A journey together…

Programme and Communication Strategies for Child Protection

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Case studies from UNICEF country experiences in Bangladesh, Kenya and Sudan

Lopa Banerjee
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EXECUTIVE SUMMARY

The case study explores the role and scope of programme communication in Child Protection programmes across three UNICEF Country Offices. The purpose of this study is to analyse programme processes, offer insights and recommend strategies for future communication interventions that support the protective environment for children.

The programmes under review are:
- The Sudan Country Office and Kenya Country Office programmes on Female Genital Mutilation/Cutting (FGM/C)
- The Child Domestic Work programme in Kenya Country Office with focus on a particular initiative in Nairobi city - the Sinaga Centre
- The Bangladesh Country Office's new programme communication strategy for Child Domestic Workers.

Female Genital Mutilation/Cutting (FGM/C)

This is a traditional, socio-cultural practice involving the partial or total removal of the external female genital organs. The practice of FGM/C is deeply embedded in social values of women's identity, sexuality and power. It derives social cache from the notion of protecting women's chastity and hence the family honour. In Kenya it is a ritualised practice supported by deeply held ethnic myths. In Sudan it is practised because of the widely prevalent misconception that it is a religious prescription.

Until recently, progress towards elimination has been sluggish. The programme has been limited in scope and organisation. While the practice of FGM/C is based on deep-rooted religious and social belief elimination programmes have focussed on promoting awareness of health hazards. Since 2000, UNICEF's FGM/C elimination programme in Sudan has shifted focus to involving the community more emphatically in the process of change. As a result, today the practice of FGM/C is challenged in the public domain by Islamic clergy and there is a clear effort to de-link Islam from FGM/C and thus discourage its practice.

Recommendations

Eliminating FGM/C is ultimately dependant on removing the social legitimacy that it enjoys. This means that the community must itself find the means and the social and moral authority to reject the practice. Towards this end, UNICEF's programme and communication strategies need to be committed to initiating, sustaining and institutionalising community dialogue and collective action against the practice. Some programme communication recommendations are:
- Create new ideals of gender identity and involve men in doing so through dialogue on rights-based notions of sexuality, etc.
- Replace community values of FGM/C with other values, like girls' education

- Intensive inter-sectoral programming on FGM/C - formal and non-formal education programmes, health programmes, etc.
- Identify and encourage dissemination of courageous decisions abandoning practice.

Child Domestic Labour

This is a widespread phenomenon born out of poverty and unchallenged and discriminatory social practices. Most child domestic workers are girls. The prevailing social belief is that domestic work is not legitimate labour so there are no laws governing domestic work and the rights of domestic workers are routinely violated. Domestic work has the appearance of being a benign form of labour and employers believe, that far from being exploiters, they are offering these children the option of a better life than they would have otherwise.

Children who work as domestics are illiterate and unable to negotiate social mobility opportunities so the thrust of UNICEF programming in Kenya and Bangladesh is on education. While this is a critical aspect of the programme, it cannot operate independently. Programme and communication design must take into account the complexity of social dynamics - all actors (employers, girl domestics, and their families), involved in the issue have their vested interests and the array of programmes should cover all actors.

Recommendations

Programme and communication strategy should be focussed on developing a three-way consistent structure of dialogue, partnership and negotiation among the diverse groups of actors, each with their own vested interests. Some programme and communication recommendations are:
- Developing community programmes that support the formal recognition of domestic work as home-based work
- Designing community interventions that build the capacity of all actors for conflict resolution and problem solving
- Creating community programmes where the employer can participate in education and skills development activities for the child domestic
- Partnering with related efforts in other sectors so that the programme is better able to address the social and economic complexity of the problem.

INTRODUCTION

UNICEF's Child Protection Programmes

In its Child Protection programmes, UNICEF emphasizes the importance of community participation. Child Protection issues are often deeply rooted in social and cultural belief systems. To facilitate the process of sustainable change, communities need to participate in programmes, as agents of their own change. In such a context, communication should be integral to the programme design. The role of communication is to enable a process of public and private dialogue, through which people define who they are, what they want and how they will obtain what they want. The method of communication is participatory and in intent, democratic. The challenge of course, is to ensure that marginalized, repressed and neglected members of the community can participate in the process.

The objective of UNICEF's Child Protection programme is to:
- Prevent violence against children
- Stop the abuse and neglect and exploitation of all children
- Prevent discrimination against all children.

Child Protection is the strategic framework within which UNICEF can help to create and support an environment that protects children by protecting their rights. This is known as the protective environment and programmatically, it constitutes the following elements:

Awareness, attitudes and commitment
- Social attitudes, traditions, customs, behaviour and practices towards children and women
- Governmental commitment to fulfilling protection rights of children and women
- Media attention, reporting and investigation of child protection abuses

Frameworks and capacities
- Adequate and effective legislation and enforcement frameworks that prevent violence, abuse, neglect and discrimination
- The capacity of health workers, teachers, police, social workers and others who deal with children, to identify and respond to child protection problems. Also the capacity of families and communities to protect their children
- Providing children with life skills and knowledge to protect themselves and safe and effective channels for participation and self-expression

Activities
- An effective monitoring and reporting system that records the incidence and nature of child rights violations and allows for informed and strategic responses
- Basic social services for recovery and reintegration of children who are victims of abuse.

CASE STUDIES

These case studies explore the role and scope of programme communication in Child Protection programmes across the three UNICEF Country Offices that the author visited. The countries selected bear comparison in terms of their economic, and development indices and their country programmes of co-operation. These countries have large populations of poor and marginalised people and deep-rooted cultural and social practices that foster child abuse and exploitation. The purpose of this study is to analyse programme processes, offer insights and recommend strategies for future communication interventions that support the protective environment for children.

To gather learning for the paper, the author visited country offices as well as field offices and programme sites in Sudan, Kenya and Bangladesh. She met programme staff in the Protection sections, Health and Education sections, Communications sections and field staff in the field offices. She also met NGO partners and spent time with the communities participating in these programmes and involved in the issues. The experiences of UNICEF country programme officers, partners and national NGOs, form a critical component of the content and the views of the communities have influenced the author's interpretations of the issues.

By analysing the programme and communication processes, and their ultimate social outcome, we hope to provide guidance to other country programmes which deal with issues that are similarly difficult to negotiate.

FEMALE GENITAL MUTILATION/CUTTING

Introduction

Female Genital Mutilation (FGM), or Female Genital Cutting (FGC), is a traditional, socio-cultural practice in 28 African countries, among a number of groups in Asia and among some African immigrants in North and South America, Australia and Europe. The term Female Genital Mutilation/Cutting includes all "surgical procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other non-therapeutic reasons."[1] FGM/C is performed on children and adolescents, usually between six and fifteen years of age. Estimates of the total number of women subjected to FGM/C in Africa range between 100 and 130 million. Given current birth rates this means that some 2 million girls are at risk of some form of female genital mutilation every year.[2]

Mutilated/cut infants, girls and women face irreversible, lifelong health risks. As well as being a fundamental violation of the rights of girls, FGM/C can result in death through severe bleeding, haemorrhage, various types of shock as a result of pain and trauma and severe infection and septicaemia. It is routinely emotionally traumatic.

The early history of the practice suggests that it predates both Christianity and Islam. The practice is found among Muslims, Christians and Judaism and among people of indigenous faiths. The distribution of the practice, though, does not follow the distribution pattern of these religions. For example, FGM/C is not practised in Saudi Arabia, which is the spiritual centre of Islam. It is a cultural practice rather than a religious one, even though the latter may be invoked as a rationale to such an extent that it appears to be the overriding factor.[3] Practitioners of FGM/C are generally traditional birth attendants or trained midwives. FGM/C is a highly valued service with financial rewards, and a practitioner's status in the community and income, can be directly linked with performance of the procedure.

The practice of FGM/C is deeply embedded in social values and beliefs about women's identity, sexuality and power. The community perceives it to be an act of dignity for women. It derives its enormous social cache from the fact that many believe it to protect women's chastity and virginity and hence the family honour. The fundamental socio-cultural driver is the perceived need to control female sexuality. The dominant patriarchy views female sexuality and a woman's control of her own sexuality as threatening to the social order. FGM/C by depriving women of the right to their own sexuality and reproductive health is seen as maintaining the social order. In other words, FGM/FGC, by controlling female sexuality, is believed to preserve family unity. This idea manifests

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[1] WHO/UNFPA/UNICEF Joint Statement, 1997, p 3.

[2] UNICEF Fact Sheet on FGM

[3] Nahid Toubia, 1993

itself in a number of complementary community beliefs:

- The perception of uncut women as sexually unstable and uncontrolled
- The notion that FGM/FGC preserves the dignity of women
- The belief that circumcision ensures fidelity
- The belief that a man's sexual pleasure is greater with a circumcised woman
- The belief that an unmutilated/uncut clitoris will grow to the size of a man's penis
- The idea that female genitalia are dirty and unsightly
- The idea that cutting enhances fertility and child survival.

Along with deeply-held mythologies, one of the most powerful supports for FGM/C is the misconception that it is a religious prescription, supported by the Islamic faith. Many believe it to be specified in the "Hadith" (the Prophet's Sayings and Acts) and follow it as a devout acceptance of Islamic edict. Further, despite being a profoundly violent act in itself, the practice of FGM/C is not intended to mutilate or harm. Indeed it is socially sanctioned and celebrated, and confers honor and respect on the violated. The perception of FGM/C as a socially desirable practice legitimises this violation and sanctions the acceptance of women's inferior status in society. This puts the practice in direct violation of human rights within the CRC and CEDAW frameworks.

FGM/C in Sudan: The Cost of Faith

Sudan is Africa's largest country, with an estimated population of 31 million. The larger part of the population, living mainly in the arid desert of the north, is Muslim, while the smaller animist/indigenous and Christian communities live mainly in the tropical south. The country's north-south ethnic war has ravaged the country and led to a fractured national identity, an impoverished economy and a war-weary population, clinging to the idea of imminent peace and eager to participate in the process. Negotiations for a comprehensive resolution to Africa's longest running war, under the auspices of the Inter-Governmental Authority on Development are on-going in Kenya.

Sudan is an Islamic country governed by Islamic law where the practice of FGM/C is widespread, particularly in the north and overall prevalence is as high as 93 percent.[4] The predominant type of FGM/C practised in Sudan is the "pharaonic" version or infibulation, which is the severest form, involving the removal of all the female external genitalia and the stitching up of the vaginal opening to narrow it.

FGM/C in Sudan is a deeply entrenched socio-cultural and Islamic practice, believed to be associated with fundamental beliefs of "tahura" (cleanliness), chastity, obedience and virginity, as specified in the "Hadith"(the Prophet's Sayings and Acts). Islam means "submission and obedience to the will of God" and the act of FGM/C is seen as a

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[4] MICS 2000

profound act of worship, in fact as the price of submission a devout woman pays for her faith.

Past Programme and Communication Strategies

While efforts have gathered momentum over the last twenty years, progress on eradicating the practice in Sudan has been sluggish and disjointed, although efforts, which began in the 1940s, to ban the practice are now being addressed by various agencies and non-governmental organisations. According to research conducted over the past 10 years, the overall percentage of FGM/C in the northern states has stayed nearly constant (89.2% in 1989/90 and 90 % in 1999/2000)[5]. This is primarily due to the fact that until recently, these various programmes of abolition have concentrated on promoting awareness of the health hazards of the issue when the practice of FGM/C in Sudan is based on deep- rooted religious and social belief.

The overwhelming programme and communication focus on health messages, has led to two disturbing developments. The first is the increased practice of milder forms of FGM/C - from pharaonic (infibulation) to "sunna" (clitoridectomy). It is interesting to note here that the terminology by society is "sunna", which in Arabic literally means "tradition". In other words, the popular name for FGM/C is "tradition". So the community's response to the health messages, instead of rejection, seems to have been the adoption of a milder form of FGM/C. It would perhaps not be overstating the case to say that, the health approach resulted in shifting the debate away from eradication of FGM/C, to popularising less severe forms of the practice. This could be attributed to the fact that the health messages did not address the socio-cultural, religious and economic underpinnings of the practice.

The other development is that of "medicalisation" which refers to the phenomenon of more medically trained midwifes and nurses performing the procedure than the erstwhile traditional practitioners.

These two developments have aided the adoption of FGM/C as a practice among population groups that did not earlier follow it. Communities that have migrated to the North, for example, practice FGM/C as a symbol of their assimilation into the northern socio-cultural context and perceive FGM/C as an expression of 'modernisation[6]. This is evidenced by the fact that today, urban prevalence is marginally higher than rural - 93% versus 89%[7] and prevalence among higher income, educated women is a little higher than lower income, less educated women - 88% versus 76%[8]. The obvious explanation for this deviation is that urban women find it easier both to afford the cost of this practice and to

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[5] SMS 1999-2000

[6] NGO, ROCSS: Survey on Street Girls in Khartoum State, 2001

[7] Magied Abdul, Ahfad University for Women

[8] Magied Abdul, Ahfad University for Women

access it through the better availability of medical services. The more subtle and alarming reason is the issue of re-circumcision, performed after each delivery and sometimes as a cosmetic operation, to make women "tight" and hence "virginal" for their husbands. This is lauded among the urban, educated women as "appropriate adherence to Islamic principles"[9], and is facilitated by the increasing popularity of the milder Sunna form of FGM/C.

The programmes to eliminate FGM/C have also been limited in organisation**.** Women and girls along with community health workers and government   health providers have been the primary targets of communication. Men who are the key decision-makers - community leaders, religious leaders, youth - have not been engaged in the campaign.

UNICEF has been one of the most active agencies campaigning against FGM in Sudan but its programming and communication have also been health-focussed. Anti- FGM/C health messages, aimed at health workers, women and children have been the thrust of its programme. In addition, UNICEF has participated in the sporadic advocacy campaigns for legislation against FGM/C but until recently, ideas and mechanisms appropriate for challenging the social premium of FGM/C had not been employed.

Shifting Gears: Current Programme and Communication Strategies

Sudan is a country at a crossroad. National and international efforts to broker a process of comprehensive peace talks are finally succeeding and the country is eager to repair its fractured national identity and move from war to sustainable peace. Sudan is also keen to take its rightful place as a member of the African Union and the Organisation of Islamic Countries. This is an opportune moment in the country's history, to focus sharply on a framework of human rights as part of peace building efforts and address human rights violations by introducing mechanisms for redress.

For UNICEF this presents a major opportunity to revitalise its long but largely unsuccessful programme on FGM/C. Comprehensive and participatory research, involving NGO partners and a wide range of governmental and non-governmental actors was undertaken to evaluate previous work against FGM/C. Based on this, the programme shifted its approach from health to a rights-based perspective and sharpened focus on the social factors maintaining FGM/C. Consequently, the process of community participation became the driving force of the programme strategy. The FGM/C programme is now integrated as a key initiative of mainstreaming rights, gender and peace building into sectoral programmes supported by UNICEF.

The Programme is part of the Rights, Protection and Peace Building initiative. Its specific goals are to:
- Strengthen national capacity to develop sound gender policies
- Raise public awareness about FGM/C as a Rights violation

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[9] Dr. Magied Abdul, Ahfad University for Women, Khartoum

- Strengthen the capacity of communities to advocate against FGM/C

The communication objective is to generate community debate against the practice of FGM/C. The programme strategy is to enlist the participation of relevant social groups to create a vision and framework for change. This includes family leaders, community leaders, religious leaders, teachers, health workers, NGOs and civil society, legislators, government functionaries, media and international community leaders.

Achievements

One of the key achievements, spearheaded by UNICEF, was the development of a holistic, integrated communication strategy for the abolition of Female Genital Mutilation/Cutting involving the Ministries of Health, Social Welfare, Education and Religion, States' Governments, religious leaders, NGOs, academics, media and UN agencies. The strategy was finalised in November 2002. While the development of a strategy cannot be deemed as an achievement per se, this was the first time a cross-sectoral action plan with the strong backing of key government officials and religious leaders had been developed in Sudan.

"The National Communication Strategy and Action Plan to abolish Female Genital Mutilation is a vital contribution towards achieving the aim of the Government of Sudan's comprehensive development strategy is intended to spur all segments of Sudanese society to take the steps needed to realize the rights of girls and women to be protected from the harmful effects of the traditional practice of female genital mutilation. The Government of Sudan, through the Ministry of Health, is firmly committed to moving forward in partnership on this issue leading eventually to the complete abolition of FGM and to the improved health and wellbeing of girls and women."
Dr. Ahmed Bilal Osman, Federal Minister of Health, Government of Sudan[10]

UNICEF's partnerships with civil society and NGOs stimulated the formation of the "Sudanese National Network Against FGM", a resource group of several agencies that are engaged in social mobilisation, capacity building and training of NGOs and CBOs working on the elimination campaign. The Network facilitates:
- Workshops with religious leaders
- Public debates between religious leaders on radio and television
- Discussions within the community, in community gatherings, lead by religious or community leaders
- The advocacy campaign against FGM/C among policy makers

Other signs of success include the resolution that has been adopted by legal policy makers to implement legislation banning FGM/C within Islamic law[11], and that today the

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[10] Dr Ahmed Bilal Osman. Foreword, *Ministry of Health, Strategy and Action Plan to Abolish Female Genital Mutilation (FGM) in Sudan.* November 2002

practice of FGM/C is challenged in the public domain by the Islamic clergy. This is done through debates in Islamic schools, religious discourses in mosques, and discussions at community gatherings. In addition, UNICEF, through its robust partnerships with educational institutions, is enabling these institutions to drive the campaign through research initiatives, campus activities, and workshops with religious leaders to dissociate FGM/C and Islam. Particular initiatives include:

- Fostering university-community dialogue. Academics and students, who are male, visit the community and discuss the issue of FGM/C and its rights violations.
- Increasing support for academic and theological research on the issue of FGM/C.
- Carrying out workshops that enhance interaction between academics, students and religious and community leaders on the issue.

Observations

The following observations are based on the author's visit to Sudan and the conversations that she had there with communities and programme partners.

Communication can play a cathartic and leading role in the process of social change, even with deep-rooted cultural issues, but only when it is anchored in a process which involves and empowers the community to contribute to and direct the change. For example, long years of health-based behaviour change messages resulted in a shift from the most extreme form (pharonic) to a milder form (sunna) of female circumcision, making it easier for new groups to adopt the practice in Sudan. Once the community was engaged in its own change, it was able to identify the real need to de-link Islam and FGM/C, rather than focus on health concerns.

Change in attitude can be catalysed through community-based dialogue, which can help identify and define objectives and strategies for change meaningful to the community. For example, rather than dive in with externally generated eradication messages, the revised communication strategy against FGM/C enabled the community to define the pace and direction of change through credible opinion builders - leaders from religious groups and local community influentials.

It is the role of communication to bring the community voice into programmes, because in order for change to be sustainable, communities need to participate in their own process of change.

Female Genital Mutilation in Kenya

"For a long time the cutting of a girl's genitals has been the right and honourable thing to do."

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[11] Institute of Training and Legal Reform, Department Of Religious Affairs, Khartoum, Nov 2002.

Woman's verbatim.[12]

Kenya is a lush, physically diverse, tropical country with interior regions that are arid and dry. The Kenyan Highlands comprise one of the most successful agricultural production regions in Africa; glaciers are found on Mount Kenya, Africa's second highest peak, and a unique physiography supports abundant and varied wildlife of scientific and economic value. The country is currently enjoying a period of political optimism, through a recently elected government, which promises to usher in a new era of effective and accountable governance.

Kenya is beset with a rampaging AIDS epidemic and population estimates for this country explicitly take into account the effects of excess mortality due to AIDS.

The Kenyan population is largely Christian with a small minority of Muslims and people with indigenous beliefs. The practice of FGM/C in Kenya is a deeply cultural practice, related to ethnic identity and practised by 38 out of Kenya's 42 ethnic groups.[13] More than 51% of Kenyan communities practice FGM/C and over 38% of Kenyan women between 15 and 49 have been cut. Only 15 out of 73 districts in Kenya do not practice FGM/C.[14]

Three types of cutting are performed in Kenya. These are clitoridectomy (removal of the clitoris) also called "sunna", excision (removal of the clitoris and labia) and infibulation, the most extreme form which involves the removal of all the external genitalia and the sewing up of the vagina.

Among the communities that practice FGM/C in Kenya, it is usually performed as a puberty rite or a "rite of passage". The ritual signifies the girl's readiness for marriage and womanhood and testifies to her ability to bear pain, which is believed to be an implicit part of adult female life.[15] The operation is "regarded as the very essence of an institution which has enormous educational, social, moral, and religious implications."[16] The age of cutting is usually pre-adolescence but can vary from 11 years to 15 years of age depending on the particular community. Thus FGM/C in Kenya is often linked to early marriage. In the Kisii community, girls are sometimes cut at the age of one or two as this is seen as an appropriate age when the surgery is perceived to be the least painful and complications minimal.

Seen primarily as a part of the primordial ethnic identity, FGM/C is much more common in rural Kenya and among women with lower education levels. The prevalence among women with no education is 51%, whereas the prevalence goes down to 40% among

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[12] *Learning About Social Change, a Research and Evaluation Guidebook Using Female Circumcision as a Case Study.* Susan Izett, Nahid Toubia: Rainbo

[13] The National Focal Point on FGM Eradication in Kenya, 2002

[14] Kenyan Democratic Health Survey, 1998

[15] *A Situational Analysis On The Status Of Female genital Mutilation In Kenya: A Literature Review,* 2002

[16] Jomo Kenyatta, *Facing Mount Kenya*

women with primary education. Only 27% of women with secondary education follow the practice of FGM/C.[17] In spite of interest and activity at various levels to eradicate this practice, there is a clear realization among the actors that FGM/C is not widely acknowledged to be a human rights violation and that cultural mechanisms continue to sustain the practice.

Past Programme and Communication Strategies

As in Sudan, the efforts of various agencies to eliminate FGM/C in Kenya have been built on the platform of women's and children's health. These have included activities such as:
- Information, education and awareness campaigns among women and children, and community and health workers, highlighting the health hazards of the practice
- Training of health and community workers to deal with complications arising from FGM/C
- Advocacy towards building a legal framework that prohibits FGM/C.

In Kenya, the public health argument that invokes pain and suffering is seen as irrelevant because the communities that embrace the practice value this pain as a necessary part of the practice and indeed regard it as a signifier of stoic and enduring female ethnic identity. Besides, the tradition of FGM/C is so deeply entrenched in ethnic identity and culture that decisions regarding the practice are rarely made by individuals. Hence communication programmes that focus on girls' behaviour alone, have little effect on the practice because they are not accompanied by broader social change strategies that work to create a stronger protective environment towards girls.

Until recently, UNICEF's FGM/C eradication programmes in Kenya, too, have suffered from a singular focus on health and the lack of real community participation in the programme design and communication. Its programmes have included:
- Supporting advocacy initiatives for the development of national policies and legislation on FGM/C
- Developing IEC materials to increase awareness and knowledge about FGM/C and its health hazards and providing support to community-based organisations engaged in IEC
- Training activities on FGM/C for community and health workers
- Supporting local partnerships and facilitating networks for FGM/C elimination
- Supporting research initiatives to develop appropriate and informed intervention strategies
- Supporting FGM/C activities through integrated programmes in the area of health and education.

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[17]WHO Population Reference Bureau 2001. *A Situational Analysis On The Status Of Female Genital Mutilation Eradication In Kenya: A Literature Review*

While in the main UNICEF's interventions have not been oriented to community participation and dialogue processes, some new initiatives are addressing this objective and trying to work more closely with community participation processes.

In the Garissa province of Kenya, UNICEF is supporting a new community-based intervention that is working with religious and community leaders. Garissa has a large Islamic population and like Sudan, the practice of FGM/C in this region is based on religious belief. The communication initiative uses advocacy and dialogue between communities and religious leaders to sever the connection between Islam and FGM/C and denounce FGM/C as an un-Islamic act. This issue is being discussed at mosques, Islamic schools ("madrasas") and at other community gatherings. The initiative is also using the concept of "learning communities", where un-cut girls and their families talk about their decision to abandon the practice.

Observations

The following observation is based on the author's interactions with NGO partners in Kenya, and conversations with community members of ethnic communities such as the Masai. It is imperative to seek arguments for change that resonate with the community. For this, the community must be engaged in dialogue to arrive at its own change mechanisms. Only this can stimulate the adoption of new sets of values that must replace the perceived values of FGM/C.

Abolishing FGM/C: The Way Forward for Sudan and Kenya

The programme against FGM/C in Sudan and Kenya needs to take advantage of the particular situation of political excitement in both countries. The governing establishments of these countries currently express eagerness to embrace a new order of political peace and social empowerment for their citizens, as well as to imbibe the priciples of good governance and accountability of the New Partnership for Africa's Development. This is the time to accelerate the movement for the eradication of FGM/C towards a "tipping point" - a critical mass of opinion that helps produce social change. [18]

For UNICEF this provides a clear focus for programme and communication interventions. UNICEF's locus of activity needs to be centred on five areas: political action, community value development, partnerships and capacity, the media and participatory monitoring and evaluation.

UNICEF's actions should take advantage of the current positive political climate to advocate for government responsibility towards protecting the rights of girls and women by enacting legislation against FGM/C in Kenya and Sudan. Energizing political action calls for effective, accountable and time-bound partnership-based advocacy initiatives directed towards enacting laws against FGM/C. It also requires training to build legal

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[18]Malcolm Gladwell, *The Tipping Point*

capacity. At this point it is important to underline the role of media in influencing political will. Media has been less than equal to this task in both Sudan and Kenya.

Further activity should address institutionalising community dialogue, which will help the citizens to identify their role in the elimination process and facilitate community value development, thereby embracing new values in place of those supporting FGM/C. The measure of communication effectiveness to help eliminate FGM/C is dependent on its ability to redefine a cultural practice, rid it of social capital and help people find other ways to honour women and their accomplishments. In other words, instead of being seen as a highly sanctioned social practice, FGM/C will be viewed as a violent act, violating fundamental women's and girls' rights. The notions of women's identity and sexuality within the family and community will be re-assessed and new social values created.

This necessitates stronger engagement with the key influence groups - religious leaders, community leaders and family leaders – in other words, men. Programme strategies have, for too long, regarded the issue of FGM/C as a "woman's affair". In order to create new ideals of gender identity, communication programmes need to involve men and adolescent boys more emphatically. Communication strategies should initiate dialogue on subjects such as, rights-based notions of sexuality, girl's education, wife's role in the family, father and husband roles, etc. The idea is for the community itself to challenge the patriarchal beliefs supporting FGM/C. These beliefs then need to be replaced by other values, such as girls' education. Communication programmes need to promote community-based "role models", who showcase the advantages of girls' education to girls and their families. For instance, FGM/C ceremonies can be replaced with ceremonies celebrating girls' achievements in education.

Progress in eradication depends on intensive inter-sectoral programming, for example, including FGM/C in formal and non-formal education programmes and in health programmes. This will help to introduce rights-based gender values through a variety of channels thus weakening the social base for FGM/C. Specifically, FGM/C must be integrated as part of a broader, gender-based curriculum issue in UNICEF's own Child Friendly Village Initiatives and as part of the Girls Education and IECD programmes.

There is a need to focus on methods of decision-making in communities and encourage the dissemination of courageous decisions. This can be supported through mechanisms of overt social approval. For example, NGOs such as Maendeleo ya Wanawake in Kenya are working with youth and men from the Masai community, to encourage them to marry uncut girls. The young men who do so are congratulated at public gatherings and socially championed for their decision to marry un-cut and educated girls. The positive attitudes of young men toward uncut girls have great potential to bring about change in the practice of FGM/C.

It is necessary for UNICEF to take a more pro-active role in popularising the concept of "positive deviance"[19]. This means identifying positive role models, i.e. women who are

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[19] Theory of Positive Deviance supported by the Positive Deviance Institute, Tufts University, USA

not cut, families that are not going to cut their girls, men who marry uncut girls etc. These people are encouraged to speak about their decision to abandon the practice. The idea is to enlist the support of members of the community who have taken a stand against FGM/C, and use them to influence others.

In addition to modern forms of communication, strategies also need to take advantage of traditional forms of communication. Drama, dance, music, puppetry, dialogue circles, community festivals and storytelling are ways the communities traditionally shared information. This makes these channels of information effective even in modern times. For example, UNICEF supports the Theatre for Life project in Sudan, which uses a traditional form of community theatre to pass on basic life messages and advocate against FGM/C. In addition, "Hakamat" are women from ethnic groups in Sudan, who use song to discuss community issues. The Hakamat are very popular and the Sudanese army has used them purposefully to mobilise troops. The Hakamat can be used effectively in community dialogue processes.

UNICEF's activities should also work towards enhancing partnership and the capacity of local groups to advocate and engage people in continuous dialogue in support of change. Religious and community leaders are usually the backbone of the education and outreach programmes on FGM/C. In order to enhance their advocacy efforts and skills, UNICEF needs to develop stronger partnerships with them. UNICEF can develop stronger partnerships with international NGOs and UN System agencies to seek sustained programmatic and financial support for the elimination of FGM/C in Sudan and Kenya, as well as government action in both countries to ban all forms of FGM/C and to support other anti- FGM/C initiatives active in the country.

It is important for UNICEF to support the activities of networks such as National Focal Point. This is a co-ordination center for anti- FGM/C activities in Kenya. It is a collaboration of 11 member organisations that work together and with other agencies to facilitate programme efforts on FGM/C eradication. In Sudan, similarly, the community interventions of the Sudanese National Network against FGM/C should be sustained. Specifically, UNICEF can implement training initiatives to improve the advocacy interventions of these NGOs, enhance the capacity of these NGOs to initiate and maintain community dialogue processes, and strengthen research and data resources on FGM/C, to improve programme interventions

UNICEF must encourage civil society and the government to create alternative skill capacities for traditional circumcisers, through which they can generate income and prestige. They can then be empowered enough to argue against the practice.

UNICEF can do much to enhance media participation in eliminating FGM/C. Media needs to stimulate broad-based dialogue on the issue, and set an agenda for the creation of a protective environment for girls. This calls for training partnerships with media to enable them to be much more responsive to the anti-FGM/C campaign.

As the programme progresses, it will be critical to understand the new values that would be replacing the value of FGM/C. UNICEF can employ particular research methodologies to measure how effective its interventions have been in making the environment more protective of girls' and women's rights. In the UNICEF Operational Guidance Note on Child Protection, three broad types of child protection indicators are discussed: protection environment, protection situation and results indicators. Social indicators such as the number of uncut girls getting married, as well as the enrolment of girls in school and the decline in early marriages, will demonstrate that families and communities have adopted new values.

Keeping with its participatory approach, UNICEF should develop research programmes that involve the community. Through dynamic and appreciative inquiry, a broad range of stakeholders can interpret the change that is happening. This will help to develop learning for future programme interventions.

CHILD DOMESTIC WORK

Introduction

The phenomenon of child domestic workers (CDWs) is widespread in most developing countries, including those the author visited, Kenya and Bangladesh. While the extent of child labour in general is well documented, there are no specific figures for child domestic workers (CDWs), as this work, though widely practised, is an invisible and un-organised form of child labour. Nevertheless, informal estimates indicate that at present, more than five million children are employed in domestic service in South Asia alone.[20]

The tradition of hiring live-in household help goes back a long time in Bangladeshi society and can be traced to feudal social structures. Usually the children of an adult domestic labourer grew up in the household of the employer and were drawn into domestic work before they knew of any other way of life. In Kenya, domestic child labour dates back to the colonial days. African or indigenous families lived on the periphery of white settlements and sent children and women from their households to work in the farms and homes of European settlers, as a means of earning extra income to pay for the numerous taxes imposed on them.

Today, child domestic work is a symptom of the much larger social malaise of poverty, and unchallenged and discriminatory social practices. In situations of extreme poverty, many parents send children to work as a survival strategy. Children's earnings supplement the family's meagre income and sending children away means "one less mouth to feed."[21] Inequity in the socio-economic status of women and girls makes daughters more "disposable"[22] than sons, and so girls are the first ones to be sent out to work. In addition, in Kenya, the magnitude of the HIV/AIDS epidemic is creating a growing population of orphans who are resorting to domestic labour as a means of supporting themselves.

Most child domestic workers are girls. Social structures perpetuate the belief that the primary role of a girl or woman lies within the home and in domestic skills, so girls constitute the majority of the domestic work force, as society perceives them to be better suited to carry out household chores. The International Labour Organisation (ILO) estimates that domestic work is the largest employment category worldwide of girls under 16 years.[23] Child domestics are paid less than adults, are unaware of and unable to demand their human and legal rights and are seen, for these reasons, to be "easier to mould" and "manage",[24] and are therefore much in demand.

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[20] UNICEF, BCO, 2002. *Project Outline for a Communication Campaign on Girl Domestic Workers*

[21] UNICEF, ROSA. *Child Domestic Workers in South Asia*

[22] UNICEF, ROSA. *Child Domestic Workers in South Asia*

[23] UNICEF, ROSA. *Child Domestic Workers in South Asia*

[24] UNICEF, ROSA. *Child Domestic Workers in South Asia*

The pervasiveness of child domestic work is due to extreme poverty but the de-humanising conditions in which many child domestics live is not the outcome of poverty alone. That is almost entirely the result of the attitudes of employers towards domestic workers.

Unlike other forms of child labour (children working in shops, factories or industries), in child domestic work, the employer does not get any direct financial reward from the child's labour. Child domestic work is defined by a type of mutual dependency between employer and employee where economic exploitation is not the key motivation. In fact, after a period of time, a certain type of relationship develops between the two. In return for her unrestricted labour, the employer offers the child domestic worker the opportunity for survival, for as long as the relationship lasts. But instead of the transaction being seen as an honest barter, it is characterised by discrimination, facilitated by the unequal power structure that exists between the employer and the CDW.

While the manner in which the domestic worker is treated varies from employer to employer, it is appropriate to say that the rights of the CDW are more often than not, violated. The prevailing social belief is that domestic work is not legitimate labour. It is seen as a woman's rightful, traditional role, performed within the house by all women. Hence girl domestics are not perceived to be "working" but preparing for their traditional roles as housewives and home-makers. This notion is further encouraged by the fact that there are no institutional or legal labour laws or regulations governing domestic work. So a large number of domestic workers are abused with impunity, sexually and otherwise, and live in unacceptable conditions of neglect even to the point of torture. In Kenya this is exacerbated by the fact that the CDW is often an orphan, with the accompanying stigma of HIV/AIDS and thus has no family or social support.

"A child domestic worker is usually the first to wake up and the last to go to bed."[25]

Child domestic work encompasses a wide range of activities from the minor to the significant and may include heavy-duty hazardous tasks. Some of them are:
- household duties such as cleaning, cooking or assisting in the kitchen, washing clothes and dishes, fetching water, ironing, etc.
- looking after and entertaining the employer's children
- running errands such as serving glasses of water, tidying up after various members of the family, dropping things off at the neighbour's, etc.
- outdoor chores such as shopping, escorting children to school and on outings etc.
- personal services such as head or leg massage, cleaning lice, combing hair etc.

The domestic worker does not have any designated leisure time or holiday or off-hours. She is expected to be "on call", all the time and even when she is asleep, she may be

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[25] Conversation with NGO partner, Shoishab, Dhaka

woken up to perform a chore, if the employer deems it necessary.[26] Though the domestic worker usually lives in the employer's house, she has no personal physical space in the house and her sleeping, living and eating arrangements are distanced from other household members, thereby reinforcing her sense of inferiority. She sleeps on the floor in the kitchen or in a corner of the house or even sometimes outside the house, on a mattress or sheet, depending on the weather and the economic conditions of the employer. The food that she receives is inferior in quality from what the household members eat, and is paltry in quantity. Often she will be given stale or left-over food. The bathing and toilet facilities that she uses are often separate from the employer's and invariably dirty and congested. She may be given one or two sets of used clothes and occasionally a set of new clothes, depending on the economic status of her employer. Despite her young age, she is rarely given toys or the chance to "play".

Job security for the domestic worker is non-existent and depends entirely on her perceived value to her employer. She can be, and very often is, dismissed for the flimsiest of reasons. She is constantly moving from job to job either because she has been sexually abused by the employer and is afraid to work in his employ or because the employer has not found her services satisfactory. She has little or no decision- making power in the selection of employment, the choice usually being made by her parents or family. More importantly, she does not have control over her own earnings, as these go directly to her family, who may give her a small portion of it for her "expenses".[27]

Other than the occasional visit by a family member, the domestic worker is discouraged from building any social networks. She is almost always, lonely and friendless and "utterly at the mercy of her employer"[28] who, because of this, can abuse (including sexually) and exploit her absolutely.

All of these factors, together with the child domestic's profound sense of isolation at her place of work, combine to produce feelings of utter helplessness, hopelessness and pathetically low self-esteem. But the quandary is that in spite of the indignity and humiliation of her life as a domestic worker, this job represents for her the only socially acceptable means of survival. The other option is prostitution.

"Compared to the visibly appalling conditions of work in hazardous industries, domestic work has the appearance of being a benign form of labour."[29]

The employer's self-perception on the other hand, is that of a benefactor. The employers believe, that far from being exploiters, they are offering these children the option of a better life than they would have otherwise.[30] This pervasive attitude of benevolence gives them the moral authority to exercise their power over the hapless CDW.

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[26] Conversation with NGO partners Sinaga, Nairobi and Shoishab, Dhaka

[27] Shoishab, Bangladesh, Sinaga, Kenya

[28] UNICEF, KCO: *A rapid assessment of Child Domestic Workers in Kenya*

[29] T. Mathew, *Liberation of the Child Domestic,* Himal*, November 2002

[30] Shoishab, Bangladesh

Research among child domestic workers in Asia and Africa reveals their simple desires. Not surprisingly, most have to do with the dignity of their lives. They want:

- To eat the same food that their employers eat
- A bed to sleep in
- Use of clean toilet and bathing facilities
- A life free of sexual, physical and mental abuse
- A few hours of leisure
- Basic minimum wages, which they can control
- Some moments of play
- Friends and companionship
- Compassion
- Education, which will offer them opportunities to improve their lives.

Past Programme and Communication Strategies

In the last two decades, human rights and development agencies have concentrated their efforts in working with governments to eliminate the "worst forms of child labour".[31] Kenya and Bangladesh are both signatories to the CRC and other conventions of human and child rights. Both governments follow international norms on industrial child labour practices but perceive child domestic labour to be less hazardous than some other forms of child labour. So the states view it with greater leniency and calibrate their response to the issue based on "degrees of permissible tolerance".[32] With few safeguards in the environment to protect child domestic workers from abuse, it has been the task of NGOs and civil society in Kenya and Bangladesh to lead the programme to improve the lives of child domestic workers.

UNICEF believes that the practice of child domestic labour is unconscionable and should not be supported, and that society must work towards its eventual elimination. Nevertheless, recognising that child domestic labour is a reality, UNICEF has developed an approach towards child domestic workers. This is based on the principle that the child has the right to be protected from economic exploitation and from performing any work that is likely to be hazardous to the child's health or to her physical, mental, spiritual, moral and social development or to interfere with the child's basic right to education.[33] Thus UNICEF's interventions on child domestic work balance the economic compulsions necessitating the practice with the ethical requirements of the child rights framework.

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[31] Definition by International Labour Organisation

[32] T. Mathew, *Liberation of the Child Domestic,* Himal, November 2002

[33] Article 32, *Convention on the Rights of the Child*

The situation of child domestic work is that it not only results from poverty but also perpetuates poverty. Children who work as domestics are mainly illiterate, and without an education they are unable to negotiate opportunities for social mobility. The thrust of UNICEF programming in Kenya and Bangladesh, therefore, has been to focus on education. The programme aims to:

- Make available opportunities for basic education and skill training for child domestics
- Create awareness about the rights of the child among both child domestic workers and employers.
- Motivate employers to change their attitudes and behaviour towards child domestic workers
- Develop capacity for psycho-social and legal counselling for child domestics who have been abused
- Enhance government commitment towards upholding the Rights of child domestics.

The Kenya Experience

In Kenya, UNICEF has supported a partnership with Sinaga Centre, a Kenyan NGO, established in 1995 and based in Nairobi. Sinaga's primary mission is "to improve the circumstances of domestic child workers by mobilising the community"[34]. The objectives of the Centre are to:
- Sensitise and mobilise urban communities on the need to educate CDWs
- Reduce the incidence of girl child labour between the ages of 7 and 17 years
- Impart basic education and skills training to CDWs.

Sinaga participated in the formation of the Sara Core Group, a working group of NGOs who helped launch the Sara Communication Initiative (SCI). This was a package of IEC communication materials that was used by UNICEF and its partners in a number of broad-based rights issues. The SCI formed the cornerstone of the UNICEF-Sinaga partnership on the child domestic worker issue. UNICEF's programme objectives were to sensitise community leaders on the issues of domestic child labour, to facilitate training of Sinaga's community workers, and to provide equipment, learning tools and materials for Sinaga's CDW centres.

The communication strategy was focussed on using the Sara Communication Initiative as a key communication tool to educate the CDWs on their rights, as well as to foster "debate without condemnation"[35] in the community. Employers participated in community discussions lead by church leaders and community leaders. These discussions raised the issues of child rights violations in domestic work but were structured to raise

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[34] UNICEF, ESARO

[35] Conversation with programme officers, UNICEF, ESARO

questions rather than pass judgement. The SCI kit was used as a training tool for advancing a non-threatening dialogue among all members of the community.

Observations

The programme was successful in mobilising church leaders and community leaders to discuss the issue of Child Rights within the context of child domestic work in their parishes and communities. Church leaders used child domestic work as the subject for their weekly parish discourses.[36] They also encouraged employers to send their domestic workers to the Sinaga centers for education and skills training.

Employers were encouraged to participate in Sinaga's community-based cultural activities. These activities showcased the achievements of the domestic workers and developed their sense of self-esteem. This approach, by highlighting the hitherto unexplored talents of the domestic workers, also helped the employers regard their domestic workers with a new sense of respect.

The initiative was able to overcome employers' barriers by inviting their participation in the development of the centres' skills curriculum. Employers, far from resenting the time that the domestic worker spent at the centre, away from her chores, felt that it helped to improve the quality of service the child would provide.

The programme was directed primarily towards employers, to enable them to fulfil their obligations towards the child domestics. Consequently its focus on the girl domestics and their families was comparatively weak. While Sinaga offered a rights-based curriculum in its centres, there are not enough indications that Sinaga's interventions offered any real social mobility opportunities for the children.

The programme partnership, in spite of its early successes was not sustained. The programme was not structurally integrated in the country programme of co-operation and was therefore difficult to maintain. There has been no evaluation of the exercise and therefore no actionable knowledge exists on whether the approach was able to effect any fundamental value or practice change among employers. No assessment was done among the girls either, to determine whether their education empowered them to negotiate their lives differently.

It is critical to build a design for participatory and progressive evaluation in to the communication strategy itself. If the evaluation is built into the participatory process, the actors - employers, family members, children, community groups and programme officers - can continuously monitor progress and make necessary modifications to the programme. This can create positive energy and motivation for the programme. In addition, without responsive monitoring mechanisms, a communication process stagnates and is ultimately unsustainable.

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[36] Conversation with church leaders in Kairobangi, Nairobi

The Bangladesh Experience

The child domestic work programme in UNICEF Bangladesh comes within the purview of the Child Development and Education Section. Programme activities include:

- Basic Education for Hard-to-Reach Urban Children Project (BEHTRUC), a joint programme with the Government of Bangladesh. This programme provides non-formal primary education for working children. Of all the children who participated in this programme, over 25% were domestic child workers, most of them girls.
- Support to NGOs to track data on the situation of CDWs. For example, incidence of sexual abuse or other forms of abuse, incidence of mobility among domestics, levels of skills-training, etc.
- Capacity building partnerships with NGOs working with CDWs
- Communication campaigns in media to raise awareness about CDW issues among community, policy and opinion leaders
- Advocacy initiatives to draw policy makers' attention to the overall issue of child labour and within that, child domestic labour

As part of the Regional Communication Initiative on Girl Domestic Workers in South Asia, UNICEF Bangladesh is launching a communication programme to:
- Raise awareness in the community and among policy makers about the violations of the rights of girl domestic workers
- Motivate employers to change attitudes and behaviour towards girl domestic workers
- Empower girl domestic workers to claim their own rights
- Encourage NGOs to provide counselling and support services for girl domestics
- Increase the commitment of policy makers and the State to improving the status of girl domestics
- Enhance inter-sectoral partnerships to address the issue.

Observations

As Bangladesh embarks on its new programme of communication, it will be important for long-term success, to situate the programme's strategic intent within the framework of participatory communication methodology. The programme must move beyond individual behaviour change messages such as asking for a better code of conduct from employers. This is too narrow and short-term. For sustainable change, what needs to be addressed is the value system of the employers. And this means broadening the approach to involve all members of the community - the employers, the families of the child domestics and the children themselves - in envisioning a process of social change that is seen to benefit all.

Employers and families of domestic workers should, through mutual discussion, recognise their duty towards ensuring a life of dignity and social mobility, for the child

domestics, and see this as a necessary part of the overall welfare of the community in which they live.

CDW Programme: The Way Forward in Kenya and Bangladesh

In order to create effective programming on child domestic labour, it is important to address both the community perception of it and the grim reality of its practice. As discussed earlier, it is seen as a "temperate form of labour, a regrettable necessity"[37] for impoverished families who are compelled to send their children out to work. However domestic work, with all its abuses, could be considered among the worst forms of child labour.

This dichotomy, between perception and practice is what the community needs to face up to and address, and make changes towards creating a protective environment for the girl. What follows is a framework for future programme and communication action, based on discussions that the author had with various groups of people involved in the programme and the issue, in Bangladesh and Kenya.

Recommendations for Programme Strategy

The programme needs to reflect the complexity of social dynamics - all actors (employers, girl domestics, and their families), involved in the issue have their vested interests, and the array of programmes should cover all actors. In keeping with the strategic principles of the Protective Environment, the programme should be structurally designed to providing the girl domestic with a safe environment of support, within which she is able to negotiate for a better life. This means that programmes need to develop the girl's life skills, knowledge and education opportunities. Simultaneously, programme interventions should facilitate a three-way interaction between the employer, the girl domestic and her family which will enable the girl to participate fully and safely in society.

This 3-way interface should be a consistent programme design even though the interaction will not be free of conflict. But the very resolution of this conflict can create new engagements of compatibility between these groups of people because it entails them working with each other. Some specific programme suggestions include:

- Developing community programmes that support the formal recognition of domestic work as home-based work. This will help to further a supportive and non-threatening living environment for the girl domestic
- Introducing formal codes of engagement with domestic work, such as a contract of labour with the girl domestic. This will reduce opportunities for exploitation.

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[37] Paulo Friere

- Designing community interventions that build the capacity of all actors for conflict resolution and problem solving
- Creating community programmes where the employer can participate in education and skills development activities for the child domestic. This will improve the quality of interaction between domestics and employers.
- Creating interventions where employers can contribute towards the girl's chances of social mobility. This will reduce the fundamental inequity between the two.
- Partnering with related efforts in other sectors so that the programme is better able to address the social and economic complexity of the problem.

In Kenya, for example, the numbers of HIV/AIDS orphans are growing exponentially and many of them, particularly girls, are entering domestic labour. It is important that programming and communication on HIV/AIDS addresses the issues of child domestic labour. Similarly, Girls' Education programmes can also join with Child Protection to address child domestic work.

Recommendations for Communication Strategy

Communication strategies should look beyond "messages" to creating a protective environment for girls. Strategies should focus on methods of structured and face-to-face dialogue between interest groups - specifically, employers, girl domestics and their families. For example, the practice of child domestic labour must be seen for what it is - not an act of magnanimity to the poor but the consumption of labour by the affluent. Communication strategies should aim to create mechanisms of dialogue by using existing community groups to address this aspect of child domestic labour. This will enable the three -way interaction between employers, child domestics and their families, to be held in a spirit of dignity and mutual responsibility.

Communication strategies supporting girls' education and skill training should continue to be emphasised as a primary means to empower child domestics to claim their rights, and improve their livelihood opportunities.

It is critical to build into the communication design a process of participatory enquiry that can adequately assess the manner and method of social change. In other words, how the community is changing its values and thus, how the environment is becoming more pro-active in protecting girl domestics. Progress can be monitored through child protection indicators. But the communication strategy should be designed to include the creation and maintenance of methods of continuous and participative enquiry. These should be qualitative in methodology, involving techniques such as Appreciative Inquiry. They also need to be more localised in focus than the Protection Indicator surveys, so as to facilitate a continual process. This will help the Child Domestic programme be much more responsive to the process of change.

CONCLUSION

The case studies discussed here deal with issues that have strong social support and economic benefits. This makes these issues particularly hard to address. Nevertheless, it is possible for UNICEF to comprehensively address these subjects, and influence social outcomes in a manner that leads to the creation of a protective environment for children. To envisage long-term change on such matters, programme design must be based on knowledge of social reality, problems and resources - in sum, a holistic view of the community environment in which social change and development programmes must operate.

Eliminating FGM/C is ultimately dependant on removing the social legitimacy that it enjoys. This means that the community must itself find the means and the social and moral authority to reject the practice. Towards this end, UNICEF's programme and communication strategies need to be committed to initiating, sustaining and institutionalising community dialogue and collective action against the practice.

On the issue of child domestic labour, programme and communication design should be focussed on developing a consistent structure of dialogue, partnership and negotiation among the diverse groups of actors, each with their own vested interests.

In programming for Child Protection issues, it is imperative to emphasize outcomes that go beyond individual behaviour change, to change in value systems. This value change, towards a protective environment for children, is reflected in a shift in social norms, policies, community culture and the supporting ambience. Such change is evolutionary, and strategies to achieve it must be informed by principles of self-determination, equity, social justice and active participation for all.

In this context, the role of dialogue, as a rights-based, participatory process involving the community, cannot be overstated. Dialogue is not only about deepening understanding but is part of a co-operative activity involving respect. The process is important and can be seen as enhancing community and building social capital, and to leading us to act in ways that make for justice and human flourishing

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