Providing Family Support To Help

Vulnerable Children Thrive

Growth and Nutrition Report 2017

Vulnerable Children Thrive

THE CHALLENGE

Set up in March 2010, Tushinde is a small charity with an average income of £56,000 per annum. Based in the Mathare Slums in Nairobi, Kenya with aim of supporting families of vulnerable children to provide schooling and relieve poverty, Tushinde is a small organisation with big ambitions.

Mathare Valley is a five kilometres from the centre of Nairobi and home for almost half a million people. The majority of inhabitants are thought to be under 30 years old and as many as 57% of the child population are believed to experience malnutrition at some point in their childhood (UNICEF 2012). Although Kenya has implemented free primary education since 2003, many school-aged children remain out of school or drop out too early. With few public primary schools available in the slum areas, the cost of uniforms, textbooks, examinations and remedial class fees keep primary education out of reach of many vulnerable children.

The children Tushinde work with have multiple problems, over 70% of the families are affected by HIV/AIDS, many suffer from malnutrition, mental health problems and dangerous debt.

Many poor mothers in Mathare need to leave their infants or toddlers in care so they can find work, usually casual day jobs. Existing services available in the community are inadequate and of a low standard and in extreme cases, but quite common, mothers who have no alternative will leave their infant or toddler locked in the house alone for the entire day. This places the children at risk of sickness, injury and dehydration in the short term and malnutrition and delayed development in the long term.

WHAT DOES TUSHINDE DO?

Tushinde works with local clinics and schools to provide and extensive outreach programme. When Tushinde takes a child on to their books, the life of that child is in turmoil; he or she might be mourning the death of a parent and living with the extended family or perhaps the whole family has been evicted and have nowhere to sleep.

With a team of social workers, Tushinde is a long term programme working with children and young people up to the age of 18 years or for as long as support is needed in exceptional cases. Tushinde helps families during their crisis and then with them in the long term to create a safe, nurturing and stable environment for the children. Many of the families have been supported since the project started in 2012 (61 months). The chart (left) shows how long children have been worked with. And the one below shows the age when the child was first referred to Tushinde.

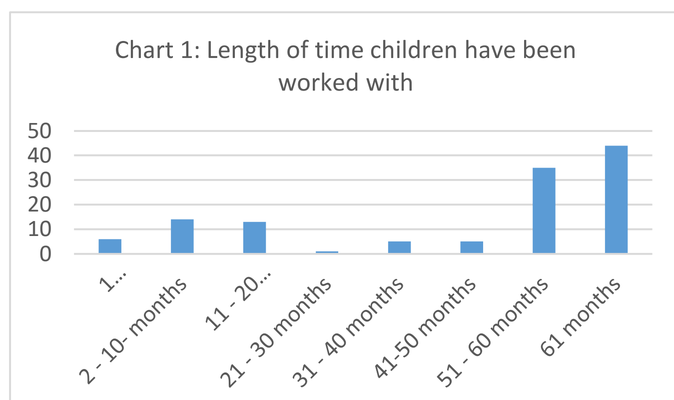

Chart 1: Length of time children have been worked with

48% (n59) of children with sufficient data are boys and 52% girls (n65).

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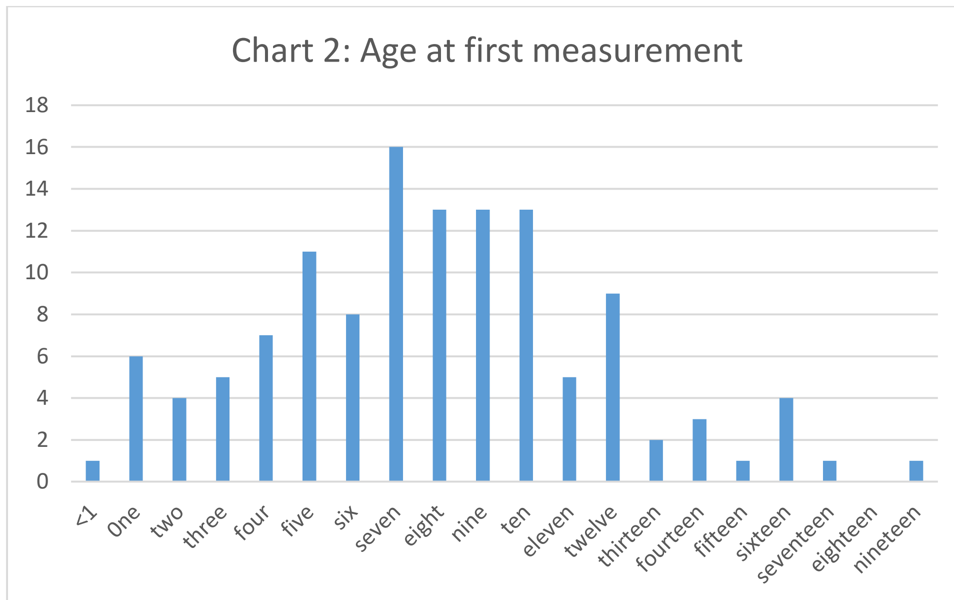

Tushinde believes the best place for children to grow up is in their own families. Over the last seven years Tushinde has continually developed programmes that support families living in the Mathare slum in some of the most difficult and challenging conditions.

Family Support Programme

Research shows that financial aid is more successful if accompanied by social work intervention (Roelen et al 2017). The Tushinde Social Workers offer holistic, tailored care and support to families. Through donations from a small core of supporters, the project supports families referred to them through case management alongside financial support. Families that Tushinde work with receive a 'family allowance' to cover basic needs such as food, rent and clothing. Parents and carers on the Family Support Programme will receive a weekly payment of about £3/$4 per week towards the nutrition and well-being of their children.

Families in crisis receive food parcels and payments to meet other urgent needs. When needed Tushinde provides access to medical care through referrals and financial support paying the Kenyan Government's National Health Insurance Fund (NHIF) premium – a monthly payment of 500 Kenyan Shillings (KS) (£3.50 / $5) covers the whole family for basic healthcare in Government hospitals.

School Sponsorship / Scholarship Programme

Tushinde works in partnership with community based schools providing professional development workshops and small grants for the purchase of textbooks, supplies or the refurbishment of classrooms. Children are enrolled in schools and each child's tuition fees and exams are paid for by Tushinde. The social workers visit the schools and follow up on the attendance and smooth integration of the students.

Holiday Camp

Since 2016 Tushinde have been running week long holiday camps during the school holidays. This keeps the children occupied with extra tuition and activities as well as providing a meal each day.

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Income Generation

Tushinde also provides business or vocational training and small grants to start generation activities to help families become more financially independent. The aim of this programme is for families to become financially independent through their business and no longer need financial support from Tushinde.

Day Care Centre

Tushinde has partnered with a local women's group to operate safe day care centres that provide nutrition in the form of a lunch programme and play activities and is open 12 hours a day, six days a week to enable mothers of young children to work and provide for their families. The day care centre has trained workers who care and play with babies from six months to three years and provides a safe environment for the very young to explore the world.

Community days.

Every quarter the families are brought together for a community day. These days have been used to build a sense of belonging and support for everyone on the family programme, and also give the children the opportunity to try new activities such as yoga, art and rugby as well as play in a safe green space.

OUTCOMES

Health

Part of the community day also includes weighing and measuring the children to monitor their progress and pick up any children who are failing to thrive.

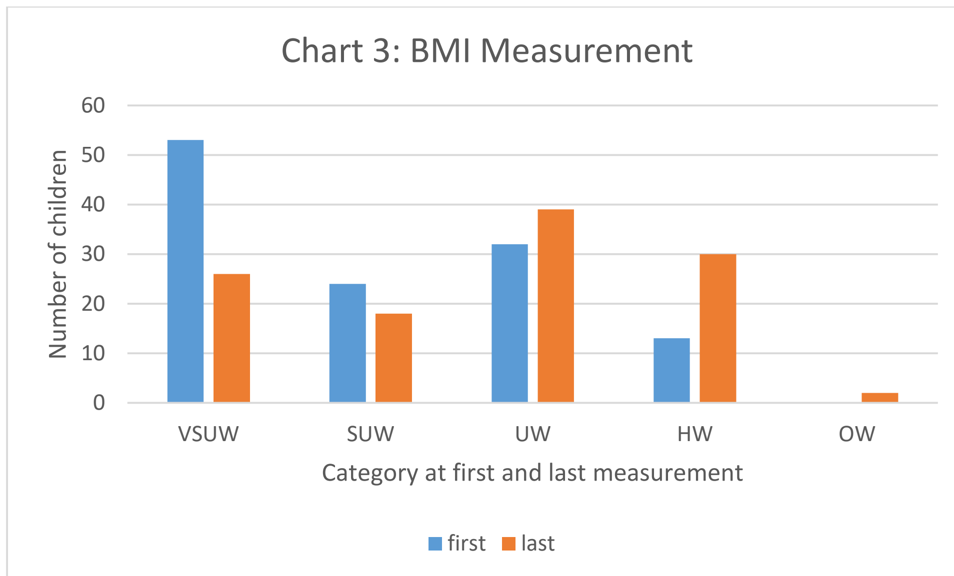
Since it began in 2012, Tushinde has recorded the Body Mass Index (BMI) – a way of assessing whether a child is malnourished and whether the child is a healthy weight for their height - of 123 children that it has worked with. The BMI has been measured for each child when they are first referred to the project, they are then measured at regular intervals. This data has been analysed and children were classed as; Overweight (OW), healthy weight (HW), underweight (UW), severely underweight (SUW) and very severely underweight (VSUW).

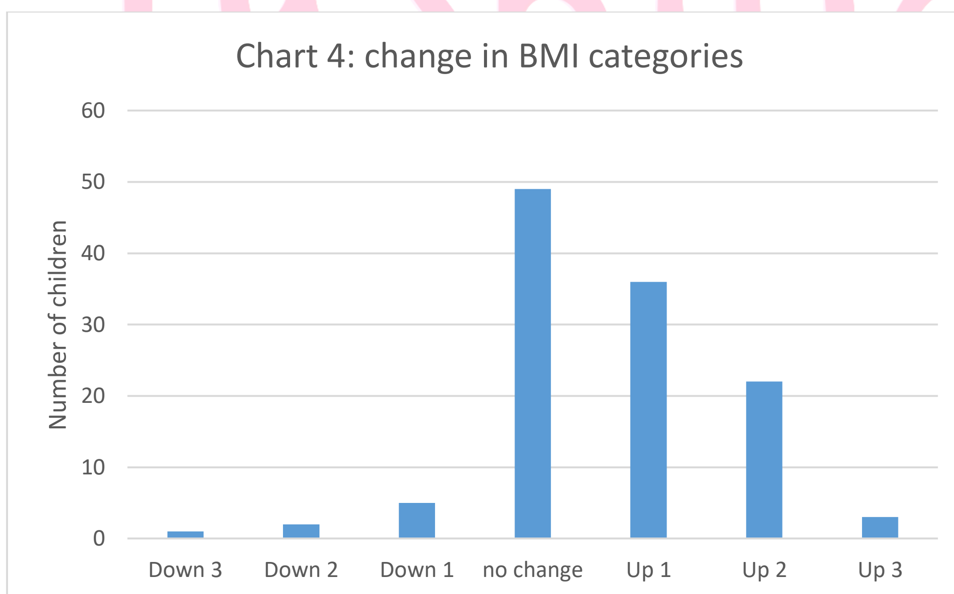
Tushinde works with children of all ages. Where the age is recorded, the age range at first measurement is less than one year with the oldest being 19 years, of these children, 59 were boys and 65 girls. The largest number of children were age seven years (13%) at first measurement with 10% of children being either eight, nine or ten years of age.

Measurements referred to in this report apply to those taken from June 2013 when equipment was purchased to allow more accurate recording.

Chart 2 below shows the BMI of children at first referral (or at June 2013 if they were referred before) and at the last recorded measurement in September or December 2017. Not all children have been measured more than once as they have been referred in September 2017. This shows that many more children were Very Seriously Underweight at first measurement than at their last measurement – they have a healthier BMI.

Of the 118 children who were measured more than once, 57.5% showed an improvement in their BMI. Of those that showed an improvement, 58% of children's BMI improved by one category, 37.5% by two categories and 4.5% by three categories. (Chart 3). However many children showed a fluctuation in their BMI throughout the period when they were measured and 40 showed no change at all and of those, 5 that had been on the programme more than 18 months remained Very Seriously Underweight. The BMI of nine children reduced during their contact. Sadly this can be due to HIV infection and other serious illnesses. However, there are some HIV positive children that have really thrived and moved up two categories.





The purpose of analysing this data was to assess if children on the family support programme were showing physical improvements in their health and development. Interventions such as the weekly cash transfers and enrolment in government schools (which have subsidised feeding programmes)

should lead to improved nutritional status in children. The evidence has shown that there has clearly been an improvement in the BMI's of children.

In recording the health of the children, Tushinde currently has no way system for including adverse health events. 8 Children in the cohort are known to be HIV positive. One child has sickle cell anaemia and two are epileptic. In the five years this data was collected one child died due to a known and serious heart condition secondary to his HIV infection. One other child missed two weeks of school due to anaemia, again secondary to HIV. No other children were so seriously unwell that they required hospital admission for more than two days. School attendance in 2016 and 2017 was 97% overall.

RECOMMENDATIONS.

Tushinde has looked at the growth of children using the linear BMI value, without compensating for the age related fluctuation in BMI. This is useful in measuring progress of children, but means the data cannot be compared to data from elsewhere. In the future, Tushinde hopes to work with an expert in child growth to assess the data using a computer formula which can give internationally recognised Z scores and enable Tushinde to measure the progress of children on its programme to national and international standards.

Tushinde would benefit from having a system to record adverse health events in a sample group. By tracking incidents such as hospital admissions, asthma attacks, school absences to the overall growth and development of the child, could help provide a tool to understand why some children are slower to progress and also identify families where there is neglect or continues to be inadequate funds to purchase food.

Tushinde 30th January 2017

With thanks to Sue Staddon, the author, for her professional analysis of over five years of multiple data points from over 120 Children. Without her, this report would not have been possible.

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