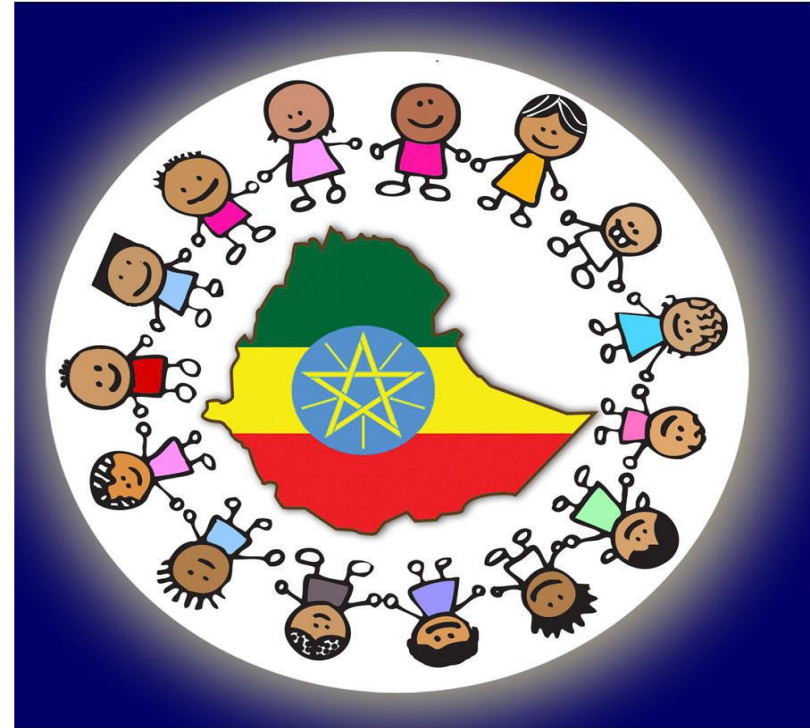




Building Foundation: Reflections from USAID's largest OVC program

Yekokeb Berhan Program
for Highly Vulnerable Children,
Pact/ Ethiopia

Pre conference Symposium
Tefera, G. and Mekonnen, B.
Melbourne, Australia
July 2014





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 **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

Shelter and Care

Supervised By local Community Committee

Food and Nutrition Support

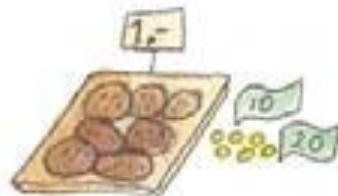
Healthcare



Psychosocial Support

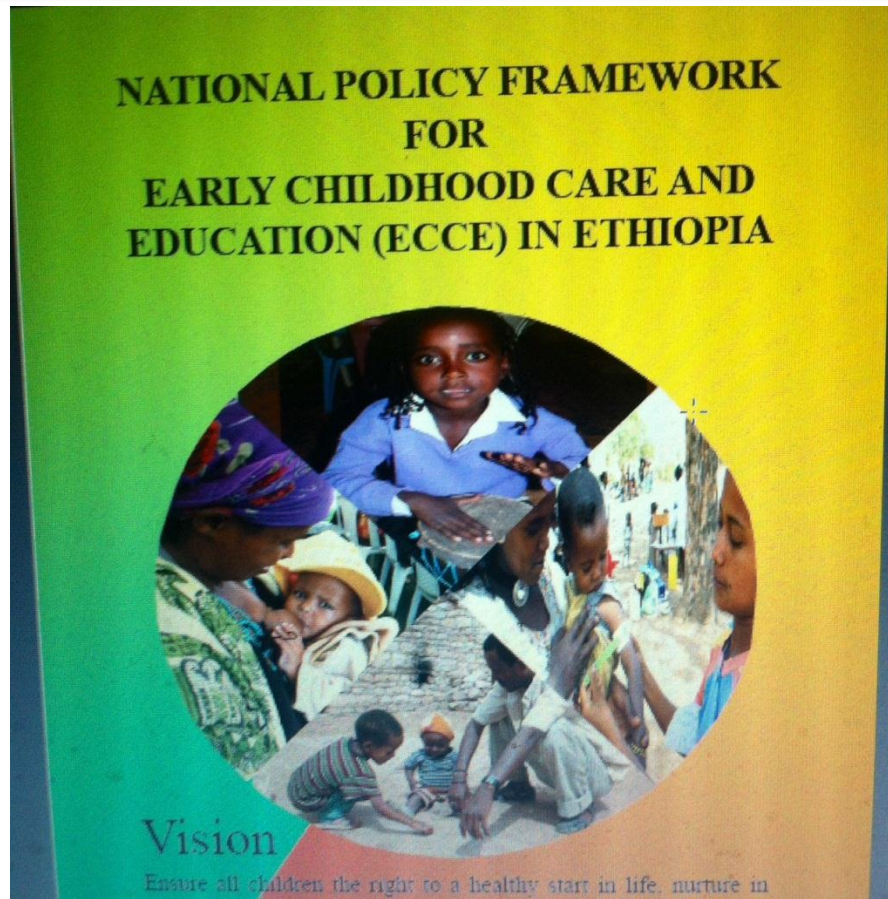


Economic Strengthening





Working within the Government's Framework



Note: Government Partnership is critical throughout!!!



Supportive Materials by the Program



ECD Standard Service Delivery Guidelines and Checklists



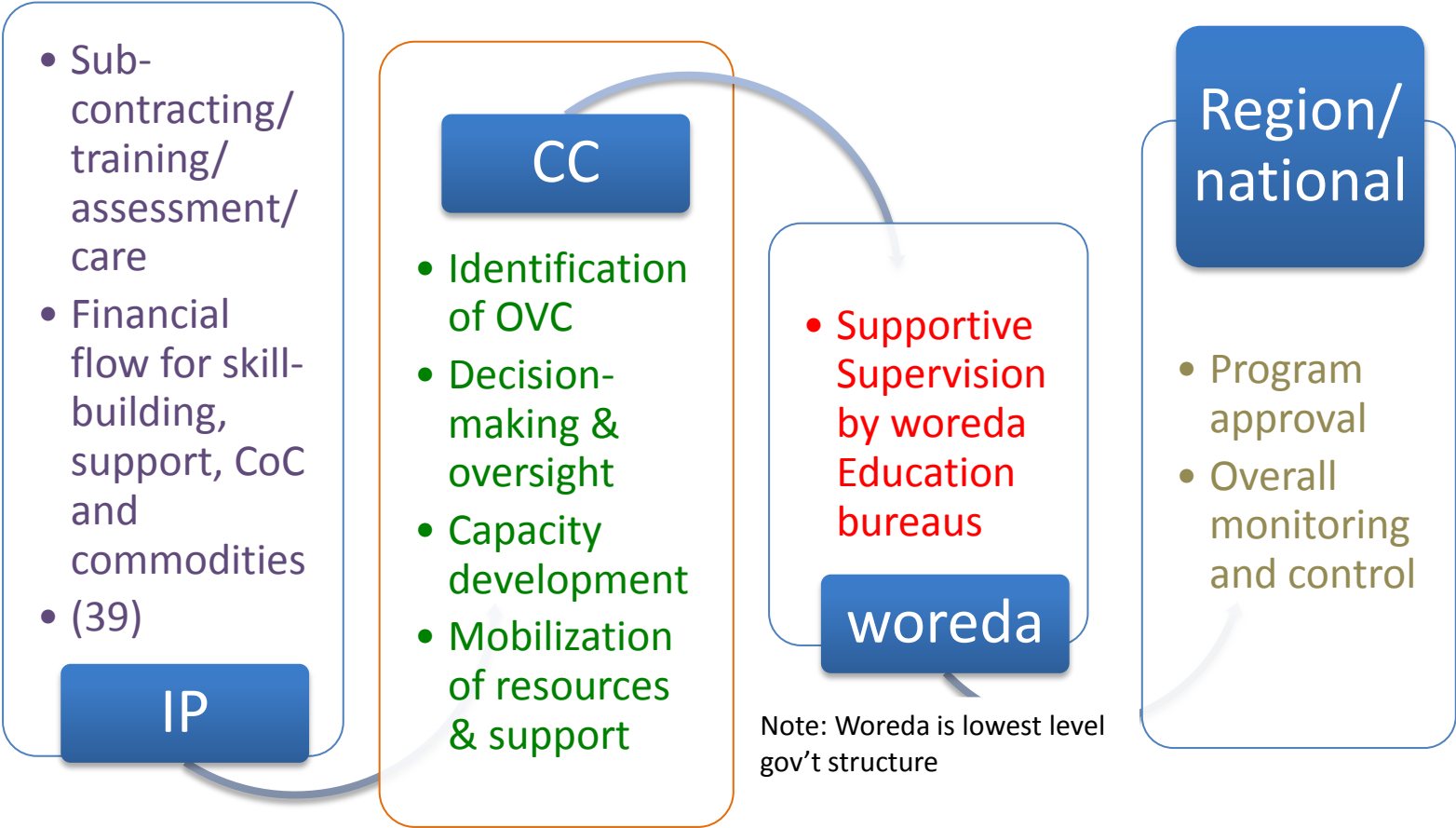
YEKOKEB BERHAN/PACT PROGRAM FOR HIGHLY VULNERABLE CHILDREN



Better Parenting: includes ECD



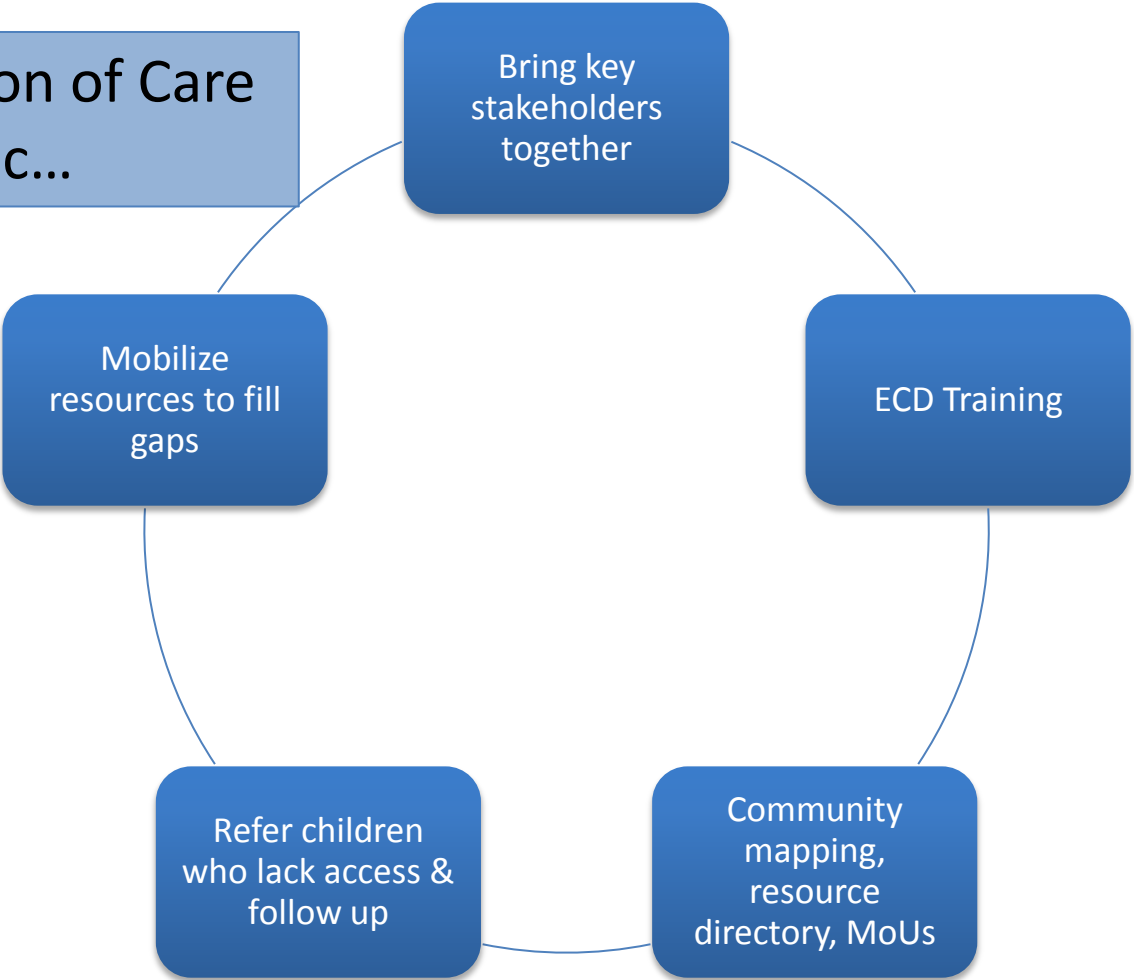
that **STRENGTHENS LOCAL SYSTEMS**





INCREASED ACCESS TO QUALITY ECD SUPPORT

Coordination of Care
ECD specific...





Individual child need assessment

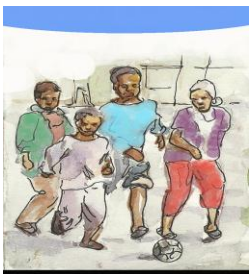
Today's date: y ___ /m ___ /d ___ Child's name _____ Gender: M ___ F ___ Relationship to caregiver: _____ ID: _____

Date of Birth y ___ /m ___ /d ___ Volunteer: _____ First assessment? ___ Re-assessment? _____ One form for each CHILD

Legal Protection (GoE: 2.2.3)	Health Care (GoE: 2.2.4)			
Child has access to legal support. <i>(Examples: birth registration, protection from illegal practices)</i>	9. Child is safe from any abuse, neglect or exploitation.	10. Child is free from visible disease & is physically healthy for daily activities.	11. Child has access to health care services, incl. preventive & curative	12. Child has received age-appropriate immunizations = for under age 6 only =
:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>
Psycho-social Care (GoE: 2.2.5)	Food and Nutrition (GoE: 2.2.7)			
13. Child is cooperative and enjoys playing with peers.	14. Child appears emotionally stable & content (not usually aggressive or withdrawn)	15. Child is treated the same as other children in household; not stigmatized	16. Child has locally available food on a regular and consistent basis.	17. Child is not malnourished (determined by upper arm measure or other symptoms).
:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>
Education (GoE: 2.2.6)			Comments:	
18. Child (0-6 & post-primary) is positively stimulated (early childhood/ secondary or vocational studies or life skills)	19. Child (primary school age) attends school & is performing well, to graduate to next class.	20. Child has sufficient school materials, supplies, & school clothes (incl. hygiene cloths for teen girls).		
:: : _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	: _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>	: _ > Care action planned? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/> < Care action occurred? <input checked="" type="checkbox"/> ___ <input checked="" type="checkbox"/>		



Outcomes of ECD support



5037 Birth certificates



9873 Immunized



Education on breast feeding to 36,499 parents



11628 and 5505 received educational material & uniform respectively;

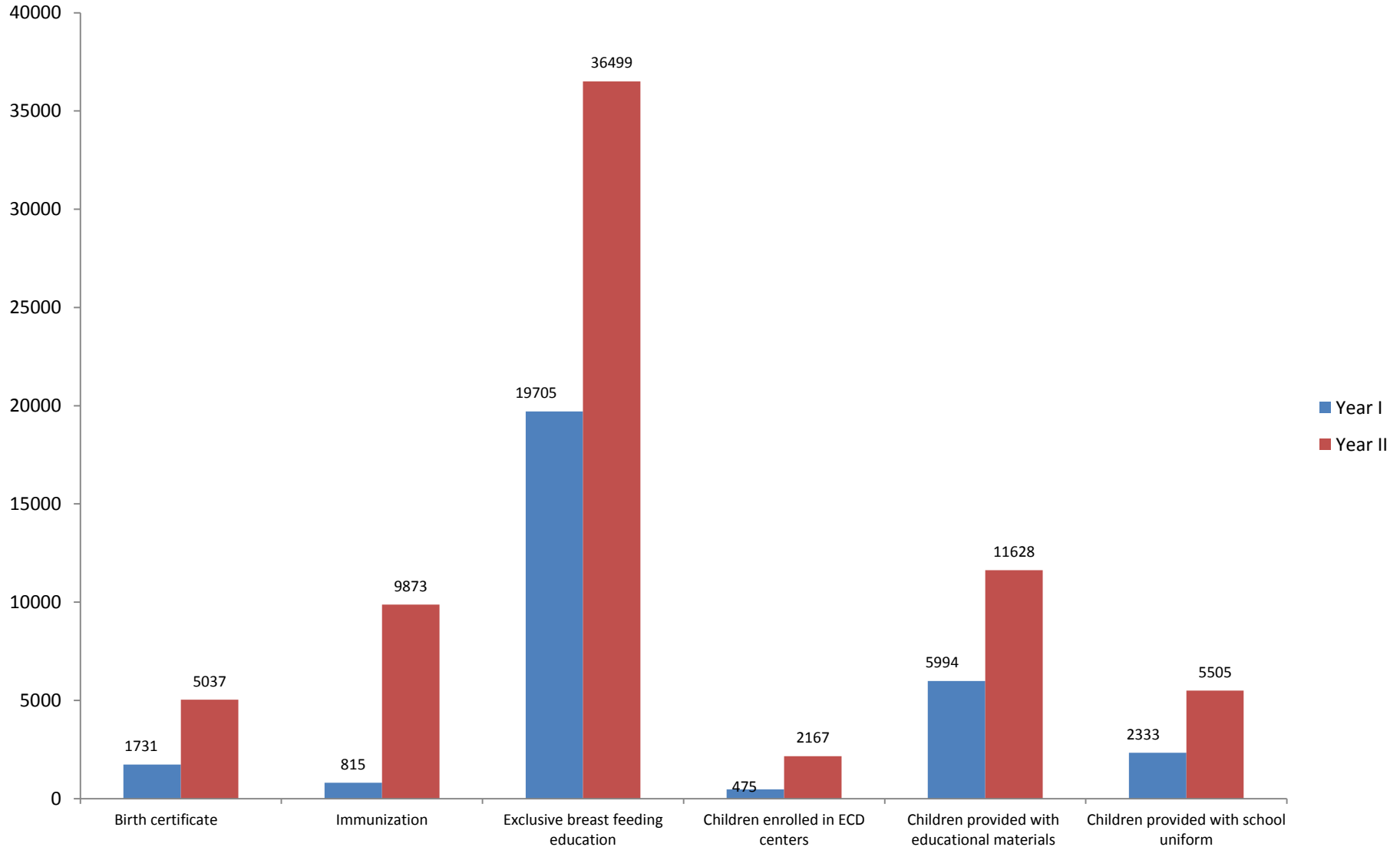


2167 enrolled in ECD centers - 42 centers!





Outcomes ECD Support (M/F) in Year 2





EVIDENCE (1) of success



**DESTITUTE FAMILIES
ARE PRIORITIZED FOR
DIRECT
ASSISTANCE; THEY
DECLINED BY 55%...**

**THIS HELPS YOUNG
CHILDREN**



EVIDENCE (2) of success



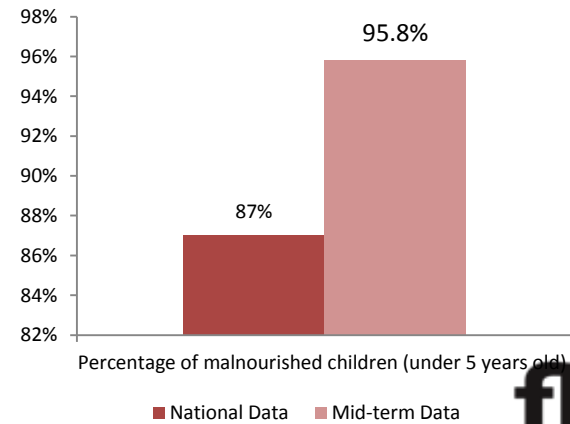
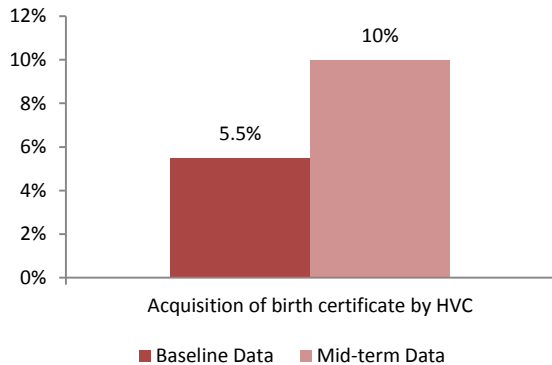
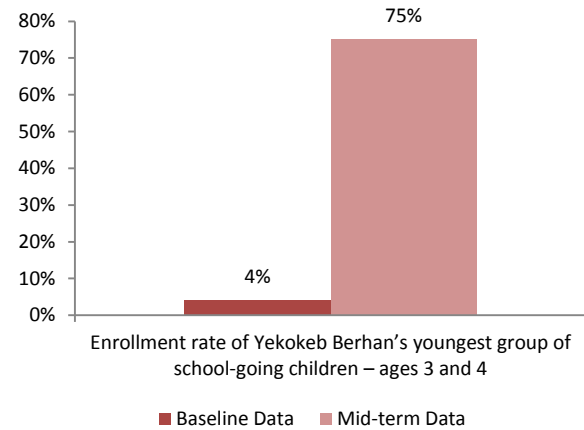
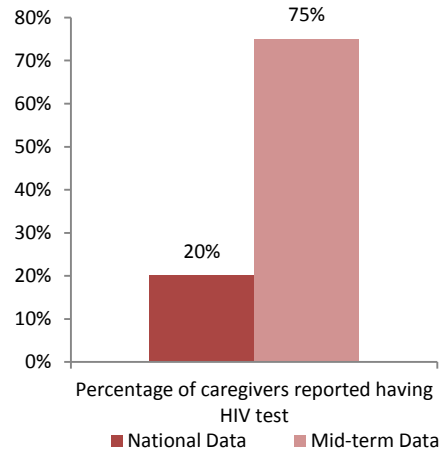
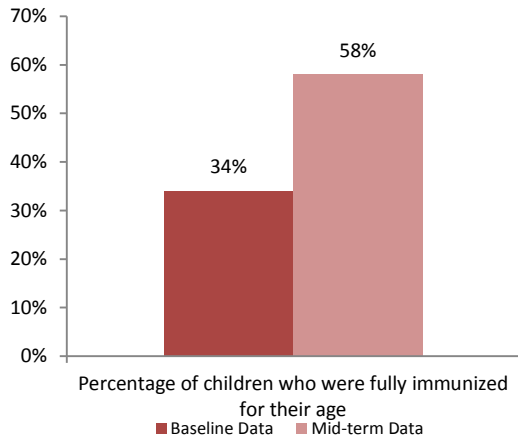
**ECD CENTER
ENROLLMENT & ECD
HOME SUPPORT
INCREASED;**

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

**AND NOW THERE ARE
42 ECD CENTERS!!**



EVIDENCE (3) of success





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.”*



Ah-hah Moment #2

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.**



AMASAGANELEHO



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