Building Foundation: Reflections from USAID’s largest OVC program

Yekokeb Berhan Program for Highly Vulnerable Children, Pact/ Ethiopia

Pre conference Symposium
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Melbourne, Australia
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First Case Story: Adigrat ECD center: support to HVC through Coordination of Care
Second case story: ECD center in Fentale

“We want our children to have a better life than ours.”

Adde Momina
Head Mother for the center
How does the program create such facilities at the community level

Very close partnership with

Community Committees/Community Care Coalitions.

Community Committees /Community Care Coalitions are engaged actively in coordination of child/family support and protection activities. There are 925 CC/CCC in the program implementation areas.
Integration of ECD into the Program
HOW?

You build a **CONCEPTUAL MODEL OF COORDINATED SUPPORT** at the **INDIVIDUAL, FAMILY & COMMUNITY LEVEL** based on **GOVERNMENT STANDARDS** and operationalized through an **INDIVIDUALIZED CHILD/FAMILY ASSESSMENT** that **STRENGTHENS LOCAL SYSTEMS**, increases **ACCESS TO QUALITY-SERVICES** and provides **SUPPLEMENTAL SUPPORTS** to enhance knowledge, skills and create opportunities that improve **CHILD-WELLBEING**.
A Holistic Approach (helping young children & others)

Facilitated by incentivized volunteer and C.S.O.

- Education and Vocational Training
- Protection
- Healthcare
- Economic Strengthening
- Shelter and Care
- Food and Nutrition Support
- Psychosocial Support

Supervised By local Community Committee
Working within the Government’s Framework

NATIONAL POLICY FRAMEWORK
FOR
EARLY CHILDHOOD CARE AND
EDUCATION (ECCE) IN ETHIOPIA

Vision
Ensure all children the right to a healthy start in life, nurture in

Note: Government Partnership is critical throughout!!!
Supportive Materials by the Program

ECD Standard Service Delivery
Guidelines and Checklists

YEOKEB BERHAN/PACT PROGRAM
FOR HIGHLY VULNERABLE CHILDREN

Better Parenting: includes ECD
that STRENGTHENS LOCAL SYSTEMS

- Sub-contracting/training/assessment/care
- Financial flow for skill-building, support, CoC and commodities
- (39)

CC
- Identification of OVC
- Decision-making & oversight
- Capacity development
- Mobilization of resources & support

woreda
- Supportive Supervision by woreda Education bureaus
- Program approval
- Overall monitoring and control

Region/national
Note: Woreda is lowest level gov’t structure

IP

Region/national

Note: Woreda is lowest level gov’t structure
INCREASED ACCESS TO QUALITY ECD SUPPORT

Coordination of Care
ECD specific...

Bring key stakeholders together

Mobilize resources to fill gaps

Refer children who lack access & follow up

ECD Training

Community mapping, resource directory, MoUs
### Individual child need assessment

<table>
<thead>
<tr>
<th>Legal Protection (GoE: 2.2.3)</th>
<th>Health Care (GoE: 2.2.4)</th>
<th>Psycho-social Care (GoE: 2.2.5)</th>
<th>Food and Nutrition (GoE: 2.2.7)</th>
<th>Education (GoE: 2.2.6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child has access to legal support. (Examples: birth registration, protection from illegal practices)</td>
<td>Child is free from visible disease &amp; is physically healthy for daily activities.</td>
<td>Child appears emotionally stable &amp; content (not usually aggressive or withdrawn)</td>
<td>Child has locally available food on a regular and consistent basis.</td>
<td>Child (0-6 &amp; post-primary) is positively stimulated (early childhood/secondary or vocational studies or life skills)</td>
</tr>
<tr>
<td>9. Child is safe from any abuse, neglect or exploitation.</td>
<td>11. Child has access to health care services, incl. preventive &amp; curative care.</td>
<td>15. Child is treated the same as other children in household; not stigmatized</td>
<td>17. Child is not malnourished (determined by upper arm measure or other symptoms).</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

18. Child (0-6 & post-primary) is positively stimulated (early childhood/secondary or vocational studies or life skills)
Outcomes of ECD support

- 5037 Birth certificates
- 9873 Immunized
- Education on breast feeding to 36,499 parents
- 2167 enrolled in ECD centers - 42 centers!
- 11628 and 5505 received educational material & uniform respectively;
Outcomes ECD Support (M/F) in Year 2

- Birth certificate: Year I 1731, Year II 5037
- Immunization: Year I 815, Year II 9873
- Exclusive breast feeding education: Year I 19705, Year II 36499
- Children enrolled in ECD centers: Year I 475, Year II 2167
- Children provided with educational materials: Year I 5994, Year II 11628
- Children provided with school uniform: Year I 2333, Year II 5505
EVIDENCE (1) of success

Destitute families are prioritized for direct assistance; they declined by 55%...

This helps young children
EVIDENCE (2) of success

ECD CENTER ENROLLMENT & ECD HOME SUPPORT INCREASED;

... FROM JUST 4% at BASELINE TO 75% IN THE MID-TERM

AND NOW THERE ARE 42 ECD CENTERS!!
EVIDENCE (3) of success

- **Percentage of children who were fully immunized for their age**
  - Baseline Data: 34%
  - Mid-term Data: 58%

- **Enrollment rate of Yekokeb Berhan’s youngest group of school-going children – ages 3 and 4**
  - Baseline Data: 4%
  - Mid-term Data: 75%

- **Acquisition of birth certificate by HVC**
  - Baseline Data: 87%
  - Mid-term Data: 95.8%

- **Percentage of caregivers reported having HIV test**
  - National Data: 20%
  - Mid-term Data: 75%

- **Percentage of malnourished children (under 5 years old)**
  - National Data: 20%
  - Mid-term Data: 75%
Ah-hah Moment #1

On the individualized assessment and care-planning:

From a community representative: “This CSI (individualized assessment) is a lot of work, but it has completely changed our approach. Previously, we thought that all poor young children had the same needs but now we find that each one is different.”
Improvements in Child well-being may not require direct ECD interventions. Meeting other needs through an integrated approach helps: Improved shelter, access to nutrition, better health, better parenting skills (etc.) can also result in higher Child well-being scores.
Ah-hah Moment #3

With good planning – and government support – it is possible to start big, work holistically, implement measures to retain quality, and still care about each individual child.
Ah-hah Moment (4)

On changing attitudes:

From another Community representative:
“We get it – Yekokeb Berhan is trying to create empowerment, not support a hand-out dependency. Even though we (Ethiopians) are poor, we can do a lot more to help ourselves... It makes children happy when they see how their lives have improved.”
Can this be sustained?

We are focusing on two approaches:

**Through system-strengthening** — by building local capacity and ownership, focusing on Coordination of Care and resource mobilization

**By transforming children’s lives** -- with investments (opportunities and capacities) that last a lifetime. Economic strengthening; educational supports & perma-gardening. When children are no longer vulnerable, then the impact is sustainable for their lives and those of their families....
Key Challenges

1. It is difficult to strengthen & expand ECD centers without additional space and funding.
2. Local Government Education Bureaus are often unfamiliar with their own national ECD guidelines ... And therefore they don’t prioritize ECD issues.
3. Community ownership is limited by lack of capacity and lack of local resources.
4. When ECD interventions are started, male participation is very low. This has gender implications and women can’t access funding or power.
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