

Mobilizing the invisible for Family Adaptation and Resiliency to the Impact of Disease and Poverty

Presented at
Children and HIV: Family Support First

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WEMIHS - Kenya

- Started in 1998 by Kenyan women committed to supporting communities respond to the impact of disease and poverty.

vision

“An empowered communities and institutions effectively responding to health and development concerns”.

Focus: Case study:

Grass root experience in adaptation of a “Child Focused Family Strengthening approach” (background, approach, desired outcomes)

- 1) **Overview Brief on care and support concerns**
- 2) **Approach to building on indigenous practices to address the care and support concerns**
 - Expanding the scope of service providing institutions to deliver care for vulnerable children
 - Mobilizing the invisible resources for the support of vulnerable families caring for children
- 3) **Challenges and lessons learned**
 - **Practical and traditional practice to track change and support ecology of care for the vulnerable children**

CRITICAL NEEDS:

- ❑ A total of 2805 children 0-15 two provinces.
- ❑ Over 45% of the children are under the care of aged guardians with limited access to essential services and opportunities
- ❑ Reached through 874 vulnerable household



Limited access to essential services and basic opportunities



- Absence of structured social protection.
- Shifting burden of care and support from aged grandmothers to children often adolescent girls.
- Competing demand for care provider compromise on quality delivery of care and support.

Shifting the burden to vulnerable children



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Limited access to essential services and basic rights for) 0-8yrs



Children are among the 3.5 million people faced with starvation in 29 districts of Kenya

66% of participants in WEMIHS baseline study (Apl, 2007) responded that there have no guarantee of meals.

Over 90% of women in deliver at home (WEMIHS,

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7



Unmet Essential Needs



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Clothing

WEMIHS Proposition

- ❑ In the African context, the ecology of care for children has to be expanded to optimize on the invisible traditional support structures (family and local governance) that have more potential and promise for sustainable impact on the desired change for OVC care and support program.

Approach

Child Focus Family Strengthening

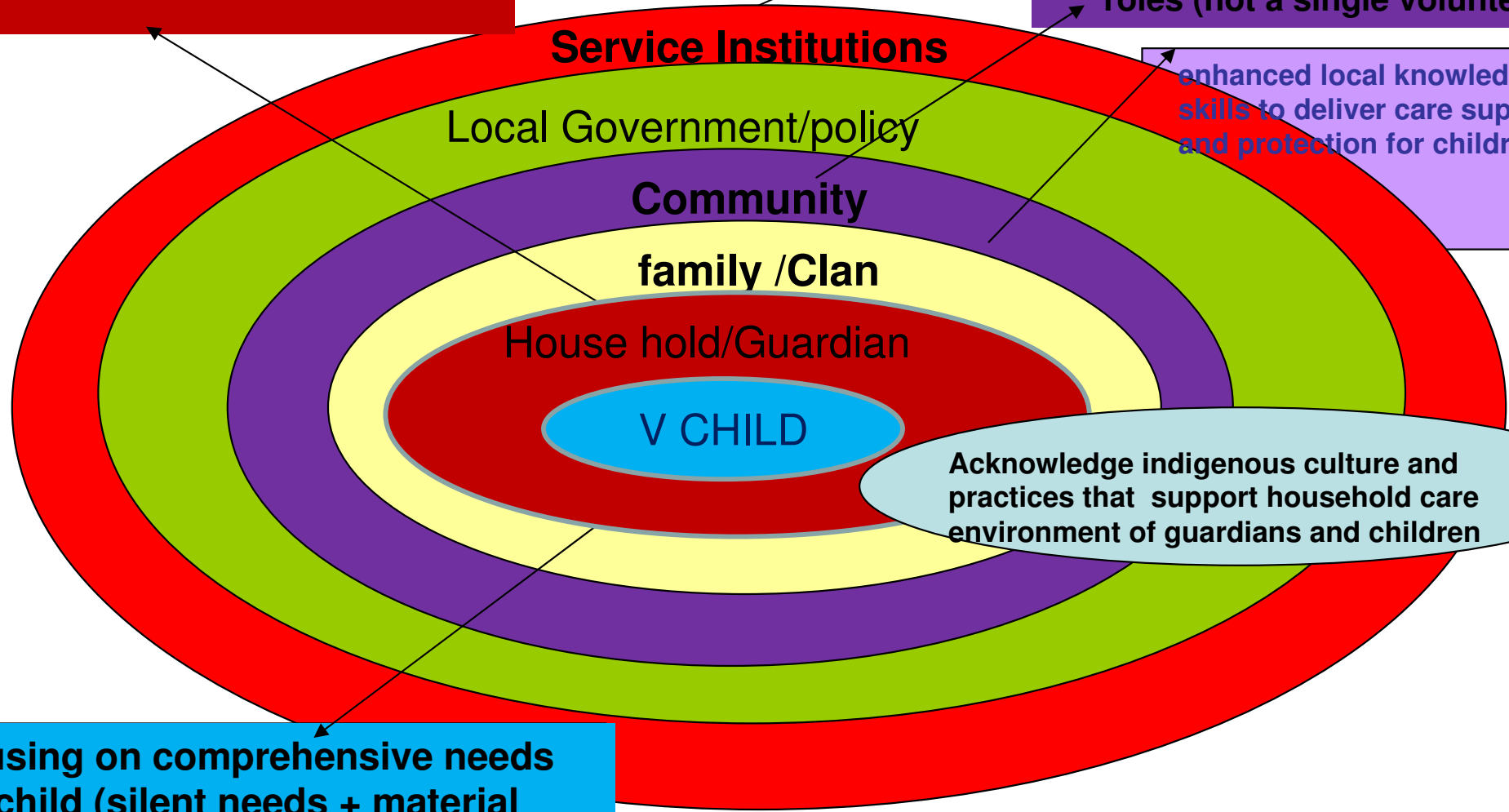
Approach: Collective Action for care and support

Guardians are key actors with positive vision for their children. Support them to implement plan and track desired outcomes

Bargain for expanded role and responsibility of Service Inst.

Engage community on defined roles (not a single volunteer)

enhanced local knowledge and skills to deliver care support and protection for children



Acknowledge indigenous culture and practices that support household care environment of guardians and children

Focusing on comprehensive needs of a child (silent needs + material needs)

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Supporting guardians realize their dreams



- Guardians are key actors with desire for better care and livelihood outcomes .
- Supporting families realize their dreams influence their capacity to improve ecology of care and support for children over the long term

“the shelter I want for my children” Florence Kyuso, Feb, 2009

Mobilizing Collective action for shared vision



Maximizing on Ministry of Agriculture field support policy

80% of the households desire to eat at least 2 meals per day.

“I am so happy to see the yield of the work – with the support of Ministry of Agriculture field staff.

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Key Results for care

Evidence based indicators demonstrate ecology of care for OVC is improving.

- Improved the psychological and emotional resilience of grandmothers to cope with their own loss, grief and stigma associated with the impact of HIV/AIDS and poverty**
- Improved food security with 80% of the grandmothers HH eating 2 meals per day**
- Increase by % of essential services received by children; (immunizations, stimulating learning environment, water and hygiene, education**
- 100% of grandmothers engaging in credit and saving**
- Strengthened linkages between care takers and stakeholders**
- Increased number of schools responding to care and support needs of vulnerable children through integrated PSS to learning**

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Overview:

- **Mixed messages - Low commitment:**
 - **Comprehensive care and support for children and families affected by HIV and AIDS is a critical in AIDS response -----
---- !!!!!**

- **Need for comprehensive and long term care and support services in response to complex needs of children and families !!!**

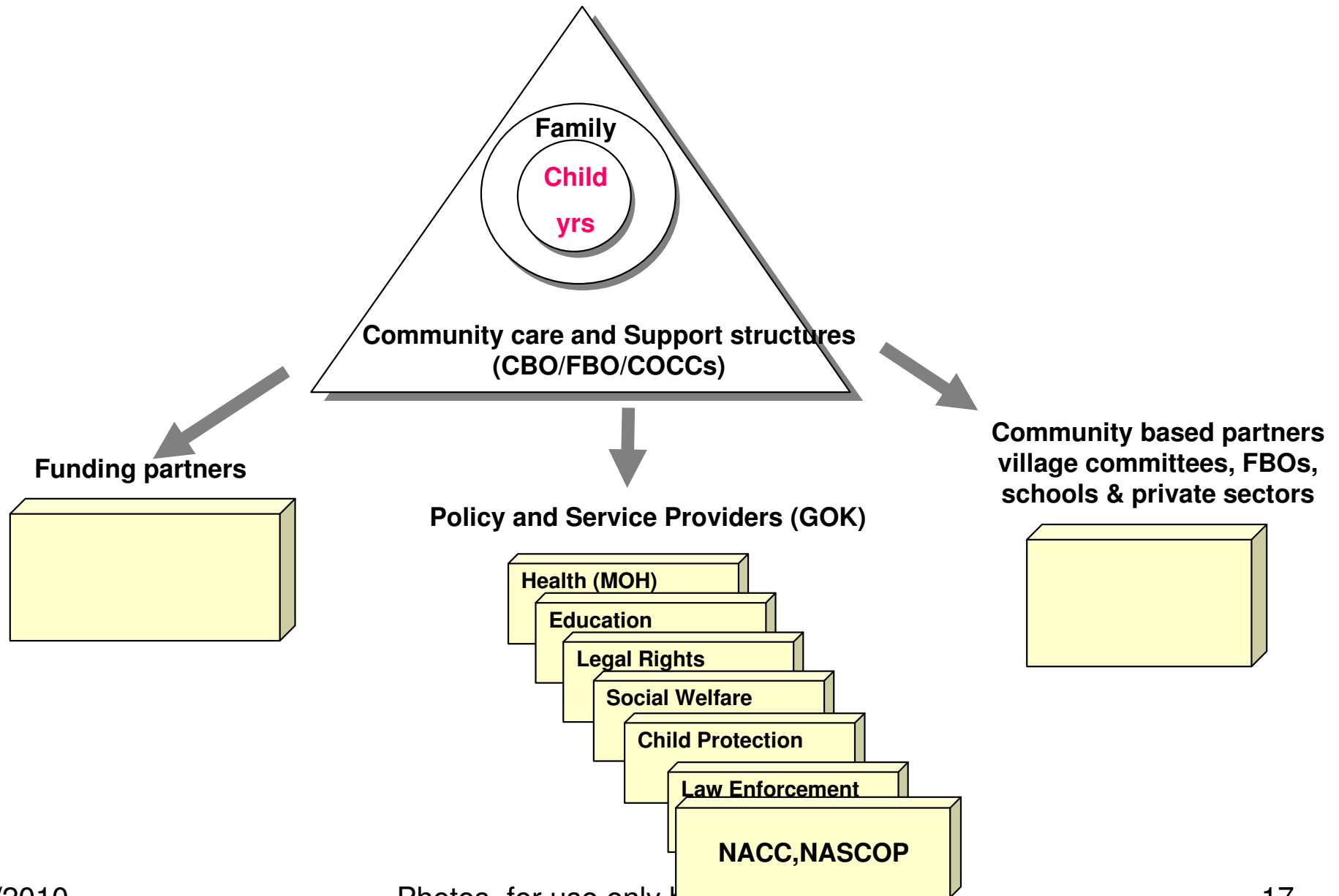
- **Evidence based result and best practices.**

Over 20yrs later:

A conspiracy on the care of children and families

- Dismal policy influence (monitoring frame work and planning, budgets, subsidy to CSOs).
- Limited collaboration and missed opportunities for care and support services (public institutions, development partners, community)
- In adequate commitment by development partners to commit resources to grass root for implementation of projects.
- Overwhelmed CBOs with limited resources and support
- Children and families simply struggling to survive almost in despair

WEMIHS Broad -Based partnerships and linkages



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"it takes a village to raise a child" with concert's client

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Asente Sana !

- *“it takes a village to raise a child”*



- The committed guardians and local communities
- Government of Kenya
-Ministry of Health, education, Agriculture departments,
- Bernard Venleer Foundation
- CHF / Canada
- Firelight Foundation USA
- Local community in Thika and Kyuso