



Addresses: Special needs of HIV/AIDS affected under five children - strong cognitive, language, social-emotional and motor skills development Health Status of OVCs and their caregivers Economic well being of caregiver affected by HIV/AIDs

#### ZAC Program Context Total Zambia Population is 13.1 million out of which 0-5 years account for 20% (CSO 2010). > 60.5% of the Zambian population fall below the poverty line (CSO 2010). > ZAC Targets 8,000 vulnerable children under five infected or affected by HIV/AIDS. > Out of 8,000 children, 67% still have their biological parents and live in the same house. (ZAC baseline report 2012) ZAC Priorities and plans for the targeted 8,000 children are in relation to the -Zambia Sixth National Development Plan (SNDP 2011-2015): ECD ENTRY POINT WAS HIV/AIDS: HOME BASED CARE, SUPPORT TO OVC AND CHILD SURVIVAL The Early Childhood Development Program: • Established 46 ECD Centers. • Trained 775 ECD volunteers. • Trained 5029 caregivers. Trained 123 psychosocial counselors • Formed 167 caregiver support groups. • Formed 266 children play groups. Monthly caregiver group meetings/child play group meetings, training. • Linkages, referrals, counseling and home visitations. •. Nutrition support. • Livelihood strengthening. • Volunteer Network – Use of Lead Volunteers and Promoters. ZAC Programs HIV/AIDS: Home based care, VCT, Food Security and PMTCT, Support to livelihood people living with strengthening HIV/AIDS ZAC runs Integrated Health and Malaria Prevention development. Child Survival Program: programs: Capacity Program in country OVC and Caregiver building of and Cross border with Support, OVC education development Angola, Namibia and Nutrition and Health managers and Zimbabwe status monitoring. volunteers. Gender: Household economic Gender and strengthening: Development/Gender income generating and and Governance

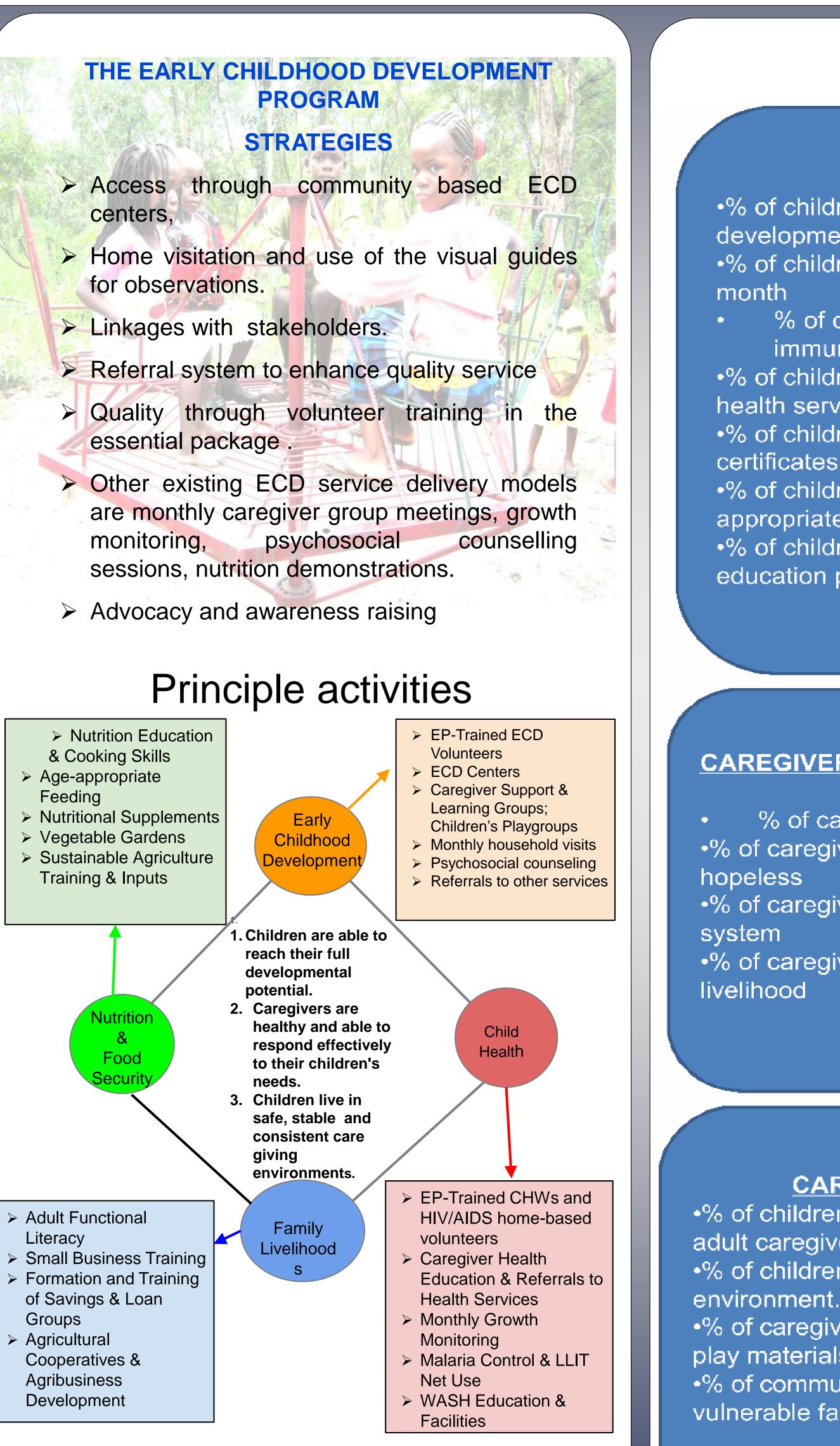
small livestock

development.

including Gender Based

Violence

# ZAMBIA ANGLICAN COUNCIL EARLY CHILDHOOD CARE, DEVELOPMENT AND EDUCATION



## Indicators

#### CHILD STATUS

- •% of children able to reach age appropriate developmental milestones
- •% of children active and healthy in the last
  - % of children with all age-appropriate immunizations
- •% of children who receive the necessary health services when ill
- •% of children who are registered/have birth certificates
- •% of children who have adequate food that is appropriate for their age
- •% of children who are enrolled in an
- education program appropriate for their age.

### **CAREGIVER STATUS**

- % of caregivers reporting good health •% of caregivers who feel down, depressed or
- •% of caregivers who have access to a support
- % of caregivers who have access to a viable.

#### **CAREGIVING ENVIRONMENT**

- •% of children who have at least one consistent adult caregiver who is responsive to their needs. •% of children who live in a safe and hazard free
- •% of caregivers who provide their children with play materials.
- •% of community support systems available for vulnerable families

# Challenges **Beneficiary level**:

Not all caregivers benefit the same due to age differences. Child headed households also pose a challenge in deciding what service to provide. Do we promote continuation of education versus livelihood programs?

> Caregiver family size can affect developmental growth of under five children. Do we target the under five and the caregiver or be inclusive in the needs of the family as one unit?

 Access to health services does not necessarily indicate that affected children and caregivers have received treatment.

(transitioning) Graduating children have a gap in service provision as the Zambia curriculum allows children to enrol at age 7 but our ECD program only targets children up to 5 years



Older caregivers for example grandparents do not have the energy to contribute to labour such as Kitchen gardens and also the energy to walk and or carry the children to the ECD canters for the playgroups, treatment and growth monitoring.

## **Program Level:**

 The integrated approach has demand for increased services because of raised awareness while for e.g. services health are inadequate.