Integrated Early Childhood Development in the context of HIV/AIDS

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Child, Youth & Family Development

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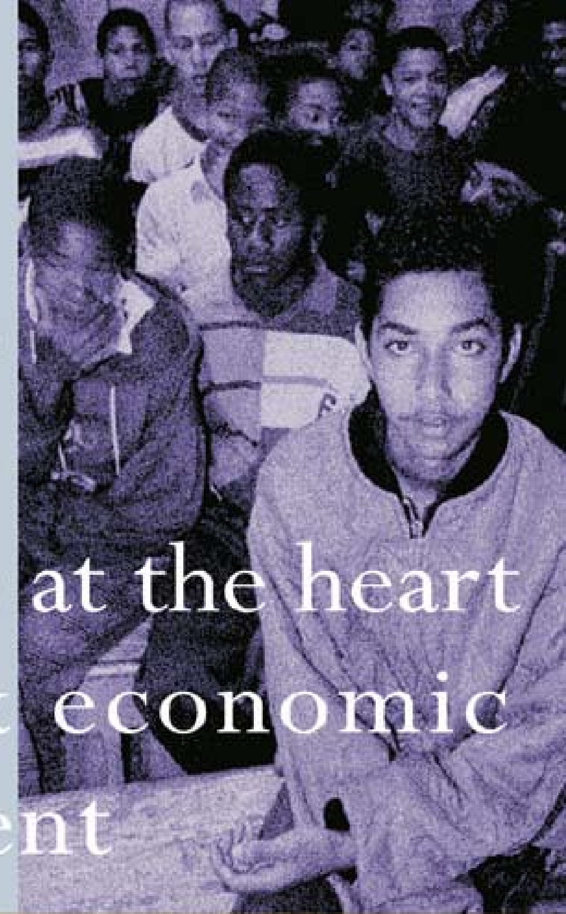

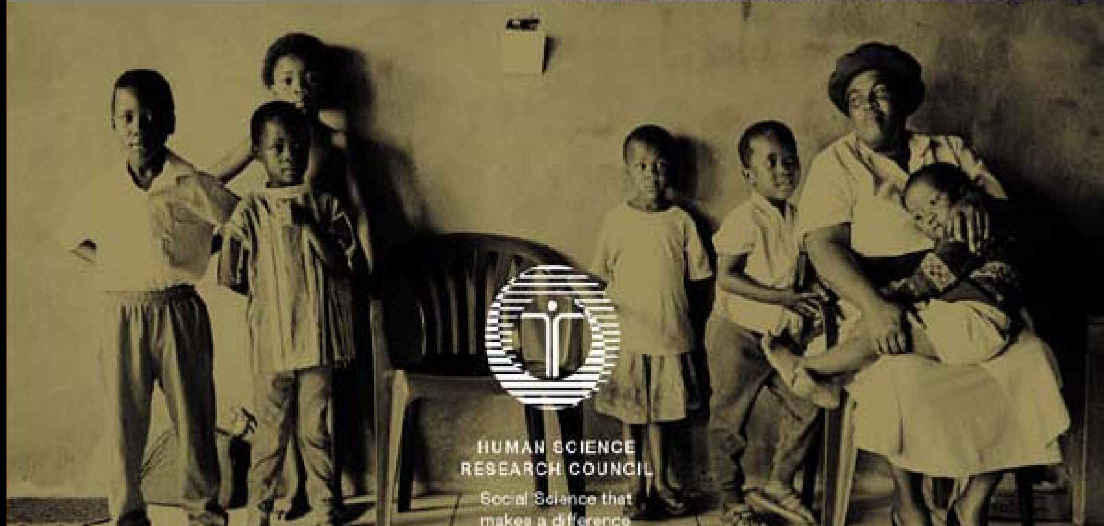

Points to be Covered

1. South African ECD policy context
2. ECD in the context of AIDS
3. Priorities for children in the 0-9 period
4. Stay vertical or go integrated? HBC (Home-based care) meets CABA (Children affected by HIV/AIDS)

Key Aspects of SA Integrated ECD Policy

Multi-sectoral *holistic* approach involving 3 Sectors:

Education — Focus: 6 – 9: (Grade R & Primary School).

Welfare — Focus: 0-5: Support for ECD Centres 3-5 yrs; CSG; Support for CABA.

Health — Focus 0-5: Free health care to children > 6yrs & their mothers; free MTCT for HIV+ pregnant women; free school meal for children at means tested schools and registered ECCD Centres.

Service provision is dependent on 9 Provincial Budgets and ability to deliver on policies (highly variable).

Research Evidence: Impact on ECD when the caregiver has AIDS

1: Compromised caregiving:

Lowered vigilance re. Child health & well-being; malnutrition; Attachment deficits

2: Economic shocks:

Food insecurity; malnutrition; school fee problems

3: Schooling:

Work affected; exclusion; drop out

4: Increase in domestic responsibilities:

Less time for school and recreation (girls in particular)

5: Stigma:

Social exclusion, bullying; emotional distress

Research Evidence: Impact on the Child: Loss of caregiver

1. Economic vulnerability: food insecurity; reduced access to health care and social services
2. Emotional shock, depression, low capacity for school work & reduced *s*ocial networks
3. Increased vulnerability due to low levels of supervision and monitoring
4. Leave school to care for young children
5. Loss of home, and increased mobility between places of residence

Research Evidence: Impact of being HIV+ on women's caregiving roles

- Parenting decisions such as disclosure of their condition to their children, and dealing with the daily challenge posed by physical symptoms to their ability to effectively parent.
- Fear that children would be stigmatised by their parent's diagnosis and their failure to protect children from disruptions in caregiving.

Research Evidence: Impact of being HIV+ on women's caregiving roles

- Strong need to maintain their parental status due to the value placed on the role, by the woman (and by their communities).
- Associated with:
  - reluctance to give up their caregiving role despite their illness
  - reluctance to seek assistance
  - being upset when they were unable to fulfill their parental responsibilities
  - clinging to the hope of living to see their children grow

So: Early Childhood Matters

- Early childhood matters: It is *the* platform for future *healthy* development and also positive *psychosocial* development;
- The evidence shows that a range of child care capacities in women with AIDS are likely to be compromised;
- This poses *significant* risks to ECD and long term development.

Support for Children during early childhood: The role of HBC?

- Origin of HBC: Need to provide (medical) care to PLWHA
- Traditionally, HBC has focused on the ill adult and not the children
- Traditionally, programmes for Children Affected By AIDS (CABA) have focused on the the well-being of the children
- The result – often parallel, separate and vertical HBC and CABA interventions
- Not an optimal approach to ensuring + ECD

Benefits of the integration of HBC and CABA (Children & HBC - SAAT 2004)

Addressing :

- The sick carer's concerns about family issues
- The carer's concerns about the children
- The needs of affected children prior to parental death

Providing:

- Continuity of care after death & facilitating improved planning for death and the future care of children
- Children with skills for current and future coping

Benefits of the integration of HBC and CABA (Children & HBC - SAAT 2004)

Building on:

- Traditional ways of caring, coping [and dealing with illness & death] (holistic not vertical);
- The expertise of carers and broadening their skills;

Aligned with:

- the integrated policy approach to ECD

And:

- Improved cost-effectiveness

A key outcome of this meeting is

"Strategies and actions defined for accelerating the institutionalisation of CHBC programs (including the "Kit Initiative") at different levels of health care services within the context of 3x5"

What does this mean for strengthening ECD in the context of AIDS?

- Support caregivers so as to reduce social isolation, reduce the risk of depression and address concerns about the current situation of children *and* their future
- Support *the others* who care for young children in the household and those who care for the mothers/caregivers
- Improve caregiver's *and other household members capacity to be aware of the physical and emotional needs* of (particularly) young children (ICDP sensitisation approach)
- Mainstream the integration of HBC & CABA

A Plea for a large scale approach to Integrated HBC and CABA

- Too many initiatives are *small-scale* and vertical (psychosocial focus; health focus)
- There is too much *competition* (for funding) between small scale initiatives leading to fragmentation
- Too much reliance on *volunteers* who are destitute themselves. Is this the answer….. Is the state abdicating responsibility….Does this not increasing the burden on women?
- Is a volunteer approach truly sustainable?

Finally (with credit to: "From neurons to neighborhoods")

- "All children are born 'wired' for feelings and ready to learn;
- Early environments matter and nurturing relationships are essential."
- Neglecting ECD in the context of *poverty and AIDS* will have huge social costs.
- Please place care for caregivers, children and households in the context of care for those *living in deep chronic poverty*….
- Minimise the risks of targeting!