RD4C CASE STUDY:
CHILDLINE
KENYA
ABSTRACT

Childline Kenya is a helpline offering services for children subjected to violence or neglect. Since it began operations in 2006, trained counselors have responded to calls, logged major components for reporting purposes, and redirected callers to relevant services. The organization emphasizes training and the rights of children while ensuring its data collection is proportional and purpose-driven. Given the sensitivity of its work, it faces some difficulties with duplicative and complex data.

Tags: Professionally Accountable; Protective of Children’s Rights; Proportional; Purpose-driven
I. THE ISSUE

Kenya is a signatory of the UN Convention on the Rights of the Child and African Charter on the Rights and Welfare of the Child, two documents which commit the country to responding to and preventing all forms of violence against children.1 While government actors, community groups, academic institutions, and others in Kenya have sought to meet these commitments, realizing them has been difficult. The 2010 Kenya Violence against Children Study found 32 percent of females and 18 percent of males experience sexual violence prior to the age of 18; 66 percent of females and 73 percent of males reported experiencing physical violence; and 26 percent of women and 32 percent of men reported suffering emotional violence.2

Organizations have since taken considerable action to provide the child victims of sexual, physical, and emotional violence with professional help. Childline Kenya (referred to subsequently as “Childline”) is one of these initiatives.

II. ACTION

Childline is an NGO created as an independent entity in 2006.3 Devoted to promoting the rights of children and enhancing their protection against violence, most of the organization’s work centers on its helpline for child abuse.4

SERVICE

The helpline offers counseling services for children who have been subjected to violence (whether physical, emotional, or sexual) or neglect.5 Each caller is directed to a counselor, who listens to, logs, and provides advice relevant to the individual’s circumstances. Personnel explain to callers that the conversations will be recorded but will remain confidential.

Counselors often have some prior experience working with children but receive three weeks of training on the legal and psychosocial issues of child protection before they work. They also receive 10 days of training on the technical aspects of the helpline system.

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2 Ibid.
3 “Childline Kenya.” YouTube, https://www.youtube.com/watch?v=ugUcKCRy8f0
5 While focused on the needs of children, staff still receive and respond to calls from other members of society.
This training allows counselors to respond to the caller’s specific circumstances and concerns, whether they be health or legal support. Counselors can also refer callers to relevant local organizations who can provide additional support.

Seeking to improve on previous child protection efforts, Childline’s telephone service is toll free and runs 24 hours each day. Thanks to collaboration with the national government and local telecommunications operators, any child anywhere in the country can reach the service by dialing 116.

DEPLOYMENT

With financial support from Plan International, UNICEF, local advocates and other parties, Childline began operations by hiring 17 child counselors, volunteer graduates, and interns. Local organizations provided referrals for many of these initial staff members.

Childline also used start-up funding to increase the awareness of itself, running advertisements and press releases in local newspapers, hosting roadshows, and distributing materials. Staff attribute these actions to the increase in demand for Childline. At its launch, the helpline received 20 to 25 calls per day.

For 2018, the organization reported receiving 173,265 calls, an average of 475 calls each day. This increase in demand has caused substantial strain on existing staff.

This organization continues to depend on partners, with international donors filling many of the organization’s costs. UNICEF contributed more than KES 70,000,000 (USD 676,522.49) in 2016–2018, over 70 percent of Childline’s total budget. The organization has requested additional funding to meet demand and reduce the call burden on current staff. The toll-free 116 service number is the result of collaboration with the national government and the national telecom regulator.

III. IMPACT

IMMEDIATE OUTCOMES

Childline is an increasingly prominent resource in Kenya. According to UNICEF’s latest figures, 400,000 calls were made to Childline Kenya over a 24-month period. These calls resulted in 60,000 children receiving immediate preventative or responsive services and 80,000 children receiving child protection messages. Though operating below optimal levels due to technology

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7 Ibid.
8 "COVER STORY: The number to dial is..."
9 Ibid.
10 “Childline Kenya.” YouTube.
issues and “an inadequate number of telephone operators and high turnover because of undependable funding,” as UNICEF describes it, Childline still fills a previously unaddressed gap in the country’s child protection services.

Childline’s data is giving stakeholders a greater understanding of the current state of child protection efforts in the country. Local media, for example, have used Childline’s data in their reporting on child abuse.\(^{11}\) The data also informs and anchors government action and attempts by third parties to evaluate policy efficacy.\(^{12}\) For these benefits, the national government is expected to increase human and financial support for the helpline by 2022. Childline, in turn, will support aspects of the helpline’s management including training government staff on child protection case management.

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INSIGHTS RELEVANT FOR ADVANCING RD4C LOCALLY AND GLOBALLY

The design, implementation, and ongoing upkeep of the Childline platform points to a number of insights relevant for advancing responsible data for children in Kenya and around the world. In this section we describe practices undertaken by Childline staff to ensure RD4C and how they align with the RD4C Principles, then we outline some of the key challenges related to responsible data facing Childline personnel.

ENABLING RD4C: PRINCIPLES AND PRACTICES:

‣ Professionally Accountable: In addition to three weeks of counseling training, every new member of Childline staff participates in a 10-day training program on the organization’s procedures. The training provides new counselors—who tend to have backgrounds in law, sociology, psychology, or similar fields—with an introduction to Childline policies, data and case management categorization best practices, and other particularities of the platform. Childline also holds monthly and quarterly forums to engage counselors in discussions around particular themes and emerging challenges. These training and capacity-building efforts, as well as staff contracts that make clear any disclosure of personal information is unacceptable, help raise awareness around privacy issues and communicate that data responsibility is everyone’s responsibility.

‣ Protective of Children’s Rights: The Childline platform has several access controls to protect children’s information and rights. Only approved staff members have the necessary digital credentials for accessing, changing, or printing certain case records. The system also creates an audit trail when a user edits, deletes, or prints a client record—but not when a user only accesses the record (a common gap observed across the RD4C observation visits). The system also ensures staff can only access sensitive client records while physically present at the Childline premises and connected to its network, helping to avoid unauthorized remote access. Childline’s next Programme Cooperation Agreement with UNICEF will further examine these procedures, convening child protection and child rights actors to come to agreement on common language and standards of procedure related to the safe handling of data.

‣ Proportional: While the question of data retention over the longer term is complex, especially when legal issues are at play, Childline promotes proportionality of data collection, sharing, and use. At the start of each call, the
counselor informs the caller that while the discussion will be recorded, all information provided will remain confidential, accessible only by case management personnel, unless it needs to be shared with service providers for a specific, authorized referral.

‣ **Purpose-driven:** Counselors collect information from callers to determine what actions are necessary and how those actions should be undertaken. Every call received initiates an information review by Childline staff and the case management team at the Kenyan Department of Children Services (DCS) with the objective of developing a targeted action plan. This process is informed by Childline’s case management guidelines, which were collaboratively developed by Childline, DCS, and the UNICEF Kenya Country Office.

**BARRIERS TO RD4C: CHALLENGES TO NAVIGATE:**

‣ **Avoiding duplicative data:** Staff developed the Childline system and associated policies to prioritize proportional and purpose-driven data collection. However, avoiding the collection and storage of duplicative data is an ongoing challenge. Childline generates a unique ID for each new case. Future calls from the same telephone number are linked with the original case file and logged under the same unique ID. While effective for repeated calls from the same telephone number, this system can result in multiple entries for individuals who use multiple SIM cards or call the helpline from different phone numbers. Such data duplication can both amplify concerns and negatively impact efforts use data to deliver services more effectively.

‣ **Data transfer complexity:** Childline is one entity in a complex child protection and service delivery ecosystem. Ensuring data responsibility as information (and cases) travel between actors in this ecosystem can be challenging. Childline’s lack of a data transfer agreement strategy can create additional challenges and limit its ability to influence responsible downstream practices. Currently, in the event of a referral, case data is transferred from Childline to government counterparts (such as health providers or the police) through a process fully determined by the government counterpart. Childline’s inability to define the optimal data transfer strategy during the development of case management action plan limits its ability to take on a leadership role in the Kenyan RD4C ecosystem.
IV. CONCLUSION

Childline connects some of Kenya’s most vulnerable children with the services they need to live safer, healthier lives, and work toward achieving their potential. The system depends on a well-trained staff of counselors and a system for responsibly capturing, storing, and referring child protection case management data. Although the system is still experiencing data duplication and data transfer challenges, the efforts of Childline personnel to ensure the system is Professionally Accountable, Protective of Children’s Rights, Proportional, and Purpose-Driven demonstrate how RD4C can create value for children while mitigating risks facing them.