



Home and Family based ECD programme

LETCEE works in impoverished, deep rural communities of the Umzinyathi district, Kwa-Zulu Natal, South Africa. Our mission is to work with adults who interact with young children so that they are confident to create nurturing environments for the children in their community.

Our entry point into working with vulnerable children and their families is Early Childhood Development. Going into family homes to “play with the children” is non-threatening and non-stigmatising and an easy way to involve both adults and children.

Our main programme, implemented in each of 5 communities, provides for the holistic care and development of young children, and their families. We support trained Home Visitors, selected by the community from the community, who visit family homes weekly.

The primary focus of the visit is to facilitate an early learning programme. The parents and caregivers, who are predominantly the grandmothers, are encouraged to participate during the session, and to continue the teaching and learning throughout the week. The children also visit the community Toy Library to participate in facilitated group play sessions. This provides the opportunity for interacting with other adults and socialisation within a larger group of children. Children with disabilities are included in all aspects of the programme.

To prepare for the work, the Home Visitors, (*known to us as Abahambi - an isiZulu word meaning those who walk or go*) are provided with the following training:

1. Working as Home Visitor
Includes:
 - Family and community approaches
 - Planning and Record keeping
 - Interacting with children
 - Children’s rights
2. Accredited training for ECD practitioners:
This includes:
 - Child development
 - Facilitating learning through play
 - Making improvised toys
 - Working with families affected by HIV/Aids
3. Working with children with special needs
4. Integrated Management of Childhood Illnesses
5. International Children’s Development Programme – ICDP (Empathic interaction)
6. Nutrition education

The Home Session:

The visits are 2-3 hours in duration. The Home Visitor begins with adult directed activities. Once these are over the children enjoy some time for free-choice play. This creates an opportunity for the Home Visitor to spend some time with the caregivers. She becomes

mentor and trusted friend and is able to share information about a variety of topics, and to assist in a number of ways.

These include:

Parenting support	Strengthening empathic relationships and non- violent discipline Accessing documents and social grants	Modelling and discussions Accompanying caregivers where necessary and liaising with social services.
Nutrition	Improve family food security Screen for malnourishment	Assist to establish food garden. Distribute food parcels. Nutrition education Regular weighing and measuring of children
Health	Disabilities and illness IMCI Maternal	Encourage and assist with referrals to hospitals and clinics Encourage treatment adherence Information re diarrhoea, immunisations Encourage early clinic visits Encourages breast feeding Screens for depression

The Home Visitors liaise with various government departments, and create and strengthen links within the community to create a safety net for children. These include the hospitals and clinics, schools and the police.

A second group of Home Visitors are children aged between 9 and 13, known as **Buddies**. These children, many of whom are siblings of the young children in the ECD programme, commit to playing energetic games with the younger children as well as spending some time reading and playing number games with them. The Buddies attend holiday camps and workshops looking at positive lifestyles and personal growth.

The **Toy Library** we establish in each community is vital. Having access to a variety of toys and games is essential to providing on going cognitive stimulation and FUN. Very few of the children will ever own toys. All the children in the community are welcome to “Come and Play” sessions and we provide games suitable for older children and young adults.

Integral to the programme is the **partnership** between LETCEE and the community leadership, particularly the traditional leaders. A memorandum of understanding is signed at the beginning of the programme which states the intention to work together and defines the roles and responsibility of the parties with regard to the selection of home visitors and beneficiary families; planning and managing the interventions and planning and preparation for LETCEE’s exit from the community. This co-operation is essential for community ‘buy in’ and ownership, which is critical for the long term sustainability of the programme.

Learning from experience:

LETCEE implements this kind of project in 5 different communities. We have been involved in similar projects for more than 10 years and have learnt some hard lessons on the way. We share these with you in the hopes that we can help avoid making the same mistakes!

Our Mistake	Which lead to	What we have learned
Making decisions about the implementation of the programme with no reference to the community	Tensions and a breakdown of the programme	We have to involve parents and community in decisions which will impact on their children. Our arrogance in suspending a service by community members to community members was a very hard lesson but was a pivotal moment in our work
Selecting and employing a field worker with no consultation with the community representatives	The Community leaders effectively suspended the programme and we were force to rescind our decision. A joint interview process resulted in a successful appointment.	Only the beneficiaries and community representatives have the right to decide who is welcome to visit their homes and influence their children.
As early education specialists, we previously prioritised the early learning aspect of our programme and neglected parenting, health & nutrition aspects.	Limited success with regard to wellness.	If we are to minimise vulnerability all programmes must include aspects of nutrition, health and parenting support in addition to a good quality early learning intervention.

And we continue to face some challenges:

Working with community and traditional leadership	Children are not always high on political and traditional leaders' agenda.
Joint decision making with the beneficiaries.	Priorities are different, so we have to negotiate hard on some points. Decision making with a large group of people is a slow process!

LETCEE is however, totally committed to work **with** the community, rather than in a community.

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