

Measuring child protection systems at decentralized level in Senegal:

Building grounded indicators for population-based measurement


Beginning the process

How and why we started the process to measure child protection systems in Senegal

Background: For the past several years, many countries have been undertaking “violence against children surveys,” led largely by the CDC, providing them with their first-ever national statistical rates of various forms of violence against children.

- Data very welcome for advocacy and planning
- However, these surveys are perceived to be cost-prohibitive (\$1+m) and time-consuming

Simultaneously, data management systems in many child welfare systems do not have much by way of “snatch and grab performance measures.”



This process was born from a spirit of innovation: (how) can we measure child protection systems inputs and outputs at a decentralized level in a relatively efficient, cost-effective way?

Potential replication was an important factor for tracking over time.

The population-based nature of some of the indicators, especially child and family outcome measures, was an important driver as well.

So what in the world did we mean by “social factors”?

“Social factors” was the innocuous term that we finally agreed upon to include two basic categories of indicators about child protection and well-being that we were hoping to measure.

1) Social norms: often informal group rules, mostly learned by observation, with three distinct features:

- Are shared by members of a reference group;
- Include one’s beliefs about what people in the group do;
- Include one’s beliefs about what people in the group approve and disapprove.

2) Child protection and well-being outcomes:

- As defined by the community members in the departments chosen; as well as
- As required by international convention.

Consulting communities to determine which social factors to measure

Two departments selected

UNICEF and its partners in the Senegalese government selected the two administrative departments where this work would take place.

- **Pikine:** an area just outside of central Dakar, the capital; multi-ethnic; 1.2m inhabitants (2013)
- **Kolda:** a rural area in the southern part of the country; primarily Pulaar with some Wolof inhabitants; 151k inhabitants



Methodology for consultations

Adapted from the John Hubbard method of ethnographic interviewing

Proposed Methodology for a
Monitoring and Evaluation
Framework for Tracking Child
Protection Outcomes in West
and Central Africa

Columbia Group for Children in Adversity
4 December 2015

Wording of Hubbard interview questions:

[Note: Interviews were conducted in either Wolof or Pula. The French interview language – which served as a base for the translation to Wolof and Pula during the training – is copied below.]

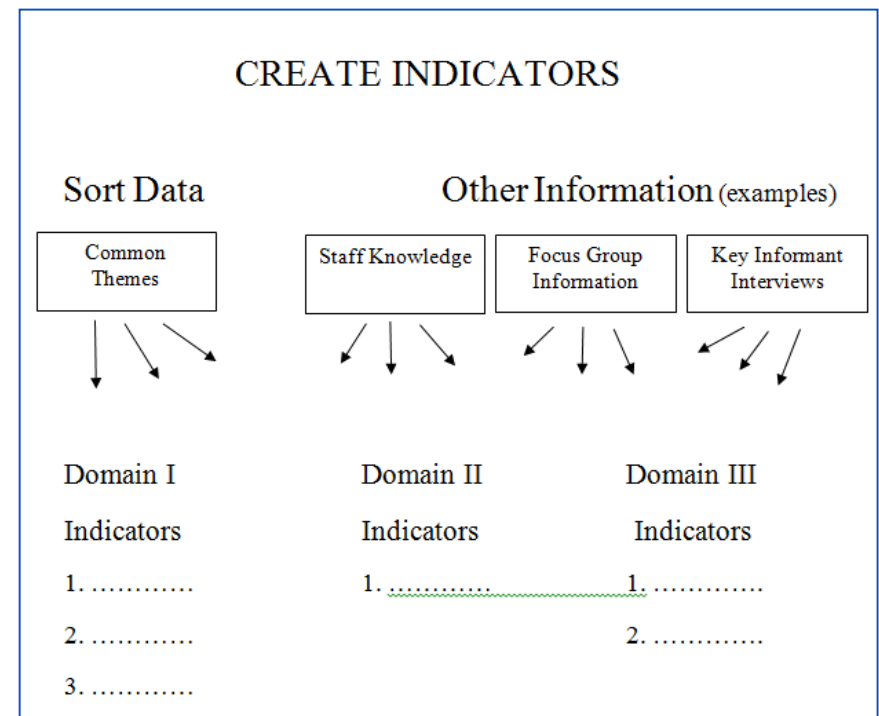
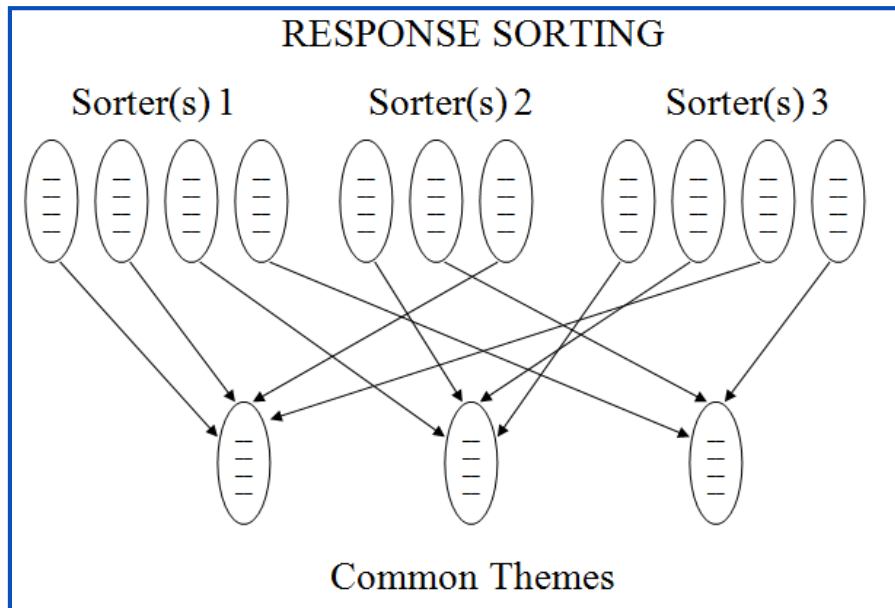
Well-being factors interview question: Il nous aiderait beaucoup si vous pouviez nous aider à comprendre comment vous savez si un enfant a une vie satisfaisante et s'il est en sécurité. Pour commencer, je voudrais vous demander de penser à un enfant de votre communauté que vous connaissez, qui a une vie satisfaisante et il est en sécurité. Il ne faut pas me dire le nom de cet enfant. Cet enfant ne doit pas être celui que vous connaissez le mieux oui qui a la vie la plus satisfaisante en absolu, mais seulement un enfant qui, à votre avis, a une vie satisfaisante et est en sécurité. Est-ce que vous avez identifié l'enfant auquel vous allez penser ?

Quelles sont les choses qui vous amènent à dire que cet enfant a une vie satisfaisante et est en sécurité?

Protective factor interview question: Quels sont les principales choses qui aident les enfants à avoir une vie satisfaisante et à être en sécurité ?

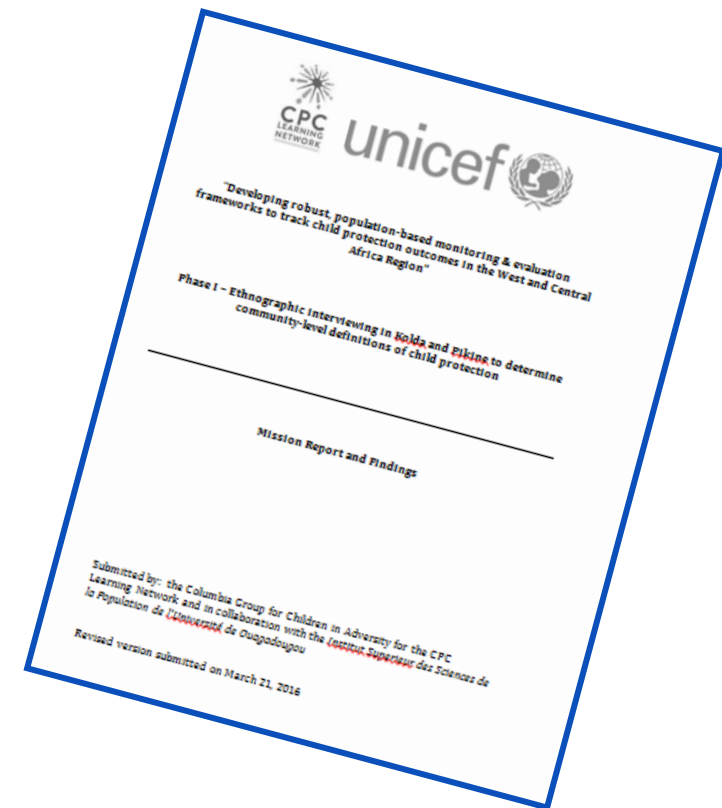
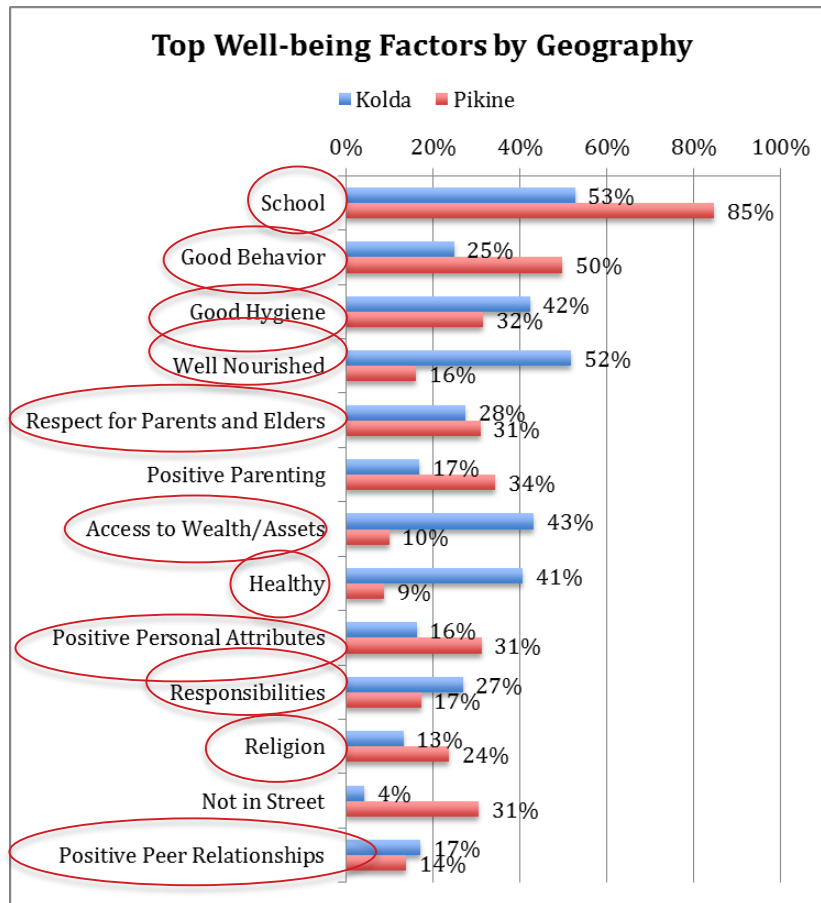
Risk factors interview question: A part la pauvreté et la maladie, quelles principales choses peuvent nuire à l'enfant, ou peuvent lui empêcher d'avoir une vie satisfaisante et d'être en sécurité ?

In the Hubbard methodology, two clean steps help you move from the interviews to indicators.

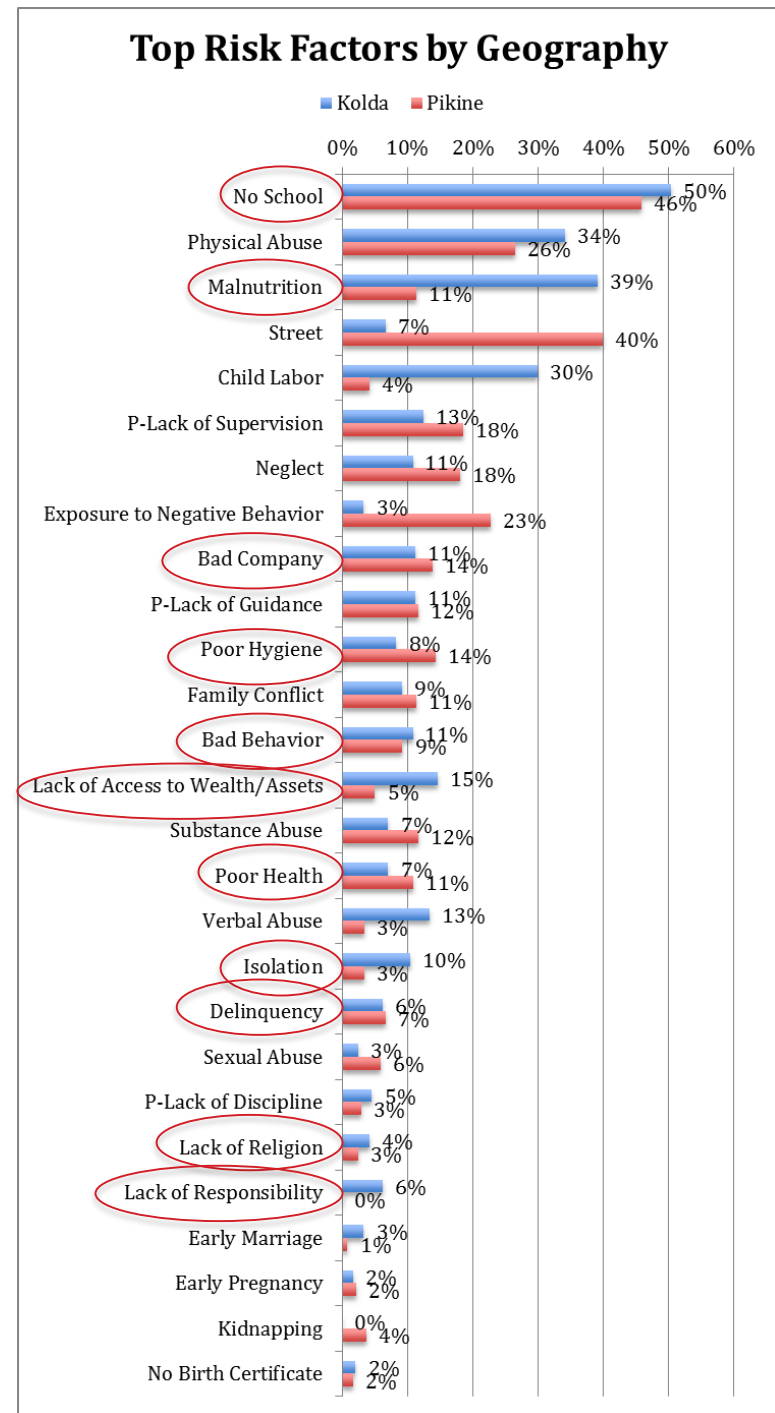


In our experience, this was more like a six-month long discussion—and negotiation—with many interested parties.

Our first data source were the community-generated themes.



However, many of these items were not considered to be “child protection” indicators.



Throughout the process, we sought to create a survey tool that incorporated both “local” and “international” child protection definitions.

7 Core Modules for Adults and Adolescents

1. Demographic characteristics
2. Relative poverty
3. Household composition
4. Child labor
5. Child marriage and intimate partnerships
6. Physical, emotional and sexual violence
7. Female genital cutting/mutilation

Additional Modules for Adolescents

8. Interpersonal and community behaviors
9. Friendship

Additional Modules for Adults

8. Parenting practices
9. Norms on violent discipline of children

There is both common ground and significant incongruence between “local” and “international” priorities about what to measure or to prioritize.

Common ground: sexual abuse
 physical abuse in some circumstances
 harmful child labor (boundaries may differ)

Incongruence:

- inclusion on health, education, nutrition, water and sanitation?
- prioritization of child marriage, FGM/C
- **friendship and spirituality**

Colleagues often questioned why we needed this first phase to develop the survey, but the survey itself was designed largely from language proposed by community members.

Example on emotional violence: *A ton avis, si un enfant fugue, est-il acceptable pour un parent d'insulter [d'engueuler, de crier, de maudire, de parler de manière violente ou de tenir des propos humiliants] à son égard de l'enfant?*

Measuring social norms

is a sophisticated process that requires several angles of measurement.

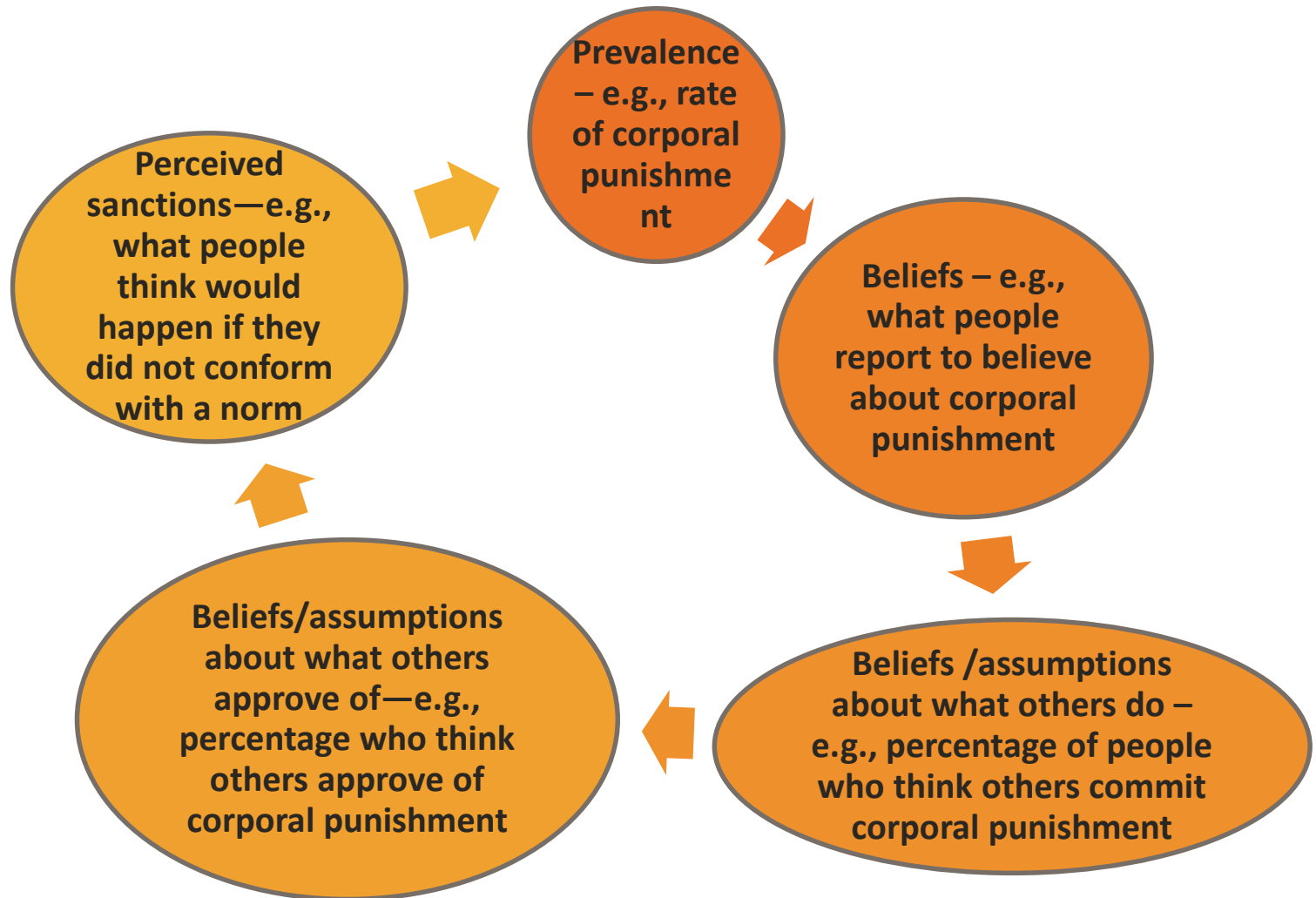


Table 3.1.5a Child Marriage Norms (N=833) Respondents: Adolescents 13-18 years old

	Pikine			Kolda			Grand Total N=833
	Male (n=204)	Female (n=219)	Total (n=423)	Male (n=205)	Female (n=205)	Total (n=410)	
For you, at what age should a girl get married?							
< 18 years	8 (3.92%)	9 (4.11%)	17 (4.02%)	55 (26.83%)	61 (29.76%)	116 (28.29%)	133 (15.97%)
18-25 years	156 (76.47%)	168 (76.71%)	324 (76.60%)	127 (61.95%)	118 (57.56%)	245 (59.76%)	569 (68.31%)
> 25 years	40 (19.61%)	42 (19.18%)	82 (19.39%)	23 (11.22%)	26 (12.68%)	49 (11.95%)	131 (15.73%)
For you, at what age should a boy get married?							
< 18 years	3 (1.47%)	3 (1.37%)	6 (1.42%)	23 (11.22%)	26 (12.68%)	49 (11.95%)	55 (6.60%)
18-25 years	127 (62.25%)	109 (49.77%)	236 (55.79%)	138 (67.32%)	111 (54.15%)	249 (60.73%)	485 (58.22%)
> 25 years	74 (36.27%)	107 (48.86%)	181 (42.79%)	44 (21.46%)	68 (33.17%)	112 (27.32%)	293 (35.17%)
How many girls in your community are married before age 18?							
Majority	9 (4.41%)	24 (10.96%)	33 (7.80%)	71 (34.63%)	73 (35.61%)	144 (35.12%)	177 (21.25%)
Minority	195 (95.59%)	195 (89.04%)	390 (92.20%)	134 (65.37%)	132 (64.39%)	266 (64.88%)	656 (78.75%)
How many girls do you know personally who were married before age 18?							
Majority	2 (0.98%)	11 (5.02%)	13 (3.07%)	52 (25.37%)	58 (28.29%)	110 (26.83%)	123 (14.77%)
Minority	202 (99.02%)	208 (94.98%)	410 (96.93%)	153 (74.63%)	147 (71.71%)	300 (73.17%)	710 (85.23%)
How many girls do you know who were married before age 18 against their will?							
Majority	0 (0.00%)	2 (0.91%)	2 (0.47%)	23 (11.22%)	25 (12.20%)	48 (11.71%)	50 (6.00%)
Minority	204 (100.00%)	217 (99.09%)	421 (99.53%)	182 (88.78%)	180 (87.80%)	362 (88.29%)	783 (94.00%)
My community thinks that girls should be married before age 18.							
Agree	25 (12.25%)	21 (9.59%)	46 (10.87%)	83 (40.49%)	78 (38.05%)	161 (39.27%)	207 (24.85%)
Disagree	179 (87.75%)	198 (90.41%)	377 (89.13%)	122 (59.51%)	127 (61.95%)	249 (60.73%)	626 (75.15%)
My community thinks that boys should be married before age 18.							
Agree	9 (4.41%)	11 (5.02%)	20 (4.73%)	38 (18.54%)	42 (20.49%)	80 (19.51%)	100 (12.00%)
Disagree	195 (95.59%)	208 (94.98%)	403 (95.27%)	167 (81.46%)	163 (79.51%)	330 (80.49%)	733 (88.00%)

Respondents: **Adolescents 13-18 years old**

A girl who is not married by age 18 will have a hard time marrying later on.

Agree	11 (5.39%)	9 (4.11%)	20 (4.73%)	68 (33.17%)	70 (34.15%)	138 (33.66%)	158 (18.97%)
Disagree	193 (94.61%)	210 (95.89%)	403 (95.27%)	137 (66.83%)	135 (65.85%)	272 (66.34%)	675 (81.03%)

A boy who is not married by age 18 will have a hard time marrying later on.

Agree	3 (1.47%)	2 (0.91%)	5 (1.18%)	37 (18.05%)	36 (17.56%)	73 (17.80%)	78 (9.36%)
Disagree	201 (98.53%)	217 (99.09%)	418 (98.82%)	168 (81.95%)	169 (82.44%)	337 (82.20%)	755 (90.64%)

If you had the choice, would you end child marriage?

Yes, end it	182 (89.22%)	202 (92.24%)	384 (90.78%)	163 (79.51%)	150 (73.17%)	313 (76.34%)	697 (83.67%)
No, continue	22 (10.78%)	17 (7.76%)	39 (9.22%)	42 (20.49%)	55 (26.83%)	97 (23.66%)	136 (16.33%)

Table 3.2.5. Caregiver Beliefs on Child Marriage and Intimate Partnership (N=836)

	Pikine			Kolda			Grand Total N=836
	Male (n=206)	Female (n=215)	Total (n=421)	Male (n=211)	Female (n=204)	Total (n=415)	
Caregiver's child has a boyfriend/girlfriend							
Yes	34 (16.50%)	26 (12.09%)	60 (14.25%)	19 (9.00%)	15 (7.35%)	34 (8.19%)	94 (11.24%)
No	172 (83.50%)	189 (87.91%)	361 (85.75%)	192 (91.00%)	189 (92.65%)	381 (91.81%)	742 (88.76%)
Caregiver has a child who is married							
All/some	50 (24.27%)	37 (17.21%)	87 (20.67%)	92 (43.60%)	66 (32.35%)	158 (38.07%)	245 (29.31%)
None	156 (75.73%)	178 (82.79%)	334 (79.33%)	119 (56.40%)	138 (67.65%)	257 (61.93%)	591 (70.69%)
In your community, how many girls are married before 18 years?							
Majority/All	17 (8.25%)	14 (6.51%)	31 (7.36%)	68 (32.23%)	74 (36.27%)	142 (34.22%)	173 (20.69%)
Minority/few	189 (91.75%)	201 (93.49%)	390 (92.64%)	143 (67.77%)	130 (63.73%)	273 (65.78%)	663 (79.31%)
My community believes girls should marry before 18 years.							
Agree	45 (21.84%)	44 (20.47%)	89 (21.14%)	103 (48.82%)	118 (57.84%)	221 (53.25%)	310 (37.08%)
Disagree	161 (78.16%)	171 (79.53%)	332 (78.86%)	108 (51.18%)	86 (42.16%)	194 (46.75%)	526 (62.92%)
My community believes boys should marry before 18 years.							
Agree	22 (10.68%)	17 (7.91%)	39 (9.26%)	43 (20.38%)	47 (23.04%)	90 (21.69%)	129 (15.43%)
Disagree	184 (89.32%)	198 (92.09%)	382 (90.74%)	168 (79.62%)	157 (76.96%)	325 (78.31%)	707 (84.57%)
A girl who is not married by 18 years will have trouble marrying later on.							
Agree	17 (8.25%)	18 (8.37%)	35 (8.31%)	62 (29.38%)	74 (36.27%)	136 (32.77%)	171 (20.45%)
Disagree	189 (91.75%)	197 (91.63%)	386 (91.69%)	149 (70.62%)	130 (63.73%)	279 (67.23%)	665 (79.55%)
A boy who is not married by 18 years will have trouble marrying later on.							
Agree	7 (3.40%)	5 (2.33%)	12 (2.85%)	26 (12.32%)	38 (18.63%)	64 (15.42%)	76 (9.09%)
Disagree	199 (96.60%)	210 (97.67%)	409 (97.15%)	185 (87.68%)	166 (81.37%)	351 (84.58%)	760 (90.91%)
If you had the choice, would you end child marriage?							
Yes	155 (75.24%)	167 (77.67%)	322 (76.48%)	126 (59.72%)	114 (55.88%)	240 (57.83%)	562 (67.22%)
No	51 (24.76%)	48 (22.33%)	99 (23.52%)	85 (40.28%)	90 (44.12%)	175 (42.17%)	274 (31.78%)

Table 3.2.7. Caregiver Survey Female Genital Mutilation/Cutting (N=693)*

	Pikine			Kolda			Grand Total
	Male	Female	Total	Male	Female	Total	
Caregiver has undergone FGM/C							
Yes	NA	23 (11.73%)	23 (11.73%)	NA	114 (81.43%)	114 (81.43%)	137 (40.77%)
No	NA	173 (88.27%)	173 (88.27%)	NA	26 (18.57%)	26 (18.57%)	199 (59.23%)
The majority of people in my community intend to perform FGM/C on their daughters.							
Strongly agree	1 (0.56%)	1 (0.52%)	2 (0.54%)	20 (13.16%)	14 (9.93%)	34 (11.60%)	36 (5.44%)
Agree	7 (3.93%)	9 (4.71%)	16 (4.34%)	50 (32.89%)	63 (44.68%)	113 (38.57%)	129 (19.49%)
Neutral	2 (1.12%)	0 (0.00%)	2 (0.54%)	9 (5.92%)	5 (3.55%)	14 (4.78%)	16 (2.42%)
Disagree	91 (51.12%)	98 (51.31%)	189 (51.22%)	52 (34.21%)	40 (28.37%)	92 (31.40%)	281 (42.45%)
Strongly disagree	77 (43.26%)	83 (43.46%)	160 (43.36%)	21 (13.82%)	19 (13.48%)	40 (13.65%)	200 (30.21%)
A woman who has not had FGM/C will have a hard time finding a husband.							
Strongly agree	0 (0.00%)	1 (0.52%)	1 (0.27%)	14 (9.46%)	5 (3.62%)	19 (6.64%)	20 (3.04%)
Agree	1 (0.56%)	5 (2.62%)	6 (1.62%)	29 (19.59%)	36 (26.09%)	65 (22.73%)	71 (10.81%)
Neutral	2 (1.11%)	2 (1.05%)	4 (1.08%)	6 (4.05%)	8 (5.80%)	14 (4.90%)	18 (2.74%)
Disagree	97 (53.89%)	94 (49.21%)	191 (51.48%)	65 (43.92%)	63 (45.65%)	128 (44.76%)	319 (48.55%)
Strongly disagree	80 (44.44%)	89 (46.60%)	169 (45.55%)	34 (22.97%)	26 (18.84%)	60 (20.98%)	229 (34.86%)
A woman who is has not had FGM/C will be frowned upon by the community.							
Strongly agree	0 (0.00%)	1 (0.52%)	1 (0.27%)	8 (5.44%)	4 (2.80%)	12 (4.14%)	13 (1.96%)
Agree	3 (1.65%)	7 (3.65%)	10 (2.70%)	42 (28.57%)	53 (37.06%)	95 (32.76%)	105 (15.81%)
Neutral	4 (2.20%)	0 (0.00%)	0 (0.00%)	10 (6.80%)	4 (2.80%)	14 (4.83%)	18 (2.71%)
Disagree	102 (56.04%)	102 (53.13%)	204 (55.14%)	55 (37.41%)	55 (38.46%)	110 (37.93%)	314 (47.29%)
Strongly disagree	73 (40.11%)	82 (42.71%)	155 (41.89%)	32 (21.77%)	27 (18.88%)	59 (20.34%)	214 (32.23%)
If given the choice to discontinue or to continue FGM/C, caregiver would:							
Discontinue	168 (94.92%)	178 (92.71%)	346 (93.77%)	73 (50.69%)	100 (71.94%)	173 (61.13%)	519 (79.60%)
Continue	9 (5.08%)	14 (7.29%)	23 (6.23%)	71 (49.31%)	39 (28.06%)	110 (38.87%)	133 (20.40%)

*Sample size of 693 represents those caregivers who reported being aware of FGM.

Some findings on social norms related to FGM/C

Table 3.1.7. Adolescent Survey Female Genital Mutilation/Cutting (N=833)

	Pikine			Kolda			Grand Total
	Male	Female	Total	Male	Female	Total	
A. All participants (n=833)	(n=204)	(n=219)	(n=423)	(n=205)	(n=205)	(n=410)	N=833
Has heard of FGM/C							
Yes	139 (68.14%)	177 (80.82%)	316 (74.7%)	125 (60.98%)	133 (64.88%)	258 (62.93%)	574 (68.91%)
No	65 (31.86%)	42 (19.18%)	107 (25.3%)	80 (39.92%)	72 (35.12%)	152 (37.07%)	259 (31.09%)
B. Of participants who have heard of FGM/C (n=574)	(n=139)	(n=177)	(n=316)	(n=125)	(n=133)	(n=258)	N=574
Intends to perform FGM/C on their daughters							
Agree	4 (2.88%)	7 (3.95%)	11 (3.48%)	61 (48.8%)	73 (54.89%)	134 (51.94%)	145 (25.26%)
Disagree	135 (97.12%)	170 (96.05%)	305 (96.52%)	64 (51.2%)	60 (45.11%)	124 (48.06%)	429 (74.74%)
A woman who has not had FGM/C will have a difficult time getting married.							
Agree	3 (2.16%)	3 (1.69%)	6 (1.90%)	41 (32.80%)	37 (27.82%)	78 (30.23%)	84 (14.63%)
Disagree	136 (97.84%)	174 (98.31%)	310 (98.10%)	84 (67.20%)	96 (72.18%)	180 (69.77%)	490 (85.37%)
My community approves of FGM/C							
Agree	2 (1.44%)	6 (3.39%)	8 (2.53%)	48 (38.40%)	39 (29.32%)	87 (33.72%)	95 (16.55%)
Disagree	137 (98.56%)	171 (96.61%)	308 (97.47%)	77 (61.60%)	94 (70.68%)	171 (66.28%)	574 (83.45%)
I would put an end to FGM/C.							
Agree (end it)	135 (97.12%)	172 (97.18%)	307 (97.15%)	89 (71.20%)	86 (64.66%)	175 (67.83%)	482 (83.97%)
Disagree (continue it)	1 (0.72%)	4 (2.26%)	5 (1.58%)	32 (25.60%)	41 (30.83%)	73 (28.29%)	78 (13.59%)
Don't know	3 (2.16%)	1 (0.56%)	4 (1.27%)	4 (3.20%)	6 (4.51%)	10 (3.88%)	14 (2.44%)
Adolescent has undergone FGM/C (Females only =310)							
Yes	NA	14 (7.91%)	14 (7.91%)	NA	89 (66.92%)	89 (66.92%)	103 (33.23%)
No	NA	163 (92.09%)	163 (92.09%)	NA	44 (33.08%)	44 (33.08%)	207 (66.77%)
C. Of female participants who have undergone FGM/C (n=103)	(n=0)	(n=14)	(n=14)	(n=0)	(n=89)	(n=89)	N=103
Age at time of FGM/C							
5 years and under	0 (0%)	4 (28.57%)	4 (28.57%)	0 (0%)	65 (73.03%)	65 (73.03%)	69 (66.99%)
Older than 5 years	0 (0%)	10 (71.43%)	10 (71.43%)	0 (0%)	24 (26.97%)	24 (26.97%)	34 (33.01%)
Person who did the procedure							
Midwife	0 (0%)	1 (7.14%)	1 (7.14%)	0 (0%)	4 (4.49%)	4 (4.49%)	5 (4.85%)
Traditional	0 (0%)	12 (85.71%)	12 (85.71%)	0 (0%)	72 (80.9%)	72 (80.90%)	84 (81.55%)
Other/Don't know	0 (0%)	1 (7.14%)	1 (7.14%)	0 (0%)	13 (14.61%)	13 (14.61%)	14 (13.59%)

A stylized world map in a light teal color, serving as the background for the slide. The map shows the outlines of continents and major landmasses.

Reflections...and what happened next

As a feasibility study, this research demonstrated that population-level child well-being and protection indicators can be collected at community level in a country where that has not previously happened.

- The first population-level prevalence rates for some forms of child abuse in two departments of the country (beyond, for example, MICS).
- Data were collected in a reasonably brief amount of time (four weeks) and for a relatively small amount of money (~\$60k).
- The ENTSS and the IPDSR were central to the data collection processes, and the IPDSR played an important role in data analysis.



 COLUMBIA UNIVERSITY | MAILMAN SCHOOL of PUBLIC HEALTH