

# **AFRICAN EARLY CHILDHOOD DEVELOPMENT CONFERENCE - CAPE TOWN – OCTOBER 2008 'BEST PRACTICE IN EARLY CHILDHOOD DEVELOPMENT IN AFRICA'**

## **AIDS AND THE VERY YOUNG CHILD – REFLECTIONS ON THE INTERNATIONAL AIDS CONFERENCE IN MEXICO AND ITS IMPLICATIONS FOR ECD**

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Education**

### **BACKGROUND**

TREE Director, Pam Picken, was sponsored by the Bernard van Leer Foundation and Rockefeller Brothers' Fund to attend and present at the International AIDS Conference and the prior C-CABA Children's Symposium held in Mexico City in August 2008.

### **C-CABA CHILDREN'S SYMPOSIUM**

C-CABA (Coalition on Children Affected by AIDS – a grouping of international donor organisations) hosted a Children's Symposium entitled 'Action Now, Action How'. It was attended by 570 delegates from 70 countries, and its objective was to share knowledge, create space for dialogue and push forward the agenda for children affected by AIDS.

There were a number of excellent plenary sessions, as well as presentations with relevance for ECD. Mrs Picken did a presentation on one of TREE's integrated ECD programmes to develop a model for community based ECD sites to become resources in AIDS affected communities.

### **INTERNATIONAL AIDS CONFERENCE**

This enormous conference was attended by 24 000 delegates from 180 countries. Delegates included medical specialists, academics, researchers, programme directors, donor agencies, policy makers, government ministers & officials. It was opened by such high profile officials as Mr Ban Ki-moon, Secretary General of the United Nations, Dr Chan, Director General World Health Organisation and the Mexican President.

The programme of activities was extensive, but there is still not sufficient emphasis on the impact of AIDS on children. For the first time since the International AIDS Conference was initiated, there was a Plenary Address on Children. This was delivered by Professor Linda Richter from the HSRC (Human Sciences Research Council) in South Africa, and entitled 'No Small Issue: Children and Families'. Professor Richter pointed out that while children are exploited in photos, they are largely invisible in AIDS programming, and there is still very little data on the impact of AIDS on children. They remain 'too small to count; too minor to matter'. She made a strong case, backed up by research, for us to reach vulnerable children through integrated family centred services.

### **KEY CHILDREN'S ISSUES EMERGING FROM THE CONFERENCES TREATMENT**

- AIDS was described as the greatest catastrophe ever to face mankind.

- AIDS infection in children in sub-Saharan Africa has grown 8 fold since 1990, and there are 1200 new infections daily. Currently only 6% of children access treatment. Thus much still needs to be done to prevent vertical transmission (MTCT – Mother to Child Transmission) and provide paediatric anti-retroviral treatment (ART).
- Currently South Africa has an estimated 225 000 HIV+ children under age 5 (Dr J. Kvalsvig – UKZN) Young HIV+ children present with cognitive and developmental delays, and without treatment their prognosis is very poor. Early diagnosis and treatment is critical.
- In the West, AIDS is now seen as a chronic but manageable disease needing life long treatment. It is no longer viewed as a death sentence.
- Treatment for children must be accessible and reliable, as well as sustainable long term.

## **CARE AND SUPPORT**

- There was strong emphasis, backed by research done by eminent researchers worldwide that are part of the JLICA (Joint Learning Initiative on Children Affected by AIDS) network, that families must be the starting point, and that countries need to provide integrated services to families, that would include psycho-social support. Rwanda has adopted this approach.
- It was pointed out that in the context of AIDS, 37% of mothers are experiencing maternal depression, which seriously compromises their relationship with and care for their babies.
- There was a strong move away from the focus being on orphans to the focus needing to be on vulnerable children.
- It is felt that the term 'orphan' leads to further stigmatisation, as well as the exploitation and commodification of orphans. In some communities they are viewed as 'lucky orphans'.
- In fact 80% of children classified as orphans do in fact have one surviving parent, and the focus needs to be on re-uniting, supporting and resourcing families to care for their children.
- 25% of children in sub-Saharan Africa lose a parent before age 5, emphasizing the critical need for psycho-social support programmes.
- Young children's dependence on at least one consistent caring adult for survival, protection and development makes them particularly vulnerable to the impact of HIV/AIDS on their family members. Parents and caregivers need to be kept alive.
- Each country needs to have a comprehensive and sustainable treatment and social safety system to support caregivers.
- There was a passionate call for a commitment to universal access to prevention, treatment, care and support for children and families.

## **BOTSWANA – A SUCCESS STORY**

- Botswana has identified the fight against HIV and AIDS as a national priority, and has accorded it priority attention & resources.
- They have achieved universal access to ART for all their citizens, and have reduced vertical transmission (MTCT) from 40% in 2002 to under 4% in 2008. These are significant achievements. (Ms Elizabeth Mataka – United Nations Special Envoy on HIV/AIDS in Africa).
- The Envoy made the point that the Botswana government has zero tolerance for corruption & ensures that state resources are predominantly spent on health and education, not arms!
- If Botswana can do it – so can we all!

## **SOME ISSUES RAISED**

- Important role played by family workers at household level, including Community Health Workers and Home Based Carers & the need for ECD to link into these programmes.
- Important role that must be played by communities, NGO's, CBO's and FBO's. (NGO – non-government organisation; CBO – community based organisation; FBO- faith based organisation.)
- C-IMCI is an important strategy to address the impact of AIDS on young children. (IMCI – Integrated Management of Childhood Illness is a World Health Organisation strategy that has been adopted by South Africa's Department of Health. The C (community/household component) comprises 16 key family practices that cover nutrition, hygiene, early identification of illness, HIV/AIDS, the Road to Health card, growth monitoring, immunisation & supplementation, as well as early stimulation.
- A controversial suggestion was made that a child's HIV status be recorded on his or her Road to Health card. This should spark debate about the right to confidentiality versus the child's right to life!
- Research needs to be done to provide the evidence of what works, so that best practice programmes can be integrated into government service delivery.

## **SHARING TREE'S EXPERIENCES IN DEVELOPING BEST PRACTICE ECD PROGRAMMES TO MEET THE CHALLENGES FACING YOUNG CHILDREN IN THE CONTEXT OF AIDS**

As poverty and HIV/AIDS are the key threats to young children in KZN, TREE has been at the cutting edge of developing strategies to combat these threats.

## **CURRENT STATUS OF YOUNG CHILDREN IN KWAZULU-NATAL**

- KwaZulu-Natal (KZN) is home to almost ¼ of South Africa's children: 1.5 million under age 6.
- 69% of these children live in conditions of severe poverty.
- Almost 23% are stunted as a result of malnutrition. (Dr Kvalsvig – Nelson Mandela School of Medicine – TREE - REACH Research Report)
- Approximately ½ have no birth certificates, which prevents their caregivers from accessing state grants.
- Less than 15% attend any form of ECD programme (Audit of ECD Provision – 2000)

## **PROFILE OF TREE'S INTEGRATED FAMILY BASED ECD PROGRAMMES**

While TREE has a number of integrated ECD programmes training and working with all the stakeholders in community based pre-schools throughout the province of KZN, it has also initiated a number of family based ECD programmes to try and reach, at household level, those vulnerable young children who do not have access to any form of ECD. Some examples of these follow:

### **IZINGANE ZETHU (Our Children)**

IZI Programme is a partnership between TREE, The Valley Trust, LETCEE, Nelson Mandela Children's Fund and the Centocow community.

Family Facilitators work at household level with young children and their families, who have been identified as particularly vulnerable by Community Childcare Forums. The

household entry is through play, and families are supported to access documents, grants, healthcare and other government services. The Family Facilitators receive on-going training in ECD, C-IMCI, psycho-social support and TREE's Parenting Programme. IZI children attend community based ECD sites on Open Days. Community Rehab Facilitators support families with disability. There is municipal support. The IZI programme links into other HIV/AIDS initiatives in the community.

### **KUSASELIHLE INTEGRATED ECD INITIATIVE (KIECDI) (Kusaselihle – Our Tomorrow)**

The KIECDI programme is a partnership between TREE, UNICEF, the Nkandla Municipality and the communities in 2 municipal wards.

It was initiated to pilot building the capacity of community based pre-schools to become resources in AIDS affected communities. ECD sites are linked to Family Facilitators who work at household level supporting vulnerable young children and their families in much the same way as IZI. Additional support is given in the context of HIV/AIDS. There has been extensive capacity building in ECD, C-IMCI, psycho-social support and TREE's Parenting Programme. Family Facilitators keep a database of vulnerable children and track access to services. Community Childcare Committees identify vulnerable households and monitor access to services.

The ECD sites have adopted a more holistic role, offering information on access to government services; becoming clinic and immunisation sites; including vulnerable young children in regular Open Days; running parenting and toy making programmes; and implementing their HIV/AIDS policy, amongst other things.

There is strong support from the Nkandla Municipality. ECD and Children's Rights are integrated into their IDP (Municipal Integrated Development Plan) and they have committed resources to build ECD sites. The KIECDI Project Manager has been employed by the municipality to fill the Children's Rights & HIV/AIDS Desk. A Multi-Sectoral Stakeholders' Forum meets bi-monthly to address challenges facing children and blockages to service delivery.

### **SIYAFUNDISANA (We Learn Together)**

Siyafundisana is a partnership between TREE, Bernard van Leer Foundation and 16 rural communities.

It is an informal playgroup programme, where caregivers and their young children gather regularly at a community venue for play and early stimulation. Abaholikazi (women leaders) trained by TREE in ECD and TREE's Parenting Programme facilitate a playgroup session encouraging caregivers to engage in play with the children. After tea, caregivers attend TREE's non-didactic Parenting Programme, where they have an opportunity to 'grow' their understanding of child development and children's rights & needs, as well as discuss parenting issues of importance to them.

Abaholikazi also visit & support vulnerable households. Community committees support the programme, and there is an element of income generation through Self Help Groups.

### **SOBAMBISANA (Joining Hands)**

This is a new integrated ECD initiative in partnership with the D.G. Murray Trust and 4 other ECD NGO's (ELRU, CECD, Ntataise and Khululeka), each of whom has adopted a different approach to increasing vulnerable young children's access to quality ECD.

TREE's approach is to have Play Facilitators, linked to community based ECD sites, who will initiate and support at least 10 playgroups run by caregivers. In Sobambisana, the playgroup programme will be **structured** to ensure the children have access to key learning experiences. The programme will be researched and documented by TREE, with support from HSRC (Human Sciences Research Council). ECD site programmes and Grade R classes will be supported to improve quality.

## **IMPLICATIONS, KEY CHALLENGES AND OPPORTUNITIES FOR THE ECD SECTOR**

Both conferences affirmed that TREE and other ECD NGO's integrated family based ECD approaches are in line with current best practice thinking.

However, there are implications, challenges and opportunities for the ECD sector to consider:

- **The ECD sector needs to have a stronger focus on children from conception to age 3**, and supporting caregivers to meet their rights and needs. The latest research shows that the greatest period of brain growth takes place from conception to age 2, and damage is very difficult, if not impossible to reverse. We need to find a way of reaching pregnant mothers.
- HIV/AIDS is such a catastrophe facing the majority of young children, that the ECD sector needs to ensure that **HIV/AIDS information and strategies are integrated into all their courses and programmes**, and not just a stand alone elective.
- The ECD sector needs to ensure that we support parents/caregivers to **identify, test and treat young children at risk of HIV early**, become treatment literate and support adherence to ART treatment.
- How do we **link ECD to PMTCT?** (PMTCT – Department of Health Prevention of Mother to Child Transmission)
- We need to ensure that **strategies for psycho-social support** for children and caregivers are integrated into all our programmes.
- The ECD sector needs to develop best practice models of **integrated family based ECD programmes**, that see the child firmly rooted in the family, and the family in the community. We need to ensure that our community development approach is participatory and appropriate.
- We need to ensure our programmes are firmly grounded in a comprehensive **Child Rights approach** that addresses the child's right to survival, protection, development and participation.
- We need to support **ECD sites** to have a broader vision and understanding of their important role **as resources in AIDS affected communities**, for vulnerable young children and their families. We need to support them to design and implement strategies accordingly.
- We need to research our ECD programmes through **more effective monitoring, evaluation and documentation**, so that we can provide evidence of impact and develop advocacy strategies.
- We need to look at our role as **ECD NGO's in piloting best practice integrated ECD programmes** and advocating for these to be **taken to scale and resourced by government** so that they can impact on improving the lives and education potential of the critical mass of young children.

I believe that ECD is coming of age in South Africa. Never before has the environment been so ripe for ECD programmes to demonstrate what can be achieved. South Africa's

government and the ANC ruling party have verbalised strong political commitment to ECD; we have some excellent legislation and policies in place; we have a National Integrated Plan for ECD. The challenge remains how to make these translate into programmes that will change the daily lives of the critical mass of vulnerable young children.

Let us take hands with government & demonstrate what works!

## **PROFILE OF TREE**

Established in 1984, TREE (Training and Resources in Early Education), is the largest non-profit ECD Resource and Training Organisation in South Africa. TREE's staff of 60 and 120 volunteers, work throughout the province of KwaZulu-Natal and adjacent Eastern Cape areas, to build the capacity and support adults who care for young children, to implement appropriate ECD programmes.

In 2005, TREE was one of 3 finalists for the international Oscar van Leer ECD Award for its Siyafundisana ECD Programme. In 2007 TREE won the National ABSA/Sowetan ECD Award for ECD Resource and Training Organisations.

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# TREE VISION FOR COMMUNITY BASED CHILD & FAMILY SUPPORT CENTRES

To meet the rights and needs of young children, orphans and vulnerable children for survival, protection and development  
(Please see this as a social web operating from whatever structures & buildings that exist within the community)

