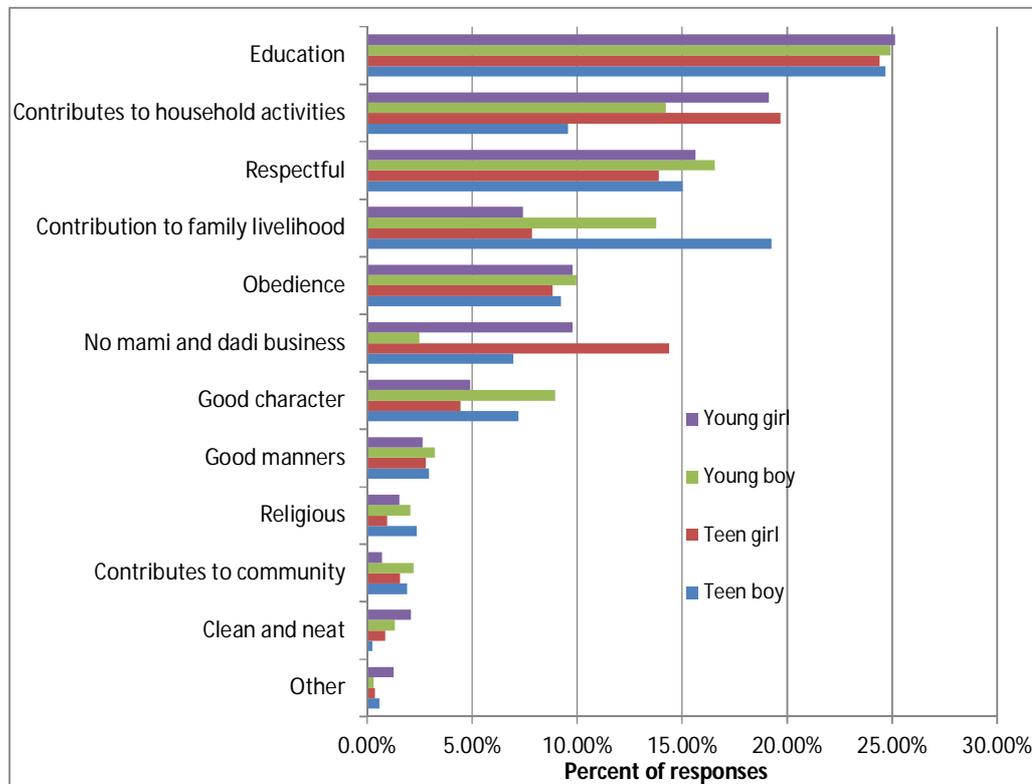
As shown in Figure 2, the distribution of outcome areas for children and adult respondents was highly similar. There were also no discernible differences in response by gender (see Table 8 in Annex 4).

**Figure 2. Outcome areas identified disaggregated by the age of the respondents.**



The data were also analyzed by the gender and age of the children who were envisioned. There was one overall effect of the gender of the envisioned child. When an older girl had been envisioned, participants were more likely to cite ‘*not involved in mami en dadi business*’ as an outcome than when an older boy had been envisioned. Interestingly, participants more frequently cited this outcome for younger girls (5-12 years) than for older boys (13-17 years). The gender effect was also seen in relation to the outcomes of contributing to household activities and contributing to family livelihood. When girls were envisioned, participants more frequently cited contribution to household activities and when boys were envisioned, participants more frequently cited contribution to family livelihood.

**Figure 3. Outcome areas disaggregated by the age and gender of imagined child.**



When the data were further disaggregated by district, numerous effects of variables such as age and gender of the child were visible. In Moyamba, for example, the participants rated ‘*not involved in mami en dadi business*’ as an outcome more frequently for older children than for younger children. Also, when young males were envisioned, female participants identified ‘contribution to household activities’ and ‘obedience’ more frequently than did male participants. In turn, the male participants were more likely than women participants to list ‘contribution to family livelihoods’ as an outcome in regard to young boys. In addition, although ‘contribution to household activities’ was listed as an outcome area less often for older envisioned children than for younger envisioned children, this decrease was greater when the envisioned child was a male. However, these variations did not occur consistently in Bombali.

Across chiefdoms, there were variations in the relative frequencies with which particular outcome areas were mentioned (see Table 5 for a summary and Annex 4 for additional details). In Kombura and Upper Banta Chiefdoms, being respectful was ranked second, above contribution to household activities, whereas in Magbiamba N’dohahun and Lebiesaygahun, the opposite pattern was visible.

**Table 5. Top outcome areas ranked by frequency in the four chiefdoms.**

<b>Rank</b>	<b>Magbiamba N'dohahun</b>	<b>Lebiesaygahun</b>	<b>Kombura</b>	<b>Upper Banta</b>
1	Education	Education	Education	Education
2	Contribution to household activities	Contribution to household activities	Being respectful	Being respectful
3	Contribution to family livelihood	Contribution to family livelihood	Contribution to household activities	Contribution to household activities
4	Being respectful	Being respectful	Contribution to family livelihood	Not involved in 'mami en dadi business'
5	Obedience	Obedience	Good character	Obedience
6	Not involved in 'mami en dadi business'	Not involved in 'mami en dadi business'	Not involved in 'mami en dadi business'	Contribution to family livelihood

Also, contribution to family livelihoods was ranked higher in Magbiamba N'dohahun and Lebiesaygahun than in Kombura and Upper Banta. Despite these differences, however, there were remarkable commonalities among the top six outcomes across the four Chiefdoms.

### **3.3 Preventive Factors**

In order to identify diverse factors that underlie children's doing well and that may be thought of as preventive factors, participants were asked 'Why do some children do well in life but not others?' Through dialogue with national researchers and field testing, this question had been designed to tap into people's tacit theories about what enables children to develop good behavior, values, and social relationships, that is, to achieve well-being in realms other than those related to poverty and health. In contrast, questions such as 'What enables a child to do well?' tended to elicit ideas related mainly to health and wealth. The question 'Why do some children do well in life but not others?' was preferred because it left room for participants to discuss health or wealth considerations and also the wide array of other factors that could prevent harms to children and enable children's well-being.

Across boundaries of gender, geographic location, and age, the preventive factors fell broadly into two main categories: those related to children's social environment and those related to children's qualities, attitudes, and behavior patterns. These are summarized in the box on the following page. As discussed below, participants emphasized the interaction between these and other factors in determining whether children develop well or poorly.

### Summary of Preventive Factors

#### *Environmental Factors*

- Good family care—provide necessities, teach good behavior and respect, establish discipline, pay school fees and encourage children to study, monitor the children
- Wealth
- Positive peer group
- Community support

#### *Child-related Behaviors or Characteristics*

- Listen to the advice of elders
- Obey their parents
- Show respect to other people
- Are 'serious' or hard working
- Abstain from sex
- Help their parents
- Are 'clever' or intelligent

With regard to children's social environment, participants consistently identified the family as the primary external determinant of whether a child did well or poorly. Put simply, children who had good family care were seen as more likely to do well than did children who did not have good family care. Good care included providing necessities such as food, shelter, and health care; teaching good behavior by setting a positive example and disciplining the child if necessary; teaching and demanding respect for parents and elders; paying school fees and providing encouragement to study; and monitoring children to make sure they did not engage in sexual activity or other forms of bad behavior. These considerations were evident in the narratives of teenagers as well as adults.

*Some children cannot do well because they do not have parents. Those that have parents do well more than those children. (18-year-old male, Bombali)*

*It is the way that the parents care for their children. There are certain things that are done to certain children which is not done to other children. Therefore those that do not have become discouraged. (37-year-old female, Moyamba)*

*Parents should train children well. A parent who trains the child with good manners and also teaches him to work hard is a good parent and the child will prosper. (17-year-old female, Moyamba)*

*The home determines the child to do well than others. The way people take care of and encourage their children and show love to the child. (48-year-old male, Bombali)*

Wealth was identified as an important enabler of family support.

*When the child's parents are rich. - the parents can provide basic needs of the child such as food, shoes, clothes and also some learning materials such as textbooks, school fees and pocket money for the child so that he will not struggle to survive. (14-year-old male, Bombali)*

Conversely, poverty was frequently identified as a significant limitation on the ability of the family to care properly for children. For example, participants indicated that children from poor families went to school hungry, thereby limiting their performance. Also, they noted that some families were so poor that they were unable to take their child to a hospital in times of illness, and others had their children stay out of school in order to help the family do its work.

Peers were identified as a secondary environmental factor that influenced whether children did well or poorly.

*It depends on the home and the kind of upbringing that is given to them by their parents. Also peer group influence is a major reason, some children copy bad behavior from their friends. (47-year-old male, Moyamba)*

*When the peer group of the child is good - when the child makes friends with children that are focused on education and good activities, that will help shape the child's character. (30-year-old male, Bombali)*

*Peer group influence - a child can do well without bad peer group influence. (Female Key Informant, Bombali)*

Wider, community influences were seldom mentioned, although as discussed below, participants frequently cited the importance of demonstrating respect to elders. Also, in the full ethnographic study conducted earlier, support from community leaders such as the Chief, teachers, religious leaders, and others emerged as highly important.

Some participants cited religion as a significant influence.

*Those who are close to God will do well in life. God decides our destiny and will help us in whatever we do. (16-year-old female, Moyamba)*

*When God says that a child will do well, that child will surely do well. (36-year-old man, Bombali)*

*If you are close to God, God will direct you to become a good person. (17-year-old female, Moyamba)*

Because of the brief nature of the interview, it was unclear whether these views were fatalistic, were assertions that God lay behind the other factors, or expressed the importance of being close to God.

Participants also stressed the importance of children's qualities, attitudes, and behavior patterns. Both teenagers and adults said that what determines whether children do well or poorly is whether they listen to the advice of elders; obey their parents; show respect to other people; are 'serious,' that is, hard working and focused; abstain from sex; help their parents; and are 'clever' or intelligent.

*When they respect elders; because if the child does not respect elders, he will be cursed but if he respects elders, he will be blessed. He should never refuse when sent by elders. When the child is serious with his schoolwork. He pays attention to what the teacher teaches in school. He respects his teacher in school, works for the teacher, fetches water when she does not have money to pay the teacher for practical work in school and works in the farm just to gain marks for her practicals. After school, she comes home and studies and when there is no kerosene, she always torments her father to provide for her studies at night. (15-year-old male, Moyamba)*

*Children that listen to their parents do emerge successful in life as opposed to those who do not do that. Children who show respect to elders are liable to succeed in life than those who disrespect elders. Those children who take education as their priority can succeed in life than those who think otherwise. (55-year-old woman, Bombali)*

*Some children are very playful in school that is why they don't do well. Some children don't like school but bush work that is why they don't do well. Some children listen to their parents that is why they do well than others. (15-year-old female, Moyamba)*

*When the child is clever in school - the child should always make sure he falls between the first five positions in class and not fall below the class average. The child should make sure he passes all his test papers with high marks. (14-year-old female, Bombali)*

Many participants identified how a child's well-being reflected a combination of environmental and child-related factors.

*When the child has good home training - the child knows when and how to talk to elders, when the child knows how to cook or do basic domestic work like laundering, ironing and also know how to welcome strangers who are new in the community. When the child is not involved in boy/girlfriend affairs during the school learning age - the child should not allow girls or boys to waste part of his time to study rather than chasing them for pleasure at night when he should be studying. The child should not allow the pleasures of boys or girls to destroy his education. If they are involved in sex, the girl will get pregnant but if they are not involved in boy/girlfriend affairs, they will be free from sex and not*

*pregnant which will enable them to continue their school work properly. (16-year-old male, Bombali)*

*Some children do not listen to their parents that is why they don't do well. Some children are more serious in school than others. Some parents do not care for their children that is why they don't do well in life. (31-year-old female, Moyamba)*

*Those who do well in life than others are better taken care of by their parents. Some children obey their parents and as a result succeed in life, unlike those who disobey. (15-year-old male, Bombali)*

*Their parents give them support for school. They are determined to be educated. (17-year-old male, Moyamba)*

The latter two narratives, together with numerous others in the data set, are interesting because they suggested how family care established a foundation that children then built upon through their decisions and actions.

## 4. DISCUSSION AND IMPLICATIONS

In summary, this research identified locally defined outcome areas related to child protection risks and children's well-being. These outputs, which provide a snapshot of where communities are in thinking about risks to children and children's well-being, are summarized in the box below.

<p><b>Key Risks to Children:</b></p> <ul style="list-style-type: none"><li>• Teenage pregnancy</li><li>• Out of school children</li><li>• Maltreatment of children who are not living with their biological parents</li><li>• Heavy work</li><li>• Child beating</li><li>• Sexual abuse</li><li>• Cruelty</li></ul> <p><b>Key Well-being Outcomes Areas for Children:</b></p> <ul style="list-style-type: none"><li>• Education</li><li>• Contribution to household activities</li><li>• Obedience</li><li>• Respect</li><li>• Noninvolvement in 'mama en dadi business'</li></ul>
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Our hope is that diverse agencies and groups in Sierra Leone will use these outcome areas in individual, agency specific projects and also across projects to inform efforts to track the reduction of risks to children and increase the well-being outcomes for children. The use of these outcome areas in a collective manner, for example, by coordination groups, can provide a picture at District and societal levels how children are doing. By tracking these outcome areas over time, it will be possible to obtain evidence regarding the effectiveness of the national child protection system in reducing risks to children and promoting children's well-being. This kind of population based evidence is an essential step forward in strengthening child protection systems at both national and subnational levels.

The definition of these outcome areas is the first step of a multi-step process that also involves the identification of precisely defined outcomes, outcome indicators, and outcome measures. Before practitioners can use the outcome areas, work is needed to define specific outcomes and construct indicators that signal when a particular outcome has been achieved. For example, if education is viewed as an essential outcome area pertaining to children's well-being, decisions must be taken about whether the exact outcome and indicator relates to participation at a particular frequency, grades earned,

amount learned, or some other dimension of education. In the present research, the interviewees' comments and responses to probing questions will be used to define and sharpen indicators. In addition, valid and reliable measures must be constructed in order to determine empirically whether particular outcome indicators have been achieved. Ideally, such measures should be practical and relatively easy for practitioners to use. Subsequent to the work discussed in this report, this project has developed a household survey instrument<sup>14</sup> for use with teenage girls and boys for measuring the outcomes identified above.

In evaluating the effectiveness of specific interventions, it is also important to develop intervention-specific indicators and measures that complement the wider measures outlined above. After all, a particular intervention is typically not expected to affect the full range of outcome areas identified above. Also, some practitioner agencies may elect not to track a particular outcome area (e.g., obedience) that they regard as unhelpful or in conflict with a core value such as child participation. If a practitioner agency were to examine the effectiveness of a particular intervention in reducing teenage pregnancy, it would need to examine outcome areas and processes in addition to those outlined above. For example, if the intervention involved reproductive health education and family planning, it would be valuable to measure not only reductions in the frequency of teenage pregnancy but also the intermediate results or outcomes needed to achieve that result. These might relate to, for example, changes in knowledge about reproductive health, intention to use condoms and other safe sex options, or willingness to say "No" to unwanted sex and to resist currently prevailing norms of having unprotected sex. In the long run, child protection will be best served by a mixture of intervention-specific measures and population-based outcomes that can be used to evaluate the combined effects of many different interventions, including those that aim to strengthen wider child protection systems, over longer periods of time.

#### **4.1 The Value and Limits of Locally Defined Outcome Areas for Child Protection Systems**

The identification of the above outcome areas is an important step toward the development of effective child protection systems. As discussed earlier, the effectiveness of child protection systems ought to be evaluated empirically using contextually relevant, population based outcome measures. Collectively, these outcome areas point toward a combination of risk reduction and well-being indicators that should form the foundation of measures used to document and track the effectiveness of child protection systems at levels ranging from community level to the national level. The fact that they were generated by local people means that they are contextually relevant and relevant to the sustainable improvements that people want to see. These outcome areas lay the foundation for the development of outcomes measures that are contextually relevant, reliable, and valid. Indeed, one such set of measures is currently being developed as part of the next phase of work in the interagency learning initiative. The use of these measures should provide a valuable set of benchmarks for evaluating over time whether efforts to

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<sup>14</sup> Plan International in Sierra Leone has generously supported this work.

develop the national child protection system produce meaningful improvements in children's protection and well-being.

It is noteworthy that the outcome areas defined above differ in important ways from widely used outcome indicators that Western researchers have constructed.<sup>15</sup> To be sure, outcome areas such as participation in education resonated with Western derived outcomes. Overall, however, the outcome areas reflect local views of childhood and cultural beliefs, values, and practices that are distinctly Sierra Leonean and that diverge in important respects from those of Western societies. For example, in middle-class families in the U. S., it would be quite unusual for people to include in their top six outcomes items such as contributions to household activities or to family livelihoods. In Sierra Leone, such rankings reflect not only chronic poverty but also the instrumentalist view reported in the full ethnographic study that the role of children is to help support their families.<sup>16</sup> Further, the outcomes observed in this study reflect a relational view that emphasizes children's fulfillment of their expected roles and responsibilities to one's family and community. This distinctly relational view stands in sharp contrast with the more individualized views of children that are commonplace in Western societies.<sup>17</sup> The fact that the locally defined outcomes differ markedly from those that are used in many research studies cautions against the use of outsider constructed indicators that local people will likely regard as impositions that are alien, not immediately relevant, and possibly disrespectful of local views.

It is essential to view these suggested outcome areas (and all suggested outcomes) in critical perspective. For one thing, the use of outcomes such as participation in education should be tempered with a recognition that schools can be significant sources of abuse such as sexual abuse, harsh corporal punishment, bullying, and discrimination. In order for an outcome such as participation in education to be meaningful from the standpoint of child protection, it needs to be supplemented by attention to additional, school specific protection indicators. Also, some analysts have questioned whether in contexts of severe deprivation participation in education actually leads to increased earning power and positive life outcomes. Similarly, it would be meaningless to count a reduction in child beating as a success if child beating had been replaced by an equally abusive practice such as withholding meals.<sup>18</sup> Clearly, additional indicators are needed as supplements to those defined in this report.

In addition, the risks identified by local people are by no means the full set of child protection risks that warrant attention. Numerous practices that local people view as normal and desirable conflict with the CRC, the African Charter, and in some cases, with national law. Consistent with local cultural norms regarding female circumcision and initiation, no participants identified female genital mutilation/cutting as a harm to girls or

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<sup>15</sup> E.g., Hauser, Brown, & Prosser (1997).

<sup>16</sup> Wessells (2011).

<sup>17</sup> Boyden & Gibbs (1997); Boyden & Mann (2005). It is recognized, however, that each society includes diverse views based in part on socio-economic status, ethnicity, religious orientation, and other factors. Various sub-groups within a society as complex as the U. S. may have an orientation toward children that is close to the dominant view in Sierra Leone than to the dominant view in the U. S.

<sup>18</sup> See the wider ethnographic study (Wessells, 2011).

young women. From the standpoint of the CRC and well documented health risks, however, FGM/C is a violation of children's rights and counts as a profound protection risk. Similarly, HIV/AIDS is an important risk to Sierra Leonean children, yet it may not surface in local views of outcome areas due to stigma, widespread misunderstandings, or both. Furthermore, there was little mention of forced early marriage for girls or forced initiation of boys into the Poro and other secret societies. Thus there is a need to complement the risk reduction and well-being outcome areas defined in this study with others derived from a careful situation analysis and attention to global child rights standards.

A key question is how this interweaving of locally defined and externally defined outcome areas should be done in a context of power inequities and the inclination of local people to rely on family and community child protection mechanisms and to avoid using formal, government led aspects of the national child protection system. If the Sierra Leone Government, UNICEF, or external NGOs defined a list of outcome areas that went beyond the list that had been generated by local people and then imposed the expanded list on communities, the likely results at community-level would be feelings of anger and humiliation coupled with backlash. A better strategy is to work in a phased, long-term approach that balances immediate attention to profound child protection risks with a need for a dialogue-oriented approach and a slower, internally guided process of social change in regard to harmful practices.<sup>19</sup> This kind of long-term, internally guided approach to social change is at the heart of UNICEF's social norms approach to programming that has had significant success in changing harmful traditional practices in multiple countries.<sup>20</sup> The definition of outcome areas is best regarded as an ongoing process in which it is crucial to build community buy-in and ownership, without which a national child protection system will have limited impact on improving the well-being of vulnerable children.

## **4.2 Toward a Mixed Methods Approach**

An important result was the convergence of the findings regarding well-being and the findings of the previous, ethnographic phase of work. During the ethnographic phase, the importance attached to education was evident in the views and activities of both adults and children. Consistent with these views, education emerged as the top-ranked well-being outcome in this study. Similarly, well-being outcomes such as not being involved in 'mami en dadi business' fit well with the powerful concerns expressed in the ethnographic study about teenage pregnancy and the proper behavior of unmarried young girls and boys. The convergent evidence obtained from the use of these two different methods serves as a source of triangulation that boosts confidence in the findings of each study.

At the same time, it is useful to consider the distinctive strengths and the complementarity of the two different approaches. The present study used quantitative methods to define well-being outcomes, chief among which was participation in

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<sup>19</sup> Behnam (2011); Wessells (2009).

<sup>20</sup> Ahmed et al. (2009); Dagne (2009); Mackie et al. (2009).

education. Having quantitative data on various outcomes made it possible to rank order the outcomes, which would have been more challenging to do using ethnographic, qualitative data alone. Yet as discussed above, the ethnographic work documented that in some cases, education participation can be harmful. The complementary nature of these methods suggests the value of a multi-method approach to defining outcomes and of evaluation of child protection and psychosocial programs more broadly.<sup>21</sup>

### 4.3 Prevention

The evidence presented above on preventive factors fits well with an ecological framework of child development,<sup>22</sup> which emphasizes the importance of the developing child interacting with the social environment at different levels such as family, peer group, community, and wider society. In this study, participants identified family care as the most important environmental influence on whether a child does well or poorly. Other environmental influences were peers, religion, and poverty. This emphasis on the family complements the findings from the ethnographic research about the central role played by communities as well in promoting and protecting children's well-being.

At the same time, participants identified personal factors such as a child's obedience and respect to parents and elders, seriousness in school, and avoidance of sex and negative peer influences. The probing and discussions of the multiple items generated by the participants, however, suggested that these personal factors did not spring forth on their own but rather owed to the person-environment interactions and circular processes that are prominent in transactional approaches to child development.<sup>23</sup> For example, participants spoke of how children who had learned to demonstrate respect in the home were more likely to demonstrate respect in the community or at school. This suggests an interactive process in which the behavior acquired at family level then sets the stage for positive interactions at school and community levels, creating a spiral effect on the development of positive behavior. It is likely that this spiral effect is not simply from the home outward but is circular or bidirectional. If, for example, a child who had learned respectful behavior at home had positive interactions with the teacher and others at school and earned good grades, that would strengthen parental esteem for the child and motivate them to encourage the child further.

In light of the importance of appropriate family care, an important priority in building national child protection systems is to encourage family care over institutional care.<sup>24</sup> However, the data presented above serve as a reminder that family influences may be a mixture of positive and negative. In fact, other research indicates that inappropriate family care causes harm<sup>25</sup> and that some of the most damaging abuse of children occurs inside the family.<sup>26</sup> The implication is that the development of child protection systems

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<sup>21</sup> Ager, Ager, Stavrou, & Boothby (2010).

<sup>22</sup> Bronfenbrenner (1979); Dawes & Donald (2000).

<sup>23</sup> Dawes & Donald (2000); Sameroff (1975).

<sup>24</sup> Williamson & Greenberg (2010).

<sup>25</sup> Ager (2006); Wessells (2009).

<sup>26</sup> Clark et al. (2010); Garbarino & Kostelny (1996); Kamis (2001).

must include steps to support appropriate family care through education, capacity building, and other means. At the end of the day, the effectiveness of national child protection systems will be gauged not only by how well they respond to abuses of children but also by how effectively they prevent those abuses from occurring. It is hoped that the measurement of well-being outcomes for children will contribute to this wider agenda of prevention.

#### **4.4 Suggestions for practitioners**

The following suggestions are made in light of the process of undertaking this study and the methodological considerations experienced:

1. Strengthen monitoring and evaluation of child protection programming by tracking indicators regarding children's outcomes, in addition to process and output indicators.
2. Collaborate with other practitioner agencies in defining a set of outcomes that could be used to measure improvements in children's protection and well-being. These could be used in a particular geographic area where multiple projects are underway to compare outcomes across different types of child protection intervention and across agencies.
3. In defining outcomes to measure, consider including a mixture of locally defined outcome areas and outcome areas based on regional and international human rights standards. Use elicitive methods, such as the one used in this study, to develop locally defined outcome areas which incorporate the views of children and adults, and important sub-groups of the population.
4. In evaluating the effectiveness of child protection programming, develop and use a combination of outcome measures which capture risk reduction, and protection and well-being outcomes for children.
5. Measure outcomes that are expected to respond directly to the specific program intervention, and also other outcomes for which change would likely be seen only over a longer period of time than is involved in most programs.

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## APPENDICES

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



What exists in communities to protect children? What processes or mechanisms are used by families and communities to support children who are affected by various protection threats? Are community based mechanisms that are linked to formal child protection systems more effective? How can external agencies most effectively support communities to protect their children?

These are some of the important questions that are explored in a four-year interagency learning initiative on community based child protection mechanisms. Running from 2010-2014, the initiative involves action research in Sierra Leone, Kenya and a third country in Southeast Asia, and the establishment of a global community of practice for learning exchange.

### **What are community based child protection mechanisms?**

Community based child protection mechanisms are defined broadly to include all groups or networks at grassroots level that prevent and respond to issues of child protection and 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 community processes, government mechanisms and mechanisms initiated by civil society and international agencies such as child protection committees.

### **Why are they so important?**

Community based child protection mechanisms are at the front line of efforts to protect children from abuse, neglect, violence and exploitation. They are foundational elements of the national child protection system for reasons of scale and sustainability. It is in the community that children and families experience and interact with the wider child protection system, making community mechanisms the face of the system for many people.

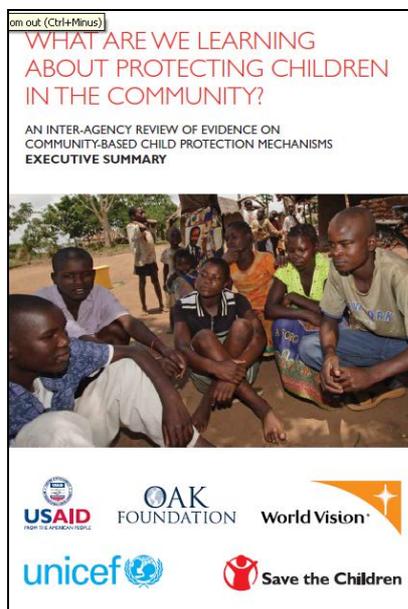
### **An inter-agency learning process**

Since January 2009, a group of child protection agencies has come together around this interagency learning initiative. Prompted by a collective need for increased evidence and the development of standards for practice in supporting communities to better protect children, the agencies began a collective process of grounded learning in this important area of child protection.

The initiative is implemented through strong interagency partnerships and overseen by a global reference group involving 10 national and international agencies. Save the Children serves as the coordinator of the initiative and lead of the community of practice. The Columbia Group for Children in Adversity serves as the technical lead for the action research.

4 The initiative is funded with generous support from the Oak Foundation, USAID, UNICEF, Save the Children and World Vision.

A global desk review of evaluation evidence was conducted as the first phase of work and foundation for this initiative. A significant finding was the low quality of the evidence base and severe lack of evidence of impact of community based mechanisms on children's outcomes. The issue of linkages between community mechanisms and the national child protection system was highlighted as a potential factor for effectiveness.



The report is available to download in English and French at [www.savethechildren.org](http://www.savethechildren.org)

### Action research

A core component of the learning initiative is a multi-year program of action research in three countries – Sierra Leone, Kenya and a third country in Southeast Asia. The research objectives are to:

- Identify and learn about the functioning of community based child protection processes and mechanisms, whether indigenous or external
- Construct rigorous measures of child protection and well-being outcomes, that reflect local definitions and understandings
- Test the effectiveness of community-driven models for strengthening linkages between community mechanisms and the national child protection system, on children's outcomes

The action research will take place over three years in each country. The research design emphasises depth of evidence and robust measurement of change in children's protection and well-being outcomes. The action research methodology in each country involves:

- Facilitation of extensive consultation and engagement with national stakeholders including Government, NGOs, INGOs, donors and UNICEF
- Quasi-experimental research design with intervention and comparison communities
- Rapid ethnography
- Community-driven development of models to strengthen the linkages between communities and the national child protection system
- Construction and repeated measurement of locally relevant outcome measures at baseline and 12 and 24 months following intervention

### Child Protection Exchange Forum

The Community Child Protection Exchange Forum will provide an online environment for practitioners, researchers, and policymakers who are engaged with community-based child protection mechanisms to come together to advance the state of knowledge, policy, and practice. The forum will include a facilitated exchange forum in which practitioners share experiences, learning, ideas, and thoughts and engage in debate and dialogue. It will also have a resource hub compiling, organizing, and annotating the various resources available to practitioners who are supporting community-based endeavours. The forum will also host learning events such as periodic webinars or teleconferences in which individuals or groups of individuals present and lead discussion on a topic relevant to forum members.

The Exchange Forum will be open to anybody who is interested in learning about and contributing to discussions and debate around community-based mechanisms to protect children; membership will be free of charge. Members of the Exchange Forum will have the opportunity to be at the cutting-edge of developments in this field, and we are seeking dynamic, passionate, opinionated individuals to engage in these discussions. If you are interested in joining the Exchange Forum when it launches in September 2011 or if you already have ideas or resources to share, contact Mark Canavera at the below address.

**Initiative coordinator**, Sarah Lilley, Save the Children, [s.lilley@savethechildren.org.uk](mailto:s.lilley@savethechildren.org.uk)

**Principal Investigator**, Mike Wessells, Columbia Group for Children in Adversity, [mikewessells@gmail.com](mailto:mikewessells@gmail.com)

**APPENDIX 2: Members of the global InterAgency Reference Group**

<b>Organisation</b>	<b>Representative</b>
ChildFund International	Martin Hayes
Child Protection Working Group	Katy Barnett
HSRC	Linda Richter
IICRD	Martha Nelams
Plan International	Maja Cubarrubia
REPPSI	Brighton Gwezera
Save the Children (Chair)	Sarah Lilley
Save the Children	Ronnie Lovitch
Save the Children	Eva Bellander
Save the Children	Bill Bell
Terre des Hommes Lausanne	Olivier Feneyrol
TPO Uganda	Patrick Onyango
Oak Foundation	Jane Warburton
UNICEF NY	Jennifer Keane
UNICEF NY	Karin Heissler
UNICEF WCARO	Joachim Theis
UNICEF ESARO	Nankali Maksud
USAID DCOF	John Williamson
USAID PEPFAR	Janet Shriberg
World Vision	Bill Forbes

### **APPENDIX 3: Example Interview**

#### INSTRUCTIONS FOR THE CHILD COMPETENCE INTERVIEW (For Adult Interviewees)

The person you interview needs to be a parent (mother or father) but we are asking them to think about any child they choose.

Explain the following things to each person you interview:

It is their choice to be interviewed or not. It is alright if they choose not to participate.

The reason we are collecting this information is to improve the programs we are creating for children.

The usual interview time is 15 to 30 minutes.

#### **Instructions for giving the interview:**

Let them think of the first child on their own. Then, ask them about 3 more children to complete the set of 4 children.

Write down the reasons they give exactly like they say them.

Parents can look at their responses if they want to.

If they give a response that is not clear or specific, ask them for more information. For example, if they say a child is doing well because "he is a good boy", ask "in what way is good?"

If a parent cannot think of a certain type of child (for example a young girl) who is doing well, ask them one more time if they can think of someone. If they still cannot think of a child write 'No Child' and go on to the next child type.

CHILD COMPETENCE INTERVIEW

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Community: \_\_\_\_\_

Parental status of the person you are interviewing:     \_\_\_ Mother     \_\_\_ Father

Age of person you are interviewing: \_\_\_\_\_

**Beginning Question:**

“It would be very helpful for us to know how people can tell a child’s life is going well. Think of a child from your community, or that you know, who is doing satisfactorily, but don’t tell me who it is. The child doesn’t have to be the best child you know but a child that is doing satisfactorily. I am going to ask some questions about what this child is like”

“Are you thinking of a girl or a boy?”     **Circle one:**   Girl    Boy

“How old is this child?”     **Enter age:**    \_\_\_\_\_   age 5 to 12    age 13 to 18

“In what ways is this child doing well?”

[Interviewer note: Write down the specific answer in the order they are given to you. If they do not give you enough answers (4) ask them “In what other ways?”]

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“Of all these, which do you think is most important?”     **Enter Number:** \_\_\_\_\_

ADOLESCENT GIRL

"Now think of a **Teen girl** (13 to 18 years old). In what ways is she doing well?"

Teen's age: \_\_\_\_\_

[Interviewer note: Write down the specific answers in the order they are given to you. If they do not give you enough answers (4) ask them "In what other ways?"]

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"Of all these, which do you think is most important?" **Enter Number:** \_\_\_\_\_

ADOLESCENT BOY

"Now think of a **Teen boy** (13 to 18 years old). In what ways is he doing well?"

Teen's age: \_\_\_\_\_

Interviewer note: Write down the specific answers in the order they are given to you. If they do not give you enough answers (4) ask them "In what other ways?"]

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"Of all these, which do you think is most important?" **Enter Number:** \_\_\_\_\_

YOUNG GIRL

"Now think of a **5 to 12 year old girl**. In what ways is she doing well?"

Child's age: \_\_\_\_\_

[Interviewer note: Write down the specific answers in the order they are given to you. If they do not give you enough answers (4) ask them "In what other ways?"]

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"Of all these, which do you think is most important?" **Enter Number:** \_\_\_\_\_

YOUNG BOY

"Now think of a **5 to 12 year old boy**. In what ways is he doing well?"

Child's age: \_\_\_\_\_

**[Interviewer note: Write down the specific response in the order they are given to you. If they do not give you enough answers (4) ask them "In what other ways?"]**

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"Of all these, which do you think is most important?" **Enter Number:** \_\_\_\_\_

\*\* Example optional question

REASONS FOR COMPETENCE

**"Why do you think some children do well in life but not others?"**

List specific reasons:

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"O.K., of all these, which do you think is more important?" **Enter Number:** \_\_\_\_\_

Comments:

#### APPENDIX 4: Tables

**Table 6. Overall distribution of outcome areas for all respondents.**

<b>Outcome Areas</b>	<b>Percent</b>
Other	0.62%
Clean and neat	1.07%
Contributes to community	1.60%
Religious	1.73%
Good manners	2.90%
Good character	6.32%
No <i>mami and dadi business</i>	8.63%
Obedience	9.41%
Contribution to family livelihood	12.21%
Respectful	15.20%
Contributes to household activities	15.56%
Education	24.78%
<b>Total (n=3072 data responses)</b>	<b>100%</b>

**Table 7. Distribution of outcome areas by age of respondents.**

<b>Outcome Areas</b>	<b>Adults</b>	<b>Children</b>
<b>Other</b>	0.72%	0.47%
<b>Clean and neat</b>	1.00%	1.18%
<b>Religious</b>	1.61%	1.89%
<b>Contributes to community</b>	1.72%	1.42%
<b>Good manners</b>	3.39%	2.20%
<b>Good character</b>	7.10%	5.20%
<b>Obedience</b>	8.21%	11.10%
<b>No <i>mami and dadi business</i></b>	9.49%	7.40%
<b>Contribution to family livelihood</b>	12.15%	12.28%
<b>Respectful</b>	14.76%	15.83%
<b>Contributes to household activities</b>	14.93%	16.46%
<b>Education</b>	24.91%	24.56%
<b>Total (n=3072 data responses)</b>	<b>100 % (n=1802)</b>	<b>100% (n=1270)</b>

**Table 8. Distribution of outcome areas by age and gender of respondents**

<b>Outcome Areas</b>	<b>Boys</b>	<b>Girls</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
<b>Other</b>	0.00%	0.95%	0.30%	1.24%	0.62%
<b>Clean and neat</b>	1.25%	1.11%	1.01%	0.99%	1.07%
<b>Contributes to community</b>	0.47%	2.38%	1.01%	2.60%	1.60%
<b>Religious</b>	1.56%	2.23%	1.21%	2.10%	1.73%
<b>Good manners</b>	2.50%	1.91%	3.02%	3.83%	2.90%
<b>Good character</b>	4.52%	5.88%	8.76%	5.07%	6.32%
<b>No <i>mami and dadi</i> business</b>	8.11%	6.68%	10.78%	7.91%	8.63%
<b>Obedience</b>	12.32%	9.86%	7.25%	9.39%	9.41%
<b>Contribution to family livelihood</b>	12.64%	11.92%	11.58%	12.86%	12.21%
<b>Respectful</b>	16.38%	15.26%	15.61%	13.72%	15.20%
<b>Contributes to household activities</b>	15.13%	17.81%	13.80%	16.32%	15.56%
<b>Education</b>	25.12%	24.01%	25.68%	23.98%	24.77%
<b>Total (n=3072 data responses)</b>	<b>100%</b> <b>(n=641)</b>	<b>100%</b> <b>(n=629)</b>	<b>100%</b> <b>(n=993)</b>	<b>100%</b> <b>(n=809)</b>	<b>100%</b>

**Table 9. Distribution of outcome areas by District.**

<b>Outcome areas</b>	<b>Bombali</b>	<b>Moyamba</b>
<b>Clean and neat</b>	0.67%	1.55%
<b>Other</b>	0.97%	0.21%
<b>Religious</b>	1.76%	1.69%
<b>Contributes to community</b>	2.49%	0.56%
<b>Good manners</b>	2.85%	2.95%
<b>Good character</b>	5.09%	7.73%
<b>No <i>mami and dadi</i> business</b>	7.94%	9.42%
<b>Obedience</b>	10.31%	8.36%
<b>Respectful</b>	12.73%	18.06%
<b>Contribution to family livelihood</b>	14.49%	9.56%
<b>Contributes to household activities</b>	17.71%	13.07%
<b>Education</b>	22.99%	26.85%
<b>Total (n=3072 data responses)</b>	<b>100%</b> <b>(n=1649)</b>	<b>100%</b> <b>(n=1423)</b>

**Table 10. Distribution of outcome areas by Chiefdom.**

Outcome areas	Chiefdom			
	KOMBURA	LIEBIESAYGAHUN	MAGBIAMBA N'DOHAHUN	UPPER BANTA
<b>Contributes to community</b>	1.48%	3.01%	1.91%	0.11%
<b>Other</b>	0.42%	0.69%	1.28%	0.11%
<b>Religious</b>	3.18%	2.08%	1.40%	0.95%
<b>Clean and neat</b>	1.06%	0.23%	1.15%	1.79%
<b>Good manners</b>	2.33%	3.24%	2.42%	3.26%
<b>Good character</b>	9.32%	3.58%	6.76%	6.94%
<b>Contribution to family livelihood</b>	11.65%	14.80%	14.16%	8.52%
<b>Obedience</b>	7.63%	10.06%	10.59%	8.73%
<b>No <i>mami and dadi</i> business</b>	7.63%	7.28%	8.67%	10.30%
<b>Contributes to household activities</b>	12.50%	18.15%	17.22%	13.35%
<b>Respectful</b>	16.95%	13.87%	11.48%	18.61%
<b>Education</b>	25.85%	23.01%	22.96%	27.34%
<b>Total (n=3072 data responses)</b>	<b>100% (n=472)</b>	<b>100% (n=865)</b>	<b>100% (n=784)</b>	<b>100% (n=951)</b>

**Table 11. Distribution of outcome areas by age and gender of the imagined child.**

Outcome areas	Age and Gender of the imagined child			
	Boy 5-12 years	Girl 5-12 years	Boy 13-17 years	Girl 13-17 years
<b>Other</b>	0.29%	1.26%	0.59%	0.36%
<b>Clean and neat</b>	1.32%	2.09%	0.24%	0.85%
<b>Contributes to community</b>	2.20%	0.70%	1.89%	1.57%
<b>Religious</b>	2.05%	1.54%	2.36%	0.97%
<b>Good manners</b>	3.23%	2.65%	2.96%	2.78%
<b>Good character</b>	8.94%	4.89%	7.21%	4.47%
<b>No mami and dadi business</b>	2.49%	9.78%	6.97%	14.37%
<b>Obedience</b>	9.97%	9.78%	9.22%	8.82%
<b>Contribution to family livelihood</b>	13.78%	7.40%	19.27%	7.85%
<b>Respectful</b>	16.57%	15.64%	15.01%	13.89%
<b>Contributes to household activities</b>	14.22%	19.13%	9.57%	19.69%
<b>Education</b>	24.93%	25.14%	24.70%	24.40%
<b>Total (n=3072 data responses)</b>	<b>100%</b> <b>(n=846)</b>	<b>100%</b> <b>(n=828)</b>	<b>100%</b> <b>(n=682)</b>	<b>100%</b> <b>(n=716)</b>