



Chapter 29

Early Child Development (ECD)

What is ECD?

Early child development (ECD) refers to the combination of physical, mental, and social development in the early years of life. During early childhood, patterns of behavior, competency, and learning are initiated and established; socio-environmental factors begin to modify genetic inheritance and brain cells grow in abundance. Any significant gap can have a negative impact on life-long development. The first years last a lifetime.

Early child development includes all interventions directed at children or their caregivers, preferably integrated as a package of services that support the holistic development of the child.

Why is it important?

Early childhood is the most rapid period of development in human life. For better or worse, the period 0–8 has an enormous effect on the future health, cognitive development, cultural attitudes, and productivity of an individual.

Whereas most HIV/AIDS programs cite coverage for children of all ages and have at least the potential to benefit young children, program elements designed specifically to meet the needs of pre-primary school-aged children are still rare. Few programs adequately recognize and address the needs of young children affected by HIV/AIDS.

If young children affected by HIV/AIDS lack the essential care needed to develop their full potential, they will not have the skills or be equipped to lead productive lives and to better respond to and participate in HIV/AIDS prevention activities. An investment in ECD HIV/AIDS actions at this stage would have multiple, long-term benefits for both individuals and society.

Early child development programs are now recognized as a powerful economic investment. Investments in ECD will not only pave the way for improving individuals' health, mental and physical performance, and productivity, but also, in a major way, help to minimize or even prevent a host of related social problems, including juvenile delinquency, teenage pregnancy, social violence, and HIV/AIDS.

Integrating ECD actions into national multi-sectoral HIV/AIDS programs will strengthen these programs and extend their outreach to the very youngest members of society. Linking these initiatives to other national development efforts will increase the potential for the convergence of services in areas most affected by HIV/AIDS and for the scaling up of ECD activities. Such linkages will ensure that the best interests of all children are served.

What activities would be undertaken?

Optimally, effective ECD HIV/AIDS interventions should include a combination of economic enhancement, sectoral programs, material and psychological support, and measures to help parents infected with HIV/AIDS live longer.

Main categories of interventions

- **Delivery of services to young children.** Includes, but is not limited to, food donations, daycare, educational opportunities, social services, protection, and health care. Development of quality ECD centers — to include supportive learning activities, outreach to caregivers, and support for the multiple needs of young children, which include immediate medical care and nutritional support, if needed
- **Education and support for families and caregivers.** May consist of life skills education, counseling, and support for parenting programs; HIV/AIDS prevention messages; information on nutrition, voluntary counseling and testing (VCT), PMTCT, and ART; economic enhancement activities; and psychosocial services.
- **Training and support of care providers.** Includes the building of capacity and development of materials for social workers, health workers, and early childhood educators.
- **Sensitization through the mass media.** May involve a mix of media, including traditional and interpersonal communications or print, radio, and television to; disseminate informative messages on topics that focus on young children and families affected by HIV/AIDS; reduce stigma and discrimination against households that have individuals affected by HIV/AIDS; enforce the legal framework related to protection of young children and property rights; advocate for ratification of policies by government action; and ensure implementation of policies.
- **Community mobilization and strengthening of community-based activities.** May include activities to protect children and improve their care; support for development of partnerships among NGOs, faith based organizations (FBOs), the private sector, and government; and capacity building among community based organizations (CBOs).

Who would do it?

Direct government HIV/AIDS programs cannot do the job alone. They must collaborate closely and support complementary efforts by NGOs, CBOs, FBOs, traditional leaders, the private sector, people living with HIV/AIDS (PLWHA), and individuals otherwise affected by HIV/AIDS.

Typically, the ECD HIV/AIDS core group that plans program coordination and facilitation consists of: (i) the NAS, the World Bank Task Team leader and team members, UNICEF ECD and HIV/AIDS focal points, sector specialists, and NGO focal points; (ii) sectoral ministries concerned with the welfare of young children and their caregivers; and (iii) local and international HIV/AIDS practitioners. Leadership is provided by the appropriate line substantive expertise, and the NAS.

The core group has at least three audiences it communicates with regularly and engages: (i) community representatives; (ii) government officials at national, regional, district, and municipal levels; and (iii) international collaborators, the UN Theme Group on HIV/AIDS, the Joint United Nations Program on HIV/AIDS (UNAIDS), and bilateral donors.

Main delivery systems

- Contracts with CSOs, such as NGOs, to implement activities in collaboration with formal and informal community organizations;
- Local grants to communities and to community and private-sector organizations;
- Line ministries' delivery of social services to ECD providers, to include the linking of childcare centers to schools and other components of the formal education system;

- Direct provision of food, money, and technical support by international agencies, local and international NGOs, and private institutions.

Key Steps to Operationalizing of ECD HIV AIDS Activities:

- Identify relevant ministries that address young children affected by HIV/AIDS.
- Undertake capacity building to strengthen relevant ministries. Identify the skills needed in ministries that are mandated to oversee and/or coordinate ECD programs. Organize sensitization session for key ministries for ECD HIV/AIDS activities. Provide assistance to the ministries to incorporate ECD HIV/AIDS in their initial work plans, focusing on staff knowledge and understanding of the issues and potential responses.
- Identify stakeholders, which may include, but are not limited to, CBOs, the private sector, FBOs, local and international NGOs, and UN agencies [i.e., UNICEF, UNFPA, UNHCR, WFP], and World Health Organization (WHO)].
- Collect baseline data and conduct a situational analysis. Name a “designated champion” (i.e., government entity) responsible for this effort.
- Consolidate available data and develop a national integrated database for tracking the status of children under age 8.
- Prepare a report that consolidates the information collected. Include ongoing and planned programs, as well as constraints that may impede the effective care and support of young children affected by HIV/AIDS.

What are the major indicators of performance?

National, multi-sectoral ECD HIV/AIDS monitoring must be “realistic”—in terms of the data collection being doable and the activities selected being worthwhile tracking. In other words, the collection of data should be possible, in practical terms, and a responsible entity should ensure that data are collected on a sustained basis and analyzed so that policy and program decision makers can take appropriate action.

Typically, crucial performance indicators for an ECD HIV/AIDS program deal with coverage such as:

- Number of young children and caregivers benefited by social-sector programs;
- Number of young children and caregivers reached by civil society activities;
- Number of communities mobilized to address the most urgent needs of young children affected by AIDS and their caregivers.

Broad indicators may be sufficient for a community mobilization effort, but more specific indicators, if defined by an outside agency, may preclude communities from taking responsibility for sustaining effective action. A recommended approach is to delineate broad indicators at the beginning and then have each community develop specific indicators in relation to these. The specific indicators will reflect a community’s priority concerns and intended actions.

Specific indicators for evaluating inputs, outputs, and outcomes of ECD HIV/AIDS projects typically are as follows.

Input indicators:

- Number of people trained;
- Distribution systems utilized, social support for families available, target populations involved;
- Development of IEC and BCC messages that contain content related to infants, young children, and HIV/AIDS;
- Number of informal groups and CSOs that are assisting with these activities.

Output indicators:

- Number of individuals in the targeted cohort who receive full-service care;
- Number of individuals in the targeted cohort who receive outreach services;
- Number and percent of the population that is knowledgeable about (i) the causes of HIV/AIDS, (ii) good care giving practices for young children, and (iii) the needs and vulnerabilities of young children affected by HIV/AIDS.

Outcome indicators:

- General public awareness of, sensitization to, and recognition of the importance of the needs of young children infected and affected by HIV/AIDS;
- Number and percent of young children affected by HIV/AIDS who receive some level of improved support;
- Level of malnutrition among young children affected by HIV/AIDS (i.e., percent of children stunted or underweight);
- Number and percent of individuals who change their attitudes and behaviors;
- Increase in financial and human resources provided for ECD support.

Lessons learned and recommendations**General**

- Young children affected by HIV/AIDS who do not receive adequate health care, nutrition, and psychosocial interaction are likely to be impaired in multiple ways—if they survive.
- The first line of response to HIV/AIDS is affected families and communities. Strengthening the capacities of families and communities is fundamental in responding effectively to HIV/AIDS.
- The impact of adult illness on children begins when a parent is diagnosed or falls ill with HIV/AIDS.
- Stigma, one of the most significant barriers to effective ECD HIV/AIDS activities, should be addressed at the beginning of any planned activity.
- Strategies of community-based support or foster families, or a combination, are usually among the best options for ECD HIV/AIDS. When they include community mobilization and capacity development, these strategies are cost-effective and promote environments that are conducive for the normal development of children.
- Locally initiated programs that are operated by concerned and capable members of households and extended families and community leaders are more meaningful, cost-effective, and sustainable than are formal, national programs.
- Both governments and donor agencies consider institutional care to be a last resort and a temporary measure until a permanent placement can be identified for a child.
- External funding in appropriate amounts and at the right time can help to facilitate, strengthen, and support community activities, but it should not be used to lead a community mobilization process. Otherwise, communities start, and continue, to be dependent on external financial resources.
- Projects that have community support invariably begin slowly, but ultimately are more sustainable than projects that do not have this support. Losing time in the initial stage of a project is far better than not having the support of the community for an entire project

Program content

- Prevention activities should be incorporated into all ECD interventions from the beginning. Care and support activities can often be good entry points for discussing HIV/AIDS issues and promoting prevention measures.
- Quality of care can be improved with standardized training.
- Youth, especially those responsible for the care of younger children, should be involved and supported by ECD HIV/AIDS programs. Youth should be seen as part of the solution. They should be supported to play leadership roles in program planning, public education, advocacy, and evaluation.

Program monitoring and evaluation

- Qualitative information about a community's perception of a program is as important as quantitative information.
- M&E should be up-front, participatory, and linked to decisions about children and programs.
- Programmers must develop approaches for documenting the long-term effects of programs.
- Indices of the vulnerability of children and communities should be developed for use in mapping and establishing geographic priorities for interventions.
- Process, approaches, and models should be tailored to the environment-urban, peri-urban, or rural.



See Sub-manual (CD-ROM) on Operational Guidelines for Supporting Early Child Development (ECD) in Multi-sectoral HIV/AIDS Programs in Africa for further references

