Strengthening Child-Care Relationships: Linking Evidence and Practice

Presented by
Connie Kekihembo
CDR Technical Advisor

Centre for Disability and Rehabilitation (CDR)

• CDR is a parents organization established in 2007 to empower families caring for children with disabilities in Uganda.
• Since its inception we have recruited 30000 members majority being women and grandmothers.
Working with grannies

The Better Way Concept

• Through: The Better way concept
• We believe child care giving starts at home with the full participation of the family as a better way for meaningful rehabilitation.
• Through this concept we address stigma and encourage social learning using the human rights approach.
Strengthening child - caregiver relationship

• Childcare is primarily the role of caregivers; (parents) who spend more time with the child than anyone else.

• Family is the first and best institution for childcare, development, survival and participation (fulfillment of child rights)

Ctd...

• The concept is implemented through; 
• Siblings connection 
• Parents connections 
• **Grannies connection**
• Community connection
  Generally engaged in tailored activities and peer to peer support.
Grannies at the centre of care-giving

- Although child care is considered a primary role of parents, many grand mothers are giving primary care due increasing orphan hood due to HIV, family breakdown resulting from domestic violence among others.
- CDR has 200 grandmothers caring for grand children with disabilities abandoned to their care.

Bridge the gap

- All child care efforts should bridge and not widen the child- caregiver gap; because all efforts can only complement parenting, will never replace it.
- All services tailored to meet the needs of the child (fulfill the rights of a child should therefore focus on strengthening the child – caregiver relationship.)
This should include;

- Equipping caregivers with intended care skills for continuity; e.g. Health service providers should take time to explain to the parent the child’s condition, treatment plan and instructions (parent’s role in continuing the plan).

- This is done best through home based care model which enables all family members to be involved in child care. (Make the family the first line of operation)

Cont....

- Empowering parents and grannies to enable them provide appropriate child care; with skills, support to generate income, food security support, psychosocial support, etc depending on their varied needs.

- Peer to peer learning is the best approach to empower parents; parents engaging, shared learning, mentoring and coaching each other.
Lessons learnt

• Through child caregivers CDR established Parent Mutual Networks, to support the grannies.

It is done through;

• Experience sharing and counseling
• Visiting them and providing communal labour
• Providing material support

Case study:

• Desire a 10 yr old boy with a hearing difficulty lives in Kasangati village with his mother Margaret (both HIV positive).

• Desire dropped out of school due to communication challenges at school as he has difficulty hearing
Cont...

- Margaret was deserted by husband as he could not cope fathering a child with disability.
- Desire and mother were linked to CDR by Teddy, also parent who mothered a child with disability.

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- Through the peer counseling, Desire and Margaret accessed HIV/AIDS services including ART for Margaret and Contrimoxazole for Desire.
- CDR has trained Desire and mother in sign language to ease communication and prepare Desire to restart school.
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• Margaret has also been empowered to counsel other parents, and to generate income to meet their own needs.

• Margaret makes and sells cosmetics, is a member of Kasangati Parents’ Mutual Network and a representative on the parents coordination committee.

Interventions for child care strengthening

• Intensive child-care guidance and therapy.
• Parent support groups for mutual support.
• Family- school community networks.
• Mass Media.
Successful intervention must be...

- Community driven
- Cost effective
- Sustainable
- Holistic and integrated approaches
- Right based.

Case story:
Josephine is a 13 year old girl with severe cerebral palsy and epilepsy. She lives with her grandmother 89, yrs old, whose health is detoriating due to hypertension, cancer, diabetes and duodenal ulcers. They both reside in Luteete village, Wakiso district. Josephine’s mother abandoned her when she was three years old to this 89 yr old, after she was rejected by her husband her for delivering a child with disability.

The old woman despite struggling with her own health has to also provide for herself & for the granddaughter as well and very few relatives do give a helping hand. Josephine was identified by another caregiver during one of the outreach programmes. She was found weak, pale malnourished and could not stand independently because the Cerebral palsy and epilepsy.
• The grandmother is too old & doesn’t have any source of income to cater for herself and Josephine as well as. She lives on handouts from well wishers, some relatives & generous neighbors, CDR supported caregivers regularly visit to clean up the home, fetch water and cook for Josephine and the grandmother.

CDR’s Intervention

• She was started on rehabilitation, nutritional therapy & psychosocial support was given to the grandmother by the CDR team. Josephine was given a cerebral palsy chair, a standing frame, an adopted wheel chair to ease sitting posture & strengthen her legs.

• As a result of continuous therapy Josephine can now sit and stand with support, stretch her hands & legs, smile, make a joyful sound and signal when needs more food during feeding by using her legs/ hands to the person feeding her.
CDR social worker

Josephine attending sibling connection day
Social Workers Visit the Grannies

Thank you