

**United Nations Commission on the Status of Women  
Fifty-seventh session  
4 - 15 March 2013  
New York**

**INTERACTIVE EXPERT PANEL**

**Review Theme: Equal sharing of responsibilities between  
women and men, including caregiving in the context of  
HIV/AIDS**

**Panel 5: Caregiving in the context of HIV/AIDS  
Recognizing and valuing unpaid care work**

**COMPENSATION FOR CONTRIBUTIONS” ADVOCACY  
AND EFFORTS OF GRASSROOTS CAREGIVERS IN  
KENYA**

by

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<sup>1</sup> The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

In 2009, caregiving was brought to the forefront in global discussions at the Commission on the Status of Women. After approving to the Agreed Conclusions, governments went home and started various processes and plans to scale up caregiving.

In many countries in Africa, our governments with the big global health initiatives supported many plans to address caregiving in the context of HIV. There has been remuneration of caregivers, creations of titles meant to suit the work of caregiving like community health workers, home visitors and health extension workers. Some even have come up with kinds of stipends, very minimal like 20 USD a month, and only given to some caregivers, like 50 out of 2000 women working as caregivers in a given community.

The gap in this is due to the lack of involvement of the caregivers in implementation of the Agreed Conclusions. The work of caregivers has been continued to be an increasing workload as caregivers become fragmented due to these government interventions.

In the last International AIDS Conference in Washington D.C., a lot of emphasis in HIV programming was put on clinical management of the disease where you could tell that caregiving was being dropped or overlooked. Just as women's care responsibilities are socially ignored as a convenient means to devalue women's contributions so too are myths about the feasibility to support caregivers<sup>2</sup>.

In 12 countries in Africa, in Kenya, Uganda, Rwanda, South Africa, Ethiopia, Zambia, Zimbabwe, Malawi, Nigeria, Ghana, Benin, and Cameroon, grassroots women have formed a Home-Based Care Alliance<sup>3</sup> which brings over 30,000 grassroots women working on care work. The Home-Based Care Alliance is countering these myths and is showing the evidence of caregivers work. This is being used by likeminded organizations and some local governments to program around care.

One example is the big survey conducted by caregivers that was funded by the government of Japan through the Huairou Commission called "Compensations for Contributions<sup>4</sup>." In Kenya, caregivers in the HBCA have used this evidence, with the support of GROOTS Kenya, to help in developing the National AIDS Strategic Plan and ensuring a community pillar was formed to direct national level funding to community-based caregiving groups. Caregivers are also working to persuade the African Union to adopt policy on caregivers to facilitate a country level response.

## **Recommendations**

- Sharing responsibilities in caregiving does not just mean men joining to provide direct care. In the patriarchal society, men are the custodians of resources. Men should recognize caregiving done by women as an important social welfare and provide resources to support care.

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<sup>2</sup> To see more on the myths surrounding home-based caregivers and policy recommendations made by caregivers see [http://homebasedcarealliance.files.wordpress.com/2012/07/hbca\\_advocacy2013\\_web.pdf](http://homebasedcarealliance.files.wordpress.com/2012/07/hbca_advocacy2013_web.pdf)

<sup>3</sup> For more information see the Home-Based Care Alliance website: [www.homebasedcarealliance.org](http://www.homebasedcarealliance.org)

<sup>4</sup> Hayes, Shannon. Valuing and Compensating Caregiver for the Contributions to Community Health and Development in the Context of HIV and AIDS: An Agenda for Action. New York: Huairou Commission, 2010. Print.

- Men should acknowledge caregiving is not just about health. Caregivers are working on food security, supporting orphans, water and hygiene, land tenure, and more. This quantifies the caregivers as development agents who need to get space on male dominated decision making tables.
- Governments need to set up multi-sectorial policy and programming team that can look at solutions holistically across sectors like social protection, health systems, and poverty eradication. Caregivers should be a part of this team.
- Caregiving is a social welfare that promotes social cohesion in families. Most people in need of care do not want to be put in institutions where they are cared for by people they do not know. Grassroots women caregiving is promoting family and reduces expense of care. We can support caregiving by enabling women caregivers to organize more effectively through things like providing offices, access to equipment and grants to caregiving groups.
- In Europe and the US, we have seen that government subsidies for care are limited to child care and family leave. Even these have shortcomings. In Africa, caregivers are organized and linked across communities. This actually provides an easier way to governments to commit resources to this collective response to care. It is more cost effective and provides a platform for women's empowerment.
- When we look at the Post 2015 Development Framework, caregiving actually outlines a strategy for women's empowerment and building sustainable communities.

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