

THE ZAMBIAN ANGLICAN COUNCIL

Building up on Earlier Years of work in HIV/AIDS

The lessons drawn from earlier year programs – HIV/AIDS Home Based Care Support (2006 to date), HIV/AIDS & TB Prevention Program (2006-2009) the OVC Education Program (2009-2012) and the Integrated Child Survival Program (2012-to date) served as a basis for addressing the needs of under five children and caregivers affected by HIV/AIDS from a holistic and integrated programming perspective with Early Childhood Development identified as a key focus area in the developmental growth of under five children affected by HIV/AIDS.

HIV/AIDS and Home Based Care Support (2004-to date):

744 clients received psycho-social support in order for them to adhere to ART and tuberculosis treatment. Further analysis revealed that out of 744 clients who received psycho-social support 78 were co-infected while 666 were living with the virus. Voluntary counseling and testing (VCT) was provided to 3,217 people.

TB and HIV/AIDS Prevention (2006-2009):

Integration of TB Program in the HIV/AIDS Program with patients assisted in taking drugs on DOTS by trained TB Treatment supervisors. HIV/AIDS: Training of counselors, VCT PMCT, ARV. 157 TB treatment supporters and 122 psychosocial counselors trained, 98 peer educators trained in HIV/AIDS prevention for out of school youth. A total of 6963 people reached by the Program.

OVC Education Program (2009-2012): 2058 OVCs received through education support, nutrition and psychosocial support with caregivers attending adult literacy programs.

Child Survival Program 2012-2013: A total of 3,597 under five children with 7,896 caregivers were reached by the Program. 4708 households of vulnerable children were provided with insecticide treated nets. Main components: health education, food support, literacy, growth monitoring and income generation

Continued intensified work in HIV/AIDS prevention, home based care, VCT, PMCT and support to people living with HIV/AIDS and strengthening of TB treatment adherence activities across all programs (from 2004 to date)

The Early Childhood Development Program

The Early Childhood Development Program evolved from over 7 years of partnership work between Episcopal Relief & Development and ZAC in the areas of health, adult education, food security and HIV/AIDS mainstreamed across programs. It grew out from the HIV/AIDS specific programs with volunteer HIV/AIDS home based care providers and support for school aged OVCs affected by HIV to ensure that they can attend school. The volunteer networking experience that was effectively used in HIV/AIDS Home Based Care Support laid the grounds for scaling up and diversifying services in view of changing demands and needs.

On a broader level, as part of an Africa-wide Anglican church initiative, for more than ten years the Zambian churches have had in place AIDS coordinators and training for clergy and leaders in order to act effectively in reducing stigmatization, provide services and ensure inclusion of people infected or affected by HIV/AIDS. Building on this strong foundation of holistic community development in high HIV prevalence areas, an early childhood development component with children under five and their caregivers affected by HIV/AIDS was incorporated. The project design was developed based on experience from CARE and their experiences with The Essential Package- an Age Appropriate Framework for Action for Young Children and their Caregivers Affected by HIV and AIDS.

The **Early Childhood Development Program** focuses on children under five and their caregivers, who have been affected by HIV/AIDS – addressing the holistic needs of young children and empowering their caregivers to support their healthy development.

Objectives

- (1) Strengthen Early Childhood Development – Cognitive & Language, Social, Emotional, Physical & Motor Skills by age and stage of development
- (2) Improve Child Health
- (3) Improve Nutrition for Children and Increase Family Food Security
- (4) Strengthen Families’ Economic Status

The Volunteer Network in the ECD Program:

Lead Early Childhood Development Volunteers: The Lead Volunteers supervise four or five ECD Promoters each, facilitate group meetings at their assigned center,

Early Childhood Development Promoters: ECD Promoters facilitate caregiver support groups and children’s playgroups, and are responsible for 5-6 families each, making monthly household visits using the Visual Guide.

Psychosocial Counselors: ZAC conducted intensive training for 123 volunteers to serve as Psychosocial Counselors. There are 2-3 counselors assigned to each ECD Center.

ECD-Trained Professionals These are teachers, principals, health center staff and other professionals and paraprofessionals working in related fields such as disabilities. These professionals are committed to participating in the program by receiving referrals from ECD Promoters when they identify children who need specialized attention or services.

Key highlights (objectives one and two)

Objective 1: Promote strong cognitive, language, social-emotional and motor skills development	
Training	150 Lead Volunteers and 625 Volunteers trained in EP 270 Professional trained in EP
Care giver Support Groups	167 caregiver support groups (avg 30 per group) established Toddlers and preschoolers participating in twice weekly playgroups
Care giver household visits	5029 households visited at home monthly by ECD volunteers
ECD Centers	8000 children under five and their caregivers use ECD resources for enrichment, stimulation and learning.
Psychosocial Counseling	361 caregivers received counseling to date.
Objective 2: Improve the health of orphans and vulnerable children under five, addressing the special needs of those affected by HIV/AIDS	
CHW Training	70 CHWs and HIV/AIDS home-based caregivers received refresher training
Health Education	Monthly health education sessions conducted
Monthly growth monitoring	Monthly growth monitoring of all children conducted
WASH	10 WASH committees formed and trained. 1008 hand-washing facilities constructed, 46 at ECD Centers, 962 at families' homes.
Netsforlife malaria prevention – LIT distribution an training	5029 HHs received training. 10,116 LLIT nets hung up in their homes
Referrals	Children and caregivers referred to health services

Indications of success:

- Strong Volunteer and Community Engagement
- Local Stakeholder Involvement: Commitment.

- Regular attendance of caregivers and children at the monthly caregiver support & learning groups and playgroups and positive feedback about what the caregivers are learning, and the emotional support they receive from these sessions, as well as the monthly home visits they receive from ECD Promoters, and referrals for other services.
- Adoption of key caregiver actions.
- ECD Centers/programming serving as a catalyst: the caregiver groups and the ECD Centers form an effective nucleus around which to organize an integrated program that helps caregivers tackle the many challenges they face in meeting their families' basic needs - with targeted health, nutrition, food security and economic strengthening interventions.

Scaling up

The Zambian Anglican Council in partnership with Episcopal Relief and Development plans to expand the ECD Program over a three year program period to reach a total of 12,500 children under six and approximately 7,070 caregivers and their families through 53 ECD Centers.

Based on early signs of success and lessons learned, local demand for the ECD program, the Zambia Anglican Council's interest in and commitment to expanding ECD programming the strategy over the next three years is to:

- Continue strengthening the current ECD Centers' programming, and increase the numbers of young children and caregivers served by each center; in particular, this extension will enable us to provide more and higher quality preschool activities with children ages 3 – 5; facilitate formation of savings & loan groups with caregivers and ECD volunteers.
- Leverage the assets and opportunities of ZAC's current work in to reach other vulnerable young children, caregivers, and communities with the benefits and momentum of this holistic ECD program, targeting other high HIV prevalence areas of rural Zambia.
- Initiate a transition process to promote sustainability through participating communities' management and support for ECD Centers and activities.

Given the permanent presence of the Zambia Anglican Council through its church and volunteer network, we are able to make a long-term commitment to embedding early childhood development support in rural communities. Our community mobilization strategy means that even during the initial staff-intensive and external funding period, the majority of activities are carried out by volunteers, organized and supervised through community structures. As faith-based organizations we are in a strong position to aid the transition of the community-based ECD Centers and activities to community-managed, sustainable programming. The volunteering ethos in the churches will also contribute to identifying new people to replace some of the volunteers that over time will need to step down. The ongoing involvement of local church members and clergy ensures that informal community stakeholder feedback continues through church networks even after the end of the program's concentrated training and staff accompaniment phase.