

Needs Assessment and Program Plan for Community Childcare in Nairobi’s Informal Settlements

Sheela Bowler
Hubert Department of Global Health, Rollins School of Public Health

Committee Chair:
Deborah McFarland, MPH, PhD

Committee Members:
Solveig Argeseanu, MPH, MSc, PhD & John Blevins, Mdiv, ThD



Background

Nairobi’s informal settlements have limited childcare options for children <5 years, resulting in either inadequate care for children or challenging maternal employment and/or siblings’ school enrollment.

Simultaneously >50% of children in Nairobi’s informal settlements endure stunted development, resulting from disproportionately high malnutrition and infections, low immunization, unsafe environments, and poor cognitive stimulation (UNICEF).

Therefore the community-based organization Lea Toto (“To raise a child”) sponsored a child care community needs assessment.

Based upon results and the desire to empower maternal employment, Lea Toto requested the development of a program plan and start-up capital for community-driven childcare services.



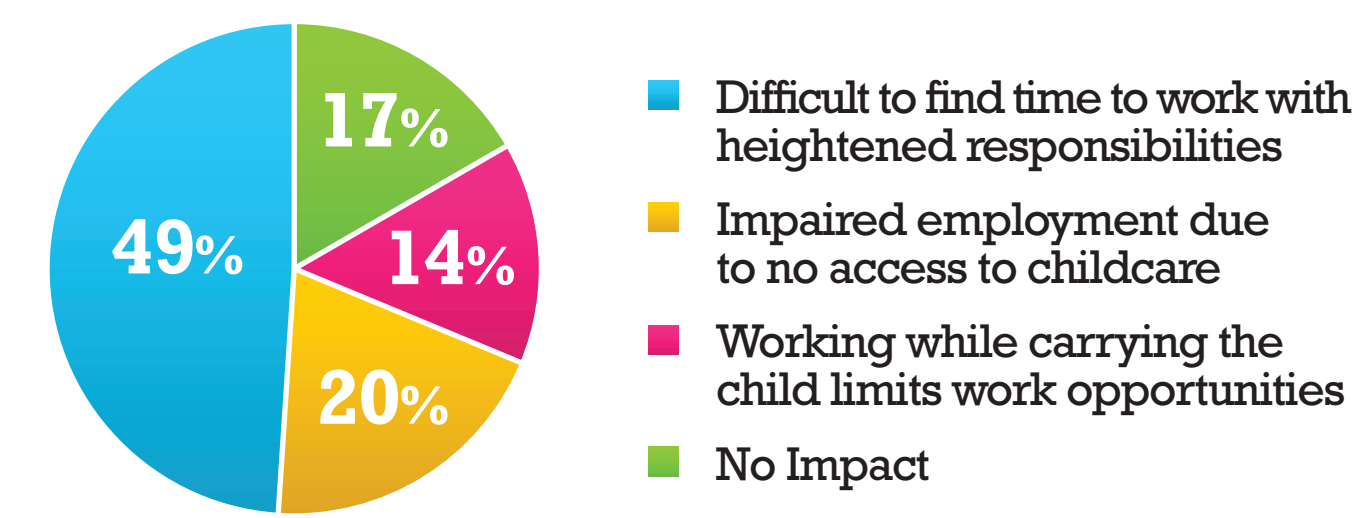
Aims

- 1. Evaluate the need for child care, health, and development services in Nairobi’s informal settlements via community needs assessment data.
- 2. Review global childcare and development program models, evaluating their effectiveness.
- 3. Create a strategic model and program plan for community -based childcare services in Nairobi’s informal settlements.
- 4. Develop grant proposals for the program, and apply to at least five funding sources.

Community Needs Assessment Across 3 urban informal settlements: Kawangware, Kibera, Kariobangi

96 CAREGIVER SURVEYS
Convenience sample survey of local caregivers in the Lea Toto program regarding their need for childcare.

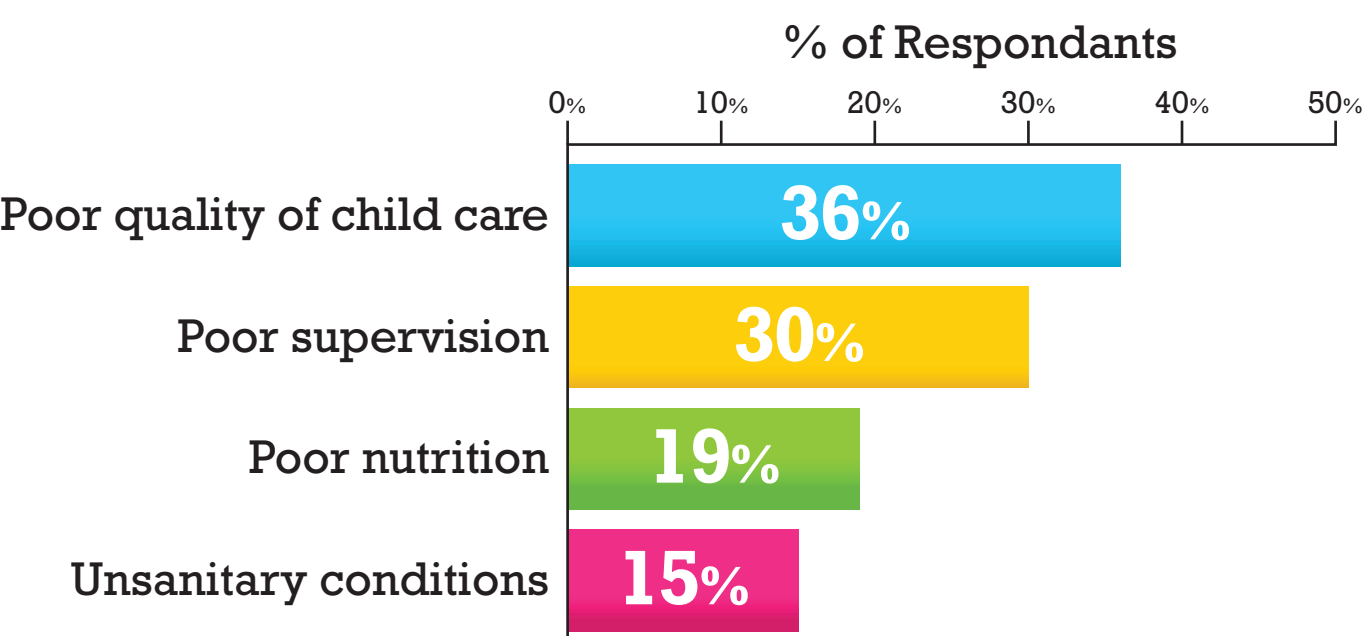
Impact of a having a child <5 years on work
Among Lea Toto Caregivers in Kariobongi, Kawangware, and Kibera



96% of caregivers reported access to childcare would assist in obtaining employment.

40% of caregivers leave their child with siblings aged 5-16 while working.

28% of caregivers have ever used daycare (formal/informal), with 60% reporting negative experiences, due to:



6 FOCUS GROUP DISCUSSIONS
Discussions with Lea Toto community health workers and social workers regarding community childcare needs.

Reported need for quality and affordable child care, due to:

- Decreased sibling school attendance
- Inhibited maternal employment
- Scarce availability for children <3 years
- Misconduct and unhealthy existing services
- Cases of neglect and death from inadequate care

Focus group discussion quotes regarding benefits of access to childcare for families living in Nairobi’s informal settlements

- CHILD: "The facility would improve child safety. Current facilities are risky, and this place could ensure security." CHW
- SIBLINGS: "The daycare will be used instead of leaving the child at home with other siblings, this will help the sibling to be free and taken to school." CHW
- CAREGIVERS: "We will empower mothers to be able to do work and not just sit." CHW
- FAMILIES: "The economic situation of the family will be improved." Social Worker



Recommended services from FGDs:

- Quality supervision
- Safe facility
- Basic health services
- Malnutrition support
- Early childhood education
- Employment support for caregivers

Additional programmatic components determined via FGDs

- Staffing guidelines
- Sustainability planning
- Costs of services
- Training topics
- Risk management
- Partnerships

COMPETITOR ANALYSIS
This analysis tool assessed existing services, activities, costs, and capacity within the Kawangware informal settlement.

The competitor analysis aimed to ensure true need existed within Kawangware, avoiding duplicative efforts and verifying demand.

23 centers (~1,300 child capacity) for a population of over 600,000.

ONE facility serving children <3 years.

44% provide no or inadequate nutrition.

3 provide basic health services.

½ provide early childhood education.

>65% had insufficient staff-to-child ratios.



The Kenya Community Childcare Initiative (KCCI)

GLOBAL CHILDCARE PROGRAM ASSESSMENT
18 childcare programs were analyzed via CARE, UNICEF, USAID, and World Bank impact evaluations.

Programs displaying the greatest health outcomes offered holistic care (nutrition, prevention services, early childhood education). Results informed KCCI's programmatic model.



- Strategic program plan consists of:
- Goals and objectives
 - Activities
 - Timeline
 - Regulations
 - Materials
 - Training
 - Monitoring and evaluation
 - Staffing
 - Budget
 - Risk management

MISSION: To empower holistic community-based support of vulnerable children and their families throughout the informal settlements of Nairobi, Kenya.

COMMUNITY CHILDCARE CENTERS: Offers children 6 months-5 years safe child care, health, and development services.

CAREGIVER EMPOWERMENT: Provides economic opportunities for mothers through income generating activity training and start-up capital.

Kenya Community Childcare Initiative Activity Modules		
Module	Goal	Activities
Providing Child Care and Protection	Provide safe space for children living in the informal settlements of Nairobi.	a. Provide secure, hygienic, and supervised care for children 6 mos - 5 years b. Train community health workers to serve as skilled community caregivers c. Engage caregivers in care, providing recommendations for home-based activities
Improving Child Nutrition	Prevent and treat child malnutrition and micronutrient deficiencies.	a. Provide nutritious meals and snacks for attending children b. Micronutrient supplementation (vitamin A, iron, iodine, zinc, PlumpyNut) c. Child growth monitoring (weight, height, MUAC) with "Growth Cards" d. Community education on child nutrition and growth monitoring
Improving Child Health	Reduce childhood morbidity and mortality.	a. Conduct and document quarterly "health check-ups" for health monitoring b. Provide basic preventative and health services c. Develop partnerships with local clinics for referrals d. Community education on child health, providing linkages to care
Improving Child Development	Promote healthy early childhood cognitive, physical, and social development.	a. Implement early childhood activities for optimum child development b. Track motor and cognitive skills of attending children c. Provide pre- to primary school transition program d. Community education on home-based early childhood development activities
Economic Empowerment	Improve the economic situation of young children's families.	a. Community education on business planning and management b. Coordinate savings and loans business support groups c. Provide practical and job skills training, as well as job referrals

Moving Forward

FUNDING: Start-up capital is required (\$50,000 for 2 years). Eight sources pending.

PILOT: KCCI will pilot in the Kawangware informal settlement.

SUSTAINABILITY: KCCI will reach self-sufficiency within 2-years via social entrepreneurship activities, childcare fees, and Kenyan government grants.

MONITORING AND EVALUATION: Follow the monitoring and evaluation plan to assess effectiveness and adjust program as needed.

SCALE-UP: As awareness and demand for KCCI’s services increase, this model will be expanded to Nairobi’s 8 informal settlements.

Acknowledgements

Lea Toto provided guidance and logistical support to conduct the community needs assessment. Their commitment to launching this initiative has been vital. Without their dedication, this project would be impossible.

KCCI’s community health workers have volunteered much time to the project. Their profound expertise and local knowledge was essential to program development. They are the backbone of KCCI.

Thanks to Deborah McFarland, Solveig Argeseanu, and John Blevins whose support made this special studies project possible.

