

ECD and HIV Programming: Evolving Strategies and Models

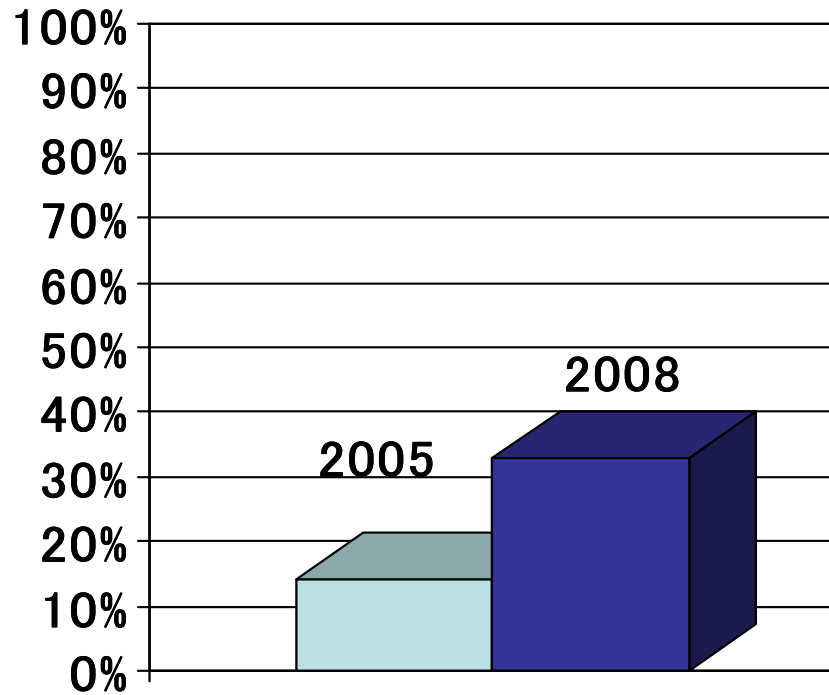
William Oscar Fleming
Mexico City, August 2008

About CCF

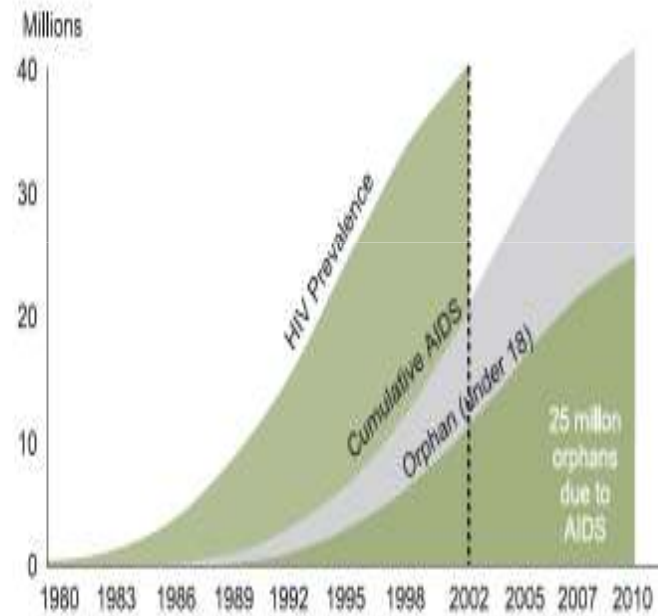
- Assisting 13.2 million children in 31 countries with: Community-based programming in **early childhood development** education, health and nutrition, micro-enterprise development, child protection and **HIV/AIDS**.
- **Dimensions of Poverty:** Deprivation, Exclusion and Vulnerability
- **Core Outcomes** – Lifecycle oriented – Infants and toddlers, children and youth

Rationale for HIV Priorities

PMTCT Access

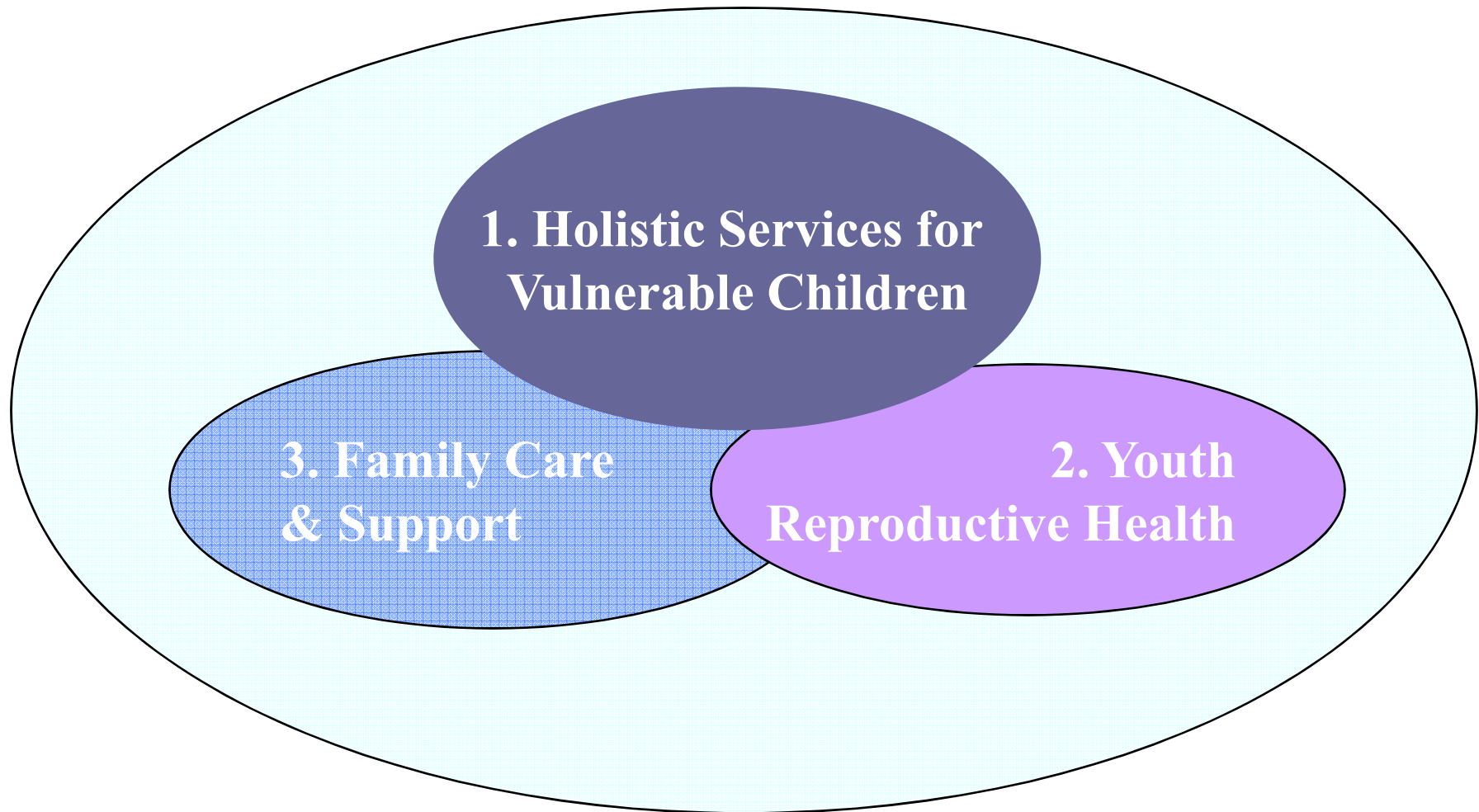


EPIDEMIC CURVES - HIV, AIDS, ORPHANS



Source : UNAIDS/UNICEF, 2003, adapted from Whiteside, A. and C. Sunter, 2000.

HIV PROGRAM PRIORITIES

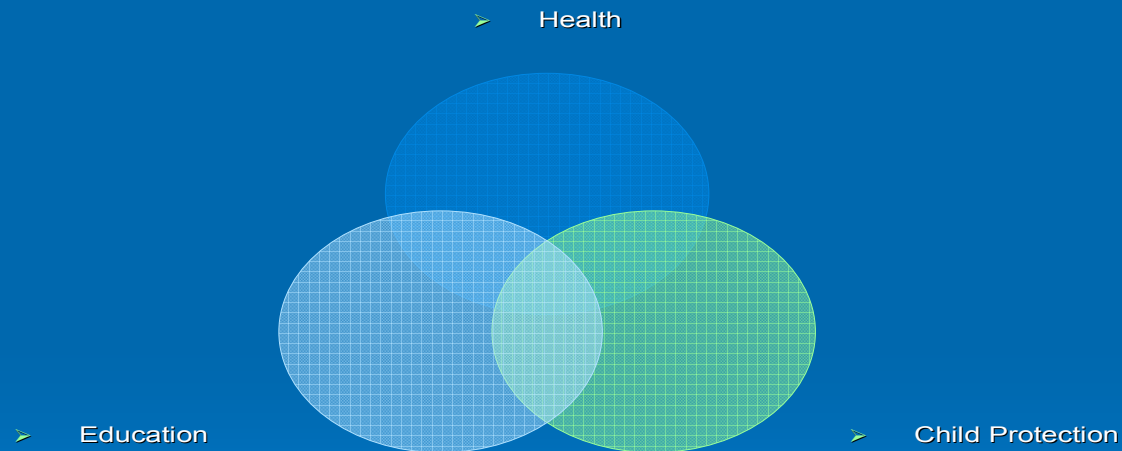


CCF ECD Programming

- Almost all CCF countries have an emphasis on ECD through home and center based programs including:
 - Integrated health, education and child protection for young children, beginning at birth
 - Support Parenting education and support begins prenatally with health, nutritional and educational interventions
 - Pre-primary education

CCF ECD Programming

ECD-the Intersection of Health, Education and Child Protection



ECD Models



- Guide Mothers,
- Gardens of Mothers and Children
- Loipi

These models share

- participatory, community based needs assessment
- serve children in multi-age grouping

Cross Cutting Program Elements

- Child and Youth Agency
- Strengthening community service networks
- Building Civil Society Capacity



Current Experiences - Kenya

- **Mother mentoring training** through AED assistance
- Support for development and management of community led **ECD Centers**
- Primary and Secondary **caregiver training on PSS** using Journey of life (REPPSI)
- **Strengthened referrals** to health care and HIV treatment for caregivers and children



Challenges

- Lack of a clear government policy on ECD
- Congested classrooms, limited materials
- Staff Absenteeism
- Limited coverage of children < 3

Ethiopia - Context

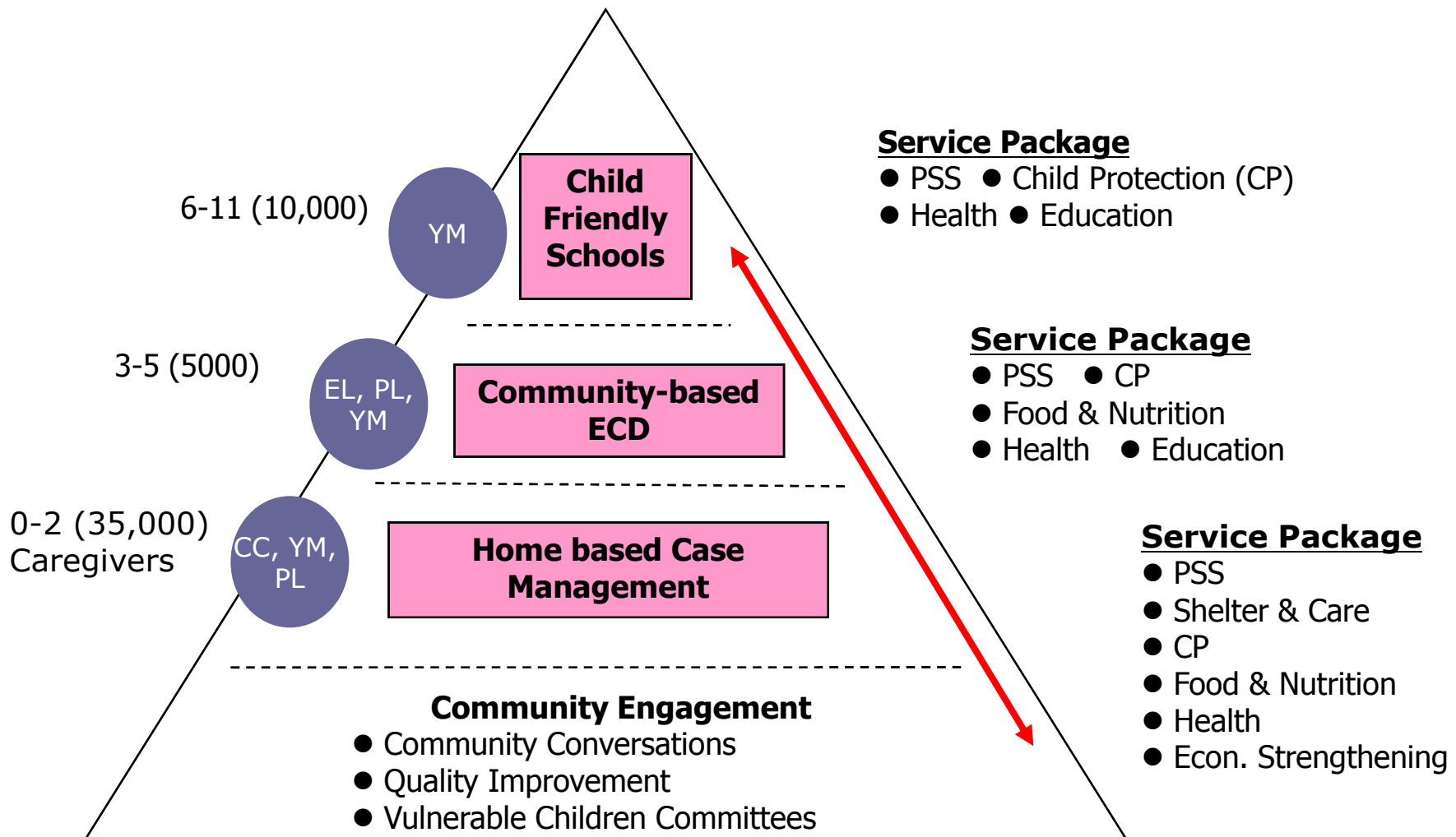
- ECD services for vulnerable families is generally limited, particularly so for AIDS affected families.
- Low community awareness of the importance of pre-school education, shortage of facilities in pre-schools,
- Low caregiver knowledge of early child care practices

SCSN Program Approach

- Community led identification, enrollment, tracking and evaluation
- CBO managed volunteers (stipends)
- Sub-district coordination mechanisms linked to National systems
- Partnership and collaboration with existing programs and services



SCSN Service Focus



Costing

- Budget - \$5,370,136 for 3 years to reach 50,000 OVC
- Costing:
 - Home Based (35,000) = \$14.20/child/year
 - Center-based (5,000) = \$18.25/child/year

Monitoring and Evaluation

- Baseline Household assessment
- Periodic Monitoring - Child Well being index and CCF's Child Development Scale
- Community & District M&E systems strengthening
- Quality Improvement through improvement collaboratives

Gracias a todos

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