

Caregiver Resource & Development Project (CARED



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Kenya

Introduction to what we wanted to achieve.

Goal:

The overall goal of Caregiver's Resource and Development (CARED) project was to ensure the health and safety of children through advocacy, training and resource development in the informal settlement of Nairobi

Introduction to what we wanted to achieve.

Objectives:

- ✓ To provide a safe environment for children through training, capacity building and advocacy to the community.
- ✓ To develop appropriate, practicable and sustainable interventions to improve the health and safety of children
- ✓ To establish income generating activities in the community while helping to improve the health of children.

How did we begin

❖ The project was piloted in two informal settlements in Nairobi - Kware and Kayole

It was carried out in two phases:

Phase I included:

- ❖ Needs assessment
 - It was done through interviews, focus group discussions and observation
- ❖ Identification of priority areas based on needs,
- ❖ Identification of key communities for project implementation.

Phase II included:

- ❖ Development of sustainable and practical intervention strategies,
- ❖ Training of key stakeholders in the community
- ❖ Development of income generating activity

Focus Group Discussion



Creating awareness through training





Hand Washing Demonstration



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Making of Hand Washing Soap





Resource Development

Key issues that needed additional emphasis required development of resource information kits which included:

- ❖ First Aid Kit
- ❖ Training Manuals/modules – HIV/AIDS, Child Health and Safety and Child Protection
- ❖ Posters – HIV/AIDS, Hand-washing, Child Health and Safety
- ❖ Resource books - HIV/AIDS, Hand-washing, Child Health and Safety

Who else was involved and in what ways?

The CARED project was a big undertaking and could not be carried out by the two Global Leaders. Others included;

Silas Onyango – Intern from Kenyatta university facilitated during the trainings, data collection and compiling the final report.

Daraja E.C.D team: Undertook the whole project as part of their program in all the stages.

Government: Local Authorities, Ministry of Education and the Ministry of Health.

Advisors: Teachers from Kenyatta University .
Community Members, School Administrators ,Caregivers.

Challenges and how we addressed them.

Lack of adequate resources

Worked in fewer communities than originally expected

Looked for volunteers to help with program

Taken for granted attitudes, behaviors and perceptions about children

Training of caregivers, community leaders and parents on their role as caregivers and allowing communities to address their attitudes, perceptions and behavior towards children without passing judgment but allowing for dialogue

Political – program took place during a heightened political environment

Contacted local authorities and ensured that we did not seem partisan e.g. when we printed T-shirts, avoided printing red and green t-shirts

Working with very low income communities where child health and safety issues are too many was sometimes daunting

Addressed the most pressing issues that we saw needed to be addressed urgently

High expectations of communities to receive money, food and other items

Laid the ground rules and tried to manage expectations early enough in the project to ensure the community was aware of what we were offering them

What was the outcome?

- ❖ Caregivers were well equipped with information to help them improve the health and safety of children within their schools, homes and community
- ❖ Caregivers were challenged to take personal responsibility to ensure that children are safe and their rights are safeguarded
- ❖ The training brought about the formation of women groups with the aim of ensuring that their children are safe
- ❖ Some of the women started income generating activities
- ❖ There is demand for expansion of the program to other areas of the country

What did we learn about advocacy?

- ❖ There is need to be well informed on the socio-cultural dynamics of the community
- ❖ For advocacy to be successful, there is need for buy-in from the community
- ❖ It is also important to build the capacity of key stakeholders within the community to help in the implementation, monitoring and evaluation and project continuity to ensure sustainability of the project upon exit
- ❖ Advocacy is an ongoing cycle and requires commitment and reinforcement

What did we learn about leadership?

❖ Leadership requires active participation in community programs; community members are motivated when they see their leaders walk the talk

❖ Before any program activities in the community, leaders should build relationships and rapport with community members to build trust and gain buy-in from them

❖ Leadership requires a strong work ethic, commitment and sacrifice

Conclusion/Next Steps

- ❖ Monitoring and refresher training of community members trained during the pilot project
- ❖ Incorporate the CARED project into the ICRI-Africa ECD program
- ❖ Raise additional funds to expand program to other geographical locations in the country
- ❖ Reach out to other partners such as UNICEF to support the CARED Project
- ❖ Develop and distribute the resource materials to communities through key partners

Thank you!

