

Leveraging Existing Community Structures to Reach HIV-Affected Children in Early Childhood with Care and Support Services



Thulani Earnshaw, Swaziland Country Director
World Education, Inc. – Bantwana Initiative

Bantwana Initiative in Swaziland



Swaziland



Bantwana
ECDE
Program

OVC Context in Swaziland

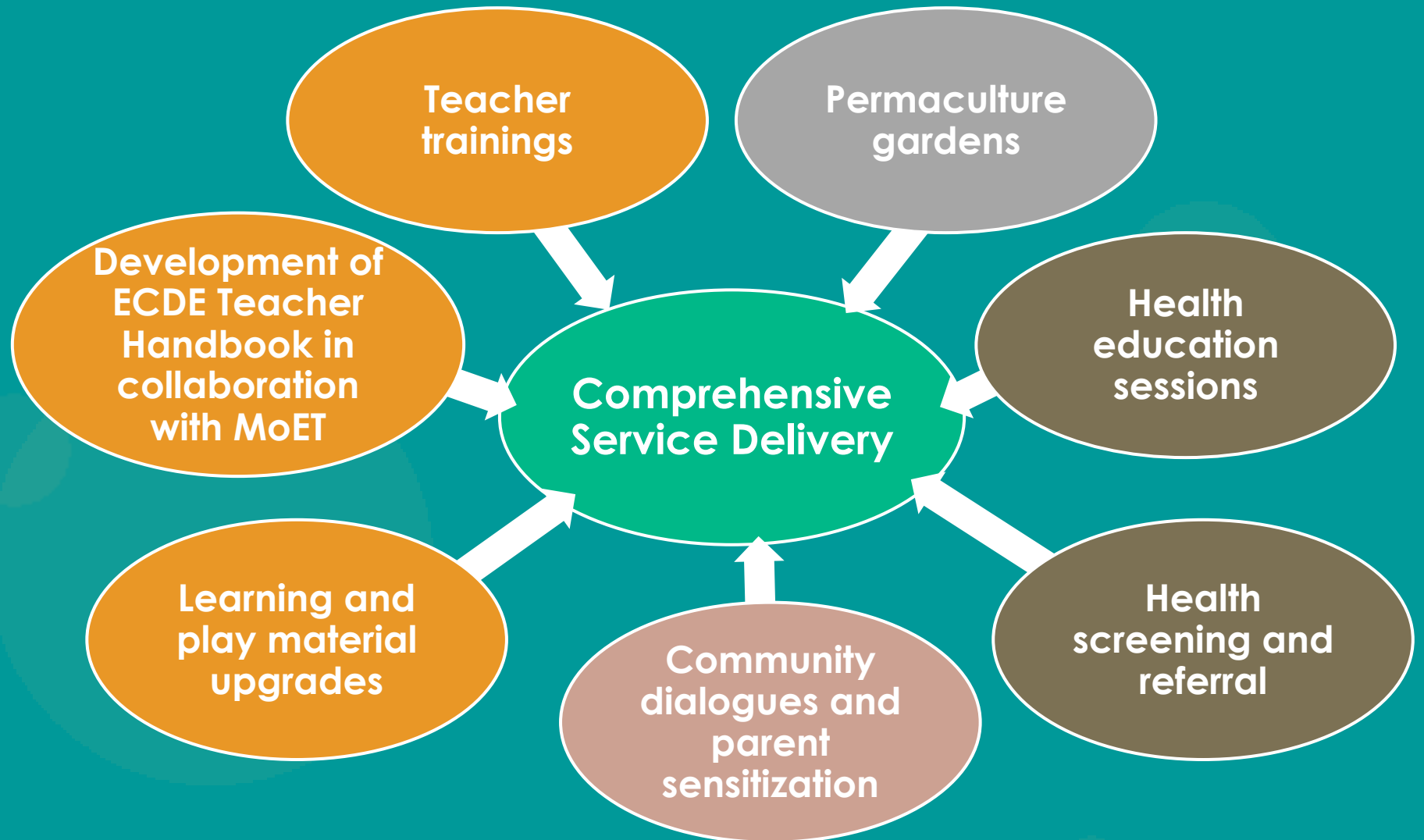
- ▶ Highest HIV prevalence (26%+) in the world
- ▶ Large youth population: 52% of population is < 20 years
- ▶ High poverty rates: 63% of population lives below the poverty line
- ▶ 30-45% of children have been orphaned and/or are living in highly vulnerable conditions
- ▶ 5% of children ages 2-9 years are HIV+

ECDE in Swaziland

- ▶ 21.6% access some form of pre-school education (EU, 2009)
- ▶ Lack of qualified teachers
- ▶ Lack of coordinated and standardised ECDE practises
- ▶ Lack of understanding and value of ECDE by parents/caregivers and community
- ▶ High primary school repetition rate (16%)



Integrated ECDE Intervention



ECDE Program Pillars

EDUCATION

- ▶ ECDE centre teacher capacity building
- ▶ Parent sensitization
- ▶ Community exposure to national ECDE standards

HEALTH

- ▶ Mobile health screening and treatment
- ▶ Health referrals (HIV testing)
- ▶ Immunization drop-out recovery
- ▶ Health education for families and caregivers

NUTRITION

- ▶ ECDE centre gardens
- ▶ Nutrition education
- ▶ Vegetable production for school feeding programs
- ▶ 'Take-home' vegetables

ECDE Achievements



574 CHILDREN

2,000
PARENTS/
CAREGIVERS

40
TEACHERS

20
COMMUNITIES

Program Challenges

- ▶ Low literacy levels and lack of qualifications of ECDE instructors
- ▶ User fees and long distances to facilities limit access to health services for vulnerable children
- ▶ Consistent engagement of communities around ECDE issues
- ▶ Inconsistent commitment to ECDE by Ministry of Education and Training
- ▶ Weak coordination among different government departments for multi-sectoral approach to ECDE

Program Successes

Improved Early Education Instruction

- ▶ Improved confidence amongst teachers
- ▶ ECDE centre materials upgraded (reading materials, stationary and furniture)
- ▶ Development of ECDE syllabus for teacher instruction



**Teacher's Handbook for
Early Childhood Care &
Education (ECCE)
in Swaziland**

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Program Successes

Improved Access to Health & Nutrition Services

- ▶ Health check-ups ensure up-to-date immunizations, good health, referrals for more serious medical cases
- ▶ Linking children and families with HIV testing and counselling and PMTCT services
- ▶ Re-enrolment of children who dropped out of national immunization program

“Most of the communities are poor such that they cannot afford to take their children to hospital. Some communities are very far from the [nearest] health facility, making it hard for them to access services. Some children are orphans thus stay alone so they cannot afford to go to hospital.”

*-Bantwana Nurse, Lubombo
Regional Health Outreach Team*

Program Successes

Improved Access to Health & Nutrition Services

- ▶ Permaculture gardening supports school feeding programs that supplement children's nutrition
- ▶ Sale of vegetables improves financial security of ECDE centres







Program Successes

Improved Parent and Community Participation

- ▶ Increased availability of play and learning materials
- ▶ Secure and safe play areas
- ▶ Enriched parenting skills for:
 - Improved parent-child relationships
 - Increased enrolment
 - Enhanced learning activities
- ▶ Strengthened teacher-parent relationships and information sharing
- ▶ Increased support from community leadership





Program Successes

ECDE Systems Strengthening

- ▶ Contributed to MoET's development of the Swaziland Early Learning and Development Standards (SELDS)
- ▶ Activities informed introduction of pre-service teacher training on ECDE
- ▶ Facilitated development of national ECDE syllabus
- ▶ Ongoing dissemination of new Child Protection and Welfare Act

NGIYABONGA!

