

THE ESSENTIAL PACKAGE

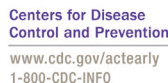


**Holistically Addressing the Needs of
Young Vulnerable Children and Their
Caregivers Affected by HIV and AIDS**



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Acknowledgments

The development of the Essential Package was spearheaded by CARE, Save the Children and the Consultative Group on Early Childhood Care and Development (CG) in conjunction with a multitude of stakeholders in both the ECD and HIV fields. A core group worked over the two-year period to coordinate the development of the Essential Package. This core group included Kendra Blackett-Dibinga, Ann DiGirolamo, Ted Neill, Nicole Richardson, Ciji Adams, Camille Smith (Centers for Disease Control), Pablo Stansbery, William Philbrick, Abigail Beeson and Louise Zimanyi. Special recognition is given for the invaluable contributions of Pat Engle (CalPoly University), Marie-Eve Hammink (Save the Children), Melissa Kelly (Save the Children), Lynette Mudékunye (REPSSI), Lorraine Sherr (University College of London), Mary Moran (Child Fund), Gary Bingham (Georgia State), Sian Long and more than 20 members of the HIV/ECD Working Group under the Consultative Group for Early Childhood Care and Development.

We greatly appreciate the input provided by individuals at the following organizations:

- Firelight Foundation
- UNICEF
- US Government (CDC, OGAC, PL 109-95, USAID)
- REPSSI
- Child Fund
- Catholic Relief Services
- John Snow International
- Plan International
- HHS/Georgetown University
- PACT
- FXB
- Bernard van Leer
- Action for Children
- SPARK Center
- Salvation Army
- Elizabeth Glaser Pediatric AIDS Foundation
- Center for the Developing Child at Harvard
- Calpoly University
- Georgia State University
- UNC Frank Porter Graham Center
- World Bank
- Long Island University

Definitions

OVC (Orphans and Vulnerable Children) – Orphans are children who have lost one or both parents and vulnerable children are those who are more exposed to multiple risks than their peers. These children are more likely to experience negative outcomes due to their inability to access education, health care and protection services. These children may live on the street, live in households headed by elderly or incapacitated caregivers or other children. They may also suffer social isolation due to stigma and discrimination.

Children Affected by HIV and AIDS (CABA) – “The term Children affected by HIV and AIDS refers to children living with HIV, as well as those whose well-being or development is threatened by HIV because they live in HIV affected households and communities.” (UNICEF)

Early Childhood — covers from the prenatal stage through the transition from home or ECCD centre into the early primary grades (prenatal – 8 years of age).

Early Childhood Development (ECD) – sometimes known as Early Childhood Care and Development (ECCD) – focuses on supporting young children’s development.

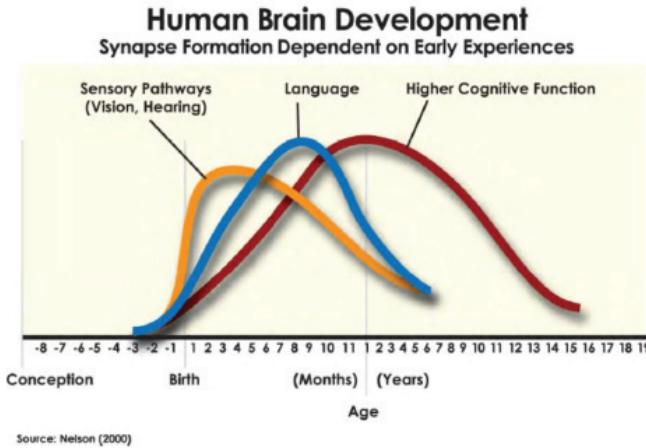
ECD links the young child’s cognitive, social, emotional, and physical processes with the care (by families, communities, and the nation) required for supporting their development.

ECD is interdisciplinary. It includes health, nutrition, education, social science, economics, child protection, and social welfare and social protection.

The ECCD field strives to ensure young children’s overall well-being during the early years, thereby providing the foundation for the development of adults who are healthy, socially and environmentally responsible, intellectually competent, and economically productive.

Consultative Group on Early Childhood Care and Development. (2010)

Introduction: The Issue

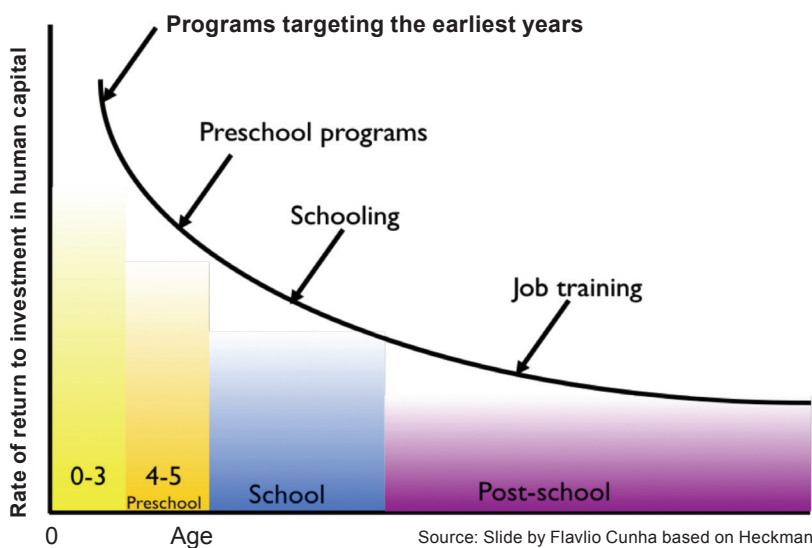


The United Nations Convention on the Rights of the Child advocates for the provision of programs and services that will promote early health, development and well-being of children and their caregivers. This is particularly important given that current statistics indicate that “a quarter of the world’s youngest children suffer one or more forms of severe deprivation and risk, such as poverty, disease, disability and exposure to violence.”¹ Children infected or affected by AIDS are at a distinct disadvantage, especially with regards to education, nutrition, health, safety, and development. As these children are less likely to have their basic needs met, they are more likely to be sick or malnourished, suffer psychological trauma, endure abuse, and become HIV positive. Furthermore, young children are especially vulnerable to the effects of HIV and AIDS, given the critical importance

1 Early Childhood Development Programs in Global Contexts: Improving Quality Society for Research in Child Development (SRCD) Volume 25, number 2, 2011

of the first five years of life in brain development and in providing the foundations for lifelong development. Ultimately, children affected by HIV and AIDS (CABA) are less able to reach their potential as productive members of society than other children and are more likely to perpetuate the cycle of illness and poverty. Moreover, as the HIV pandemic puts great strains on the existing community based safety net responses, it is essential to build family resiliency through approaches that boost household ability to recover from shocks (e.g. illness, loss of income, etc), improve ability to cope even in the event of shocks and support, thereby strengthening the first line of response in order to build a safe and nurturing home environment. Although most countries with a high prevalence of HIV and AIDS have national strategies in place to support CABA, there are few programs designed specifically to meet the special needs of children under five. Therefore, as researchers and program implementers uncover more evidence of the long term consequences of HIV/AIDS on children, new approaches are urgently needed.

Why an Essential Package for Young Vulnerable Children and their Caregivers Affected by HIV and AIDS



There is overwhelming evidence in today's literature on the importance of investing in integrated early childhood programs that address both the biological and psychosocial risk factors that keep children from developing to their full potential. For instance, investing in early childhood development (ECD) is a critical component for breaking the cycle of poverty and inequality, particularly among the most vulnerable populations such as those affected by HIV.^{2,3} Additionally, the evidence also shows that the

2 Walker SP, et al. 2011. Inequality in early childhood: risk and protective factors for early childhood development. *The Lancet*; Published online September 23, 2011.

3 Engle P, et al. 2011. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *The Lancet*; Published online September 23, 2011.

return on investment is the highest in the early years with regards to human capital than at any another age. Therefore, not addressing the needs of these children during the early years can lead to lifelong deficiencies not only in brain development, but in other areas such as nutrition, health and well-being. For instance, a recent technical report from the American Academy of Pediatrics states that “a vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years—beginning with the future mother’s well-being before she becomes pregnant—lays the groundwork for a lifetime of the physical and mental vitality that is necessary for a strong workforce and responsible participation in community life. When developing biological systems are strengthened by positive early experiences, children are more likely to thrive and grow up to be healthy, contributing adults. Sound health in early childhood provides the foundation for the construction of sturdy brain architecture and the achievement of a broad range of skills and learning capacities.”⁴

The Impact of HIV/AIDS on Young Children⁵

HIV has added another layer of difficulty for millions of children across Africa born into poverty and conflict. The current statistics indicate that 2.3 million children in Africa, age 0 to 14, are infected with the disease itself.⁶ For young children infected with HIV, the virus can cause early illness and death if there is no available treatment. Additionally, despite the increases in coverage of Prevention of Parent to Child Transmission (PPTCT) and of pediatric

4 Shonkoff, Jack, MD, et al. Technical Report: The Lifelong Effects of Early Childhood Adversity and Toxic Stress. American Academy of Paediatrics. 2012 page e242

5 All references in this section have been identified in the literature review commissioned as part of this Essential Package: Sherr, L. (2011) op cit.

6 UNICEF (2010) State of the World’s Children 2011. New York: UNICEF

HIV treatment, in 2009 only half of HIV-positive women in Eastern and Southern Africa received PPTCT drugs and only 32% of eligible children (0-15 years) received antiretroviral treatment (ART).⁷

HIV infection has also been associated with premature delivery and low birth weight. This in turn has been linked to a number of developmental challenges as well as possible disruptions in parenting if the child or mother needs urgent medical care. The literature review undertaken as part of the Essential Package (EP) found that out of 56 studies that examined cognitive development in children aged 8 years or under, 91% reported cognitive delays in children living with HIV. Further clarity is needed on the mechanisms underlying this delay and whether this is a direct effect of the virus itself or related to other parenting and environmental factors.

The evidence also indicates that HIV impacts the development of young children who have an HIV-positive mother but are HIV-negative themselves. In areas of high HIV concentration, the rate of parental death and illness is high and thus leads directly to child vulnerability. This vulnerability is increased for younger children as the illness in a caregiver or other family member is likely to have a negative impact on the caregiving environment. For instance, a study in Botswana⁸ showed that orphaned children under five years of age were 49% more likely to be underweight than non-orphans and were more likely to live in poorer households, despite the fact that Botswana is a country with early access to HIV treatment for both children and parents. Other studies, however, have shown that HIV infection in the household is not a consistent indicator of

7 Source: UNICEF East and Southern Africa website www.unicef.org/esaro. Accessed 1 June 2011

8 Miller CM, Gruskin S, Subramanian SV, Heymann J. (2007) Emerging health disparities in Botswana: examining the situation of orphans during the AIDS epidemic. *Soc Sci Med.* 2007 Jun;64(12):2476-86. Epub 2007 Apr 17

malnutrition.⁹

The response to HIV has always been, and remains, initiated and implemented by individuals and groups living within communities. Although these families and communities are already under stress from poverty and food insecurity, the vast majority of families continue to provide love, care and affection for vulnerable children. In addition, many community initiatives provide a range of care and services for children often supported by local community-based organizations (CBOs) or non-government organizations (NGOs). However, despite the excellent work that these groups do, recent reviews of programs targeting vulnerable children in HIV contexts have found that even though pre-school age children are the largest group of vulnerable children, they are usually the smallest proportion of beneficiaries within the program.

A review of OVC support programs in Kenya, Namibia, Zambia and Uganda found that only 3% of the children reached were aged 0-2 years and only 8% were aged 2-4 years. Forty five percent were of primary school age (5-11 years) and 44% were aged 12-17 years.¹⁰

The literature review also looked for evidence-based programs for vulnerable and HIV-affected children ('CABA programs') and found very few that identified children under the age of 8 years. Of those that were evaluated, 85% related to nutrition, infant feeding and HIV testing or health outcomes. The few that did address social or economic issues did show positive outcomes for children, such as reduced housework for boys, less water carrying for girls in Kenya

9 UNICEF (2008) No worse than their peers? Orphans' nutritional status in 5 Eastern and Southern African countries.

10 AIDSTAR-One. (2011) Early Childhood Development for Orphans and Vulnerable Children: Key Considerations. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

and reduced wasting for young children.

HIV also brings additional emotional challenges such as stigma and discrimination. Children may face the trauma of seeing a parent, sibling or other family member become very sick and may have to take on additional responsibilities (e.g. caring for the sick, household chores, etc.). Moreover, stigma and discrimination have been shown to have long lasting and profound effects on children; more research is needed on how children cope with such issues.

Rationale for a Holistic Approach to Programming for Young, Vulnerable Children

When caring for young children the approach must be holistic – that is combining improved nutrition and health for infants and young children with social, physical and cognitive stimulation, and addressing issues of child protection. Integrated programming has been shown to enhance health, development, school performance, and ultimately, employment and earning potential.¹¹ Furthermore, for all children, a rich and stimulating environment with safe, stable and nurturing relationships in childhood has shown to contribute to improved developmental outcomes, thus increasing the likelihood of an individual breaking the cycle of poverty. These benefits, which begin at home, are enhanced and consolidated with integrated multi-sectoral support that can provide support across the physical and social aspects for child and family.¹² Therefore, in light of this, the International Child Development Steering Group defined the characteristics of a successful early child development intervention as follows: (1) integration of health, nutrition, education, social, and

11 Grantham-McGregor et al. (2007) op cit., Jolly, R. (2007). Early childhood development: the global challenge. *The Lancet*, 369 (Jan), 8-9.

12 Engle, P., Black, et al. (2007). Child development in developing countries 3 Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *Lancet*, 369 (9557), pp229-242.

economic development; (2) collaboration between government and civil society; (3) a focus on disadvantaged young children; (4) engagement of parents and families along with teachers and other caregivers; (5) blending traditional practices with evidence-based approaches; and (6) programming with sufficient intensity, duration, and quality.¹³ Hence, it is important that HIV programs seek to reach young children and that these programs benefit from the experience of existing ECD interventions in order to provide a response that is based on evidence about developmentally-appropriate interventions for young children, with a good understanding of the challenges faced by households, communities and service providers in heavily HIV-affected programs. Additionally, beyond science, programs, governments, and communities must take into consideration that a child has specific rights¹⁴ to a safe and nurturing environment so that he/she is able to survive and thrive and reach their full developmental potential. Thus, these rights need to be understood by all stakeholders along with local and national governments enacting and properly funding policies so that an enabling environment can be achieved.

13 Grantham McGregor et al. (2007) op cit.

14 UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.unhcr.org/refworld/docid/3ae6b38f0.html> [accessed 20 January 2012]

What is the Essential Package?

The EP is a comprehensive set of tools and guides for policy makers, program managers and service providers to address the unique needs and competencies of young children, particularly those affected or infected by HIV/AIDS, in an integrated and holistic way. The specific components of the EP have been developed so that they can be easily integrated into existing CABA and ECD programs in different contexts, currently focusing on vulnerable children affected by HIV, or facing other challenges such as chronic poverty, displacement, or conflict. It is important to note, that the EP was NOT designed to be a standalone program. However, it can provide important guidance in the development of new programs to improve the quality of care provided to CABA and other vulnerable populations. Moreover, the various components of the EP can be used independently, depending on the needs of implementing agencies. The work that has been conducted to date encourages service providers to consider the holistic needs of children according to their ages and stage of development as well as cultural context and resources available within their community.

The EP builds on existing evidence from ECD practice and uses this evidence to ensure that interventions respond to young children's physical, cognitive, communication and social/emotional developmental needs. It has been adapted for contexts in which families and young children face threats to their development which include:

- The direct developmental impacts of HIV on a child living with the virus;
- The challenges that a caregiver faces who is HIV positive or has another chronic and stigmatizing illness, including economic

distress exacerbated by healthcare demands and lessened ability to farm or earn an income;

- The emotional distress that is being faced by the family unit and how that impacts the caregiving environment, due to chronic illness, multiple bereavement or other form of social disruption; and
- The lack of available resources in the health, nutrition, child protection and education fields that are exacerbated in communities with extreme poverty.

Furthermore, the EP recognizes the need based on evidence for an integrated approach across multiple sectors to provide the support above (e.g. care and development, health, nutrition, psychosocial support, rights and protection, and economic strengthening). It also recognizes that young children are primarily cared for at home and that caregivers are frequently depressed and under stress, and at times are frail or very young, and that there is a need for further support to ensure that they become the trusted adults they need to be for the young children under their care. Therefore, the goal of the EP is to empower volunteers, home based care providers and other community-based workers to offer a comprehensive range of services that will enable young children to reach their developmental potential.

The EP while helping service providers at the point of service delivery is also meant to empower caregivers to become the frontline providers of care and support for their children. It assumes the existence of good traditional community-based child rearing practices by incorporating and building on these practices so that caregivers feel more confident and empowered in their caregiving role. As a result, by focusing on essential actions that address the needs of young children, prenatal to age 8, and recommending key interventions that encourage optimal growth and development, the

EP aspires to promote optimal health and developmental outcomes while mitigating the negative impact of HIV/AIDS for young children affected by HIV and AIDS.



Components of the Essential Package

1. **An in-depth literature review** that provides the rationale for mainstreaming ECD into programming for children affected by HIV/AIDS;
2. **Frameworks** that highlight the critical needs of young children and their caregivers in the context of HIV/AIDS, poverty, and social isolation, with recommended actions to meet these needs in the areas of care and development, health, nutrition, child rights/protection, and family livelihoods; and
3. **A tool kit** to support the integration of ECD programming for CABA, including an online clearinghouse for articles, volunteer and program staff guides, evaluation tools and other pertinent information for program design and implementation.

ESSENTIAL PACKAGE TOOL KIT COMPONENTS:

Situational Analysis provides guidance on how to map the local resources and services that are currently available within a community as well as identify gaps and potential solutions.

Community Mobilization Guide describes the step by step process to inform key stakeholders on the new activities of addressing young children's needs and their caregivers within an HIV/AIDS context.

Training Manual for Volunteers on ECD to be used by a qualified trainer to facilitate a 5-day training with volunteers on the importance of ECD, the tools being used, and how to effectively incorporate ECD into home based care.

Frameworks highlight the critical needs of young children and their caregivers within an HIV/AIDS context and the essential actions at the volunteer level to address these needs.

Visual Guide is a pictorial guide to be used by paraprofessionals to provide key messages to the caregivers on the critical needs of young children and their caregivers and suggested actions for addressing these needs. The guide also provides reflection questions to assist the home visitor in identifying the key needs within the household and probes to better understand the household situation. The guide is accompanied by Guidance Notes provided to program managers to further explain why these areas are critical to promoting optimal child development. A Visual Guide template is provided that can be easily adapted based on the community context.

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ESSENTIAL PACKAGE TOOL KIT COMPONENTS:

Program Manager Implementation Guide outlines roles and responsibilities of the program manager and community agents as well as guidance around monthly reflection meetings in order to gather data and monitor the volunteers and how well they are effectively using the tools.

Monitoring and Evaluation Framework highlights the inputs, activities, outputs, indicators and outcomes at the levels of child, caregiver and caregiving environment.

Comprehensive Checklist is used for Baseline and Endline data collection in order to track changes over time. The checklist identifies barriers, opportunities and assets that are available in a household and captures data on socioeconomic status, caregiving status, child status, and the caregiving environment.

Policy Brief provides information on why addressing ECD in HIV and AIDS contexts matters, what the research says, policy implications, and examples of strategies for advocacy.

Online Clearing House for Materials Related to ECD & HIV and AIDS provides a centralized location where any articles, reports, materials and other documents pertaining to ECD in HIV contexts will be housed and easily accessed by program managers, organizations, policy makers and others interested in addressing this issue.

THE ESSENTIAL PACKAGE

Eliminate
BARRIERS
to Care &
SUPPORT

Foster Positive
Caregiver-
CHILD
Interaction

Support Links
to Broad Systems
of Integrated
CARE

Employ a
Developmentally
Appropriate
APPROACH

HEALTH • FOOD & NUTRITION • CARE & DEVELOPMENT
• RIGHTS & PROTECTION • ECONOMIC STRENGTHENING



What are the Building Blocks of the Essential Package?

The EP provides a framework for action to support those at the point of service delivery in ensuring that young vulnerable children receive support across a variety of areas (i.e., stimulation and opportunities for learning, health, nutrition, rights and protection) appropriate to their age and developmental stage in a way that enables them to

reach their full developmental potential. Materials within the current version of the EP have been developed for use at the household level, yet acknowledge the importance of addressing key issues at the household, community and policy levels. In focusing on the household level, the EP concentrates on three critical domains: child status, caregiver status, and caregiving environment. By doing this, the EP promotes resilience within the targeted families and reduces the level of caregiver stress through proposed linkages with social networks and interaction with service providers such as the home based care worker. The package strengthens existing capacities in the household utilizing a comprehensive assessment of household status and links families to services identified through participatory community mapping. An important element of the package is use of home visitors who interface with families who may be socially isolated, marginalized and stigmatized in their community. These families are generally not accessing care due to a host of factors including shame, inability to pay for services or lack of knowledge of existing services. The EP therefore enables families to meet their needs through increased social interaction and knowledge which leads to empowered action.

The Essential Package was developed to provide those at the point of service delivery the tools necessary to address four key underlying building blocks deemed necessary for successful programming for vulnerable young children. The frameworks and the supporting tools all work together to enhance the following four important areas.

BUILDING BLOCK 1: Foster positive caregiver-child interaction

Children’s future wellbeing depends as much on having a supportive caregiver and a stimulating environment as it does on receiving food, health care and shelter.¹⁵ There is a common proverb across Africa — ‘umuntu ngumuntu ngabantu’ in Zulu — a person is not a person without other people. This emphasizes the importance of relationships for a person’s development from birth and this strong cultural tradition is backed up by global evidence.¹⁶ Caregivers, and other family members, set the rules for how a child is fed, disciplined and make decisions about the child’s development — whether he or she goes to school, is talked to and involved in decision making for example. When a child and caregiver have a strong and supportive relationship, the child is more likely to be “physically, intellectually and socially healthy, and more resilient to the damaging effects of poverty and violence”.¹⁷ A child that receives loving care feels that he or she is loved and behaves with others as someone deserving of care and attention. A child that has been neglected at a young age, such as being left to cry or ignored when he or she is distressed, is less likely to expect kindness from others and will often be aggressive or defensive. These behavior patterns affect how the child behaves in later years.¹⁸

The EP fosters positive caregiver-child interaction in two ways. First, through the frameworks, the Visual Guide, and accompanying guidance notes, the EP provides age appropriate suggested actions

15 Richter, L. (2004) The importance of caregiver-child interactions for the survival and healthy development of young children: a review. Geneva: World Health Organization; Department of Child and Adolescent Health.

16 Richter, L. (2004) op cit.

17 Richter, L. (2004) op cit

18 Richter, L. (2004) op cit

for ways in which caregivers can interact positively with their children to provide needed care and stimulation for physical, cognitive/ language and socioemotional development, and for addressing the health, nutrition and protection needs of their children. These materials provide key messages as to why these actions are important, how they can help their children, and specific reflection questions that a home visitor can ask caregivers to help identify key needs within the household and probe around specific barriers and potential solutions. Home visitors are encouraged to practice some of these suggested actions with the caregivers and to follow up during subsequent visits. In addition, home visitors are trained to identify positive caregiving behaviors already occurring in the household and to positively reinforce these behaviors.

The second way in which the EP fosters positive caregiver-child interaction is by providing support and ways in which caregivers can address their own needs. In areas affected by HIV and AIDS, children are often cared for by various types of caregivers, including grandparents, siblings or child-headed households, extended family or foster parents, in addition to mothers and fathers. Caregivers must be able to meet their own needs in order to be able to best care for and interact with their children. Studies are showing the impact of maternal depression on the health and wellbeing of the child. Self reported stress should be taken seriously by programs as this may indicate larger problems at the household level. Similarly if the caregiver is in poor health, disabled or elderly, he or she may need additional support in order to provide adequate care for their children. Ongoing lack of access to services, poor environmental conditions, social instability, and overworked and demoralized caregivers can combine to have negative impacts on a child's development. Through the frameworks and the Visual Guide, the EP provides

suggested actions for ways in which caregivers can address some of their own needs in the areas of care and support, health, nutrition, rights and protection and family livelihoods. Similar to above, these materials provide key messages as to why these actions are important and specific reflection questions that a home visitor can ask caregivers to help identify key needs within the household and probe around specific barriers and potential solutions. By working with the caregivers to address their own needs, as well as specific suggestions for age appropriate ways in which caregivers can foster their children's development, the EP provides on the ground support for fostering positive caregiver-child interaction.

BUILDING BLOCK 2: Employ a developmentally appropriate approach to enhancing children's health and development

As individuals we all develop at different stages; development is continuous and begins prenatally. Although every child is different, there are some common 'milestones' that most children can do by a certain age. The prenatal months and the first eight years of life are full of significant developmental milestones. In addition, children at each of these stages have unique needs that need to be addressed for optimal development to occur. Each stage is an important entry point for preventing potential problems and for identifying and responding to emerging concerns.

The EP seeks to address the need to support a child's holistic development and look out for key milestones across all the different developmental domains (i.e., physical, cognitive/language, socio-emotional). By focusing on age specific needs, one can more easily prevent or provide early support when a child appears to need additional support. In addition to focusing on supporting key developmental milestones, the EP provides guidance on addressing age specific needs in areas critical for

the optimal health and development of the child including health, nutrition, and rights and protection. General messages and suggested actions relevant for all children (e.g., sleeping under an insecticide treated net; hygiene practices) , as well as age-specific needs and suggested actions are provided both in the frameworks and in the Visual Guide that is used by those at the point of service delivery. The EP also works with caregivers to identify the positive caregiving practices they are already employing in their household, providing positive reinforcement for these behaviors, and helping caregivers to understand why paying attention to children's developmental stages and domains is important.

BUILDING BLOCK 3: Support linkages to broader systems of integrated care

For all children, learning begins in the home or the community in which they are raised. A rich and stimulating environment, with safe, stable and nurturing relationships, in childhood contributes to improved developmental outcomes, increasing the likelihood of an individual breaking the cycle of poverty. These benefits, which begin at home, are enhanced and consolidated with integrated multi-sectoral support that can provide support across the physical and social aspects for child and family.¹⁹

Economic development (e.g., micro-lending and small business management training) provides financial and material stability to households that, in part, will enable them to access ECD interventions. A multi-sectoral response to the needs of children must be implemented with each actor playing their role to support families and communities meet the long term developmental needs of children. Interventions addressing the needs of young vulnerable children must look across multiple systems and levels from the child and family to the local community to the national policy level.

19 Engle , P., Black, et al.(2007). Child development in developing countries 3 Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *Lancet*, 369 (9557), pp229-242.

The EP realizes that families reside within a broader system of care and support, access to which is critical in order to realize the outcome of improved child development. The six-month validation exercise revealed that many families are poor, affected by HIV and AIDS and generally lack access to high value social networks through which needs can be met. In essence, the families most in need are socially isolated whether due to stigma and discrimination or other causes. The EP provides an entry into the households which may be socially isolated by allowing for regular and consistent interaction between a caregiver and a home visitor. In countries where para social workers are being employed, these workers may also serve this role. Once families are made aware of the services available and are assisted to access the services, then isolation decreases making way for pressing needs to be met. The key to reducing this isolation is to engage broader community systems including community groups, village savings and loans groups, public sector services (health, education, social welfare) and the private sector.

It is also important that policies specifically address young children, rather than assuming that a health or education policy, or even a policy for vulnerable children, will automatically benefit young children. Although there has been substantial progress in recognizing and protecting children globally, progress for younger children in practice lags further behind that of older children in most fields. For example, children below the age of eight years are receiving far fewer benefits from programs targeting vulnerable children in HIV contexts than primary school age children.²⁰ Pediatric treatment coverage is still lower than adult coverage; even though PPTCT programs are increasing rapidly, and ongoing follow up to HIV-exposed infants lags behind identification of older children.²¹

20 Engle, P. (2008) National plans of action for orphans and vulnerable children in sub-Saharan Africa: Where are the youngest children? Working Paper No. 50. The Hague: Bernard van Leer Foundation.

21 UNICEF. (2010). Children and AIDS: Fifth Stocktaking Report 2010. New York: UNICEF



Building Block 4: Eliminate barriers to care and support

Families and communities often face significant hurdles to accessing support. These hurdles are not only related to potential stigma and discrimination but can include issues of distance to services, lack of sustainable livelihoods, and other policy related matters. The EP recognizes the importance of investment in early childhood education in order to stop the cycle of poverty, HIV and AIDS, and other corresponding ills faced by families. However, the actions which are proposed in the EP may not be realized unless attention is paid to livelihoods and rights. These two issues are critical foundations to the EP and any program working in ECD must ensure that families can continue to serve as frontline providers of care and support.

For very vulnerable families, access to high value social networks is a critical component. Such networks include village savings and loans groups which can provide caregivers with access to cash and provides an entry point to knowledge sharing on a number of issues. For elderly caregivers and child headed households, appropriate responses are needed and must involve a country's social welfare systems. This will ensure that children can continue to participate in educational activities without being pulled out of school to work and can ensure that elderly grandparents are not pulled into activities which may weaken their ability to love and care for children. The corresponding issue of rights and the families' ability to attain their rights is also critical. In many countries land access for women as well as other gender issues including gender based violence must be addressed. The EP provides critical advocacy messages which must be part of any advocacy platform for ECD.



How and Where Should the Essential Package be Used?

The EP was originally developed for use in sub-Saharan Africa in communities with a high burden of HIV/AIDS due to the known impacts that HIV has on the development of young children. While it has been designed to address the needs of young vulnerable children and caregivers in areas of high HIV-prevalence, the EP is HIV sensitive

rather than HIV exclusive. Therefore, since the EP is grounded in science, it can be adapted to various countries and contexts where children affected by other types of vulnerabilities brought on by poverty, conflict, and emergencies can also benefit from its use.

As the EP is intended to be integrated into existing CABA and ECD programs, end-users have the flexibility to pick and choose which tools supplement their individual programs, customizing it to their local culture, language, and customs. Moreover, with its focus on the household level, several of the EP tools are intended to be utilized by community volunteers (home visitors, community health promoters, home based care volunteers, and para social workers) interfacing with children and their caregivers directly in the home. For instance, the Visual Guide, one of the EP foundational tools, is a pictorial guide that addresses the needs of children and caregivers and provides key messages and suggested actions that can be adapted to the community context. In addition, the materials can be adapted for many different entry points such as child care centers, health centers, PPTCT programs, etc. Likewise, the Program Manager Implementation Guide which outlines the roles and responsibilities of the program manager and community agents can also be used in multiple settings. The EP also provides a policy brief with important information on why addressing ECD within HIV contexts is essential. The policy brief provides potential advocacy strategies at multiple levels (global, regional, national, local government and community) to help program managers and policy makers develop programs that are age and developmentally appropriate for highly vulnerable children and their caregivers.

To most effectively use the EP materials within a community setting, there are five key steps described below that will enable those at the point of service delivery to adapt and contextualize the materials and

provide ongoing monitoring and evaluation of the program.

Step 1: Formative Research

- The Situational Analysis and Community Mobilization Guides can be used to gather evidence with regards to what is available within the community as well as begin the discussion on the importance of addressing the needs of young vulnerable children and their caregivers within the community. During these meetings, field staff gathers evidence on what services are available in the community, what the barriers are to accessing the services, the cultural beliefs around ECD/CABA, and other pertinent information to inform the program. Additionally, this phase allows programs to form the necessary partnerships with local governments, community based organizations, and the community itself to help build trust and ownership for long-term sustainability. Programs can use information gathered from this phase to adapt and contextualize the materials to their community context as well.

Step 2: Training

- Training should occur at two levels, one for field staff and government officials and one at the service provider level. The training should focus on an overview of ECD/CABA, the use of the EP tools and implementation within existing programs, and the importance of monitoring and gathering evidence on the impact of the program. Additional trainings should occur over the course of the program to help service providers with regards to problem solving at the household level, issues of abuse, nutrition, and economic strengthening. A training manual will be available in the near future.

Step 3: Baseline

- A baseline should be conducted using the Comprehensive Checklist that focuses on socioeconomic status, child status, caregiver status and the caregiving environment. Additional measures of relevant child and caregiver outcomes can also be used. This information can be used in evaluation of the program and can also inform program managers and staff about the key needs and positive practices occurring in the community, preparing them for the implementation phase.

Step 4: Implementation and Ongoing Supervision and Monitoring

- The Volunteer Visual Guide was developed to be used by service providers to provide key messages and suggested actions on care and development, nutrition, health, protection and economic strengthening to caregivers and children at the household level. The guide promotes dialogue between caregivers and the home visitor on the key needs, positive practices and possible barriers and solutions for addressing needs in these important areas; reflection questions are provided to assist home visitors in this dialogue. The guide is sensitive to the issues that children affected by HIV and AIDS and their caregivers might face. A template has been provided with many key messages, reflection questions and suggested actions. This template can be adapted according to the community context based on information gathered during the formative phase (e.g., decreasing text and adding more country specific pictures; contextualizing some of the suggested actions so they are culturally appropriate, etc).

- The Household Monitoring tool allows field staff to monitor and provide support to volunteers during their home visits. Monthly reflection meetings with service providers should be held and documented to monitor progress and to share best practices as well as challenges.

Step 5: Endline

- An endline should be conducted to measure the changes over time. The data can be collected using the Comprehensive Checklist. As with the baseline, additional measures can be used as well.



What are the Key Outcomes?

The ultimate goal of the EP is to provide an essential package of holistic services to improve the health, development and wellbeing of young vulnerable children and their caregivers. To reach this goal, the EP provides the tools, training, supervision and monitoring needed for program managers to build the capacity of volunteers, home-based care providers and other paraprofessionals at the point of service delivery to implement a comprehensive range of tools which will enable them to effectively assess, refer and follow up on young children under their care so that they can reach their full developmental potential. By placing a special emphasis on the wellbeing of the caregiver, the EP also aims to improve caregiver status and behavior, thus improving the caregiving environment to achieve optimal child development.

From a programmatic standpoint, the EP puts forth an age and developmentally appropriate model for holistic programming for young children and caregivers that will enable program managers and policy makers to make appropriate resource allocations and link the necessary services so that young children can survive and thrive. Furthermore, the model itself is transferable to other vulnerable contexts and provides a roadmap to develop age and developmentally guidelines across the age continuum, especially for adolescents, another known gap in CABA programming.



Three Critical Domains: Child Status, Caregiver Status, & Caregiving Environment

- 1. CHILD STATUS:** By assessing child status, programs will be able to identify critical red flags which may indicate a problem in need of intervention. This could include a child's lack of a consistent caregiver, lack of birth registration, failure to thrive and general poor health.
- 2. CAREGIVER STATUS:** Studies are showing the impact of maternal depression which can severely impact the wellbeing of the child. Self reported stress should be taken seriously by programs as this may indicate larger problems at the household level. Similarly if the caregiver is in poor health, disabled or elderly, he or she may need additional support in order to provide adequate care for their children.
- 3. CAREGIVING ENVIRONMENT:** HIV and poverty often coincide, creating conditions that may pose serious threats to young children. An assessment of the physical and social environment in which the child lives and an understanding of potential protection threats, as well as sources of support for child and family, is absolutely essential when developing programs for this group. The caregiving environment can often provide clues on areas for improvement and available resources (for example, other family members or neighbors) at the household level that support healthy growth and development of children.

The EP is concerned with three levels of impact: Child Status, Caregiver Status and Caregiving Environment. Interventions targeted at these three levels are intended to lead to measurable changes in wellbeing of children while also improving the environment in which children grow, learn and develop. Indicators across all the domains give program managers an opportunity to better understand the impact their programs are having on children and their caregivers. The Comprehensive Checklist should be utilized to gather this information at critical points during program implementation.

| | |
|--------------------------------------|---|
| <p>Child Status</p> | <ul style="list-style-type: none"> ■ % of children who are able to reach their developmental milestones that are appropriate for their age ■ % of children who have been active and healthy in the last month ■ % of children who have all age-appropriate immunizations ■ % of children who receive the necessary health services when ill ■ % of children who are registered/birth card ■ % of children who have adequate food that is appropriate for their age ■ % of children demonstrating attachment with primary caregiver ■ % of children who are enrolled in an education program appropriate for their age |
| <p>Caregiver Status</p> | <ul style="list-style-type: none"> ■ % of caregivers reporting good health ■ % of caregivers who feel down, depressed or hopeless ■ % of caregivers who have access to a support system ■ % of caregivers who have access to a viable livelihood |
| <p>Caregiving Environment</p> | <ul style="list-style-type: none"> ■ % of children who have at least one consistent adult caregiver who is responsive to their needs ■ % of children who live in a safe and hazard free environment ■ % of caregivers who provide their children with play materials ■ % of community support systems for vulnerable families |

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Visit **www.OVCsupport.net** and
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