

Episcopal Relief & Development
in partnership with the
Zambia Anglican Council

***Early Childhood Development Program with Families Affected by HIV/AIDs
in rural Zambia***

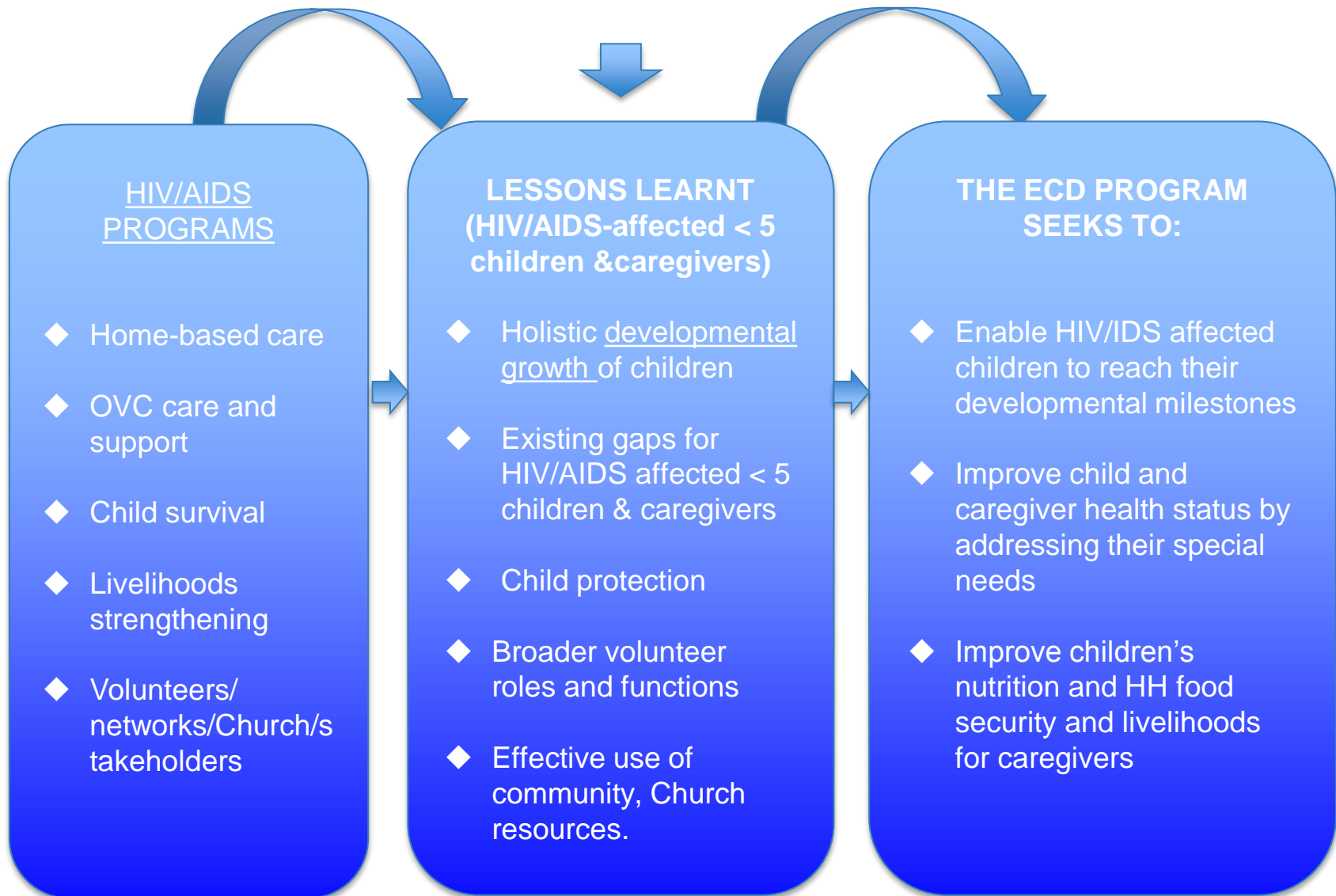


Presentation Outline

- Evolution of the Early Childhood Development Program (ECD)
- Principal Activities
- The Volunteer & Community Centered Program Model in ECD
- The Essential Package: Framework for Action
- Linkages
- Quantitative and qualitative findings
- Indications of promise
- Challenges and barriers
- Addressing challenges and barriers
- Sustainability strategies

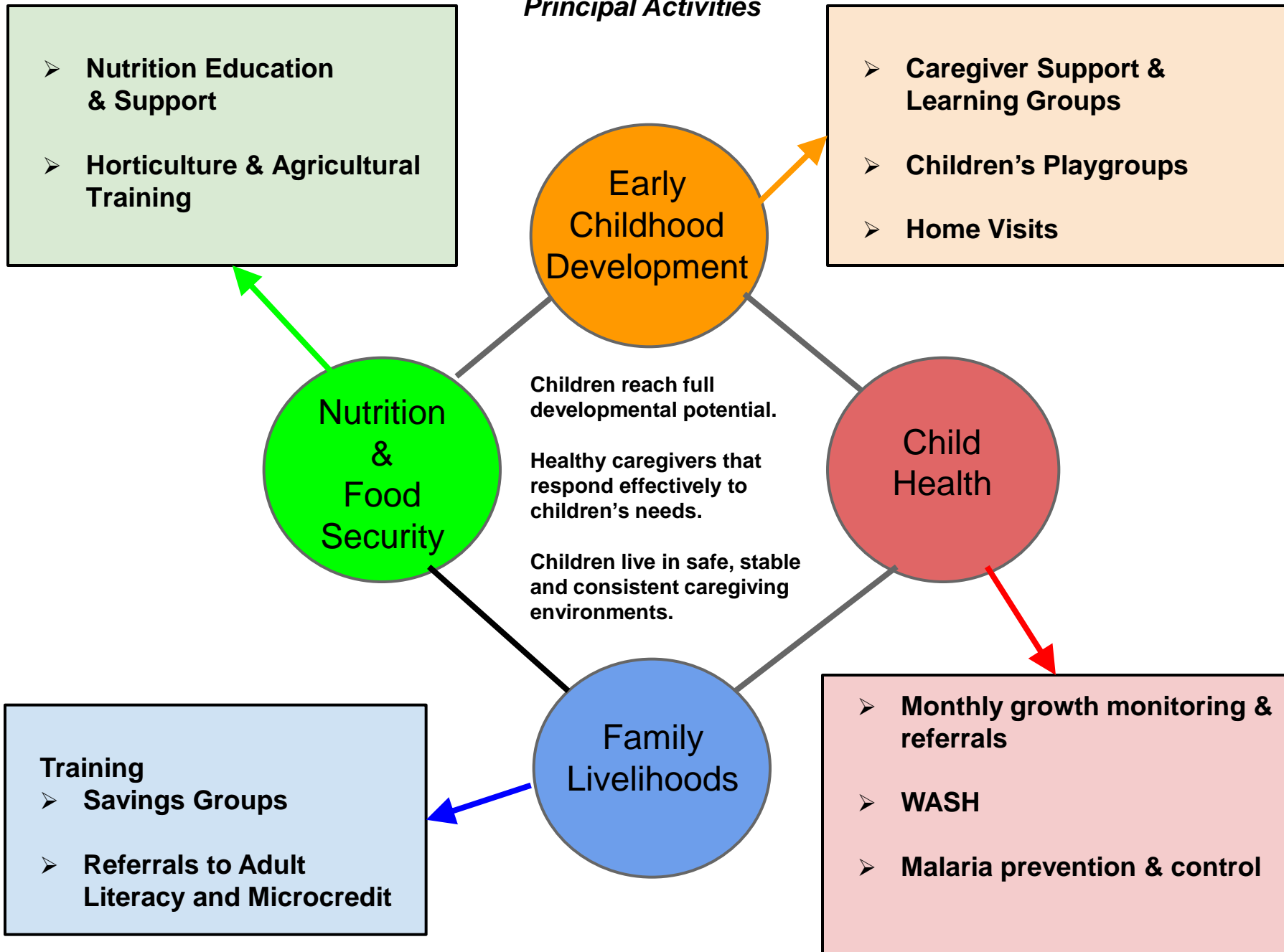


Evolution of the ECD Program

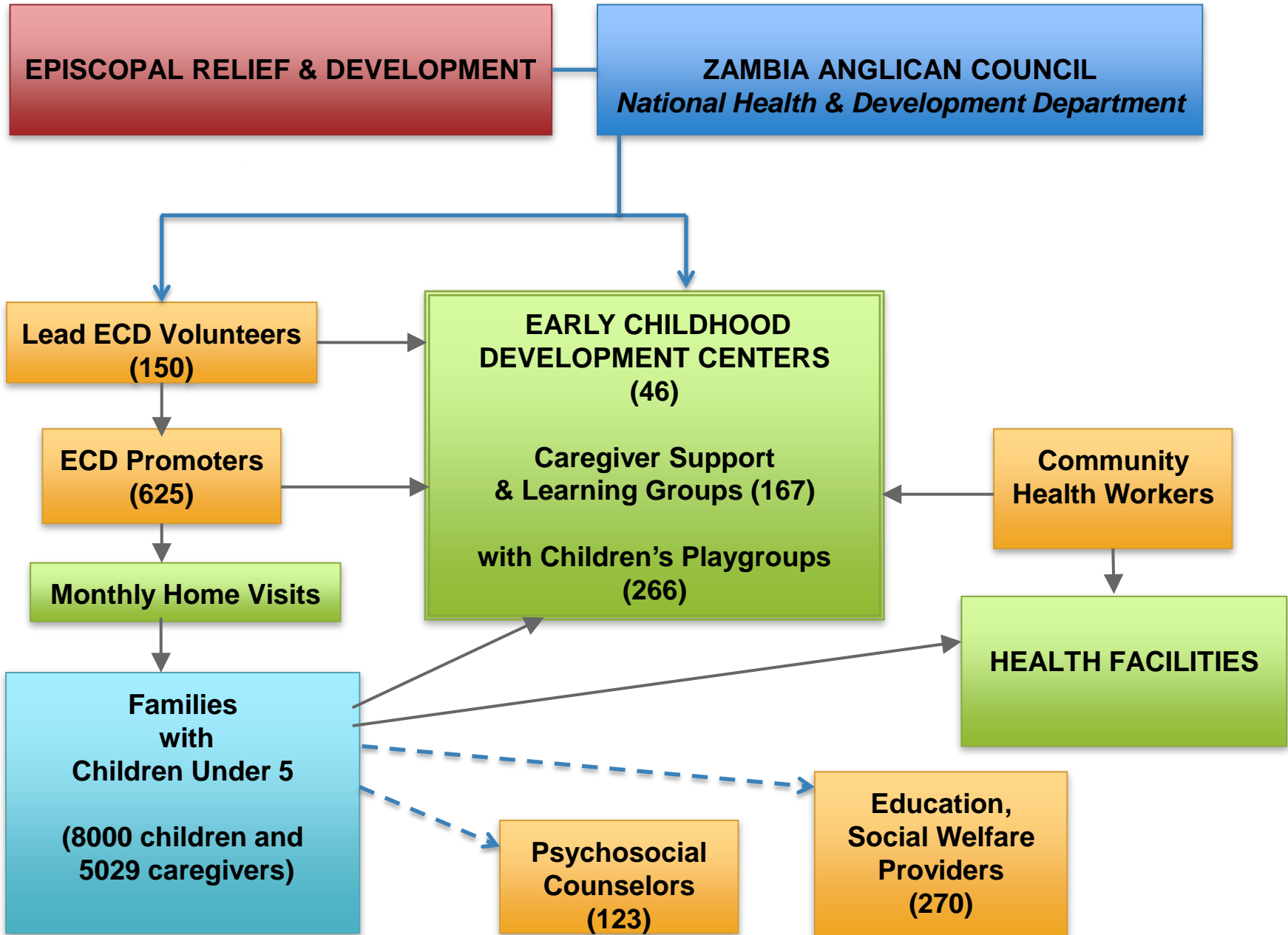


INTERGRATING HIV/AIDS PROGRAMS WITH ECD

Principal Activities



The Volunteer-Led & Community-Centered Program Model in ECD



Training Curriculum: Essential Package

Age-Appropriate Action Framework for Young Children and their Caregivers Affected by HIV and AIDS

The Essential Package (EP) seeks to:

- Eliminate barriers to care & support
- Foster positive caregiver-child interaction
- Support links to broad systems of integrated care
- Employ a developmentally appropriate approach

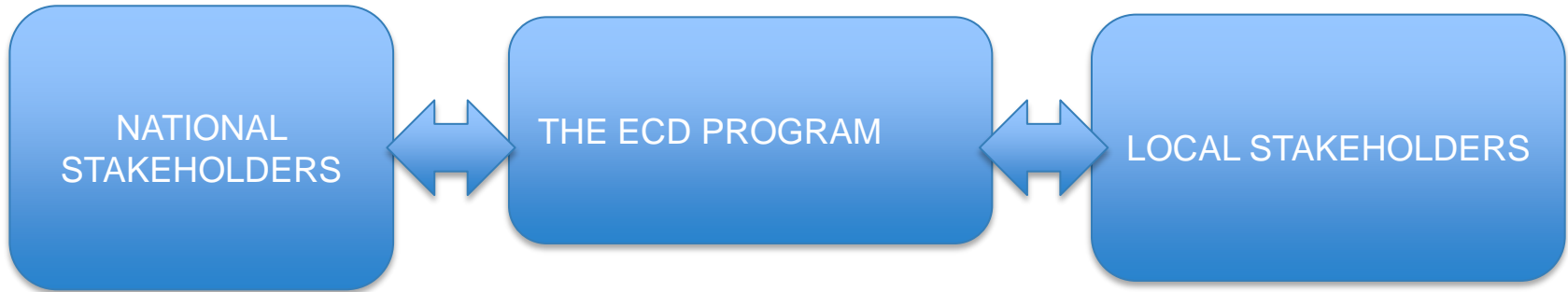
3 Critical Domains:

- ◆ Child Status: Health, nutrition and protection development and behavior
- ◆ Caregiver status and support
- ◆ Caregiving Environment

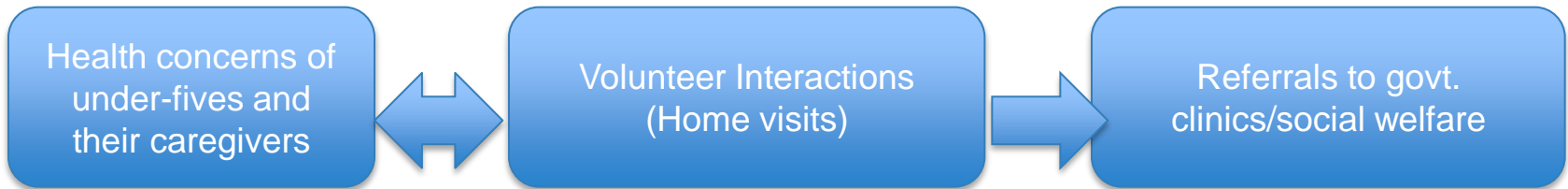
Staff, Volunteers and Psychosocial Counselors trained in EP:

- ◆ Home visits carried out with the use of visual guides
- ◆ Promote interaction between caregivers and children during home visitation and during group meetings
- ◆ Data recorded/observations made per Comprehensive Checklist

Stakeholder Linkages and Referrals



Local Health Referral System



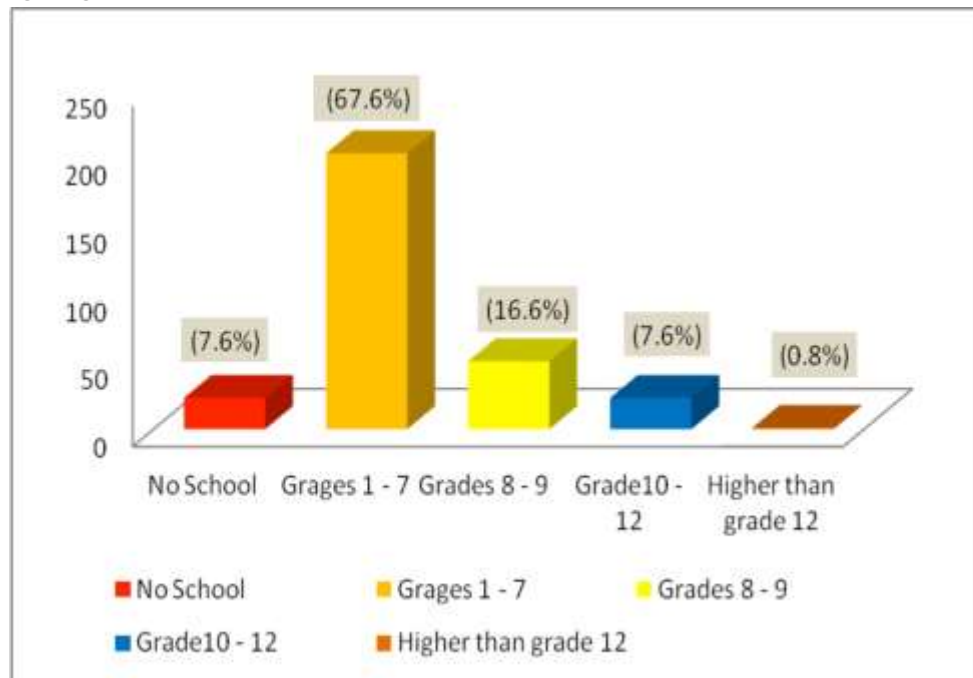
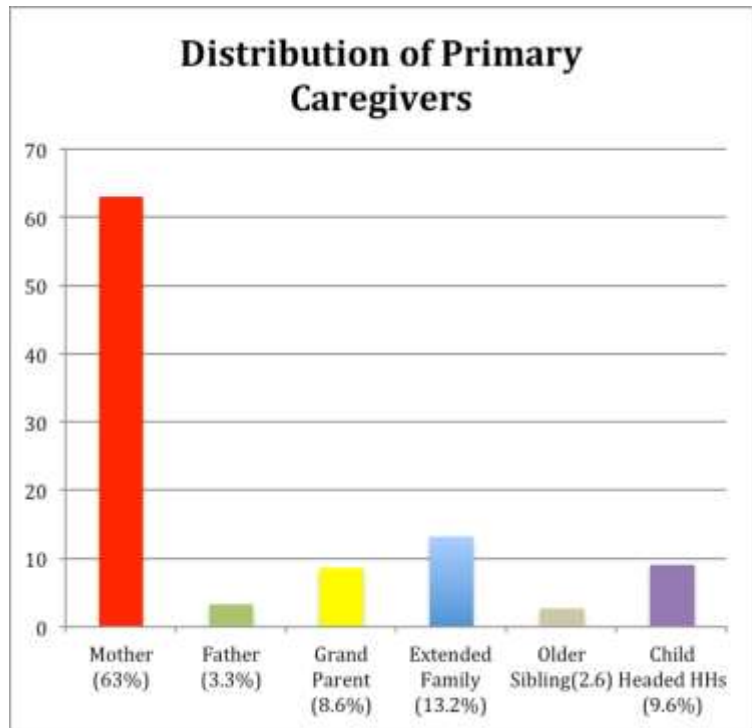
Rural Adult Education Program



Agricultural Extension Package



QUANTITATIVE DATA – Baseline Survey* – Highlights:



Selected Baseline Data:

- ◆ 74% of children had not received ALL immunizations for age
- ◆ 47% of children did not have access to adequate, age-appropriate food
- ◆ 59% of children did not have birth records
- ◆ 70% of caregivers report feeling down or depressed

**300 HHs surveyed with Comprehensive Checklist*

QUALITATIVE DATA: Participatory Tools

Tools Used:

1. Focus group discussion
2. Resource mapping
3. Preference ranking
4. Seasonal calendars
5. Problem ranking

Findings:

- ◆ HIV/AIDS status and cultural attitudes
- ◆ Volunteer performance
- ◆ Caregiver Knowledge
- ◆ 45% of volunteers are men
- ◆ Barriers to health services
- ◆ Seasonal variance in child nutritional intake



Indications of Promise

- Thriving network of ECD Centers in rural areas.
- High local demand for the ECD Program
- Engagement with stakeholders at various levels
- Strong reliance on local knowledge and expertise
- High participation levels in ECD Center based activities
- Adoption of caregiver actions
- Dedicated and committed voluntary network
- Demonstrated commitment of the Church leadership:
The ECD Program placed at the forefront in longer term strategy.
- Scaling up of the Program:
 - ◆ From 3 to an additional 4 provinces, from 46 to 53 Centers, 12,500 under six children with approx. 7,070 caregivers

PROGRAMMING CHALLENGES AND BARRIERS

- ◆ **Refining indicators to measure age-appropriate developmental milestones.**
- ◆ **Access to health services & treatment**
- ◆ **Increased demand for services because of raised awareness**
- ◆ **Graduating (transitioning) children to school.**
- ◆ **Sustaining the ECD Program**



Male caregivers with children at an ECD Center

CAREGIVER CHALLENGES AND BARRIERS

- ◆ Not all caregivers benefit the same.
- ◆ Caregiver family size can affect developmental growth of under five children.
- ◆ Burden on older caregivers
- ◆ Child headed households (multiple responsibilities and education)
- ◆ Barriers in providing services to disabled children



Monthly Growth Monitoring at an ECD Center

Policy Challenges

- ◆ Adoption of Zambian ECD Policy by Govt.
- ◆ Non-disclosure of health status – caregivers/health centers not obliged to provide information to promoters.



Addressing Challenges and Barriers

- ◆ Focus on well-defined, limited, realistic, measurable and time bound outcome indicators.
- ◆ Increasing age group to under six to fill in transitory gap between preschool and school age children
- ◆ Incorporation of pre-school learning curriculum in center managed child playgroup activities.
- ◆ Training of volunteers to teach children as per government preschool curriculum.
- ◆ Quality improvements in service delivery (frequency in caregiver support group meetings, playgroup activities, home visits and interaction)

