Promising practices

Promoting early childhood development in resource constrained settings

In the global response to the hiv crisis, there has been a significant gap in programming attention for children under the age of 8 and their caregivers.[1] Too young to attend primary school, young children are often left unattended in the house as overburdened caregivers are forced to choose between work and childcare.

As CARE[2] began to address the challenge of early childhood development (ECD) among orphans and vulnerable children (OVC), it became clear that an approach consisting of one or even two areas of intervention is not sufficient to address the varied, interdependent needs of very young children. Additionally, focusing only on children, or only on children and their caregivers, does not adequately address needs of the community or facilitate essential changes in national policy.

As a result, CARE integrated sectors and strategies in health, early education, water, nutrition, food security, economic development, community mobilisation, policy and advocacy to develop the 5x5 model – so called because it integrates five 'levels of intervention' with five 'areas of impact'.

Under the 5x5 model, while the child is the central focus, the childcare setting, from crèche to formal school, is the critical entry point for interventions, since such settings provide cost effective opportunities to deliver integrated services to a number of children at once. Central to the 5x5 model is building the capacity of childcare centres to facilitate ECD and education while empowering caregivers and communities to improve the lives of young OVC and their families. Advocacy around these interventions should ultimately lead to changes in the larger policy environment to reflect recognition of early childhood development as a national priority.

The 5x5 model represents an innovative, community-centred approach to ECD programming that is responsive to the needs of children made vulnerable by the effects of HIV and poverty. Initial pilots in challenging and resource-constrained environments, such as urban slums, transport corridors, and rural communities with a large number of child-headed households, indicate that the model can be readily adapted and contextualised.

The 5 levels of intervention

1. The individual child

The primary beneficiary of all early childhood interventions is the individual child. Most programmes tend to focus on process and output indicators to measure progress; impact evaluation has not always been properly incorporated. CARE's 5x5 model mandates the measurement of impact on children's physical, socio-emotional, and cognitive development using validated and culturally relevant tools and indicators.

2. Caregiver/family

The health and well-being of each child is highly dependent upon the health and well-being of his/her primary caregiver and the level of household income. Poverty and domestic violence are most often cited as major obstacles to child well-being within the home. These obstacles can be minimised or even eliminated by providing caregivers and households with microfinance or income-generating activities, training, adult education, parenting classes, mentoring and other social support groups,

nutrition, and child rights training. Helping caregivers to access physical and mental health services, build parenting skills and boost earning potential are important and sustainable strategies that benefit entire households.

3. Childcare settings
With the increase in the numbers of OVC, many communities have formed crèches, daycare centres, and full-fledged ECD centres to offer care to children too young for primary school. Using a childcare setting as an initial point of intervention within a community provides an effective focal point around which services benefiting caregivers, households, and individual children can be organised and delivered. Childcare settings also make excellent gathering points for community meetings, classes and health services. Such settings can also serve as forums for discussion of local and regional policy, thereby planting seeds for civic engagement in policy change.

4. Community
Children, families, crèches, and community ECD centres are only as strong as the communities that support them. Sustaining the benefits of any ECD intervention depends upon buy-in from caregivers, local authorities, and community leaders. Through volunteer programmes, communities play an important role in ensuring the effective management of ECD centres. Community members are involved in activities such as rotational cooking, painting and upkeep of centres, and can be mobilised to address childhood needs through awareness-building activities that incorporate better nutritional practices, hygiene, safe water handling, early childhood illnesses and immunisation, and issues around child abuse and neglect.

5. National policy
Any improvement in health, education, or child rights on a local level will be short-lived without accompanying changes in nationwide policy, laws, budgets, and national action plans. Making an impact on national policy is integral to the 5x5 model. To influence the policy environment, CARE works with local partner organisations and other key stakeholders in the community to highlight the plight of young OVC through advocacy and community mobilisation. Advocacy is a key component of promoting change. CARE is part of a coalition of voices that publicly advocates for the needs of children.

The five areas of impact
1. Food and nutrition
Nutrition plays a vital role in early childhood development. Physical development during the period between birth and 3 years of age is critical as this is the time when children are most vulnerable to the permanent effects of stunting and negative cognitive outcomes attributable to malnutrition.

Because a child's brain undergoes tremendous growth between the ages of 0 and 8, caloric and protein intake impact a child's future mental abilities. Micronutrients also play an important role. Iodine and iron deficiencies have been cited as two of the leading reasons for poor developmental outcomes for young children in developing countries. Numerous studies have shown the positive impact of good nutrition on academic performance throughout childhood and adolescence.

Following the 5x5 model, every ECD centre should provide at least one nutritious meal to every child. In urban environments, this might require linking ECD centres with food donation programmes. To be eligible for many of these programmes a centre must have appropriate food storage and sanitation.

In rural areas, programmes without access to donated food resources must depend upon either community donations and/or establishing gardens at the centres. In such cases, community members are instructed in environmentally responsible farming methods and which types of produce provide the most nutritious diets. In addition to increasing food security, interventions build ECD centre staff and parent/guardian capacity through training on childhood nutrition, as well as safe food and water handling. These types of training are essential to reducing food and waterborne infections that lead to diarrhoea, one of the major causes of infant and child mortality.

2. Child development
Critical windows for physical, cognitive, and socio-emotional development are open only during early childhood. A recent study found that socio-emotional stimulation was equally as important for

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aspects of physical development as good nutrition. Growth failure in early life has been attributed to emotional neglect as well as poor diet.

The 5x5 model emphasises the use of quality ECD curricula to build the capacity of teachers and caregivers in childcare settings. Countries like Kenya and Uganda have country-specific ECD curricula in the form of teachers' manuals. These manuals, jointly produced by UNICEF and ministries of education, explain the importance of cognitive and socio-emotional activities and integrate them with physical play and learning exercises. To be most beneficial for young children, curricula must emphasise verbal expression, learning through movement and all five senses.

The curricula should identify activities that are specific to age and developmental stages. Ideally, ECD programmes should address the special needs of young OVC by building teacher and administrative staff competence to understand issues related to child protection as well as HIV and AIDS. Centre staff should also be taught and equipped to create safe and stimulating learning environments for children.

The 5x5 model focuses on linkages between the ECD centres and formal primary schools. ECD programmes have been proven to be important in helping children transition to formal school settings. This enables OVC to gain access to further education, increases school retention, and also makes it possible to monitor the long-term effects of ECD programmes on individual children.

3. Economic strengthening

Economic strengthening interventions are integral to CARE's 5x5 model. Group savings and loans enable

caregivers to save and lend to each other at rates more reasonable than those charged by commercial lenders or loan sharks. Most participants borrow money to start small businesses, often based on skills acquired through income-generating activity trainings. Profits from these businesses can enable households to both meet their basic needs and repay what was borrowed back to the savings and loans group.

Such microfinance schemes have had a positive impact on the physical and emotional well being of children. CARE's economic strengthening programmes have succeeded in a number of sub-Saharan African countries by increasing household income and assets and providing direct benefits to children in the form of better nutrition, increased school attendance, and healthcare. These interventions are easily monitored through the number of savings groups formed, the amount saved by each, and the uses made of savings.

4. Health

Diarrhoea, anaemia, respiratory infections, malaria, and malnutrition are some of the biggest threats to child survival. For young children's health to improve, communities need access to quality health clinics, safe water, and sanitation.

In urban areas there are numerous clinics and health centres providing free treatment to young children. As a result of poor outreach and communication, many guardians are unaware of the services provided by these centres or how to access such services. In rural areas, access problems are compounded by distance.

In both rural and urban environments, poor children have little interaction with healthcare personnel outside of vaccinations and clinic visits for acute conditions. The lack of routine health screening results in untreated infections and health conditions (eye and ear infections, parasitic infections, HIV, etc.) that can inhibit child development.

Children's health can be improved by strengthening linkages among ECD centres, schools, crèches, and health clinics, as well as by bolstering clinics' outreach programmes. In rural areas, where access to health services is often limited, linking with existing resources as well as identifying and mobilising community health workers provides children and their guardians with better healthcare options.

Additionally, trainings in first aid, safe food handling, and safe water and sanitation have been important in preventing childhood illnesses. Providing ECD centres with water treatment chemicals and safe storage vessels reduces the incidence of waterborne diseases.

ECD centres also play a critical role in ensuring completion of childhood vaccination regimens, a very important aspect of protecting child health. Most ECD centres do not have policies or records of children's vaccination. With so many children sharing limited space, communicable diseases pose a major threat. Establishing policies around vaccinations within ECD centres and keeping records of children's vaccination statuses are fundamental to CARE's 5x5 model. By using ECD centres as vaccination sites and building relationships with local clinics that provide regular immunisations, rates of vaccination can be considerably improved.

HIV is a pervasive health challenge complicated by issues of stigma. Education of caretakers and caregivers at ECD centres may lead to the reduction of the silence surrounding HIV and the isolation experienced by those living with the disease.

Any education programme must be coupled with improved access to services. A major element of the 5x5 model is to establish formal links with clinics and hospitals in order to bring preventive services to ECD centres and communities and build referral mechanisms for HIV testing and treatment. ECD practitioners must also be informed of what options are available for testing and treatment so that they are able to discuss options with parents and caregivers and ensure that young children get the help they need.

5. Child rights/protection

OVC and their guardians experience a range of well-documented rights abuses, including property stealing, the worst forms of child labour, sexual abuse, physical abuse, and severe neglect. Under

the 5x5 model, interventions on child rights and protection have two main components.

First, the 5x5 model leverages existing community resources. Police officers, judges, magistrates, and child welfare officers can be important advocates for vulnerable children. An ECD programme based on the 5x5 model ideally links existing legal services with ECD services by ensuring that ECD staff members know how to access legal services and community members understand how these services can assist them and the children under their care.

Second, while many national governments have endorsed the UN Convention on the Rights of the Child, many children still do not enjoy the rights enshrined in the act. CARE conducts awareness campaigns to increase communities' understanding of child rights with special focus on community members who are in positions vital to the well-being of young children. This often means informing local law makers, law enforcers, and traditional village leaders about child rights declarations endorsed by their own government. At times stakeholders must be encouraged to live up to their own promises as well as to international standards of child rights.

Notes

1 This is a summary of a document authored by CARE USA. The full text is available online at www.crin.org/docs/promisingpractices.pdf.

2 CARE is a leading international humanitarian organisation fighting global poverty. Non-political and non-sectarian, it operates in more than 65 countries in Africa, Asia, Latin America, the Middle East and Eastern Europe.