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From Welfare to Wellbeing: Child Indicators in Research, Policy and Practice

Participatory Assessment of Child Risks in Urban Kenya (Submission no. 189)

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Abstract

Around one third of Kenyan children live in urban areas. This paper reports the findings of a quantitative and qualitative study of risks and vulnerabilities in informal settlements in four urban areas of Nairobi, Mombasa, Kisumu and Garissa. Risks to children are categorized as environmental, economic, social, political and health risks. The study reveals a pronounced seasonal profile of key risks, with risks peaking in December, January and February. It also finds that vulnerability and exposure to risk increases with age and adolescents are the most vulnerable to a range of risks. Exposure to risk was also found to be greater for specific groups of children depending on household level factors and care arrangements. The analysis also allows the underlying drivers of children's risks in urban slums to be identified, including low awareness of children's rights, insecurity of livelihoods, poor housing conditions, insecurity, and poor sanitation and waste management. Community and government approaches to address these drivers were identified, and strategies to address these underlying factors can be devised based on the analysis.

1.0 Introduction

Over the years the world has experienced rapid urbanization with 54% of people across the globe living in cities by 2014. It is anticipated that this will rise to about 66% by 2050. According to World Bank (2011) urbanization is a common phenomenon across the globe; however the developing countries are experiencing 90% of the urban growth. The rapid influx of people within towns is not matched with increased resources or facilities essential to having quality of life. As such, informal settlements otherwise referred to as slums have emerged in most urban centres. UN-Habitat (2013) estimated that a quarter of the world's population lives in slums. The situation is aggravated in Africa as over half of the urban population, 61.7% , is estimated to live in slums (UN-Habitat, 2013).

Urbanization is generally an engine that spurs economic growth, access to employment and other services, but this is not clearly replicated in the informal settlements as they are characterised by limited access to the most essential services such as housing, sanitation, water, health care and

proper nutrition (Oxfam, 2009). Kenya is one of the African countries experiencing rapid urbanization with 32% of the population currently living in urban centres, of whom around 70% have been reported to live in the informal settlements (UN-Habitat, 2007). Drawing on the Nairobi cross-sectional Slums Survey (APHRC, 2012) the rapid increase in the urban population has transformed the landscape of African cities and outstretched the meagre financial resources at the disposal of city officials. The unintended consequences of rapid urbanisation in the Nairobi region have posed intricate policy challenges in relation to scarce livelihood opportunities for the poor and exposure to pernicious heath conditions as well as low access to electricity and other social services.

Around one third of Kenyan children live in urban areas. While there is considerable literature on the slum dwellers' conditions in Nairobi, and information on the challenges facing adults living in the informal settlements, there is less information on the situation in informal settlements in other urban centres. There is also limited exploration of covariant risks and shocks in these settings, and in particular of the effects of these on households and children in particular. It is against this background that the study sought to explore urban risks and vulnerabilities with a focus on children and adolescents living in urban informal settlements. Additionally, the study sought to establish the resilience mechanisms adopted by communities living in the informal settlements. The study employed quantitative and qualitative methods to identify the principal risks and shocks for children and adolescents, drivers of risks, seasonality of risks, and community and household coping strategies, including child care arrangements.

2.0 Study Objectives, Approach and Methodology

People living in the urban informal settlements are faced with a myriad of challenges and grapple with inefficient access to basic living resources. Nevertheless, children form the most vulnerable population in these settlements given that they depend entirely on their parents and guardians. In view of the above the study was guided by the following objectives:

1. To identify the major risks facing children and adolescents in the four urban areas
2. To identify the major vulnerabilities of children in the four urban areas
3. To establish the potential strategies for support to tackle these risks and vulnerabilities.

In order to identify the various risks and vulnerabilities and their underlying drivers, the study employed qualitative, quantitative and participatory approaches of data collection. Ethnographic techniques were used to capture data related to participants' Knowledge, Attitude and Practices (KAP) impacting on children's rights. Thus, the study involved assessing the socio-cultural and economic factors informing childcare and parenting practices, child protection against abuse and neglect, participation and decision making, climate change and environmental health issues among the communities in the four study areas. The investigation included risks and vulnerabilities related to: poverty, gender, child labour, socio-cultural barriers to realisation of child rights, early marriages, globalisation, discrimination, ethnicity and racial, violence and conflicts, drug and substance abuse, including alcoholism, homelessness (street families), access to education, healthcare, play and recreation, abuse, neglect, insecurity and trafficking, child prostitution, corporal punishment, post-election violence and displacement.

The study employed purposive sampling in selecting target urban areas across the country in four urban areas: Nairobi, Kisumu, Mombasa and Garissa. The researchers purposively selected the study sites within the informal settlements in the four urban areas depending on socio-economic status, income levels, population size, and sources of livelihood accessibility as well as security. Table one show the sampled clusters as well as their main characteristics.

Table 1: Study Areas per Cluster

Cluster (Area)	Sub-cluster	Key characteristics
Nairobi	Mathare/ Huruma	Informal settlement with mixed slum and near slum areas. Highly populated and centrally located towards north of Nairobi city.
	Kibera	Largest slum in Nairobi with mixed ethnic population. Highly populated and located to the south west of Nairobi city
	Kawangware/ Dagoretti	Area has mixed ethnic population, different occupation, high number of single parent families. Located to the western side of Nairobi.
Kisumu	Nyalenda A & B	Slum area located at central Kisumu. Highly populated with mixed ethnic population.
	Obunga slum area	Slum area located in Central Kisumu. Highly populated with livelihoods from casual labour as opposed to fishing activities.

	Mworoto/ Mandizini	Slum area at the main Mombasa island. Mixed population and very low SES families
Mombasa	Bangladesh	On the main land of Mombasa county. A highly populated mixed community slum in Changamwe Sub-county.
	Ziwa la Ng'ombe	Slum located within the main Island.
	Likoni Soweto	Situated at Likoni side of the Mombasa County. Very high population and mixed ethnic communities.
Garissa	Bulla Iskadek, Bulla Masalani and Bulla Adaan	High population areas and slums in Garissa.

Using the 2009 Kenya population census and statistical formula, a random sample of 607 households across the four urban areas were sampled.

$$n \; = \; \frac{NZ^2pq}{(E^2 (N\text{-}1)+Z^2pq)}$$

Where

n is the required sample size

N is the population size

P and q are the population proportions (0.5% which is recommended for social studies)

Z is the level of confidence (95%=1.96)

E is the precision/accuracy level (+/- 5% = 0.05)

The number of households interviewed in each area were: Nairobi 201, Kisumu 162, Mombasa 137and Garissa 107.

The study also utilized participatory tools including: key informant interviews, focus group discussions, photography and spatial mapping. Qualitative data was analysed through content analysis technique. For the interviews and discussions, however, in order to facilitate the analysis, notes taken during interview sessions were later filled in against the review guide. Data obtained from community mapping was analysed in the same way.

Quantitative data was coded and cleaned before entry and further analysed through the utilization of Statistical Package for Social Sciences (SPSS). Collation and corroboration from both qualitative and quantitative datasets were employed to make better interpretation of the objectives and questions of this mapping. The findings were presented to stakeholders in the sampled urban areas, and the feedback incorporated into the findings.

3.0 Theoretical Underpinnings of Child Indicators

At the global level, child indicators have been drawn from organizations such as UNICEF that records the annual *State of the World's Children*. Some of the basic indicators espoused in the records include infant mortality, nutrition, immunization as well as school enrolments (Axford, 2008). In an attempt to accomplish a theoretical basis of child indicators understanding the concepts of child welfare and child well-being has been based on both empirical and anecdotal data. According to Lippmann, Moore and McIntosh (2009) child indicators need to be premised on the fact that human development and indeed child development is grounded on both negative and positive developmental processes. Consequently, Lippman et al. (2009) noted that in the recent past there has been a theoretical shift in the quest to understand the development of children and adolescents from negative to positive approaches. This should be viewed in relation to Ben-Arieh (2000) sentiments that child indicators had overtime shifted from basic needs of survival to measures of Quality of Life (QoL). As such, some of the aspects considered as standard components of QoL are biological, social, physical, material, psychological, environmental as well as spiritual aspects aid in measurement of child indicators (Axford, 2008). Accordingly Ben-Arieh (2008) meticulously highlighted some of the key themes that inform theoretical underpinnings on child indicators that include: 1) evaluation of children's well-being across a comprehensive range of multiple domains, 2) the analysis of children themselves as opposed to analysing them from parents, households or communities perspectives, 3) the aspect of focusing on the actual life lived by children in the varied environments while last but not least is the inclusion of subjective perspectives as opposed to exclusive reliance on objective indicators. In a nut shell, some of the general theoretical underpinnings informing on child indicators include ecological theories as well as normative approaches.

3.1 From welfare to wellbeing

According to Ben-Arieh (2008) the study of child indicators has dramatically transformed in the last decades. Moreover, it is noted that the shift took form through changing from a practice of saving the poor, vulnerable and suffering children to essentially promoting children's well-being. Traditionally, child welfare was at the forefront when it came to a representation of measurable child indicators. (Altshuler & Gleeson, 1999). Child welfare as a concept is traced back to the 1960s when social indicators were being recognized as significant in the monitoring of groups, families as well as children (Land, 2000). Children saved from neglect, abuse and other threats were integrated into the child welfare system. Essentially, the welfare system success is measured through assurance of safety as well as stability that ensures normal child development (Center for the Study of Social Policy, 2013). To this end, governments, non governmental organizations and communities in general sought to enhance child survival through addressing the problems and threats that jeopardised child survival.

Ben-Arieh (2014) articulates that child well-being on the other hand encompasses all aspects of measuring the quality of life. Consequently, the Centre for Study of Social Policy (2013) provides that wellbeing refers to the healthy functioning of children and youth throughout childhood to adulthood. The existing conceptualization of child well-being is framed through domains of development. However, there is no universal set of domains used in reference to child well-being among the main realms are psychological, cognitive, physical, economic and social domains.

The change from Child welfare to child well-being can be attributed to the emergence of new theoretical perspectives such as ecological theories of child development, normative perspectives in the rights of children as well as the sociology of childhood as a stage in itself. In addition, the change to child well-being can be attributed to the development in the methodological and technical aspects. This was evidenced through calls for the use of the child as a unit of observation, emphasis of subjective perspectives, heightened utilization of administrative data as well the increased data sources (Ben-Arieh,2014).

4.0 Policy Environment and Child Indicators in Kenya: An Overview

The primary instruments for the promotion of children's rights in Kenya are the Children Act, 2001 and the Constitution of 2010. Odongo (2012) observes that the Act remains the primary Kenyan Law outlining the obligations of all duty bearers in regard to protection and fulfilment of the rights of the children, Government, parents and civil society are identified as the major duty bearers for children's rights. At the regional level, Africa has the African Charter on the Rights and Welfare of the Child which is essentially a sister to the global CRC. In 2011 Kenya was found guilty of violation of children rights particularly children of Nubian descent by the African Committee of Experts on the Rights and Welfare of the Child. At the national level Kenya made legal strides on protection of the child when the country enacted the Children's Act of 2001.

Under the Children Act 2001, the core principles of children's rights are provided for (Odongo (2012). Section 4(1) guarantees children the right to life, survival and development. Section 5 guarantees the right to non discrimination while section 4(4) provides for the right to participation and expression of opinion. Section 6 has provisions on the right of the child to be cared for by parents while the right to basic education is outlined in section seven. Right to religious education, health and medical care as well as protection from armed conflict and economic exploitation are in the consecutive section of 8, 9 and 10 respectively. Provisions on the right to basic education for disabled children, protection from physical and psychological abuse and neglect, and protection from retrogressive cultures such as female circumcision are found in sections 11, 12, 13 and 14. Subsequently, section 15-17 provide for protection from sexual exploitation, drugs, torture, capital punishment and life imprisonment. Section 8 has a provision on the right to leisure. The other sections of the Act recognise that the rights of the child cannot be viewed in isolation, and thus recognises the responsibilities of the community and parents. Moreover, the act sets out penalties for those who infringe on children's rights (Republic of Kenya, 2001). Children's rights are also covered in the Bill of Rights in the 2010 Constitution. Article 260 section 2 of the constitution defines a child as any person below the age of 18. Chapter four that introduces a progressive bill of rights that has provisions for social,

economic, civil, political and cultural rights, and the specific rights of children are addressed in Article 53 (Republic of Kenya, 2010). Odongo (2012) notes that the entrenchment of the rights of the child in the new Kenyan constitution provides for a transformative legal environment for children in Kenya. Other laws have been legislated that address children's righs including the 2006 Sexual Offences Act, 2010 Counter Persons Trafficking Act as well as the 2011 prohibition of Female Genital Mutilation Act.

Nonetheless, Wabwile (2005) argued that legislation on the rights of the child have remained *paper rights and pipe dreams* for the many hundreds of thousands of Kenyan children experiencing malnutrition, poverty, hunger and curable diseases. Similarly, this view is heightened by Odongo (2012) who observes that despite the very noble legal provisions on the right of the child various forms of child abuse are still rampant revealing the poor enforcement of the existent laws. In view of this, there is need for more efforts on between legal implementation on the rights of a child and child practices in Kenya.

Although there are a number of policies and strategies addressing specific areas of children's rights, Kenya does not yet have a comprehensive national strategy that is specifically dedicated to addressing the welfare and wellness of children in the country, nor an effective mechanism for monitoring the range of children's rights. However there is substantial information on some aspects of children's health and welfare from the Kenya Demographic and Health Survey (KDHS), sub national Multiple Indicator Cluster Surveys (MICS), and sector specific surveys including nutrition surveys and a Violence Against Children survey (Republic of Kenya, 2010b). While KDHS provides some estimates disaggregated spatially between urban and rural areas, it does not allow for the substantial inequalities within urban areas and is therefore not able to offer a profile of the situation of children in urban slums.

The study set out to address gaps in information on the situation of children in urban slums in four diverse urban areas in Kenya, and to identify the principal risks to children of different ages, as a basis for identifying potential strategies to reduce risk and vulnerability for children.

5.0 Research Findings

5.1 Risks

Risk factors facing children are classified as environmental, economic, social, political, and health risks.

5.1.1   Environmental Risk

Household responses indicated a number of risks to children related to the natural environment and also to the urban man-made environment. Natural environmental risks included floods, fires, land and mud slides, while "man-made" risks included road accidents and air and noise pollution.   Floods were the most common risks reported (452 households), followed by accidents, fires, and pollution (375, 319, 213 households respectively). All of the risks exhibited a seasonal profile. While flood incidence was linked to the rainy season and highest in April and May, risks of accidents peaked during school holidays in April, August and December, and both fires and pollution were noticeably higher risk during December and January which is the dry season and also coincides with school holidays and end of year festivities.
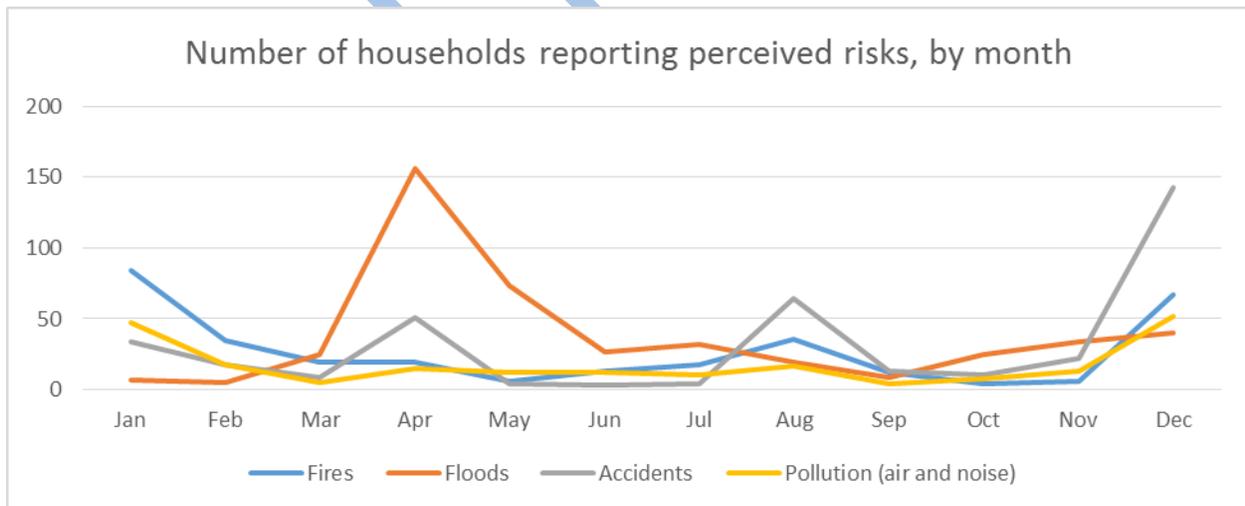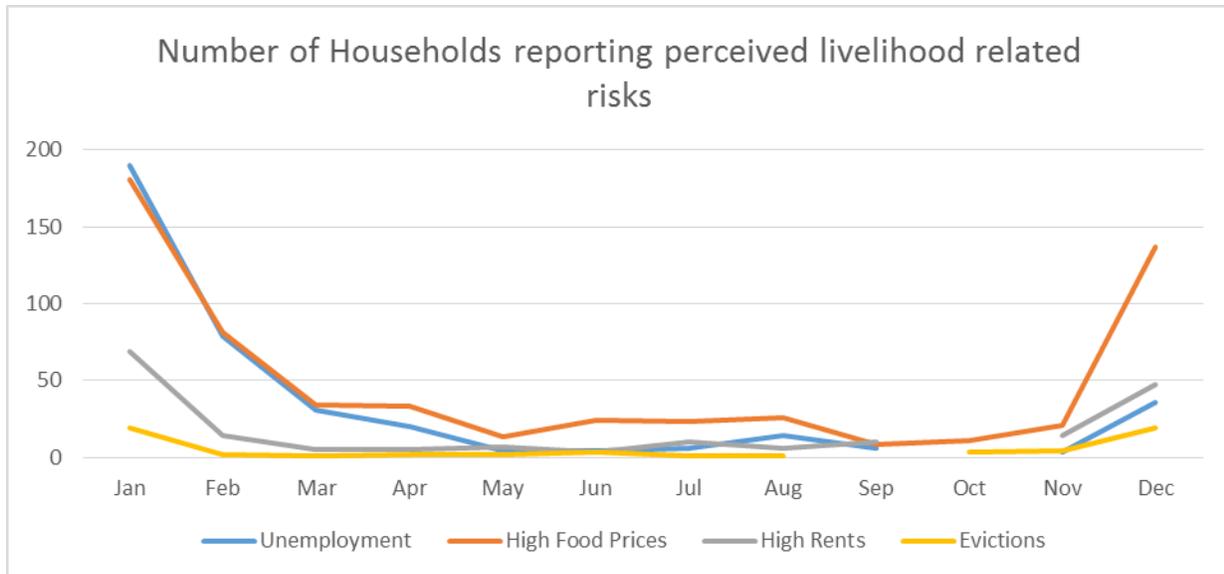

Fires were a particular risk in Nairobi urban settlements, as interviews and household data confirmed that many young children were at the risk of suffering from burns. Fifty per cent of households in the informal settlements were confirmed to use paraffin stoves for cooking and

either candles or paraffin tin lamps for lighting. The small dwelling units also serve as cooking areas and children are therefore exposed to burns as they play with the fire place. In addition, paraffin storage and use was poor and many household fires were blamed on children playing with the flammable fuel. By-laws on storage of paraffin for sale were not observed, and many outlets that stock flammable fuel are adjacent to household units with no protective measures in place.

5.1.2 Economic Risks

The principal economic risks affecting households, and impacting on children were unemployment, raised food prices, rent rises, and evictions. High food prices were the most reported risk (592 households), followed by unemployment, high rents, and evictions (393, 190, 57 households respectively). 33% of the households in the sample were dependent on casual labour and a further 20% dependent on petty trade. Both of these livelihoods were described to be volatile and affected by change in food prices, increased insecurity, political temperatures, fire incidences and environmental calamities, including floods. Once again a clear seasonal pattern was reported, with all the risks tending to peak in the months of December and January. This is a period when food prices rise in response to dry conditions and increased demand during the holiday period. At the same time, businesses tend to slow down and casual employment may be more difficult to find. January is also the time when parents are faced with the biggest demand for school fees and upfront costs associated with education such as uniforms and books. Similarly, landlords frequently take the new year as an opportunity to increase rents. Combined with all the other increased demands on parents, this may lead to unpaid rent and consequently eviction.

Number of Households reporting perceived livelihood related risks

Legend: Unemployment, High Food Prices, High Rents, Evictions (Jan–Dec)

5.1.3 Social Risks

Children face a number of risks related to availability of social services and cultural behaviours in the informal settlements. Access to education, water and latrines was found to be low, and despite being in major towns where key amenities seem to be at their disposal, residents experience limitations in accessing the services due to distance, competition and cost.

Only 53% of children from the sampled population aged 3-18 years were enrolled in school. This was largely due to children not enrolling in early childhood education at the younger ages, and to dropout and withdrawal of children at the older ages. Around one in five (163) of the adolescents in the sample had dropped out of school, with many more boys than girls dropping out.   The associated costs of education were the biggest reason for dropout overall, although for girls protection issues related to early marriage and pregnancy were more important.   Other factors including drug and substance abuse and child labour, poor motivation and grades, were also cited. However, the availability of education services was not an issue.

Similarly, with access to water, 87% of the sampled households had access to safe water either piped directly into the household (38%) or from a nearby water kiosk (49%). Water kiosks provide piped water from the local utility company for a fee. However, the qualitative study

found that many of the kiosks were not legalised and were the result of illegal connections by the vendors. The price of water skyrockets from time to time, especially during the dry season and rainy seasons. Water costs were estimated to be between KES 500 (USD 6) and 2000 (USD17) per month. The main difficulties in access to water were rationing (34%), price/cost (30%) and competition (14%). All of these factors make access to water more challenging at certain times of the year, again related to the dry season.

Sanitation is one of the major problems for households in the informal settlements, and in particular for young children and for girls. According to the sample, 85% of households said they had access to toilets or latrines. However, most of the available toilet facilities were shared among households living in same tenancy blocks. FGDs with communities noted that hygiene in available toilets was poor, and that children could not use the facilities due to their poor state. Nairobi and Mombasa urban slums had a few sanitation blocks operated by individuals charging between KES 5 and KES 10. The price was beyond the reach of a majority of the residents who were struggling with basic survival needs such as food and water. In absence of toilets, many household confirmed using flying toilets[1] and defecating on the river banks and bushes within the informal settlements.

5.1.4 Political risk

Both household and focus group information identified political related risks and disturbances as contributing to the challenging environment for children in the urban informal settlements. Inter and intra-communal conflicts, riots and other civil disturbances were listed by households, and seasonal analysis revealed again that these are most prevalent in December and January, with a minor peak in August. Qualitative information revealed that political and tribal allegiance has dictated settlement patterns within the slums so that some communities e.g. Kikuyu and Luo, do not mix. Political risks impact heavily on children as they lack the freedom to interact, play and access food. FGDs with children confirmed that incidences of rape and defilement increase when

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[1] A flying toilet is a term used for the use of plastic bags for open defecation, which are then thrown into ditches, on the roadside, or simply as far away as possible.

such skirmishes happen. Children who had experienced the Post Election Violence (PEV) in 2007 still live in fear of repeat violence.

5.1.5   Health risks

There is already significant information available on health risks to children in informal settlements in Nairobi. This study confirmed the vulnerability of households to fluctuating food prices and tendencies for households to buy ready-cooked' and fast foods that do not meet the nutritional requirements of children. It also confirmed the higher vulnerability of children in urban slums to water-borne diseases and diarrhoea, largely as a result of poor sanitation. The study found that both of these phenomena are also seasonal within the slums. Food shortages were found to be highest in the months of December, January and February as a result of high food prices and the precariousness of livelihoods during that time. Disease occurrences, particularly diarrhoea and malaria were confirmed to be highest in the rainy season, while coughs and respiratory problems were also high during the dry months.

5.2   Vulnerability

The study sought to identify the risks posed to children according to varied age categories 0-3, 4-5, 6-10 and 11-18 years old. For both boys and girls, the number of risks mentioned increased with age, and adolescents were most at risk. The profile of vulnerability also changes as children grow and mature. Risks such as diseases, malnutrition and accidents were more significant for the youngest children. These diminish for the older children but additional vulnerabilities emerge, including drug abuse and criminal behaviour especially for boys, and risks of early pregnancy, sexual abuse, prostitution and pornography for girls.

Age disaggregation of risks - Boys

Age disaggregation of risks - Girls
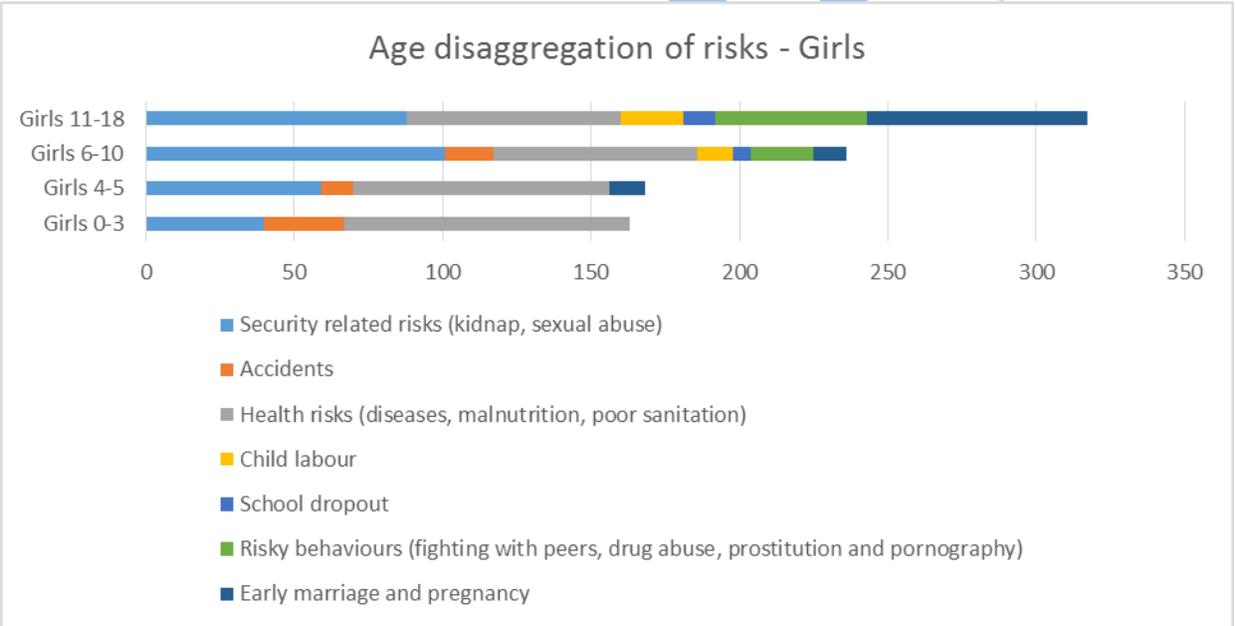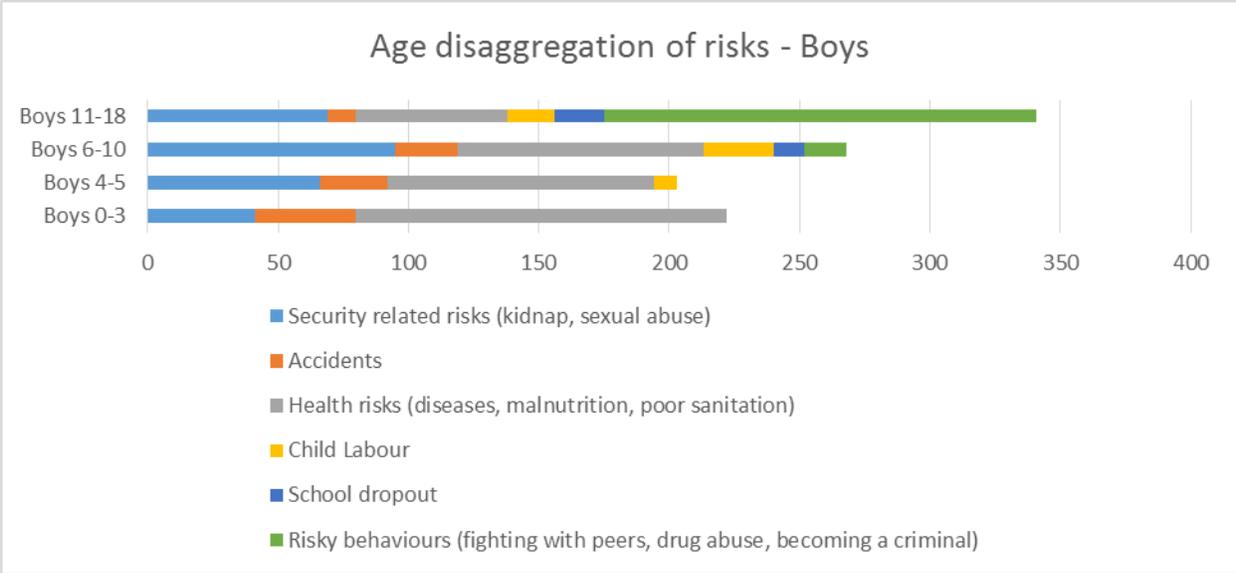
5.2.1 Children Aged 0-3 years

The key risks linked for both boys and girls between ages 0-3 years include diseases, insecurity and fear of being kidnapped, accidents and poor sanitation. Fear of contracting diseases, both waterborne and as a result of pollution and poor sanitation were evident in all the four urban informal settlements visited. Both boys and girls at this age suffered from coughs, malaria and diarrhea diseases as the most common diseases in the settlements. In Garissa, qualitative information suggested that the risk of death from disease was heightened by religious and

cultural beliefs, failure of parents to take children to health facilities or to immunize children, cultural practices such as the introduction of alternative feeding immediately after birth including using un-boiled camel milk, and that this was worsened by a lack of planned intervention measures specifically targeting this age group.

Childhood disease incidence had a pronounced seasonality. Diarrhea, coughs and malaria were linked to the rainy seasons. FGDs with community members in Likoni slum (Mombasa) confirmed that most common children disease were malaria common in rainy season. Others diseases were coughs, diarrhea and vomiting, jigger's infestation, eye infections, pneumonia and TB. Accidents were particularly common in Mworoto slum (Mombasa), where the community had experienced fatal accidents involving children (boys and girls) that had been knocked down by cars and motorbikes while playing on the road sides. It was evident that in the slums there was no adequate playing space hence children resulted to using nearby roads. In Mombasa slums it was also reported that children frequently got lost during play, when lost children who could not trace their homesteads as they had moved further from their homes during play.

Fear of being kidnapped was reported in Ziwa la Ngo'mbe area in Kisauni Sub-county. The area had experienced incidences of children being kidnapped for economic value and bargain. Families through the FGDs confirmed that they had lost children within the slum through kidnappings. Insecurity as indicated by the caregivers was fear of children being raped and bullied within the slum setting. Poor sanitation was also indicated as a major concern for the girl child across all the four urban towns under the study. Cases of defilement, though minimal were real in the informal settlements. One of the KII's in Garissa informed the study team that in 2014, the institution had recorded a defilement case for a 3-year old girl.

5.2.2. Children 4-5 years old.

Children between the ages of 4 and 5 years were expected to be enrolled in formal schooling for the non-Muslims, and in Duksi/ Madrassa classes among the Muslim community, where children are supposed to learn the Qur'an before enrolling in formal schooling. KIIs concurred that major

risks affecting this age group included neglect due to high cases of divorce and common diseases (coughs, malaria and malnutrition). Malnutrition was reported to be common in the four urban settlements as low income earners did not have the capacity to offer their children different varieties of food and hence gave them maize porridge and *omena* soup when able, and when in difficult situations, children were fed on *mandazi* and 'strong' tea or soup which they get from the market. In Garissa, children were frequently denied access to vegetables, which many people believe are for animals. Thus households considered taking a balanced diet as a luxury.

These younger children are also often withdrawn from schools for financial reasons and during such breaks, children may be introduced to manning kiosks where they sold commodities while the mothers attend to other duties. Poor sanitation was linked to the poor latrine coverage as well as inadequate water that lead to people 'washing' their hands using sand.

Child defilement and fear of the girl child being raped were issues of concern in the informal settlements. FGDs confirmed that perpetrators of rape or defilement were usually neighbours or immediate relatives living within the surroundings. Defilement and rape cases often went un-punished due to the conservative nature of the community. The community also chooses to resolve such matters using local arrangements as opposed to using the justice system as provided by law.

5.2.3 Children ages 6 to 10 years.

Children between ages 6-10 years had several challenges which revolve around dropping out of school, diseases insecurity and defilement. Key risks mentioned in the FGD discussions were negative peer pressure and constant withdrawal of children from school as a result of lack of fees. The reasons for girls' school dropout are similar to those of boys. However, the cultural preference for boys over girls was perhaps the single most important contributor to cases of school dropouts among girls. FGD discussions revealed that in instances where dropout is due to lack of fees girls will have less chance of staying in school. As a result, girls may never be enrolled back in school which may lead to them engaging in either drug abuse, small business trade, or being married off. In Garissa, the prevalence of FGM among some of the community

members was noted for girls aged between 7 and 10 years of age and contributed significantly to school dropout for this age group. Again in Garissa, the FGDs explained that boys accompany their fathers to fetch firewood and burn charcoal in the wilderness, which takes a week or two. Initially, this leads to withdrawal from school but gradually leads to dropping out of school, as the boys are socialized to depend on livelihoods that do not necessitate formal schooling.

Security concerns were raised including fear of kidnappings, and being bullied by older age groups living within the slum. Cases of defilement increased within ages 6-10 years as shown by household survey data. These risks were expressed by communities across all the four urban slums visited. In Mombasa, insecurity was attributed to bullying and rape, especially in Muoroto and Bangladesh slums. The same fears were mentioned by FGD members in all the three slums.

5.2.4 Adolescents aged 11 to 18 years.

Adolescents face more risks than other age groups and attracted more responses from households in the four urban area sites visited. FGDs with community members confirmed the key risks as early exposure to sex and intimacy. This was attributed to exposure to pornography on the internet, movies and magazines since parents have little or no control to what they access. In Kisumu, the adolescents were at liberty to attend cultural burial ceremonies otherwise referred to as "disco matangas" that run late into the night, where they may engage in sex. In addition, parents felt that inadequate space at home for the adolescents to share with the parents and their younger siblings were a source of concern. The adolescents were confirmed to be demanding for privacy which was limited by the room size. This posed a threat, as the dissatisfaction made children stay out. This often exposed children to bad company and led to dropping out of school; while other household experienced a rise in conflicts and confrontations due to limited privacy between parents and the teens. This in turn led to other risks in children including verbal and physical abuse.

Parents had a number of concerns about the propensity of adolescents to engage in risky behaviours. Girls were accused of dressing indecently, cases of drug and substance abuse were

reported to be high, and drugs were confirmed to be readily available in Ziwa la Ng'ombe and Bangladesh in Mombasa and in Kibera and Mathare in Nairobi, as there was a ready market for them. Common drugs abused were bhang, cocaine and khat (*miraa*). Girls were vulnerable to rape and consequently early pregnancies. Most of the perpetrators were confirmed to be either touts/conductors, *bodaboda* riders and teachers who exchange favours extended to the girl child for sex. It was confirmed that most girls who get impregnated have no chance of going back to school. This age group was also prone to HIV infection due to early engagement in sex.

Many of these issues were believed to play a role in school dropout. Dropout cases were heightened after class eight due to the extremely low performance at Kenya Certificate of Primary Education (KCPE). The low performance in the national examination was attributed to parents' lack of education and lack of incentive to educating their children. Poverty also played a role, as the children lacked adequate basic needs and could not concentrate in school work; instead they were worried about having a meal and good clothes.

5.2.5 Vulnerable Children and Care Arrangements

The qualitative discussions in the slum settlements included further discussion of categories of children who were considered at increased risk. Participants in the FGDs identified a number of groups of children either with particular exposure to risks, or who were at increased risk due to the care arrangements in their households.

Children brought up by parents who brew alcohol in the slums had a higher chance of being in a risky situation. Results from the qualitative responses clearly highlighted some categories of children most vulnerable under this practice. Girls in these households are exposed to selling local brew at an early stage of life, which not only exposes them to alcohol drinking habits but they are also at higher risk of sexual abuse by male clientele.

Children living in homes where gender based violence is prevalent also had higher exposure to risk. Key informants and focus group discussants pointed out that Gender Based Violence (GBV) was rampant in homes and was triggered by financial arguments and men having multiple partners. It was reported from the sessions that children are often caught in the middle of such

GBV confrontations. As result, many children experienced extreme punishments, including burning of fingers, being denied food or medication, and being denied education.

Physically and mentally disabled children were found to be exposed to greater risk and are also more vulnerable due to their dependence on their carers. Children with disabilities were reported to be locked up in houses, and in the worst cases, such children could be chained on a piece of furniture or tethered to a tree to stop them from roaming about and potentially straying. They were often considered a bad omen and had to be locked up to save families from disgrace and stigma that was associated with having disability in the family. In areas with poor sanitation facilities, disabled children soiled themselves for the whole day without change of diapers or even clothing. Sometimes they were not fed.

Children coming from broken families such as divorced or separated couples and those born out of wedlock were exposed to greater risk. Such children were more vulnerable as they ceased getting combined parental care and were sometimes caught up in the middle of the differences between their parents.

Children living with their grandparents and single parent households were also noted to be more vulnerable, as grandparents were elderly and often did not have the energy or resources to support the children. This led to older children taking up the role of taking care of the younger siblings as well as the grandparents.

Children in crèches and day-care centres: Due to the economic constraints that face most mothers in the areas under study, children were more often than not left under the care of caregivers, who have put up makeshift crèches or day-care centres. The centres frequently do not conform to minimum requirements, they may be cold, with inadequate sanitation, and caregivers are overwhelmed by the number of children in their care and therefore neglect some. Feeding of the children was done in a row, using same spoons and utensils without consideration of hygiene.

5.3 Drivers of Risk and Vulnerability

The combination of quantitative and qualitative methods in the study facilitated consideration of some of the underlying drivers of risks and vulnerability. These are the underlying factors that lead to greater exposure of children, and also point to some of the potential areas for intervention to build resilience of households and communities, reducing the risks to children. Some of the principal drivers of risk and vulnerability were low levels of awareness of children's rights, insecurity of livelihoods and lack of adequate social security, poor housing, lack of physical security in the settlements, and poor provision of sanitation and solid waste management.

5.3.1 Awareness of children's rights

It was evident from the quantitative survey that parents and caregivers do not have a high level of awareness of children's rights. While parents were able to list rights aligned to basic needs i.e. food, clothing, shelter and education, very few were aware of other rights such as identity and registration, protection, parental care or the rights to participation and to play.

5.3.2 Insecurity of Livelihoods and lack of adequate social security

While a number of risks indicated that fluctuations in casual employment, prices, and rents are critical drivers of food insecurity and other risks to children (including child labour and engaging in prostitution for example), the qualitative investigation found that households did not have many avenues for saving and that use of social security options was limited. Livelihoods in the visited slums were highly precarious. Data from the households indicated that 32.9% were casual labourers with a further 19.6% involved in petty trade/ running kiosks. Other common sources of livelihoods were undertaking domestic work (16.4%), employment by public or private sector (12.9%), drivers/ bus terminus operators (6.4%) and hawking/vending along the road sides (5.2%). A small minority of household respondents indicated to have been elderly, disabled and unemployed at 2.2%, 0.5% and 2.2%, respectively during the time of the survey. The fragility of these livelihoods and seasonal nature exposes children to numerous risks including food shortages and evictions.

5.3.3. Housing

Housing issues that increase the risks to children in the slums include the nature of the structures, poor access for emergency services, and high rents. The temporary nature of many of the structures in the slums and the unsafe infrastructure also compromise the safety of children. One of the major characteristics of informal settlements is the type of dwelling places that dominate the areas. Ownership of the land in the informal settlements is contentious, construction is often in areas reserved for power lines, railways and roads, and houses are often in areas that are prone to floods, mudslides, earthquakes and fire hazards. The houses were mainly made of easily obtainable materials such as used corrugated iron sheets, carton boxes, *makuti*, mud and wattle. The owners do not invest much in putting up permanent structures because of the unplanned nature of these settlements. Nevertheless, there were a few exceptions as evidenced by a few high rise buildings as seen in parts of Muoroto, Mathare and Kibera in Nairobi.

Housing in the four areas was found to have specific characteristics. In Nairobi and Kisumu almost all of the houses had corrugated iron sheet roofs, while in Mombasa some of the slums are in older areas with both permanent and semi-permanent structures, with many of the older permanent structures old, with cracks, and marked for demolition. Housing in Garissa was characterised by a mix of corrugated iron sheets roofed and grass/*makuti* built houses. The poorest housing was in Bulla Gadut that was mostly occupied by the poorest of poor. The majority of the respondents in Bulla Gadut lived in simple *manyattas* made of locally available materials such as *makuti*, wood and old clothes.

The poor infrastructure also makes it difficult for emergency rescuers to intervene when an accident or disaster occurs.

The majority of the households in the sample (72%) live in rented houses, 25.3% owned their residence while 3% lived in either parents' residences or had leased. In Nairobi, 90% of the households interviewed lived in rented dwellings. The mean monthly rent paid in Nairobi was KES 2,605 (around USD 30), which was the highest of the four urban areas covered in the study. Thus, children in Nairobi informal settlements faced the highest vulnerability of not having secured housing, particularly if their parents were on casual employment and could not guarantee a monthly income sufficient to cover the rents. Landlords were known to be merciless; they could easily evict the tenants when they fail to pay rent. Given the unplanned and illegitimate

nature of the settlements, the Landlord and Tenants Act, governing housing does not include these settlements. Housing and rent tribunals may also be beyond the reach of the tenants in the informal settlements.

5.3.4 Insecurity

Insecurity was recognised as an underlying cause of risk. The informal settlements are characterised by high incidence of incidents such as rape, burglary, defilement, kidnappings and muggings. Insecurity was common in all the four urban towns and had a direct impact on access to education and the right to participation. For example in Nairobi insecurity caused fear of being raped, child abduction,, child defilement and being mugged on insecure roads and bridges. Garissa was also singled out as an unsafe neighbourhood due to the risk of radicalisation to join terror groups.

There are also high rates of migration between the slums, villages and urban centres, and frequent movements and shifts in the informal settlements, prompted by seeking for employment (24.6%), close proximity to breadwinner (18%), high rent and food prices (17%), and insecurity (13.6%). FGDs revealed that villages were organised around ethnic lines and were thus designated as exclusive for particular communities. Any outsider was met by the full wrath of insiders who accused them of trespassing. This does not augur well for children who are growing and may not be aware of ethnic barriers and differences which may undermine ethnic cohesion and integration that is important for nationhood.

5.3.5 Poor sanitation, hygiene and waste management

Poor sanitation and waste management was established to be a major driver of risks associated with hygiene and health in the informal settlements. Modes of waste disposal also acted as a driver of risk in children, especially due to unsafe waste disposal and management practices. The four urban areas using 'flying toilets', as form of human waste disposal was common, especially in Nairobi. Other unsanitary practices that were a major health risk for children and adults included using bushes and open sewer systems that flow within the neighbourhoods.

This participatory mapping revealed that there were specific vulnerabilities affecting children that resulted from lack of adherence to basic hygiene practices. The level of hand washing was still low, particularly for those handling babies below two years. Those who changed babies diapers and changed them after defecation did not wash hands thereafter, thus highly risking transmitting germs to the babies' foods, as well as those of other households members and for themselves too. Figure 1 depicts hygiene practices observed for children aged 0-10 years across the four urban areas
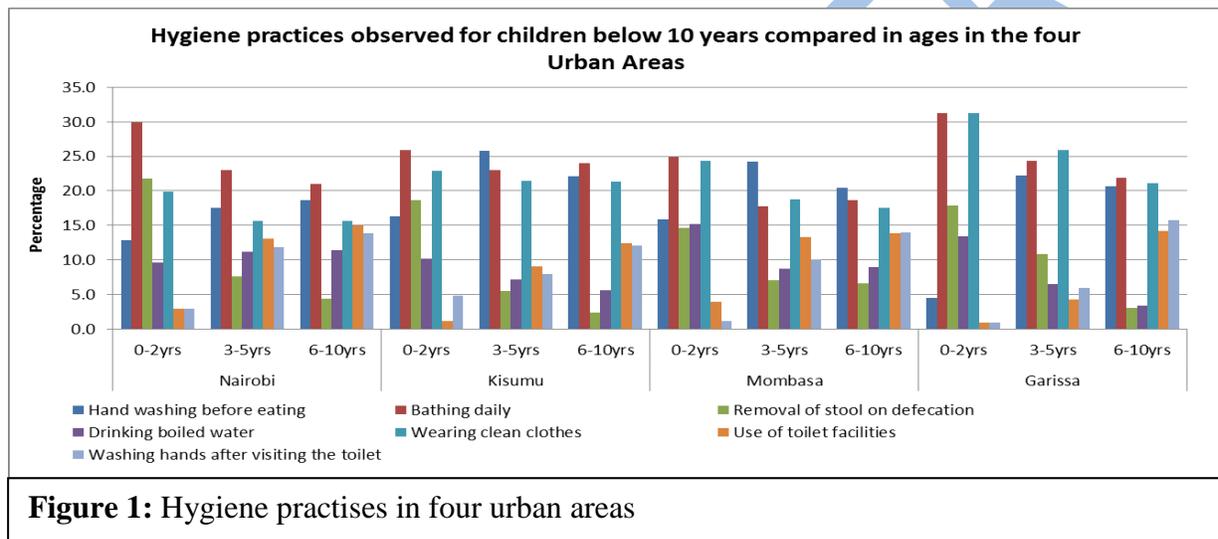

Figure 1: Hygiene practises in four urban areas

Water purification and treatment for domestic use are considered important to reduce exposure to waterborne diseases. A significant proportion of households (28.4%) confirmed they do not treat water drinking. This was highest in Garissa (48.4%) with the least being in Nairobi (23.3%). The most common method of making water portable and safe for drinking was adding chlorine as indicated by 35.7% of households.

5.4 Community Approaches to Reducing Risk and Building Resilience

The qualitative research considered some of the existing mechanisms at household and community level that are used to offset or reduce risk. At household level, strategies enumerated by the focus groups included purchasing food on credit, belonging to "chamas" or savings groups, and illegal electricity and water connections. There were also several coping behaviours that would have negative consequences for children, including withdrawing children from

school, child labour, and child begging. Borrowing and consuming foods on credit are applied when food prices are high and when breadwinners have no source of income or the casual labour payments are not sufficient for purchasing food. Households thus resort to borrowing food from neighbours and relatives. In some instances, children were accommodated by neighbours and relatives. This was noted to be common in many households. When the reciprocity mechanism failed or was not convenient, consuming foods on credit was the second most commonly used strategy by households. In the worst cases, children were sent out on the streets to beg for food.

Close to half of the respondents (42.4%) were noted to belong to a social group. These *chamas* and self-help groups provide caregivers with platforms for social, psychological and monetary support. In addition, the organisations have also provided a source of income to members as a result of having income generating activities. In particular, women were emphatic that these groups would bail them out in case of needs such as lack of money to buy food, when seeking medical attention as well as paying school fees for their children. It was reported that rarely or never did households borrow money from the *chama* to buy non-essential commodities.

Due to illegal activities in most of the informal settlements, such as illegal connection of water and electricity, there is an unwritten agreement between members of the community making the settlements exclusive areas where outsiders, irrespective of their intention and mission, are not allowed. Since the settlements are closely knit in terms of close alleys and lack of driveways or pathways it is then difficult for outsiders to weave their way through the settlements. Vigilante groups act as gatekeepers to keep off outsiders suspected to be informers or people spying to report on illegal water piping and electricity connections.

Children were withdrawn from school and engaged in labour. In some instances, both boys and girls could be sent out to sell groundnuts in baskets to help in meeting household needs. In addition, girls would be engaged in helping their mothers to clean clothes where they get a client or take care of younger siblings when the primary caregivers were away. It was also noted that children could be engaged in trade and transportation of drugs and guns, as the police would least suspect them to indulge in criminal activities.

5.5 Government and NGO approaches to reducing risk and building resilience

Two important approaches to reducing risk and building resilience in the slums are slum upgrading and social protection. National government has undertaken slum upgrading projects in Kibera and Mathare in Nairobi, and recently launched the upgrading of Nyalenda slums in Kisumu. The project includes construction of toilets, showers, and gabions as well as cleaning up sewers. The initiative involves National Youth Service (NYS) graduates along with volunteers from the target informal settlements working together on the construction projects. NYS provided necessary attire for the projects to each volunteer, including gum boots, dust masks and gloves. The volunteers were trained for two days and then integrated into the project fulltime and they get to earn some cash while they were at it - being paid once a week. The volunteers were essential part of the programme because they build the community's confidence regarding the projects as well as their own confidence in contributing to the improvement of their community and hence an overall feeling of belonging.

Social protection approaches have also been targeted to the vulnerable urban population, though coverage is still low. Government is implementing Inua Jamii, the National Safety Net Programme (NSNP) which aims to strengthen operational systems while expanding the coverage of five cash transfer programmes; the Older Persons Cash Transfer (OPCT), the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Hunger Safety Net Program (HSNP), the Urban Food Subsidy Cash Transfer (UFS-CT), and the Persons with Severe Disability Cash Transfer (PWSD-CT) (National Gender and Equality Commission, 2010). Cash transfers of KES 2,000 per household are offered to qualifiying households on a monthly basis. However there are still challenges of low coverage in the urban slums and issues such as late disbursement. Women and Youth in urban areas have been targeted for livelihood support under Government's Uwezo Fund, but communities in the informal settlements experienced limitations in getting registered as companies to participate, and many women were illiterate and dependent on the males.

A number of NGOs have also developed programmes targeting the urban informal settlements with health, nutrition and education interventions.

6.   Conclusions and Recommendations

The study involved use of quantitative perceptions of risks and vulnerabilities combined with participatory discussion of these issues which has provided an improved basis for understanding the inter-connectedness of environmental, economic, social, health and even political risks. In particular, the study suggests a pronounced seasonal pattern in the incidence of risk and that the majority of risk factors peak for slum dwellers during the months of December, January and February. Children were also found to be increasingly vulnerable to a range of risks during the adolescent period, and particular groups of children have greater exposure to risks depending on household level factors and care arrangements.

The study findings and analysis suggest a number of potential approaches to reducing risk and building resilience in the urban informal settlements. Based on the study, proposed approaches include: undertaking advocacy and awareness raising campaigns on the rights of the child; fostering more collaboration between communities and community based organisations; supporting mechanisms to reduce economic risk including social protection, table banking and income generating activities; and supporting improved health, nutrition, sanitation and hygiene practices in the communities.

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