**Breaking Intergenerational Transmissions of Poverty: Perspectives of Street-connected Girls in Nairobi**

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**Abstract**

This chapter draws on the life histories of young street-connected girls living in some of Nairobi’s poorest communities. The retrospective research explores, from the perspectives of girls (aged 4-19 years), what strategies have helped them to escape from abuse, crime, poverty and gender inequality on the street in their transient lives and to integrate into education. Strategies of local non-governmental organizations in partnership with government services include reaching out to girls and their families in the places where they live and work, including the local dumpsite and in street markets, providing temporary loans, skills training and information about access to services including HIV & AIDS support for family members, and creating temporary spaces away from their current situation for rehabilitation and reintegration. The analysis will examine girl’s perspectives of changing intergenerational and peer relationships as they and their families have received support, and whether they feel that strategies to improve their lives have helped to break intergenerational transmissions of poverty (Moncrieff 2009). The girls’ perceptions of vulnerability and risk have helped to form a new theory of change for the local organization Pendekezo Letu that helps to identify appropriate interventions that take into account the complexity of life in informal settlements for marginalized girls and their families.

**Introduction**

In this chapter we address two aspects of research with street connected girls in Nairobi. Firstly, the subjective wellbeing indicators of girls and their mothers, and secondly, their journeys to the streets and the situation they find themselves when they get there. Some of the girls who participated in this research are orphans, but others live and work with their street families. In order to illustrate issues that have arisen across the comparative research across five informal settlement areas in Nairobi, we have selected six case studies of street connected girls that illustrate different root causes for girls becoming connected to the street, different challenges they face during their journeys, and how intergenerational relationships with their parents/ guardians influence the type of intervention that can help them in rehabitation and increasing their access to education. This approach is a unique model which seeks to support and empower street-connected girls and their families by identifying and addressing the root causes that drive them to live and work on the streets.

The child-centred research was funded by the UN Girls Education Initiative (UNGEI) and led by the Education Research Centre at the University of Brighton in partnership with a national Kenyan non-governmental organisation, Pendekezo Letu, ChildHope UK and the Overseas Development Institute. This partnership meant that street connected girls and young researchers engaged in the research could be referred on to social workers and interventions to address sensitive issues of abuse that arose during interviews. Results have informed ongoing interventions made by both Pendekezo Letu and through a reference group of other government and non-governmental organisations, broader and ongoing partnerships, policy implications and sustainability have been discussed.

Initially, the international research team examined subjective indicators of wellbeing (as suggested by Sumner *et al*. 2009) for both street connected girls and their mothers. This helped to understand the complexity of their lives on the streets and how interventions could contribute to changing their situation. This fits with Hanson and Nieuwenhuys (2013) reconceptualisation of child rights that incorporates the realisation of rights that take into account children’s complex realities. Therefore the gap between the expression of rights in international agreements to their variable fulfillment at national and local levels was recognized during the research.

The subsequent analysis of the results has been informed by concepts of intergenerational cultural transmissions (Mead 1970) and intergenerational transmissions of poverty (Moncreiffe 2009) in that the relationships between the girls and their parents or guardians and the harm or abuse they experience determine what social protection interventions will make a positive difference to their lives. In addition, whilst treating marginalised street connected girls as active agents of change (for example Ennew 1994), their vulnerability has been further understood to inform interventions to improve their lives (Mizzen and Ofosu-kusi 2013). Furthermore, the study also demonstrates findings relating to scaling-up innovations in the sense that small NGOs can be seen as catalysts for shifts in thinking and practice (Uvin et. Al. 2000), particularly in linking child protection and social protection systems strengthening approaches (see Devereux and Sabates-Wheeler (2011) and Save the Children (2011)).

Research using creative visual methods, such as mapping, photo narratives and rivers of life was then conducted to understand the girls’ journeys to the streets. Inductive theorising with the Kenyan team has led to development of a scale of vulnerability of street connected girls that can inform what interventions may work for them to improve their lives that takes into account their situation of poverty and their intergenerational relationships within their families and communities (see Johnson *et al.* 2015). Recommendations have then been made at individual, household, community and national levels to show how girls connected to the street can be supported in their journeys from street to school.

**Research Context**

Pendekezo Letu is a local non-government organization that supports street-connected girls that live and work in the informal settlements in, and surrounding Nairobi. Each year, Pendekezo Letu enroll 100 street-connected girls into a 10 month rehabilitation programme, and provide psychosocial support, remedial education and life skills training. In order to have a holistic approach, Pendekezo Letu also support siblings and primary caregivers with psychosocial support, and access to educational and livelihood opportunities. Beneficiaries living with HIV and AIDS are supported to access medical care, and encouraged to join HIV support groups.

To increase sustainability, Pendekezo Letu support the establishment and development of local child protection services. This includes setting up Community Based Child Protection Committees so that they can identify and refer cases of child abuse within their area, and providing training and resources to the local ministry department responsible for children’s services, teachers and juvenile justice staff.

In recent years, there has been a rapid influx in the number of street children in Nairobi, however it is challenging to understand the extent of the problem because there is a lack of data to quantify the exact number. The most recent, reliable report from the UN (2007) estimated that there are 60,000 children living and working on the streets of Nairobi, with estimates of more than 250,000 across the country (Arther, 2013). The post-election violence that rocked the country between 2007 and 2008, and the HIV and AIDS epidemic that continues to ravage the country has seen a large number of orphaned children who end up in the streets.

Widening wealth disparity accelerated by economic downturn especially within informal settlements has also seen a large number of the populous living below a dollar a day. For instance, the GDP growth rate developed from 2.9% in 2003 to 7% in 2007 at which point the cumulative effects of global food, fuel and financial crises (triple f crisis) forced negative (-1%) GDP contraction (Mwega, 2010). As poverty is known to be a precursor for dysfunctional families, many of the neglected, abused and exploited children from villages across the country find themselves in the city of Nairobi. With the recent security threats from terrorism to ethnic clashes, more and more children continue to find themselves isolated and moving to urban centres and to Nairobi city, hence the problem continues. There are various efforts to mitigate the street children crisis including the city council of Nairobi are putting up a rehabilitation centre in Ruai (Machakos County). Pendekezo Letu work with local government representatives and other non-government organisations to try to share information and develop new ways to provide support to street connected girls. This research is feeding into this ongoing dialogue to influence policy and practice.

**The Child Focused Approach to the Research with Street Connected Girls**

The research starts from the perspectives of young marginalised girls in Nairobi. This child-focused research engages with children using creative ethnographic and participatory visual methods, detailed interviews with girls, their families and a range of local stakeholders, including in government and non-governmental services. The methodology builds on the six steps to engage young children in research (Johnson *et al.* 2014) and having a children and young people focused and rights based approach to research (Beazley and Ennew 2006, Johnson *et al.* 2013). It also incorporates a quantitative aspect to the research by using a coding system that has been developed to anonymise evidence but to make it possible to follow the individual case studies for the girls and analysis by categories designed to show their differences due to for example age, ethnic group, religion, family situation, and level of education (following Johnson and Nurick 2003).

The research addresses the following key question: what social protection and child protection policies and strategies can help street-connected girls in Nairobi break intergenerational transmission of poverty and improve their wellbeing? Emerging from initial analysis within a team of Kenyan and international researchers were additional more detailed questions: how the creation of separate rehabilitation spaces for girls and their mothers over a limited time fits with longer term improvement of child protection and participation? And what is the role of improving intergenerational and peer relationships and engendering a sense of safety and a sense in belonging in achieving improved wellbeing for street connected girls?

The research was carried out in three phases during which 213 marginalised girls were consulted in focus group discussions throughout the research, 48 of which were followed up as detailed case studies. To research these detailed stories with girls, they and their families and friends were interviewed using creative visual approaches and alongside conventional interview techniques. The girls that participated as detailed case studies were selected so that around one third were supported by PKL and still at school, one third had been supported by PKL, but had dropped out of the programme and out of school, and a third were unsupported and at the stage where support would be identified for them.

In the first phase (July- October 2014), previous participatory impact assessment data was analysed. This had consisted of consultations in focus groups with 90 girls (aged 4-19 years) at a rehabilitation centre, and 35 girls and boys (aged 10-14 years) from school clubs, run by the Nairobi based organisation, Pendekezo Letu. A focus group was also held with mothers who were engaged in interventions to live positively with HIV and to explore income earning opportunities to sustain their families. This phase of the research examined the girls’ and mothers’ subjective indicators of wellbeing and what impact the interventions had on their lives as street connected families. This helped to plan the further stages of the research, including piloting some of the creative visual methods with children and in identifying some of the aspects of the girls journeys to the street and lives in the slums to focus on in the later research.

Phases two and three of the research (November 2014 – June 2015) were carried out as a comparative study examining the lives of street connected girls in five informal settlement areas around Nairobi. In these phases, key research objectives were set with a local team of researchers including: understand the journey’s of street connected girls to the street and their conditions once living and working on the streets; and also to assess the appropriate approaches to social protection interventions including rehabilitation and reintegration into families and society.

A team of 15 Kenyan researchers was trained in qualitative child focused research, including 10 university students and graduates, and 5 social workers from Pendekezo Letu to support them to follow up on sensitive issues raised by the girls during the research. This team developed an ethical and safely framework was developed for the research that included: following child protection procedures, informed consent, maintaining confidentiality and considering the safey of both the girls and their families and the researchers. The project was coordinated by researchers from the UK, a lead from the University of Brighton (V Johnson) and a coordinator from an International Development charity ChildHope (L Johnson), and a Kenyan coordinator based in Nairobi (O Boniface). There was also an adviser from the Overseas Development Institute (D Walker). This mix of UK and Kenyan researchers provided international comparative input, as well as ensuring research capacity was built and left in Nairobi.

A reference group of governmental and non-governmental policy makers and service providers from across Nairobi was formed to represent ministries and organisations relevant to meeting child rights in terms of the 3 Ps of the UN Convention on the Rights of the Child: Protection, Provision and Participation. This reference group met in Nairobi twice, once at the beginning of Phase 2 to provide input as stakeholders in the research and once at the end for Phase 3 for research uptake to consider how local and national policies and strategies might be influenced.

In Phase 2 and 3 of the research 123 marginalised girls (aged 10-19 years) were consulted in focus group discussions and from these the team identified 48 street connected girls to engage in detailed cases studies with them and their families including parents/ guardians, siblings and peers in the community. At least 1 parent/ guardian and 1 peer or sibling was interviewed for each girl followed up with the case study. In addition 20 local stakeholders were interviewed including Local Police Officers, Head-teachers, Elders and chiefs, Probation Officers, Voluntary Children’s Officers and Community Children Protection Structure members and Aid Workers.

In addition to more conventional interviewing approaches, creative visual methods were used to engage with the girls in order to understand their lives. Trees included reasons/ root causes to show why girls and their families ended up connected to the street, types of support that girls found helped them to survive, and leaves, ideas they had of what could help them to improve their situation. Rivers and roads of life showed challenges and facilitators that the girls faced on their journeys to living and working on the streets. Mapping and photo narratives showed where girls and their families live and work, and depicted areas the girls liked and don't like or find safe or unsafe and why. Other methods, such as support network diagrams, ranking lines and matrices were used to address the other aspects of the research that focused on evaluating different social and child protection services and interventions. Themed analysis carried out by the team was accompanied by a coding system to track the perspectives of individuals. The coding system was developed and followed by the research team in order to anonymise information whilst analysing by variables such as gender, age, ethnicity, religion and family situation.

**Understanding Girls' and Mothers' Subjective Indicators of Wellbeing**

Phase 1 of the research provided a background to the perspectives of street connected girls and their mothers before more detailed information was gathered from girls about their journeys to the street and the conditions they experience on the street (see next section). The problems girls and their mothers face living on the streets included: financial poverty leading to families separating; poor health including HIV; poor access to services including education (for children), health and contraception (for young people and adults); adults not able to make good decisions; girls keeping bad company and peer pressure; poor self-esteem leading to bad behaviour and in same cases conflict with the law. Girls' dreams for the future include: being happy without problems; playing with friends; to have a home and live with their parents; to be able to clean themselves every day; to finish or continue with their education; to get a good job; to help family and other children; to get their parents to change their behaviour; and to change their own behaviour and be a role model; and to be a positive influence on their peers.

All of the girls that were engaged in the research would be thought of as marginalised, as they live in informal settlements and are in situations of financial poverty. In order to understand their different vulnerabilities, their subjective indicators of wellbeing were further explored and included experiencing severe psychosocial abuse: different levels of abuse from parents, teachers and police; feeling unsafe because of alcohol and drug abuse; hard labour in various different forms, including working with mothers to do laundry or cleaning, sorting rubbish at the dumpsites, and being forced into prostitution, brewing and selling alcohol or getting involved in criminal activity. The girls also raised positive aspects of their wellbeing as they were supported in rehabilitation and reintegration in the programmes of Pendekezo Letu such as: access to services such as education, medical and counseling leading to basic needs being met and their rights being realized. They mentioned having food, clothes, shelter, access to sanitation and being in one place so that they could make friends, having time to play and pray, and feeling safe.

Mother’s dreams included: to stop engaging in prostitution; to be accepted with HIV and live positively; to have a responsible sex life; not to use drugs and alcohol; to be happy and live long; to be able to have some money to pay for school; to improve family income; to have a small business; and to build a house. Many said that they were experiencing stigma due to poor health and HIV & AIDS and that their children had to care for them and work rather than going to school. They talked about the absence of fathers and their lack of food and nutrition and limited access to medical services for themselves and their children.

In the later phases of the research these subjective indicators of wellbeing were explored in further depth through examining how intergenerational relationships played out in the context of girls’ vulnerabilities. The team specified that when mothers and their girls were living and working together to try to support each other, the harm or abuse that children in the family suffered was ‘unintentional’. Even where children had to care for their mothers because of AIDS, mothers tended to fully engage in programmes to improve their health and in small loan programmes to generate income. The team made a distinction between this and the ‘intentional harm or abuse’ that children experienced when parents, often when fathers were present, were hitting children, perpetrators of physical and/ or sexual abuse and encouraging children into crime, prostitution, drugs and alcoholism. This made a difference to the type of intervention that would work for the girls and their families (see further consideration in discussion of results and a new theory of change).

**Case Studies Showing The Jouneys of Girls and their Families to the Street**

This section shows the detailed analysis from 6 case studies of street connected girls. It concentrates on the first objectives of the research to explore the journeys of the girls to the streets and to further understand their situations living and working on the streets. It also addresses objectives to consider the type of social protection interventions that may help street connected girls to enter into education and to sustain interventions to address their poverty and wellbeing. The team analysed the 48 case studies from Phase 2 and 3 and found that there were differences between the different areas of informal settlement (see Box 1 below).

BOX 1: Issues from the case studies by informal settlement area

The research team from each informal settlement area pulled out key themes from the detailed case studies with street connected girls and their families and from the focus-group discussions held in and outside schools. The following are issues that street connected girls raised as driving forces in their journeys to the street and as describing their situation while living and working on the street:

**Korogocho:** Poverty (lack of food), child labour, school drop-out due to abusive teachers and school fees, dysfunctional families, stigma and discrimination – particularly a sense of belonging.

**Mathare:** Dysfunctional families and orphans moving from house to house, poverty, child labour, violence from officials and hopelessness & despair.

**Kayole/Dandora:** Child labour, abuse and prostitution, drug trafficking, dysfunctional families - sexual abuse and negligence, violence from police & city council, violence from peers & gangs on the dumpsite, homelessness.

**Majengo:** Dysfunctional families, alcoholism and drug abuse, physical abuse, young men living with older women, inadequate access to healthcare.

**Kibera**: Discrimination from community members and within families, particularly of step-children, physical danger from new road.

**Kiandutu/Withithe:** Physical abuse, sexual abuse, prostitution, child labour (with mothers), dysfunction families including domestic violence and harsh parenting

Looking across these informal settlement areas, the teams identified themes that were based around the types of risks that the girls were experiencing in and with their families and on the streets. Next to these themes the researchers identified the individual case numbers of the girls (using the coding system) who were experiencing these risks and the team then identified the stories and visual evidence that would demonstrated perceptions of the street connected girls about their experiences of their vulnerability and risk and how they coped with these different aspects of risk in their lives. From this analysis a new theory of change has been developed on the basis of vulnerability. Six exemplary case studies have been selected to give examples of the different vulnerabilities for street connected girls and to show the different risks that they face including the barriers and facilitators that children have faced in their journeys to the street.

As in the detailed case studies there were around one third selected where the PKL intervention had worked, a third where girls had dropped out of the intervention and out of school and a third with no intervention. Two case studies have been selected from each of these categories. This selection also provides case studies that show the importance in the analysis of different family structures and intergenerational power relationships. All cases use the pseudonyms that girls chose during the research.

The first two cases, Mercy and Diamond, show how taking girls to a separate space for rehabilitation and to work with their primary care givers, generally adult female members of their households, on health, counseling and small business enterprises, has worked for the girls and has helped them in their pathways from the street to school, so realising their right to education.

*Mercy’s story*

Mercy (case 41) from Mathare is now aged 13 years and lives with her aunt. She said that she wanted to commit suicide after the death of her mother because she loved her very much. After her mother died she was moved around between relatives and was working on the streets. She and her family lived in poverty outside Nairobi with little cash to buy food. Mercy moved to Nairobi to live with an uncle and then sold vegetables with her grandmother after school when she was in lower primary. They were able to buy enough food and put money aside for school fees. As her grandmother was ill, she used to sell them by herself on Sundays and the local bishop would help them with the shopping.

“My parents died and I was taken to live with an uncle. He was not able to take care of me and provide for me…. My grandmother was sick so I had to help her sell vegetables after 2pm and on Sundays. Unfortunately she died too. I was adopted by another uncle, who was not able to take care of me. He took me to live with my aunt.”

When she and her grandmother sold vegetables they used to sing traditional songs and her grandmother would tell her stories about her life – she really misses her as she loved her very much. Now when her uncle isn’t able to pay the school fees, her aunt has to borrow from neighbours. Mercy often quarrels with her aunt as because her aunt always thinks that she is lying. Although some of her friends are given money by their families to buy clothes, Mercy, now joined by her sister, and her aunt still have to work to get enough money for food.

She avoids dark places when on the streets because they feel there is more likelihood of abuse. Mercy and her sister avoid the police as they have been accused of being thieves before and have been beaten when they can’t run away (her sister has a bad leg so runs slowly). Her half-brother Jobe is 15 years old. He tried to live with his father who had come to find him, but was then beaten and locked in the house: a neighbour had to let him out. Many of his friends are gang members involved in crime. When he tried to jump on a car to hijack it he fell and had to go to hospital. He was given some clothes by policemen, occasionally had a communal shower, which he had to pay for, and went to Eastleigh mosque for food. On the streets there is a toilet he used during the day but had to use the grass at night as it was locked. He was also often kicked by drunkards when sleeping on the street, so tried to shelter in a small shack.

This story of Mercy and her street connected family demonstrates the complexities facing young girls living in poverty in the slums of Nairobi and how interventions to help girls into education need to be multifaceted to address all of the different risks and vulnerabilities they face in their lives.

Although Mercy was poor and worked with her grandmother after her mother died, they managed to pay for her to attend school. After having to drop out of school after her grandmother died, she then met Pendekezo Letu with her aunt and went to the rehabilitation centre for 10 months. She feels that as a result she is more aware of her rights and has learnt basic skills: cleanliness, washing clothes, building on her literacy and sharing her knowledge of rights with others including about her right to education. She is also more aware about abuse from older street connected girls, for example she now avoids dark places in the slums and situations where older girls/women may try to encourage her into prostitution. Her sister was also in the rehabilitation centre and then went back to school and her brother is in a programme of vocational training to wash and repair cars.

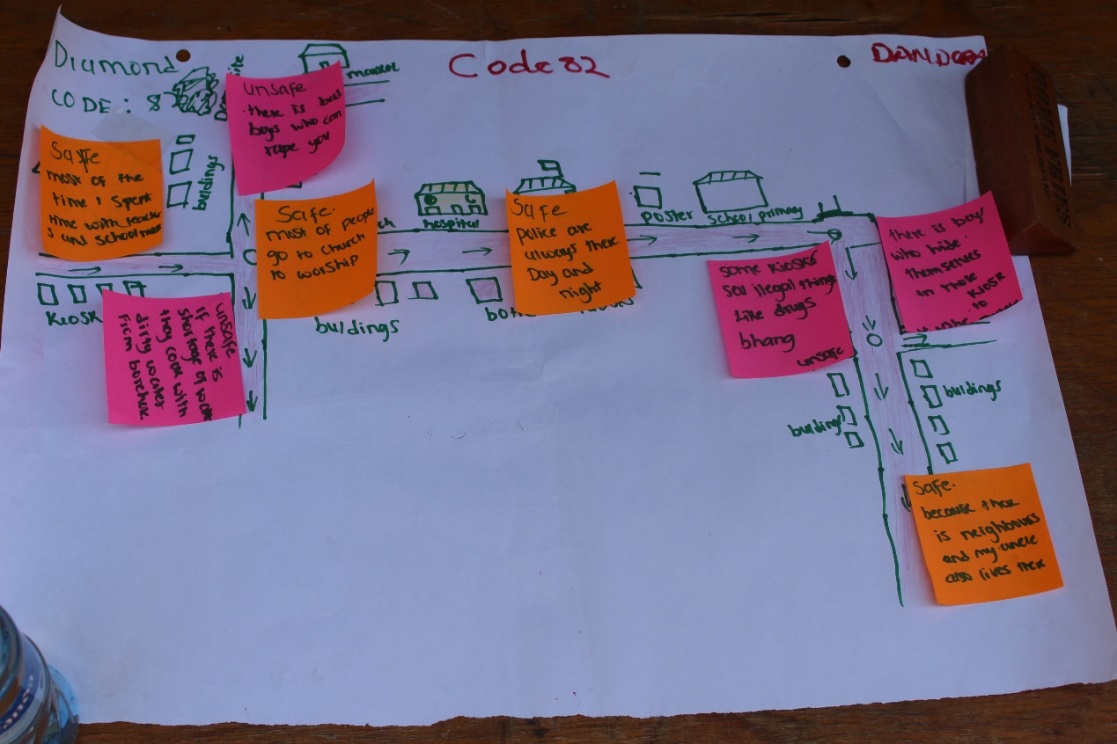
Her suggestions about improving support for her education and wellbeing were: to have a space for guidance and counseling on the streets; to work with parents and guardians to address abuse; and to make sure that girls have freedom of movement and to feel safe in different areas on the street. She has been able to stay at school because PKL have helped her to continue to prioritise her education, although she still needs to support herself and help her aunt to pay for school fees by selling vegetables after school.

*Diamond’s story*

Diamond (aged 15, case 82) from Dandora comes from a family with 8 children, but her mother was unable to look after them properly because of poverty and mental health problems. Diamond lived for some time with her grandmother, but she then became bedridden because of AIDS and all of the children had to go to work on the streets to try to find enough money for food. Some community members occasionally helped with food, clothes and places to stay.

Diamond talked about how she was bullied on the streets and avoided going to parts of the slum where she was sexually harassed by boys. On one occasion, some older boys had chased her and friends through the streets and raped her friend. Diamond became sick because of living in dirty conditions on the street and having nowhere to wash herself or her clothes. She didn’t have enough money for food or sanitary towels, which was particularly difficult with no washing facilities. When she was sick, she was unable to work to buy food. With friends, she tried to find different places to sleep at night. Her friends started to take drugs and made fun of her because she didn’t want to, but then she got depressed because she didn’t have any friends.

Pendekezo Letu social workers took Diamond to the rehabilitation centre and worked with her grandmother in their group of women living positively with HIV. In this group they provide food, medicine and counseling to mothers and guardians while girls in their care are in the rehabilitation centre for ten months. Diamond went back to school but then dropped out when she was 13 years old, due to peer pressure from friends on the streets. She then again met one of the social workers from Pendekezo Letu who encouraged her to go back to school and she is now still studying. Pendekezo Letu has also helped to find Diamond and siblings a place to stay at her uncle’s house and her uncle comes to talk to the teacher is any issues arise at school.

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*Diamond’s road of life*

The next two case studies, Angel and Maryann, show that when girls end up alone or without support from their families, they experience a number of different risks in their lives and the current Pendekezo Letu interventions would need to be built upon in order to provide more intensive support. For example interventions would need to be added to or re-focused in order to change the behavior of the adult male members of the household and to address alcoholism, substance abuse and criminal activity for girls and other family members. These cases also demonstrate how the safety of girls on the streets and their treatment from other street children and adults in the community also present significant risks for the girls in their complex lives.

Angel was not only badly abused, but working as a prostitute, infected with HIV and traumatized by the death of her child. She therefore also needs different types of coordinated intensive intervention in order to have a more sustained pathway out of poverty. This would need effective partnership working between different organisations that have the capacity to address the many complex risks facing Angel in her life connected to the streets. Maryann, a case of a girl who has dropped out of school, also demonstrates that where there are multiple risk factors there may have to be additional interventions in order for rehabilitation and integration into the community to meet with success in the longer term. When girls are not living and working with their mothers, but end up alone and are facing several different risk factors then they will need to have longer term and especially targeted interventions or to be signposted to other services.

*Angel’s story*

Angel (aged 17, case 6) from Thika, was walking along the road in pain when some neighbours helped her and took her to hospital as she was raped on her way home from school in the evening. Angel said that her mother treated her so harshly that she is frightened about talking to her, in Swahili, “Mama yangu ni mkali sana ata saa hii namogopa bado”. Angel explained how she was introduced to child prostitution by her friend on the street as a mean of survival when she started to live on the streets. She ran away from home because she didn’t get along with the mother as she used to beat her and favoritize Angel’s sister.

When her mother was interviewed, she explained that Angel ran away from home. She got pregnant and was infected with HIV, and the person responsible walked out of her. Unfortunately after birth, the child died. Angel did not talk about rape, being pregnant and her HIV status. Although she went to the rehabilitation centre, Angel dropped out of school and does not want to engage with the programme.

*Maryann’s story*

Maryann, (aged 18, case 85) from Dandora lives in the slums with her mum and 7 siblings (2 boys and 5 girls). Her parents are divorced and there were problems at home: it was dirty, there was a lack of food, few clothes, no-where to sleep, and their mum couldn’t take good care of them. She therefore went to the street. She got married at an early age, but is now a single mother.

Once on the street, ‘senior street children’ tried to attack Maryann and sometimes beat her and her siblings and chase her from where they wanted to sleep. They tried to rape her and steal food. They didn’t want her to go anywhere near their territory. Maryann felt that she was stigmatized and hated by people in the community because she was desperate, dirty and lacked clothes. Pendekezo Letu came to help Maryann in 2012 and took her to the rehabilitation centre for 10 months. She learnt about her rights as a child and she mentioned how well she was fed.

After accessing school and spending a year completing primary 7 following her first attempt at rehabilitation with Pendekezo Letu, she dropped out of school again because of peer pressure from friends who were not at school. She used to take drugs that were given to her by friends and so didn’t attend class. Maryann used drugs for one year, and then went back to Pendekezo Letu rehabilitation centre to follow vocational training in hairdressing and tailoring. After getting pregnant and due to a lack of money for enterprise start-up she is not currently using her skills that she developed during rehabilitation. However, she feels that she at least knows her rights and responsibilities and that in the future she could make a good mother. At the rehabilitation centre Maryann felt she was taught how to respect other people and use good language. She also felt that counseling and information about reproductive health has helped her to think about being a better mother.

Maryann came from a family of 8 children where the parents were divorced and the mother was unable to provide food for them. They not only faced a situation at home, but also an abusive situation on the street. For Maryann, multiple risk factors meant she dropped out of school and she cannot use the skills she learnt on the vocational training unless in the future she has the money to help set her up in a small business.

The final two cases, Grace and Mariam, demonstrate how Pendekezo Letu are considering how to address the risks that street connected girls are facing who have not previously been involved in any interventions. These cases show the complexity of the girls lives and discusses how different interventions may be appropriate based on the new theory of change that considers a spectrum of vulnerabilities and risk in the lives of the street connected girls.

*Grace’s story*

Grace has been chosen as an exemplary case as she faces multiple risks and is therefore regarded by Pendekezo Letu as extremely vulnerable. It may well be that if Grace were taken to the rehabilitation centre, she may still end up dropping out of school. Where parents and girls are taking drugs and alcohol then additional interventions may still need to be developed to deal with the complex and multifaceted vulnerabilities and risks that girls experience in their lives. Pendekezo Letu has started to pilot interventions working with alcoholism and substance abuse and are considering how to work in partnership to refer girls and their families to other organisations with expertise on these issues.

Grace’s mother is an addict of illicit brew. Grace (aged 19, case 73) from Majengo, feels that her mother is completely unreliable and this has contributed to her dropping out of school. Grace along with other children from Majengo go to the streets in Eastleigh to beg for money and food. The parents also encourage this behaviour. Grace says she is forced to take drugs and tobacco: “tulilazimiswa kuvuta bangi na tobacco”.

She was introduced to drugs by friends while she was on the streets. The older street boys and girls used to force the young street children to smoke bhang and sniff glue. When interviewed her brother said:

“Life here outside, forces someone to join bad groups’ e.g. drug takers and bad company. It is here where one is taught how to take drugs and sell them”

Grace did go to school but dropped out because it was hard to get school fees and because she felt stigmatized as she was “slow” at learning and a bit older than the other children. She feels that social branding is rampant in Majengo slum and many street connected children complain that at some point in their lives someone in the community had labeled them as a “chokoraa” meaning scavenger.

*Mariam’s story*

Mariam (aged 13, case 104) from Korogocho was born after a man raped her mother. Her mother had got a job as a home-help with a family that treated her well, but one day the head of the household raped her and this left her deeply scarred. She became pregnant and gave birth to a daughter - Mariam. She then found a partner and had another daughter with him, but he ended up abusing Mariam and then chasing her from the house when her mother was away. Her mother then left him to become a single mother of two.

Mariam had to drop out of school when she was in class 5 due to lack of finances. Her and her sibling ended up accompanying their mother to the dumpsite to scavenge for food, scrap metals and plastic bags. Mariam now washes clothes for other people in order to earn a living, in return for either food or cash, while her younger sister continues to go to the dumpsite with their mother.

Despite this difficult history of labour and abuse, the Pendekezo Letu intervention may well be suitable to support Mariam and her family to get back on their feet. With rehabilitation for Mariam and her sister, and support for their mother to set up an enterprise, they may be able to return to school and sustain their education with income. On the whole, those cases where girls were working with their mothers and maintained a good relationship with them, the Pendekezo Letu intervention seemed to work in the longer term.

**A New Theory of Change for PKL**

A greater understanding of the subjective indicators of wellbeing and the vulnerability of the street connected girls have helped Pendekezo Letu to understand the most appropriate interventions that can be provided to help the girls to realise their education and living rights. The child-centred research has informed a new theory of change that builds on the existing PKL programme. It supports the current Pendekezo Letu approach to individual empowerment of girls in changing their attitudes and behavior, while building on their knowledge of rights and their literacy. It also acknowledges the importance of economic strengthening through support in vocational training for older girls and in small-scale enterprises for primary care givers. This support for girls and their mothers seems to have been successful where girls are street connected but with some support from their care givers, usually adult female members of their families – mothers, grandmothers and aunts. The analysis of the perceptions of girls showed the kind of intervention that had helped them to deal with their vulnerabilities and the risks that they faced. Where girls face multiple risks faced in their complex lives additional interventions were needed, especially where girls were alone or in particularly dysfunctional families. This theory of change therefore also demonstrates how working with extended families and communities is necessary in order to break intergenerational transmissions of psychosocial aspects of wellbeing and poverty (as suggested by Moncrieff 2009).

All of the street connected girls that the research team worked with are ‘marginalised’ due to the deprivation of rights for the following reasons: they are all in a situation of poverty and living in slum areas or informal settlements in Nairobi. They are all also participating in child labour and have a lack of access to education due to their situation of poverty, the gender discrimination they face, and the work that they have to do to survive.

Through the participatory child-focused research the team found that street connected girls, despite all being ‘marginalised’, experience and are affected by different psychosocial and emotional factors and therefore may be seen as being more or less vulnerable as they are exposed to different types of risks. By looking across the areas and across the case studies findings, a theory of change has been developed that is based on a spectrum of vulnerability to help Pendekezo Letu and other organisations working to get street connected girls meaningfully engaged in education and to help their primary care givers to support them and sustain their pathways out of poverty. It is intended that this theory of change can help Pendekezo Letu to plan interventions that are appropriate to their work with street connected girls and their families in Nairobi.

The vulnerability of girls in this theory of change is determined by the different risk factors that are experienced by the girls, and associated with these are the types of interventions that girls felt addressed their needs and helped them to realise their rights including their rights to education and feeling a sense of safety and belonging in their schools/ educational settings and living situations. This involves working with the street connected girls, but also with their families, communities and local policy makers.

The Theory of Change: a spectrum of vulnerability linked to different strategies for working with girls:

[Insert diagram of vulnerability spectrum – doing this on computer]

At one end of the spectrum are girls that are marginalised and live in poverty, but are less vulnerable as they have support from their family, a strong group of peers or are already supported by other organsiations. They suffer from not accessing services that means that they lack basic needs and cannot enjoy their rights fully. These girls have poor sanitation and living conditions, and need to work to contribute to household income. The research showed that girls in this situation could benefit from community based interventions where there could be a focus on awareness of rights and access to services. Examples of situations where this type of intervention had worked included helpdesks based in the community to provide street connected children with advice on child rights and gender violence and health camps. Pendekezo Letu has also started to run a programme where they provide free sanitary towels for street connected girls and have started to raise awareness of this throughout different communities. Churches and religious centres, as well as community resource centres, have been shown in some of the case studies and from reference group discussions to fulfill this role of providing advice and acting as community based referral systems to other more specialist services.

In keeping with this community-based model, Pendekezo Letu has started to pilot a Community Based Child Protection Committee in Korogocho. This includes community members, the chief, local police, and the government voluntary children’s officer. They organize some minimal interventions for rehabilitation of street connected children such as guidance and counseling and mainly act as a referral body to provide information for children and parents who want to go to school or access health services. They also talk with community members to negotiate conflict amongst adults or conflict between adults and children acting as mediators to resolve situations that may otherwise lead to abuse or discrimination of the street connected children.

Girls in the middle of the vulnerability spectrum in the Theory of Change are often living and working with primary care givers, usually their mothers, grandmothers or aunts, and their fathers are often absent or abusive. These girls faced one or two of the risks that follow. Girls facing multiple risks that follow were placed at the far end of the spectrum that represented the most vulnerable girls from the case studies. Risks identified from these girls’ stories included: abuse within families from parents or from employers or school teacher; the girls may be orphans and end up being moved multiple times between relatives or end up living alone on the street; having to work in hard labour such as in the rubbish dump sorting rubbish or in domestic labour; the mothers or girls are suffering from poor health including HIV and AIDS; their parents or guardians or the girls themselves are abusing alcohol or drugs; the mothers or girls are being forced into prostitution or criminal activity; the girls are experiencing peer pressure to become involved in criminal activity or to take drugs.

Girls in this middle section of the spectrum of vulnerability experienced what the research team called ‘unintentional harm’. That is physical and psychological harm that was caused due to poverty: families living in small shack type housing with a lack of access to services to meet their basic needs, including a lack of basic education. Mothers and sometimes children, were affected by HIV, and girls often needed to act as carers for their parents. In order to survive children had to work: where mothers were well enough children worked with them although sometimes girls had to go out by themselves. They were involved in a range of different sometimes abusive child labour, including sorting through rubbish at the dump, selling on the streets and sometimes even prostitution. Therefore where girls were particularly vulnerable but living and working with family members and experiencing one or two risk factors in their lives the intervention did work to transform their lives and sustain their route into education i.e. the girls responded well to counseling and improved their behaviour and literacy and ultimately were able to attend and stay at school.

The rehabilitation programme run by Pendekezo Letu involves taking vulnerable girls to a separate rehabilitation space in Thika for a set period of time (10 months) and working with them intensely on behavioural change, literacy and numeracy as well as building their confidence and self-esteem. This separate space, although requiring relatively high funding over the 10 month period was thought to be necessary considering the risks that the children were facing in their everyday lives. They required a participatory space to rehabilitate away from their difficult situations on the street rather than rehabilitation being possible within their communities or family situations that they experience in their everyday lives. This fits with the concept of having spaces for participation (for example suggested by Cornwall 2004, Kesby 2005 and Mannion 2010). This strategy also addresses the 3 Ps of the UN Convention on the Rights of the Child (the UNCRC): Protection, Provision of services and Participation. The girls needed both protection and basic provision of services in terms of sanitation, food, shelter and education, in order to feel able to participate in changing their own behavior, awareness of their rights, attitudes and aspirations in their lives.

Siblings attended training and received guidance for income generation, for example in hairdressing and motor mechanics. At the same time mothers or other primary care givers met in groups to discuss healthcare including living positively with HIV, and were helped to provide their family with food until they could take advantage of small loans to build up local enterprises. Once the children returned to school small, clubs were also set up to support their integration into school and families continued to attend family counseling. The combination of interventions provided by Pendekezo Letu were successful for those girls who were living with street families at least living and/or working with their mothers/ primary care givers, or if orphans where they had some extended family support. Dealing at the household level introduces not only rights approaches to family members, but also the corresponding component of ‘responsibilities’ which is an aspect often overlooked in development interventions at the local level.

Ultimately, the girls that were facing only one or two of the risks specified above rather than those girls facing multiple risks who are seen as being the most vulnerable and in need of additional interventions. It therefore requires a detailed analysis of the vulnerabilities and risks for the girls and the extent of their family interaction and support to understand how the intergenerational transmission of poverty can be broken.

Alongside the direct support provided to street–connected girls and siblings, Pendekezo Letu works with their primary care givers on HIV care and small loans for businesses. They are trained on Asset Based Community Development and business skills, and then provided with small cash grants of Kshs 5,000 to 10,000 for them to start up small business enterprises. Social workers follow up on the progress of these mothers, and they are encouraged to form SILC (Saving and internal lending communities) where they meet regularly and promote each other since businesses are within the same location. Grants are mainly provided to enable to families to start the businesses and repayment is not required until the parent/carer is able to provide food and shelter for their family and also pay school requirements for their school going children. Consequently, mutually reinforcing connections between social protection mechanisms and child protection systems strengthening were established.

This intervention was shown to be very effective for those children who are in the middle of the vulnerability spectrum above which was characterised by girls often living with their mothers, grandmothers or aunts, experiencing only one or two of the risks specified listed above. Their vulnerability is associated with poverty where street connected children may be living with usually their mothers and occasionally their fathers or other relations. These street connected families were living together in financial poverty and lacked access to basic services, often the mothers and sometimes also the children had HIV and were not receiving proper medical attention or adequate food. The children who are targeted by Pendekezo Letu were rarely already at school, and if they had ever attended had dropped out in order to work and support.

Girls who were considered extremely vulnerable in the research experienced multiple risk factors and were either living by themselves on the streets or in highly dysfunctional or abusive family situations. These girls were not able to sustain the benefits of the intervention and dropped out of the education system even if they were able to enroll and attend for a short period of time. The abusive situations that girls experienced in their lives are what the research team referred to as ‘intentional harm’: girls suffered abuse from violence in the family or were subjected to a combination of different highly risky situations in their lives. These risks included: alcoholism and substance abuse in the family; girls and siblings being forced into abusive situations of child labour, such as prostitution, drug dealing or selling illicit brew/alcohol and other criminal activity; lack of support to orphans where girls would be passed on from one relative or adult to another without any feeling of security. Towards this end of the vulnerability spectrum more psychosocial and emotional aspects of the girls’ wellbeing need to be addressed as well as addressing the abuse and harm caused by dysfunctional families in order to break intergenerational transmissions of poverty.

For those girls who are highly vulnerable other additional forms of intervention are needed for them and their families. This includes negotiating increased access to support in the criminal justice system, additional emphasis on providing start- up training as appropriate alongside training in small enterprise development for girls, their siblings and parents, and additional work and counseling on alcoholism and substance abuse within families (see conclusions below). Interventions would need to specifically focus on abusive fathers when girls are suffering from highly abusive situations. On some occasions it was also the case that officials and police were abusive and sometimes violent towards street connected girls so there would need to be additional training for them. For one or two cases teachers in schools were also abusive and would need further training on alternative forms of punishment and on discrimination towards street connected girls. Pendekezo Letu have been working to support girls within the criminal justice system by having legal support when they are in conflict with the law.

**Conclusions**

This robust child-centred research with street connected girls has directly informed the way in which the Kenyan non-governmental NGO, Pendekezo Letu, works with street connected girls in the slums of Nairobi. It presents original evidence on the journeys of marginalised girls to the streets and the situation that they find themselves in when they live and work in the slum or informal settlement areas of Nairobi. The importance of intergenerational relationships and how these affect risk factors that girls face in their lives and the success of different interventions aimed at improving their access to education and health services and support and realisation of their living rights (as defined by Hanson and Niewenhuys 2013). It also offers new insight into how vulnerability of girls and their families can be locally constructed by understanding their intergenerational relationships, aspects of their subjective indicators of psychosocial wellbeing and the range of risks that they face in their everyday lives. This analysis in turn informs a variety of social protection and child protection interventions for a range of different street connected girls and their families that are living and working in marginalised situations.

A key finding is that unless interventions span across generations, then intergenerational transmission of poverty will not be broken. In addition, psychosocial aspects of wellbeing, and how these affect girls especially from dysfunctional families, will not fully taken into account. This approach recognizes that economic strengthening alone (at the individual or household level) is insufficient as a response to marginalized street-connected girls. Without a holistic approach, the causal factors that lead girls to the streets may not be fully addressed to sustain their pathways out of poverty or their routes into education.

As a capacity building approach was taken, in which the team co-constructed the conceptual framework and planned the detailed research, the Kenyan non-governmental research partner has started to apply creative methods for identifying children and adults to participate in their programmes and to have rigorous ongoing participatory evaluation and impact assessment. A key element of the child-centred process of research was to have a well-developed safety and ethical framework and set of procedures to support both the researchers and the participants in the research process. By also involving and interacting with a range of national and international decision-makers and policy-makers in reference group discussions, international webinars as part of the UNGEI programme and research dissemination and uptake events and communication nationally and internationally, lessons learned on theorizing vulnerability and agency when working with street connected girls and their families is also progressing and more lasting change can be achieved.

Finally, PKL continues to follow up with local and national policy and strategies for working with street connected girls. This is a key role for PKL as it is unique in being able to innovate in addressing the inter-generational transmission of poverty through tailored approaches and to communicate findings to national-level actors. These approaches demonstrate that an understanding of the synergies between child protection and social protection are fundamental to addressing the needs of street-connected girls in both the short and longer-term.

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