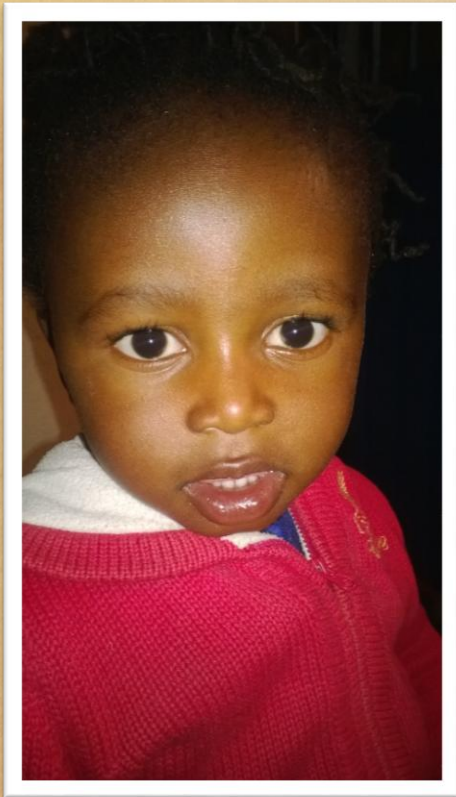


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# How is Your Child?

ANALYZING POVERTY BASED ON CHILDREN'S CARE  
SHANNON ERICSON

INSTITUTE OF DEVELOPMENT & WELFARE SERVICES | Kichinjio, Kibera, Nairobi, Kenya

## HOW IS YOUR CHILD?

### *ANALYZING POVERTY BASED ON CHILDREN'S CARE*

It is incredible how much can be deduced from merely seeing and observing a child. Recognizing physical attributes such as height and weight can inform how well the child has grown according to their age class and in comparison to their peers. The skin catalogs how active a child is or how often they are beaten through various scrapes, cuts, and bruises and their placement on the body. Observing how a child interacts with their elders, peers, and family members demonstrates how well they have been socialized and how they respond to authority. Even how a child speaks can be a clue as to how they are developing emotionally. All of these are important areas to take into consideration when evaluating a child and their health of development. But, how does this change when you place a child in an overpopulated, low-income, and unsanitary slum? And even more, how is it altered when the children being observed live with disabilities within a community that sees disability as detracting from humanness? These are the challenges that Institute of Development and Welfare Services (IDEWES) handle when they visit the women and children in their Disability Program as they conduct monthly assessments, called the Child Status Inventory (CSI).

Using an assessment tool called the Child Status Record, IDEWES goes to visit some of its clients in the various villages of Kibera on a monthly basis to collect data and determine how the women and children are improving as a result of their programs. Evaluating on six different areas, food and nutrition, shelter and care, protection, health, psychosocial, and education and skills, IDEWES focuses on the care of the child as an indicator of community and economic development for the child and their family. They believe in children as a great change agent for the community in the future, and they desire to support and encourage proper care and treatment of children in Kibera. Additionally, they recognize that many mothers living in the slums will willingly forgo some of their own needs to take care of their child. Because of this, they believe that studying the child's health and development will provide an appropriate assessment of the household's level of poverty. The Child Status Record assessment that they utilize is also used by other non-government organizations and community-based organizations in Kibera, which often gather together to discuss their findings and the effectiveness of the tool itself in determining levels of development. For the month of May, IDEWES visited a total of eighteen households where they conducted the assessment in villages all over Kibera, including: Makina, Raila, Kianda, Katwakera, Bambalulu, 42, and Kichinjio. I was fortunate enough to go with a team that conducted four interviews and assessments, observing the mothers and children, and contributing to the assessment. With my background in social work, I found this to be a very fitting method for me to analyze the level of poverty based on information and theory with which I am familiar.

At each home, IDEWES staff were welcomed in by the woman connected with their organization. After proper greetings and sitting down, the staff asked each woman how they were feeling and doing at home with their disabled child. Each mother would talk briefly about the difficulties they faced, but also about their encouragements. One mother spoke about her daughter learning how to stand and walk, becoming more active in spite of her cerebral palsy. Another mother told us how her son was unable to play outside on the street with the other children because

he was bullied for being blind. She explained that while she was frustrated with the children and their mothers, she understood the difficulty since her son had a hard time communicating with the other children. Most of the mothers expressed gratitude for a specific school in Kibera which offers education suited for children with disabilities – the only school to provide such education in the whole area of Kibera. This school has provided a place for the children to feel a sense of belonging and to grow in their abilities and knowledge, with many children demonstrating improved grades and success in the classroom. As we talked with the mothers, some of their children were present. At the first household, the young daughter showed a great amount of curiosity in the *mzungu* (white person), who had joined the IDEWES staff. She approached me, murmuring a few words in Swahili, and attempted to give me a hug a number of times. These actions showed me just how much she observed what was happening around her, a high level of emotional depth and intellectual curiosity, as well as a degree of socialization. Another part of the interviews involved IDEWES asking the women about their work and employment. Most women expressed some frustration and struggle regarding work and providing for their children. Some even showed a desire to start new businesses. One woman said she wanted to start making and selling liquid soap, while another said she wanted to roast peanuts and make them into peanut butter to sell. IDEWES was excited to hear their goals and ambitions and encouraged them to continue to save their money through the savings and loans groups that they help facilitate.

After gathering all of the data, the team at IDEWES worked together to analyze their findings. While households were marked at nearly every level of scoring (1-4; 1 being very bad, 2 being bad, 3 being fair, and 4 being good), the large majority of households, roughly 60-80% of those interviewed, were given a middling score of either 2 or 3 in the majority of categories. Many households were given a middling score overall, signifying that most live in moderate poverty. However, once the data was analyzed, it became apparent that very few households achieved a score of 4 for good, percentages in each category remaining below twelve percent for this level of scoring. Coupled with the fact that the majority of households (roughly 80-90%) ranked bad and very bad in the categories of performance and work & education, it is apparent that there is still room for improvement. IDEWES is working towards helping all of the households that were interviewed achieve improvement over time through their Economic Empowerment program.

IDEWES's Economic Empowerment program focuses on training locals how to start their own savings and loans groups. In these groups, locals are taught the importance of savings, the process of loans, and how to create and found a group that people want to belong to and stay committed. After the training is completed, IDEWES encourages the groups to select leaders and start saving together. Their role remains one of a teacher, or a facilitator, that the groups can access and refer to in a case of emergency or confusion. However, the groups are largely self-run and gain greater confidence and independence year after year as they are able to save and loan larger sums. It is through these groups that IDEWES works to support women living with HIV and AIDS, widows, women with vulnerable children, and women with disabled children. This provides them with a means to form relationships with the women and encourage them to save for various unplanned events as well as allowing them to advise the women regarding business and business management. While IDEWES has great knowledge and skills to offer their community, they are choosing to take a more supportive role, allowing the people themselves to be the heroes and change their own lives for the better. They know that true change starts with the everyday people who live, love, laugh, and lead in their own communities.

APPENDIX I: CHILD STATUS RECORD

### Child Status Record

Child's Name: \_\_\_\_\_ Age in years: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Child ID: \_\_\_\_\_  
 Location: District \_\_\_\_\_ Ward/Division \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Caregiver's Name \_\_\_\_\_ Village/Neighborhood \_\_\_\_\_

**I. CSI SCORES:**

Domains	Date:	Score	Evaluator's Name or ID:	Action taken today:
		(Circle One)		
<b>1—FOOD &amp; NUTRITION</b>				
1a. Food Security		4 3 2 1		
1b. Nutrition & Growth		4 3 2 1		
<b>2—SHELTER &amp; CARE</b>				
2a. Shelter		4 3 2 1		
2b. Care		4 3 2 1		
<b>3—PROTECTION</b>				
3a. Abuse & Exploitation		4 3 2 1		
3b. Legal Protection		4 3 2 1		
<b>4—HEALTH</b>				
4a. Wellness		4 3 2 1		
4b. Health Care Services		4 3 2 1		
<b>5—PSYCHOSOCIAL</b>				
5a. Emotional Health		4 3 2 1		
5b. Social Behavior		4 3 2 1		
<b>6—EDUCATION AND SKILLS</b>				
6a. Performance		4 3 2 1		
6b. Education/Work		4 3 2 1		

**Source(s) of Information:**  
(Circle all that apply.)

Child, Parent/Caregiver, Relative, Neighbor, Teacher, Family Friend, Community Worker,  
 Other (Specify): \_\_\_\_\_

**II. IMPORTANT EVENTS:**  
(Check any events that have happened since last CSI assessment if applicable.)

Event	Child left program	Child pregnant	Child died	Parent ill	Parent/guardian died (specify who)	Family member died	Change in caregiver/adoption	Change in living location	Community trauma (Violence, Famine, Flood, etc. _____)	Other (Specify)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**III. TYPES OF SUPPORT / SERVICES PROVIDED (at present):**

Support/Service	What was provided?	Who provided services? (E.g. NGO neighbour, teacher, church, or other)
a. Food & nutrition support (such as food rations, supplemental foods)		
b. Shelter & other material support (such as house repair, clothes, bedding)		
c. Care (caregiver received training or support, child placed with family)		
d. Protection from abuse (education on abuse provided to child or caregiver)		
e. Legal support (birth certificate, legal services, succession plans prepared)		
f. Health care services (such as vaccinations, medicine, ARV, fees waived, HIV/AIDS education)		
g. Psychosocial support (clubs, group support, individual counselling)		
h. Educational support (fees waived, provision of uniforms, school supplies, tutorials, other)		
i. Livelihood support (vocational training, micro-finance opportunities for family, etc)		
l. Other: _____		

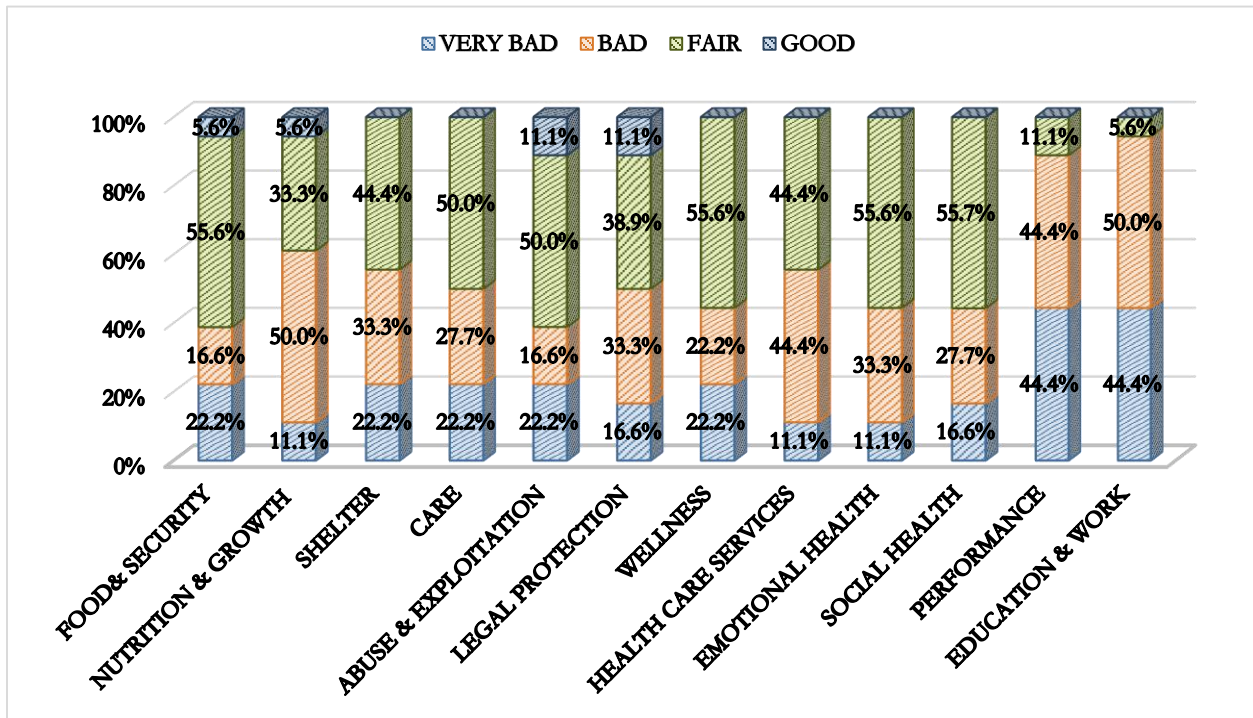
**Suggestions for other resources or services needed.**

\_\_\_\_\_

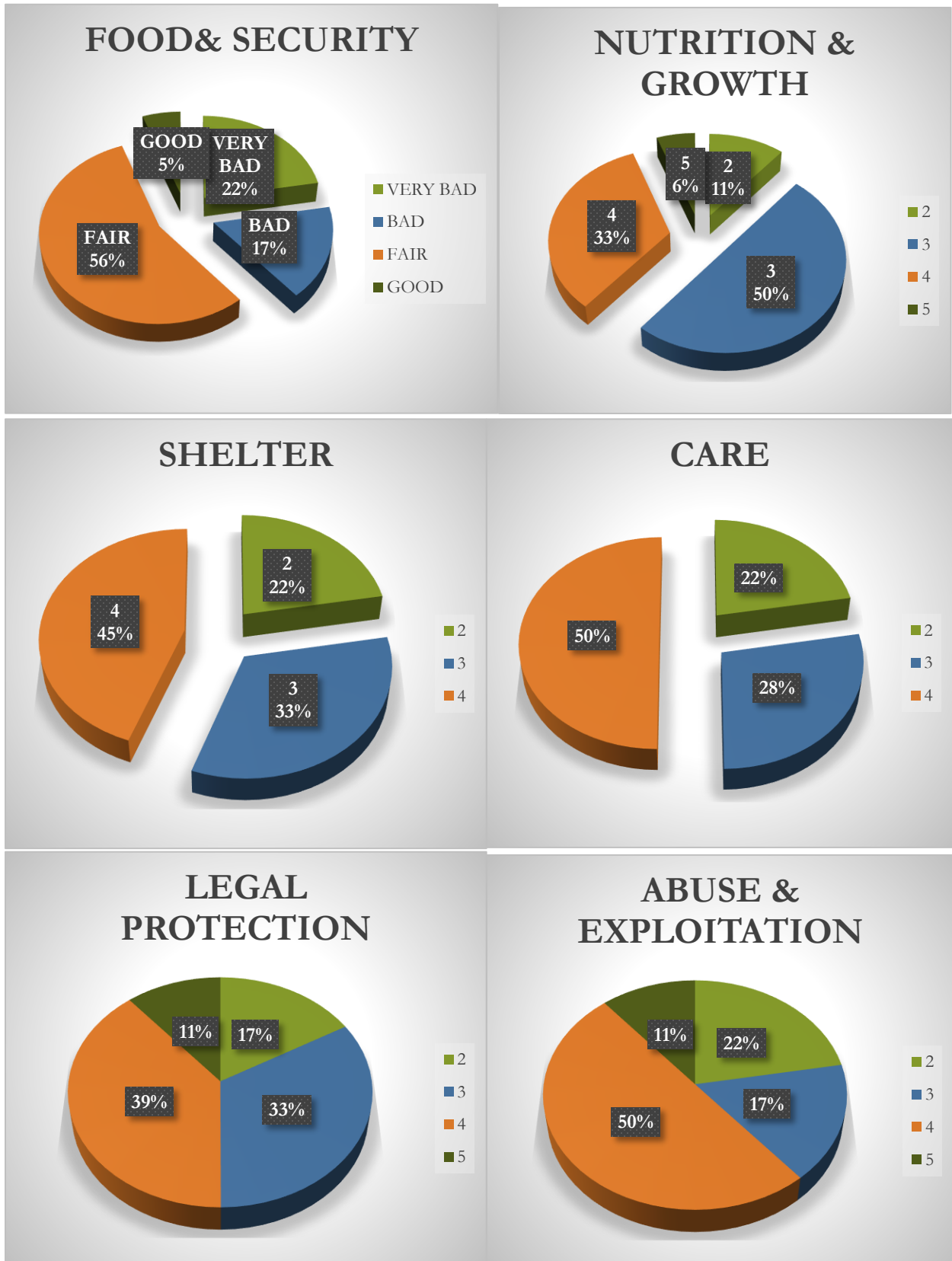
APPENDIX II: CHILD STATUS INVENTORY (CSI) DATA ANALYSIS

CATEGORY	FOOD & SECURITY	NUTRITION & GROWTH	SHELTER	CARE	ABUSE & EXPLOITATION	LEGAL PROTECTION	WELLNESS	HEALTH CARE SERVICES	EMOTIONAL HEALTH	SOCIAL HEALTH	PERFORMANCE	EDUCATION & WORK
VERY BAD	22.2%	11.1%	22.2%	22.2%	22.2%	16.6%	22.2%	11.1%	11.1%	16.6%	44.4%	44.4%
BAD	16.6%	50.0%	33.3%	27.7%	16.6%	33.3%	22.2%	44.4%	33.3%	27.7%	44.4%	50.0%
FAIR	55.6%	33.3%	44.4%	50.0%	50.0%	38.9%	55.6%	44.4%	55.6%	55.7%	11.1%	5.6%
GOOD	5.6%	5.6%	0.0%	0.0%	11.1%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

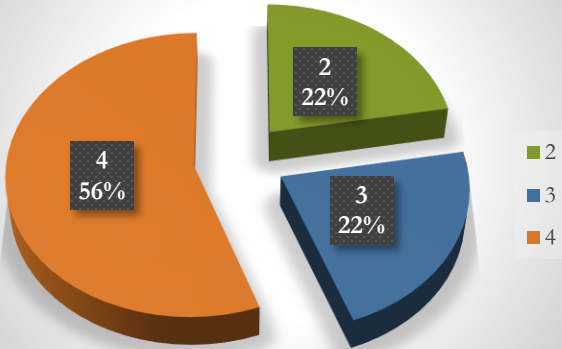
APPENDIX III: CSI DATA ANALYSIS BAR GRAPH



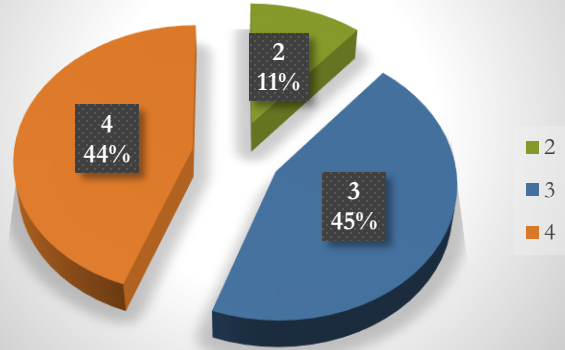
APPENDIX IV: CSI DATA ANALYSIS PIE CHARTS



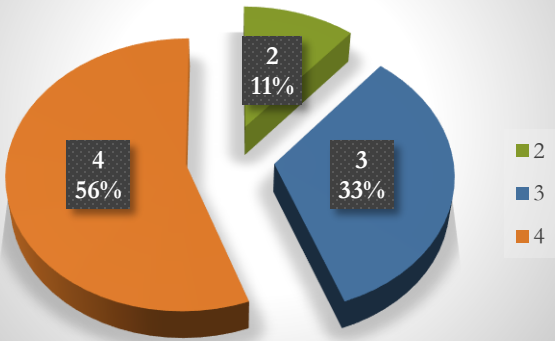
### WELLNESS



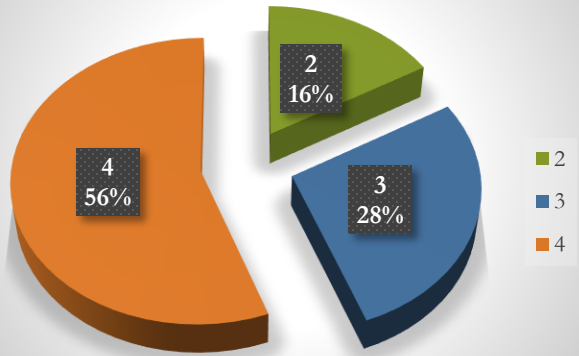
### HEALTH CARE SERVICES



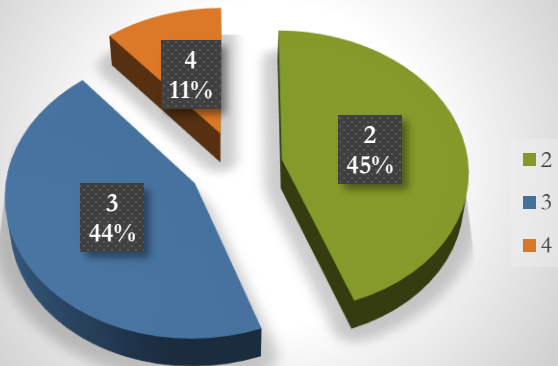
### EMOTIONAL HEALTH



### SOCIAL HEALTH



### PERFORMANCE



### EDUCATION & WORK

