OPERATIONAL GUIDELINES FOR SUPPORTING EARLY CHILD DEVELOPMENT (ECD) IN MULTI-SECTORAL HIV/AIDS PROGRAMS IN AFRICA

UNAIDS **The World Bank** **UNICEF**

Preface

HIV/AIDS is the leading cause of death in sub-Saharan Africa. By the end of 2002, nearly 30 million Africans were living with the virus[1]. In 2001, 12 per cent of sub-Saharan African children were orphans, and because of AIDS, the number of orphans is growing rapidly. More than 34 million children in the region are without parents, 11 million of them due to AIDS[2]. One key concern is meeting the increasingly difficult circumstances of children, families, and communities affected by HIV/AIDS.

Africa has the youngest population in the world. Approximately 130 million children in sub-Saharan Africa (20 per cent of the total population) are seriously vulnerable because of HIV/AIDS. Access to health care is low, infant mortality is the highest in the world, and children are dying from preventable childhood diseases. More than 95 per cent of young children in Africa do not have access to early stimulation programs, care facilities or non-fee paying preschools.

There has been growing recognition in Africa and in the donor community that not only future success, but survival, will depend on a comprehensive development-oriented effort that is focused on family and communities. Increasingly, this approach is the centerpiece of national strategies to contain HIV/AIDS. One strong support for this strategy has been the World Bank. By early 2002, the World Bank Board had approved a level of US$ 1.0 billion for the new Multi-Country HIV/AIDS Program (MAP) for Africa. Well over US$ 0.7 billion has been committed in 22 countries, and 12 additional African countries are preparing new MAP projects. These funds are initial resources for a 12-15 year program of support by the World Bank. Virtually all technical UN agencies are engaged, as well as bilateral agencies; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and non-governmental organizations.

This document explains why services that address young children's needs are essential and how they may be fully integrated within the framework of a national multi-sectoral HIV/AIDS program. The World Bank and the United Nations Children's Fund (UNICEF), and the Joint United Nations Program on HIV/AIDS (UNAIDS) are collaborating in this initiative. It is the first step in a larger plan of cooperation among agencies to ensure young children the best start in life.

These guidelines will be shared across ECD and HIV/AIDS network groups; feedback is welcomed electronically at eservice@worldbank.org and at pengle@unicef.org.

[1] UNAIDS
2 Children on the Brink 2002

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral therapy
BCC	Behavioral change communication
CBO	Community-based organization
CSO	Civil Society Organization
ECD	Early child development
FBO	Faith-based organization
GOM	Generic Operations Manual
HIV	Human immunodeficiency virus
IEC	Information, education, communication
MAP	Multi-Country HIV/AIDS Program for Africa
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MTCT	Mother-to-child transmission
NAC	National AIDS Council
NAS	National AIDS Secretariat
NFE	Non-formal education
NGO	Non-governmental organization
OVC	Orphans and other vulnerable children
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
TOR	Terms of Reference
TOT	Training of trainers
UN	United Nations
UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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A. INTRODUCTION

These guidelines provide direction for incorporating activities directed at infants and young children into HIV/AIDS programs in high or low prevalence countries in Africa. In the former, the numbers of children are overwhelming. In low prevalence countries, the guidelines present an opportunity to address this group effectively before the problem becomes insurmountable. Effective, broad-scale interventions to assure the healthy physical, emotional and cognitive development of young children are urgently needed in sub-Saharan Africa and should be an essential component of any well-designed, integrated national program to prevent and reduce the impact of HIV/AIDS.

In this guide, infants and young children affected by HIV/AIDS refer to pre-primary school-aged children (0 to approximately 8 years) who are infected with HIV or have been made vulnerable by AIDS because of circumstances in their communities and families.

Early Child Development (ECD)

Every child should have a good start in life.

In *A World Fit for Children*, the outcome document of the UN Special Session on Children, 180 countries agreed that every child should have a nurturing, caring and safe environment – to survive, be physically healthy, mentally alert, emotionally secure, socially competent, and able to learn. Early child development refers to all of these aspects of development.

Not only are health and physical growth essential, but also a child's psychosocial development in these earliest years. "In early childhood, patterns of behavior, competency, and learning are initiated and established; socio-environmental factors begin to modify genetic inheritance, brain cells grow in abundance…."[3] Development is holistic. Progress in one area affects progress in others. Any significant gap can have a negative impact on life-long development.

The effectiveness of interventions to promote the growth and psychological development of children is well documented. As described by UNICEF, early childhood 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. Community-based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development.[4]

[3] Mary Eming Young, *From Early Child Development to Human Development:*The World Bank, Washington, D.C., 2000, p. 3
[4] The State of the World's Children 2001

About these guidelines

Who are these guidelines intended for?

This Guide is principally for:

- HIV/AIDS practitioners—National AIDS Council (NAC) and National AIDS Secretariat (NAS) members and staff, HIV/AIDS task teams and managers of multilateral and bilateral programs, line ministries with responsibility for young children, refugee camp managers, heads of civil society organizations, community leaders, and individuals in the public and private sectors who are engaged in development of national policies and strategies in high and low prevalence countries;

- Staff of multilateral and bilateral donor and technical agencies;

- Planners of HIV/AIDS and life skills (life saving knowledge) education programs interested in adapting these guidelines to address the needs of young children in their work.

What these guidelines attempt to do

These guidelines:

1. Provide guidance to develop national ECD policies, programs, and interventions that address young children infected with and affected by HIV/AIDS, multi-sectoral ECD approaches and ways to advocate, implement, monitor, and evaluate these efforts;
2. Include suggestions for interventions to support young children infected with and affected by HIV/AIDS;
3. Serve as a resource for other national HIV/AIDS program topics directly or indirectly concerned.

They do not:

1. Address technical issues in-depth or cover the period immediately before birth and immediately after birth. Antenatal or perinatal care, such as prevention of mother-to-child transmission (PMTCT) are pertinent to the health and well-being of young children; they are treated in depth elsewhere.
2. Provide information on management aspects of the national HIV/AIDS program, such as financial, procurement, reporting, and super-vision activities.
3. Address the issue of access to basic education.

Why include ECD activities in HIV/AIDS programs?

Early childhood is the most rapid period of development in human life. For good or ill, the period 0 – 8 has an enormous affect on the future health, cognitive development, cultural attitudes and productivity of the individual. Over the last two decades the impact of HIV/AIDS threatens to undermine achievements made in child health and education in sub-Saharan Africa over the same period.

Whereas most HIV/AIDS programs cite coverage for children of all ages and have at least the potential for benefiting 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 lacking the essential care needed to develop their full potential, young children affected by HIV/AIDS will not have the skills or be equipped to lead productive lives and be better able to respond to and participate in HIV/AIDS prevention activities. Their rights will not be realized as expressed in the global goals of the United Nations Special Session on Children and the Convention on the Rights of the Child which are detailed in Annex 1. An investment at this stage in ECD-HIV/AIDS actions would have multiple benefits for both the individual and the society in the long-term.

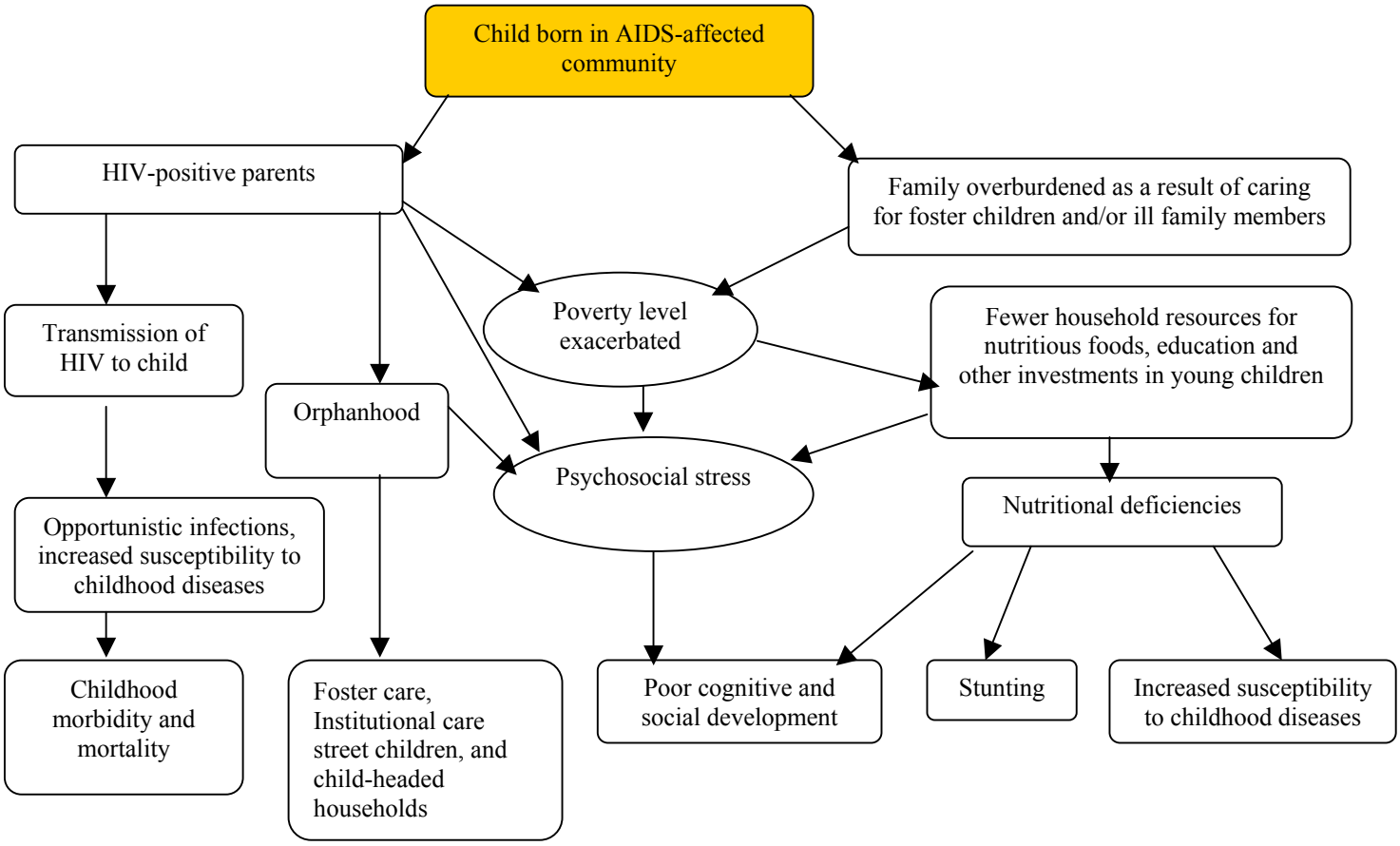
Early child development programs are now recognized as a powerful economic investment. Investments in ECD will not only pave the way for improving individuals' health, mental and physical performance, and productivity, but, in a major way, will help minimize or even prevent a host of related social problems,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

Integrating ECD actions in 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 raises the potential for convergence of services in the most affected areas, and for scaling up ECD activities. Such linkages ensure that the best interests of all children are served.

The flow diagram below illustrates the negative implications of young children being born into AIDS-affected communities, or at high risk because of special circumstances.*

* Some children in affected communities are not born into either a household with HIV-positive parents or overburdened families, although the effects of poverty compound the problems of children born in AIDS-affected communities.

Figure 1: Young Children Born into AIDS-affected Communities



Potential beneficiaries

The potential, direct beneficiaries of ECD-focused activities in AIDS-affected countries include:

- Young children who are HIV-positive;
- Orphans and unaccompanied children;
- Young children whose parents are ill with HIV/AIDS;
- Households with young children that are headed by children or destitute caregivers (e.g., elderly, sick, very poor parents);
- Households with young children whose caregivers/family members are handling foster children and/or sick and dying family members;
- Women receiving services that provide access to information on HIV/AIDS;
- Young children in institutions;

- Young street children;
- Young children in special situations such as refugee or internally displaced person camps;
- Parents and caregivers of young children;
- Communities where the threat of HIV/AIDS is present.

The benefits of these interventions are substantial. For example, ECD HIV/AIDS activities

- Empower the members of communities to recognize and support their most vulnerable residents - typically women, infants and young children.
- Help disadvantaged children in AIDS-affected households by improving their achievement in life skills.
- Address the intersecting needs of women, adolescent girls and children such as the competing demands for childcare and attendance at school.
- Provide safe childcare.
- Serve as a strong vehicle for HIV/AIDS prevention messages for adult caregivers.
- Educate and empower caregivers to offer a holistic environment for young children to thrive and become healthy, productive adults.
- Facilitate the participation of communities in formal and informal economic activities, which generates additional household income to care for young children and sick or dying household members.

B. EARLY CHILD DEVELOPMENT IN HIV/AIDS ACTIVITIES

General considerations

The situation in a particular country or community should dictate the intervention. Each country's vulnerability varies and reflects specific socio-economic situations and cultural differences. Rural areas and urban settings will require different responses because the levels of access to information and health services are not the same and community structures are different. Some ethnic groups may have their own cultural attitudes and behaviors. And areas with a high prevalence of HIV/AIDS will have different needs compared with areas of low prevalence.

Of particular importance to infants and young children is the availability of support and treatment that can help ill caregivers live longer and more comfortably to continue caring for their children. Examples of support to caregivers infected with HIV may include psychosocial counseling, health/prevention education, material support and access to ARV and drugs to treat opportunistic infections.

Stigma is one of the greatest barriers in effective implementation of ECD HIV/AIDS programs. An inclusive approach, placing emphasis on all vulnerable children, can reduce its impact. Clear messages of acceptance in multi-media IEC/BCC programs and the selection of national and local champions who oppose stigmatization and discrimination can help break down the barriers.

Ideally, the prioritization of these interventions should be founded on an analysis of the following:

- Existing resources and services available in the community;
- The likelihood of the intervention to respond quickly;
- The scale of the problem; (How many children are vulnerable and in which ways?)
- Opportunities to strengthen family and community capacity to protect and care for vulnerable children;
- Potential costs and sustainability of the interventions;
- Extent of community ownership;
- Quality of health care and psychosocial care available;
- Coping mechanisms in the local setting; (How is the community addressing the orphan problem? If family placement is not already available, can it be created?);
- National and local traditions, knowledge, attitudes and practices.

In defining the baseline for ECD HIV/AIDS interventions and selecting particular approaches, program planners typically consider two major aspects:

- Priority groups that will benefit;
- The potential impacts, costs, and required scale of different approaches and types of interventions.

A simple checklist for evaluating the options for investing in young children affected by HIV/AIDS and their caregivers follows:

- ✓ Will the health and psychological development of the child improve as a result of the intervention?
- ✓ What is the family and community responsibility for the intervention?
- ✓ Will services be delivered within one year after the initiation of the effort?
- ✓ What are the relative costs per child for the intervention compared with alternatives that have already been studied and the projected ways that children would benefit compared with alternatives?
- ✓ What is the likelihood that the basic health, social welfare, and other services can be scaled up?
- ✓ What is the likelihood that the constraints of human resources (i.e., need for skilled staff and/or trained volunteers) can be overcome?
- ✓ Are NGOs involved in the community and are there linkages with other institutions?

Priority groups

HIV-positive young children. Young children infected with HIV present enormous challenges to their caregivers. Children who are HIV-positive are more vulnerable to the usual childhood diseases. Their care is more time-consuming and labor-intensive than the care of children who are not HIV-positive. As a result, health workers and family members are often reluctant and ill equipped to care for HIV-positive children.

Children in HIV/AIDS households. Children who are not themselves HIV-positive but living in a household where parents or caregivers are ill are a priority group. They are affected by the loss of income, shifting attention, less care, social stigma and limited access to early childhood programs as a result of the family's coping mechanisms.

Young orphans. Orphaned children of pre-primary school age who have lost one or both their parents may be cared for by extended or foster families, older children or elderly grandparents, or in institutions. They may sometimes live on the street. Some are temporarily settled in a refugee camp, resettlement site, or camp for internally displaced people. Commonly, these traumatized young children, and especially those whose parents are suspected of having died from HIV/AIDS, suffer stigma and discrimination.

Other vulnerable young children. Poor children who live in AIDS affected communities are increasingly vulnerable. Most at-risk children lack access to basic social services. Children who suffer physical and sexual abuse and

exploitation, abandoned children, those who find their way to the streets, need protection and support and prevention information.

Increasingly, more children under age 8 in AIDS affected communities need to be educated about HIV/AIDS because of sexual behavioral patterns, abuse and exploitation. Those who do not experience the disease through the loss of family or friends will learn about it from older siblings, peers, and the media. Pre-school aged children must be educated about HIV/AIDS, which may pose multiple challenges to traditional ideas about teachers' roles and about teaching in early childhood.

Child-headed households. Support for households headed by children can help keep siblings together in a family home, generally, a preferable alternative to an institution. In communities where child-headed households are inevitable, the support of community members can effectively help sustain an acceptable quality of life for the children in the household. Children who are caregivers often suffer tremendous stress because of their responsibilities and the loss of parental support. Commonly, these children must drop out of school to support younger children.

Elder-headed households. Grand-parents and other elders who may be too old to care for young children adequately often become responsible for caring for children orphaned by AIDS. Their household resources are usually meager, they may be sickly, and may lack any means of income to support a new family of young children. Reaching these households is a major challenge as many have disengaged from community life.

Parents. Potential parents, parents who are ill but caring for healthy young children, and healthy parents caring for young foster children need to be aware of the vulnerabilities of young children and how they must be protected against HIV/AIDS. Parents that are infected with HIV need additional support to be able to provide the care their children need for healthy growth and development. Young children infected with HIV most likely acquired the disease vertically (i.e., transmitted perinatally), and most parents feel guilt and often need emotional support. Parent support groups that address the guilt, stigma, shame, social isolation, and discrimination associated with HIV, as well as the planning of a child's future if parents die can benefit both parents and children.

Parents with HIV/AIDS who are also caring for young children who are HIV-positive have a double burden. Keeping parents healthy is an important part of maintaining children's good health. Activities that provide a respite for these parents and free time to receive treatment and to participate in pro-ductive efforts, (such as food production or income-generating activities) will benefit their children.

Women. Most of the workload to care for young children affected by HIV/AIDS falls on women and girls. They bear the brunt of stigma, rejection by the community, and suffer discri-mination under inheritance laws. Reducing their burden and improving the quality of life in the household through outreach services and economic

activities can help revitalize AIDS affected communities.

Vulnerable communities. Communities often rally around activities that are designed to provide care for children and support their guardians. The motivation comes from a variety of sources: compassion, religious commitment, and belief in reciprocity among them. Ways to enhance the community's capacity to identify and address priority issues need reinforcement. Community-based organizations, religious groups, respected leaders and individuals of the community all are key actors/ stakeholders in community mobilization and empowerment.

Targeting

Generally, countries with advanced epidemics will best be served if ECD HIV/AIDS interventions target the most vulnerable geographic areas, communities, and population groups and, within each community, the most vulnerable children and households. A carefully planned sequencing of programs of community awareness and selected interventions will distinguish efforts that are successful (i.e., reach the targeted beneficiaries without adverse effects) or disastrous (i.e., have unintended negative consequences.

The approach taken in targeting activities is probably the most important factor in their success, rather than the targets themselves. The approach should build on a situational and/or community assessment or assessments that involve the community, NGOs, children and adolescents. In this process, the entire community and the individuals affected will participate in identifying those most vulnerable and in need of ECD HIV/AIDS interventions (See annex 6 for electronic links to some assessment tools).

In AIDS affected communities, orphanhood is likely to be a major factor that residents will consider when deciding who is most in need. But targeting services to "AIDS orphans" is labeling that causes stigma, jealousy, and misrepresentation. It is better to first target geographic areas where children and families are at particular risk because of AIDS and other factors, and then help people locally to define the factors that determine individual vulnerability.

Examples of negative efforts include provision of food-subsidies for HIV-positive mothers of young children that create stigma for the mothers as well as resentment by other mothers who have vulnerable children and do not benefit from the intervention. Program planners can mitigate the potential for negative effects if they carefully and thoughtfully consider all the key variables of an intervention, consult the community, and educate them about HIV/AIDS and the value of the proposed activity.

Another problem that comes when an outside agency imposes its own criteria (such as orphan status) is that this approach undermines community ownership of the problem and responsibility for action. The continuity of community efforts to assist a group of beneficiaries that an outside group wants to target is likely to depend on the continued provision of resources by the outside group. If the resources stop, so will community action, because the intervention was initiated by and is seen

as the responsibility of the outside group.

Interventions

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. While an integrated and coordinated intervention effort is the ultimate goal, realistically, this is likely to only be achieved in stages. Decision-makers should be guided by a combination of data-based analysis and community assessments, coupled with what capacity exists and intervention experience which can be "scaled up". Whatever sector or subject area is engaged, the selection and execution of interventions should take into account the silent dimension of HIV/AIDS stigma, and at a minimum "do no harm".

These guidelines include an intervention matrix that captures the various kinds of interventions, comments on them and provides possible indicators by which to measure results (see pages 13 to 18).

Main categories of interventions

1. **Delivery of services to young children.** Includes but is not limited to: food donations, daycare, educational opportunity, social services, protection, and healthcare.

2. **Education and support for families and caregivers.** May consist of life skills education, counseling, support for parenting programs, HIV/AIDS prevention messages, nutritional, ARV, VCT and PMCT information, economic enhancement activities and psychosocial services.

3. **Training and support of care providers**. Includes capacity building of, and material development for social workers, health workers, and early childhood educators.

4. **Sensitization through the mass media**. May involve a media mix of traditional, inter-personal communication, print, radio and television. It would include, for example, community theatre/drama to spread informative messages on topics that address young children and families affected by HIV/AIDS.

5. **Community mobilization and strengthening of community-based activities.** May include activities to protect and improve the care of children, support for developing partnerships between NGOs, FBOs (faith-based organizations), the private sector and Government and capacity building of community-based organizations.

A suggested intervention package

Although circumstances vary significantly from one situation to another, we attempt to present a suggested package for ECD HIV/AIDS interventions. The "package" does not contain all intervention activities, but highlights the main program interventions and delivery systems.

Main program interventions:

- Placement of young orphans in foster care by appropriate entity in country;
- Local supervision of the conditions for children who are placed with families, including home visits by members of the community;
- Developing family-based care for children who lack family care or who are neglected or abused;
- Monitoring of conditions and performance in institutions that are caring for young children; including daycare - early learning centers;
- Provision of food assistance to households, community-based groups, and institutions supporting young children in communities affected by HIV/AIDS;
- Organization of community crèches to free up caregivers for income-generating activities, education, health care and other key basic support services;
- Support and education of caregivers on topics concerning young children, including the feeding, health, development, and care of HIV-infected and affected children;
- Support micro-finance activities and livelihood/job creation for caregivers involving the private sector in such efforts.

Main delivery systems:

- Contracting with civil society organizations (CSOs) such as NGOs to implement activities through formal and informal community organizations**;**
- Local grants to communities, community organizations and the private sector;
- Delivery of social services by line ministries to ECD providers, in-cluding linking childcare centers to schools and the formal education system;
- Direct international agency, local and international NGOs, and private institution support in the form of food, money, and technical support.

Interventions included in the following matrix have many positive features; all have worked in certain settings.

1. Delivery of services to young children	Indicators	Comments
<u>Food and nutrition:</u>		
Support food donations, including replacement feeding at orphanages, community crèches, daycare, and non-formal institutions in communities heavily affected by HIV/AIDS.	Nutritional indicators improve. Outcome measures for child growth at baseline, mid-term, and final time points include (a) prevalence of low height for age and low weight for height, and (b) progression and retention through primary school.	In impoverished communities, providing food for children in an institution may encourage households to push children into institutional care when no provision is made for the community.
Deliver community food baskets, emphasizing foods for young children.		Food can be requested from the World Food Program or other programs that provide donated commodities.
Deliver nutrition education emphasizing nutritious diet and special needs of different age groups.		Mothers who know they are HIV-positive and choose not to breastfeed deprive their children of essential nutrition in breast milk and should be counseled appropriately how to compensate.
		Nutritional status is compromised, as AIDS becomes more prevalent, because access to adequate nutrition provided by household agriculture, livestock production or income is reduced.
		Children ages 3-36 months may require replacement feeding, which in some cases will be formula.
<u>Crèches, daycare, and non-formal services:</u>		
Construct/ rehabilitate daycare centers in areas with high concentrations of AIDS-affected households.		Construction or rehab might be an appropriate response, but as a first step, it is likely to lead nowhere, unless ongoing support is provided to operate the center.
Improve quality of early childhood programs	Per cent of children receiving early childhood education.	The quality of care must be of central concern; many programs for young children, particularly infants are of very poor quality
Reduce or eliminate daycare fees for young children in communities highly affected by AIDS.	Per cent of HIV-positive children, who need special care, attending centers.	
Establishment of daycare centers supporting the enrollment of seropositive children.	Per cent of young children receiving education about HIV/AIDS.	If the community is not sensitized and involved in the identification of beneficiaries, it could become an example of poor targeting.
Procure educational materials that address HIV/AIDS for preschool-aged children.		
Construct daycare or early learning centers in or near primary schools so that older children who are caregivers can attend school while the younger children are looked after.	Per cent of child caregivers completing school.	Child-headed households are a growing concern in most AIDS-affected communities, and many older children drop out of school to care for younger children.
		The presence of centers positively affects the enrollment of girls in school as they provide childcare services partly liberating older girls from childcare responsibilities in the household.
Enable communities to provide psychosocial support for orphaned child/children.	Social integration and function of children.	Technical support in early child care can be asked of local NGOs.
<u>Health and development:</u>		
Actively promote linkages with existing treatment, care, and support programs for infants and children living with HIV/AIDS.	Per cent of young HIV-positive children who are attending health services and receiving appropriate care.	Because ART regimes are complicated and must be Administered at precise times and with secure food supplies, the training of health workers could be integrated into the program to ensure full compliance.

Basic health and social services, including supplies to health centers. Facilitate provision of integrated services through special activities, e.g., “Children’s Day”.	Per cent of health facilities adequately equipped and staffed.	
Support hospices for terminally ill young children.		High cost per beneficiary.
Develop family-based care that meets children’s physical and psychosocial needs.	Number of young street children.	Ensure that institutions are only a temporary measure until other placements are identified [If the alternatives do not exist, they can be developed.]. One strategy is to encourage policies that provide economic incentives to business or communities to provide for orphaned youth, provide educational training to children, increase the rates of immunization within a community, and so forth. Another strategy is to support communal projects which improve the capacity of caregivers to provide for children
Support Life skills education		Community centers offer potential meeting places for support groups for caregivers or orphans, NFE, training in parenting skills, and skills training for older children.

2. Education and support for families and caregivers	Indicators	Comments
<u>Provide parental education:</u>		
Provide programs for families of HIV-positive children that include nutritional counseling, health education, psychosocial guidance, and early childhood care and education.	Per cent of families who understand the nutritional and psychosocial needs of young HIV-positive children.	HIV-positive children have greater nutritional and psychosocial needs that families need to understand and support.
Support informal parent education on issues pertaining to the care of young children.	Increase of 50 per cent in the number of families where caregivers engage in storytelling, singing, and talking to the child .	Children in AIDS-affected communities are exposed to suffering and negative stress, which threatens their development. Families can be more supportive when they understand how to stimulate their young children positively to ensure their children's holistic development.
Provide HIV/AIDS prevention messages and provide strong linkages with VCT programs.		National and local champions, respected leaders are essential partners in spreading messages.
<u>Provide counseling and support for families:</u>		
Offer counseling on death and dying for HIV-positive parents and guidance on permanency planning.	Per cent of HIV-positive parents who have made wills and who have arranged for foster care and for their child's future in case of their death.	Counseling families in permanency planning and creating family history books or memory boxes for children is therapeutic for both parents and children affected by HIV/AIDS
Counsel mothers on how to prevent their babies from becoming infected.	Per cent of pregnant and new mothers who understand how to take precautions to prevent mother-to-child transmission of HIV/AIDS.	
Support income-generating activities for women.		The income generated can be used to cover the costs of childcare and health services.
Support hospital-based programs, to care for young children while parents receive treatment.	Per cent of children of HIV-positive parents who are attending hospital-based programs.	
Develop educational and therapeutic activities for young children affected by HIV/AIDS, keyed to children's developmental levels, and train caregivers on implementation of these activities .	Per cent of young HIV-positive children who are receiving developmentally specific educational exercises at home.	.
Encourage discussion of the inheritance of properties.		

3. Training and support of care providers (paid or volunteer workers)	Indicators	Comments
<u>Early childhood education:</u>		
Develop/ revise training materials for care providers in ECD programs, to incorporate HIV/AIDS.		The role of educators may have to be modified.
Support in-service training for care providers in ECD programs, to educate them about HIV/AIDS and the particular needs of young children affected by HIV/AIDS.	Per cent of educators in ECD programs who have received in-service training by the end of the project.	Effective training incorporates sensitivities about HIV/AIDS and the delivery of HIV/AIDS services to very young children.
Update guidelines, training, and materials for daycare providers, to prepare them for taking care of young HIV-positive children and other children affected by HIV/AIDS.	Per cent of educators ECD programs who have received HIV/AIDS materials.	To avoid stigmatization, the development/ revision of materials can be accompanied by sensitization campaigns and education on HIV/AIDS .
Provide materials to care providers in ECD programs.		
Life skills education training.		
<u>Community care:</u>		Training may include information on feeding, nutrition, management of pain, and hygiene and protection needs.
Train community health workers on how to manage common complications associated with HIV/AIDS in young children.	Per cent of community health workers trained. Per cent of children receiving HIV/AIDS-related treatment increases.	
Provide medical, social, and psychosocial support services to care providers working with young children infected with HIV.	Per cent of caregivers who have received counseling services.	Care providers of HIV-positive children experience physical and emotional stress and often suffer from burnout.
Train and support case managers to reach out to HIV-positive young children in their region and provide follow-up through home visits.	Per cent of community case managers trained.	
Develop curricula for non-formal education (NFE) that contain information on HIV/AIDS.		
Ensure that daycare providers in non-formal programs have basic counseling skills needed to discuss HIV/AIDS and to refer families to professionals.	Per cent of care providers who receive training in counseling individuals about HIV/AIDS.	

4. Sensitization through the mass media	Indicators	Comments
<u>Develop messages to:</u>		
Foster good caregiving practices for young children (e.g., weaning, nutrition, good hygiene, immunizations, stimulative play), [as contained in guidelines for young children affected by HIV/AIDS].	Radio spots that are pre-tested and produced by the end of the first year of a project. Number of copies of pictorial flyers, billboards and posters that have been pre-tested and produced by the end of the first year.	Effective messages can be communicated through video-spots (to broadcast on local television), highly engaging posters, comic strips, audio messages, drama, community theater and other media materials in the local languages.
Promote the traditional value that "each child is everyone's child."	Numbers of families that have established stimulating play times with their young children.	All project activities should be supported by a communication strategy that focuses on advocacy and raising awareness to change behavior that has adverse affects on child development. Communication plans should be developed with the participation of multiple HIV/AIDS stakeholders including national and local champions who oppose stigmatization and discrimination.
Eliminate discrimination against young HIV-positive children by informing about the causes of HIV infection.		De-stigmatization of the young child message is often blurred with other concerns, or not specifically addressed, resulting in minimal positive response. HIV/AIDS champions should reinforce messages.
Inform mothers about HIV infection and pregnancy, voluntary HIV counseling and testing, free or low-cost prenatal care, and access to anti-HIV drugs during pregnancy. Relate current medical knowledge and cultural values about breastfeeding.		
Dispel myths about HIV/AIDS that exist in communities. Communicate children's rights, including information about inheritance laws. Prevent abandonment of children by mothers who are HIV-positive.	Per cent of community members who are aware of the causes of HIV, children's rights. Enactment and implementation of legislation that protects children's and widow's rights.	Curing AIDS by having sex with a virgin is a myth that has led to an increasing problem with child rape in some communities

5. Community mobilization	Indicators	Comments
Develop/ enhance mechanisms for collecting data on vulnerable children; involve the community in data collection efforts.	Per cent of young vulnerable children recorded and monitored.	The process of mobilization must start with a community identifying its own priority concerns.
Mobilize the community to organize regular visits to households with young children, to provide emotional support and, if possible, material support and to alert authorities to urgent problems.	Per cent of vulnerable households visited by community caregivers. Per cent of interventions that are monitored and assessed.	Political and traditional leaders should be involved in any efforts to mobilize the community from the beginning. The outcome of this effort should result in recommendations for specific actions to improve programs.
Support community crèches and daycare in areas with high concentrations of AIDS-affected households, to free caregivers for agriculture production and other income-producing work.	Per cent of community volunteers who are supporting crèches and daycare. Per cent of caregivers who drop children at community crèches and daycare to participate in income-producing initiatives.	
Train community volunteers to provide social support and supervision to child-headed and elder-headed households.	Per cent of community volunteers trained.	Community-based organizations are the first line of support.
Provide vocational training and credit and/or loans to women and children in child-headed households.	Per cent of child caregivers trained in vocational skills.	
Support community-based group homes for infants and pre-primary school-aged children.	Per cent of community-based group homes that are receiving community support. Per cent of orphans residing in community-based group homes.	
Provide alternative education programs for elder siblings who are caring for young children.	Per cent of adolescents and youth who are caregivers who participate in alternative education programs.	
Support community centers in areas highly affected by HIV/AIDS.	Per cent of community members who attend community centers to receive counseling and skills training.	
Support community daycare that allows families to exchange their labor for fees.	Per cent of caregivers exchanging labor for fees.	
Train trainers within the community on appropriate nutrition and health care.	Per cent of trainers trained.	
Develop and support community income-generating activities.	Per cent of self-sustaining income generating projects that yield proceeds that benefit young children.	

Daycare – early learning centers

Daycare centers, crèches, community-based childcare, and formal pre-school services offer many advantages for communities affected by HIV/AIDS. Ideally, a childcare or "early learning center" would offer a range of child friendly services including education and nutrition programs, health services, water and sanitation, and strategies to involve parents and caregivers in the development of young children.

Daycare and early child development services offer many advantages for communities affected by HIV/AIDS. These interventions should provide:

- Developmental activities to stimulate the cognitive and social development of children;
- A conducive environment for the mental and psychosocial growth of children;
- A source of social support away from difficult family situations;
- Opportunities for establishing interaction and relationships with peers;
- Teachers and care providers who can serve as sources of emotional support and role models .for young children;
- Information and education for caregivers;
- Excellent opportunities for receiving nutritious meals;
- Improved access to health services;
- Enhanced preparation for school;
- Free time to caregivers to undertake income-generating activities, perform agricultural work, and access health services and education.

Increasing quality in services calls for more than a structure – training for care providers, some minimal materials, and links with other services are required. Community support through providing food, labor, materials, outreach and advocacy are also important.

Indicators of quality in care and learning centers include a low child to care provider ratio, appropriate learning tools, well-developed refresher training for care providers, and a safe environment. Parent and caregiver involvement in the daycare/early learning center is very important for the child's growth and development, and provides an opportunity to give social support to a caregiver.

Paying daycare fees can be a financial burden for families affected by HIV/AIDS. Some African communities offer daycare services that are free and provided mainly by women volunteers. Generally, donor agencies support these programs. For example, the World Food Program may donate food and a government or NGO may provide health care services. In some countries, governments compensate centers that waive fees for orphans.

Alternative forms of care

Kinship and extended family. Close relatives and members of the extended family are the first line of response for children orphaned by AIDS. The response is generally spontaneous and requires no intervention.

Foster care. Governments and donor agencies often promote foster care in substitute families as the preferred intervention for orphans and other vulnerable children when family caregivers are lacking. Community-based foster care has two major advantages:

- It is cost-effective;
- It keeps children in a familiar social, cultural, and ethnic environment.

Additional household support to families that are able to foster children will generally be needed.

Group foster care. Group foster care or "children's homes" are an alternative for long-term care of orphaned children. This approach generally involves a "community" home, where a few children (fewer than 10) live together with a guardian (often a housemother). Caregivers are selected from the community based on their experience, interest, and ability to work with children. The children share in duties and responsibilities in the household. Most group homes have an agricultural plot for household food production. The community donates the home and land and takes an active role in the children's well being and the upkeep of the home. Some children's homes have become children's villages, clusters of homes and a small clinic, preschool, office, farm, and area for sports. Disadvantages of such villages include potential stigma and separation from the community.

Since families and communities are the first lines of response enabling them to do more to protect and care for children is much more significant to children than support from other service providers. Such strengthening has costs, however. These are not the kind of interventions that program developers, even ones particularly concerned with children, tend to focus on. Making use of opportunities that may exist in more broadly focused development activities is one way to improve the capacities of families and communities. This can include improving their agricultural productivity; their capacity to generate income; removal of local hazards to child safety; as well as increasing understanding about stimulating healthy child development and promoting better nutrition and health practices.

Institutional care. Institutions such as orphanages are generally not the best option for young children. Yet there are newborns abandoned in hospitals and young street children that need to be placed in institutional care while foster care is being identified. While institutional care provides a temporary solution, a quality control mechanism needs to be in place to ensure that basic standards of care are met and that children are not placed in institutional care permanently; and that their family connections are kept. This mechanism could also be used to enforce explicit standards concerning placement and to prevent inappropriate placements. Emergency and long-term foster care which meet the needs of young children

is less expensive and generally provides better quality care than institutions. Options to institutional care should be made available, and must be a policy priority. Among them is formal adoption.

Most studies of institutional care note that orphanages fail to meet the developmental needs of children and that they are more expensive to maintain than helping families take care of children. For example, in Uganda, institutional care is 14 times more costly than care provided in a family setting. In addition, some child experts argue that children raised in institutions may lack the cultural skills and practical knowledge they need to fit into a community and later on they may have difficulty integrating into society. Despite these and other arguments, institutional care facilities where a child may stay for an extended period, are necessary and acceptable if:

- No other viable options for placement exist (where no other options exist, they should be developed);
- They meet appropriate standards and are regularly monitored;
- Care provided is designed to be only on an interim basis until the child can be placed in a family**.**

Planners should consider that institutions for children tend to be a magnet for national and international resources when other options are not utilized. Interventions in institutions should be designed to meet the developmental needs of young children and monitored to ensure that children are protected. These interventions should include registration of children, support for child nutrition programs, early childhood care and education, family reunification initiatives, and provision of health services, shelter, and clothing.

C. OPERATIONALIZING ACTIVITIES

Key steps and basic elements

ECD HIV/AIDS responses call for multiple actors and acceptance that there must be basic criteria and standards which define what is "in" and what is "out". Unless objective limits are set early in the process, the costs of ECD HIV/AIDS programs will quickly outstrip the resources available. Who does it is equally important; direct government HIV/AIDS programs cannot do the job on their own. They must closely collaborate and support complementary efforts by NGOs, community-based organizations, faith-based organizations, traditional leaders, the private sector, people living with HIV/AIDS and individuals otherwise affected by HIV/AIDS. This approach is basic to virtually all MAP programs and most national HIV/AIDS programs, and the rules are spelled out in widely distributed brochures and other materials.

Typically, the ECD HIV/AIDS core group involved in planning program coordination and facilitation consists of the National HIV/AIDS secretariat, World Bank Task Team leader and team members, UNICEF ECD and HIV/AIDS focal points, sector specialists and NGO focal points; sectoral ministries concerned with the welfare of young children and their caregivers; and local and international HIV/AIDS practitioners. Leadership should be the appropriate line ministry or ministries to provide substantive expertise, joined by the national HIV/AIDS secretariat. The core group has at least three audiences they should regularly communicate with, and engage: (1) community representatives, (2) government officials at national, regional, district, and municipal levels; (3) international collaborators, UN Theme Group, UNAIDS, and bilateral donors.

Key steps to operationalizing activities include the following:

- Collaborative situation analysis;
- Setting of priorities;
- Geographic targeting of beneficiaries;
- Designing a monitoring and evaluation (M&E) system;
- Identifying the ministries, NGOs/CBOs, and private sector; leadership that will take ongoing responsibility for mobilization and capacity building.

The basic elements are:

- Identify relevant ministries that address young children affected by HIV/AIDS. (See page 28 for likely key ministries.)

- Undertake capacity building to strengthen relevant ministries. Identify the skills needed in ministries that are mandated to oversee and/or coordinate ECD programs. Organize and tailor a 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, UN agencies, i.e. UNICEF, UNFPA, WHO, UNHCR, WFP.

- Collect baseline data and conduct situational analysis with a "designated champion", government entity responsible for doing so. Consolidate available data and develop an integrated national database for tracking the status of children under age 8.

- Prepare a report that consolidates this information, and include on-going and planned programs and constraints that may impede effective care and support of these children. Conduct an assessment to determine the extent, nature, and needs of young children affected by HIV/AIDS.

Annex 4 provides a sample, detailed checklist for planning and operationalizing ECD HIV/AIDS interventions.

Monitoring and evaluation (M&E)

Effective efforts will incorporate an M&E system that will be part of the broader M&E effort of the entire national HIV/AIDS program. The M&E system should be based on collection of baseline data and a situational analysis and should include indicators for evaluating inputs, outputs, and outcomes of subprojects. The National AIDS Councils: Monitoring and Evaluation Operations Manual produced by UNAIDS and The World Bank in 2002 presents clear procedures, with a checklist of the process, timing and costs of building an M&E participatory program.[5]

Baseline data and situational analysis

Essential quantitative and qualitative data to establish a baseline for ECD HIV/AIDS activities may be collected from a variety of sources and for different uses. These may include, in some cases, the design, supervision, and/or monitoring of such programs.

Examples of data that are almost universally available and have been collected for a long time include:

- Infant mortality and under 5 mortality rates;
- Leading causes of morbidity and mortality for young children;
- Immunization coverage;
- Nutritional status;
- School enrollment;
- Rates of female literacy.

Other useful information which is not as available or regularly collected include data on:

- Household and community coping responses to HIV/AIDS and orphans;
- Local caregiving practices;
- Stigma associated with young children affected by HIV/AIDS;
- Community coping capacity for orphans and street children;
- Single or double orphans (these data are helpful for identifying children's degree of vulnerability);
- Preschool enrollment rates;
- Access to day care;

[5] worldbank.org/hiv_aids/docs/M&E%20Manual.pdf.

- Non-formal activities and enrollment in non-formal programs;
- Number and per cent of young children infected with HIV/AIDS;
- Number and per cent of pregnant women infected with HIV/AIDS;
- Number of children orphaned by AIDS;
- Number of children caring for sick family members;
- Number of child-headed households;
- Ratio between maternal and paternal orphans.

The ratio between maternal and paternal orphan groups (and sequential contribution to double orphanhood) tends to vary over time, with paternal orphans frequently measured at twice as high as maternal orphans in early stages of the epidemic. This differentiation could have operational implications in identifying and determining levels of vulnerability among children, especially in patrilineal communities.

These data are useful for planning ECD HIV/AIDS interventions, but often are not readily available and may need to be collected in a separate study or within another planned activity such as geographic targeting and a vulnerability assessment by community members. Alternatively, the data may have to be extrapolated from existing data sources or relevant situational analyses. Collecting the information above is an important exercise. All relevant stakeholders may need to be engaged from beneficiaries to ministries and partners.

Annex 5 provides specific guidance on preparing a situational analysis for an intervention.

Geographic targeting of beneficiaries

While no area is likely to be spared by HIV/AIDS there will be significant variations among geographic areas regarding the nature and extent of the impacts of the epidemic and local capacity to cope with them.

Geographical mapping can be used to locate and identify a community's most vulnerable young children, including those orphaned by AIDS and other causes. This mapping will indicate target areas and communities that are having the greatest difficulties providing for young children. Having a large proportion of orphans in an area, particularly double orphans, is a strong indicator of the effects of HIV/AIDS and increased vulnerability among children.

Service mapping is another component of geographic targeting. While statistics may point to certain areas as having greater problems, it is also important to list the programs and resources that are already in place to address them. Often, rural and ethnic minority populations may be relatively under-served, with services concentrated in urban areas.

Statistics and maps are not enough, however. They can point to areas where children and families appear to be at greater risk, but interviews with key informants and discussions with community members are essential to test the accuracy of statistically based impressions.

A *Vulnerability assessment* done by community members is the second stage of targeting. They know, better than outsiders, the factors that contribute to vulnerability and which individuals they

are most concerned about. Asking people who should benefit from an outside distribution of aid is likely to lead to competition and bias. But a vulnerability assessment is likely to be accurate if it is part of a community mobilization process in which the community, itself, begins to respond using its own resources. People tend to use carefully the resources that they have generated themselves. Outside aid can follow and reinforce such community-led efforts, and they can be targeted most effectively through a transparent public decision-making process that includes residents who know their community.

The local factors that cause and that can be used to measure vulnerability vary among communities. These are often invisible to outsiders, who are not likely to know, for example, which households receive support from extended family members, have had to sell productive assets, do not have enough land, or are eating nutritional meals only sporadically.

After obtaining as much quantitative and qualitative baseline data as possible, the task then is to analyze this information in a way that will lead to the delineation of a clear-cut strategy and realistic directions for the ECD HIV/AIDS program from which geographic. and programmatic priorities can be drawn. The data collection targeting effort also provides a baseline for monitoring and evaluation. The results of the analysis and evaluation should be disseminated among stakeholders and used to implement new activities or changes in activities and to plan for advocacy and public awareness activities.

Indicators

Each sub-component or subproject will contribute to the performance and the achievement of objectives to create the total mosaic of the national multi-sectoral HIV/AIDS program. The national ECD HIV/AIDS effort should be "realistic" which means: it is possible to collect the data; a responsible entity will see to it that the data is collected on a sustained basis; and the data are given to policy and program decision-makers for action.

Typically, the crucial indicators for an ECD HIV/AIDS program are:

- 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 work effectively within a community mobilization approach, but more specific indicators, if specified by an outside agency, may preclude community responsibility for sustaining action. A recommended approach is to specify only the broad indicators up front and have each community develop its own indicators in relation to those. The indicators will be determined by the communities priority concerns and what they decide to do about them.

In evaluating national impact, 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 messages of information, education, and communication (IEC), behavioral change communications (BCC), that contain content related to infants, young children, and HIV/AIDS;
- Number of informal groups and CSOs that are assisting with such activities.

Output indicators:

- Number of individuals in the cohort targeted who receive full-service care;
- Number of individuals in the cohort targeted who receive outreach services;
- Number and per-cent of the population that has knowledge about (i) the causes of HIV/AIDS, (ii) good caregiving practices for young children, (iii) and 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 affected by HIV/AIDS;
- Number and per cent of young children affected by HIV/AIDS that receive some level of improved support;
- Level of malnutrition (i.e., per cent stunted or underweight) among young children affected by HIV/AIDS;
- Number and per cent of individuals who change their attitudes and behaviors;
- Increase in financial and human resources provided for ECD support.

Key policies to support young children affected by HIV/AIDS

Governments will have designated ministries, inter-governmental bodies, or agencies, multi-sectoral in nature, that specifically deal with children and youth and HIV/AIDs. Having a core group of planners with a work plan focused on results, complemented by other interested partners, is the route most likely to succeed when developing national policy. The challenge is in having a small enough core group to ensure a concentrated effort, not discouraging others who have something to contribute, and sufficient coordination to forestall conflicting responses. Some or all of the following entities, and their typical roles, should be considered.

- **The Ministry of Education** will want to incorporate ECD concerns, including gender, HIV/AIDS and life skills education into the development of formal and non-formal educational curricula and training programs, to ensure the continuity of professional educators in ECD within the country.

- **The National HIV/AIDS Commission or Secretariat** will want to include heightened awareness of early child development and how such programs can be supported with HIV/AIDS resources in its coordination and facilitation of HIV/AIDS with its implementing partners, especially those with civil society organizations.

- **The Ministry of Health** will want to integrate management of a strategy against child illnesses in its national health policy, as well as in policies relevant to PMTCT and making treatment available to mothers and young children infected with HIV.

- **The Ministry of Agriculture** will want to take into account child needs in its food availability, access and utilization strategies and train caregivers and community members in the production, processing, distribution, and consumption of food within the ECD program. (Child nutrition may be more significantly affected by agricultural polices and activities related to crop production and marketing.)

- **The Ministry of Social Welfare** will want to train and support social workers to reach out to young children and caregivers in AIDS-affected families.

- **The Ministry of Local Government** will want to help establish relevant subject matter subcommittees.

- **The Ministry of Community Development** will want to participate in efforts to mobilize the community and build capacity.

- **The Ministry of Finance** will want to ensure funding for such programs.

- **The Ministry of Justice** may lead the planning process to address children and women's property and inheritance laws, especially related to widows, orphaned and other vulnerable children; and prepare legislation that protect children and women from abuse and exploitation, and address compliance considerations.

- **The Ministry of Gender/Women's Affairs** may support training and counseling to inform communities of VCT and AIDS prevention and victim support messages.

Program planners will want to review international commitments, national and sectoral policies relevant to ECD and HIV/AIDS and identify which organizations have key mandates and the capacity to achieve the desired objectives. Governments usually have written sectoral policies dealing with children, orphans and vulnerable children, (sometimes early child development) maternal and child health, genders, population, education, nutrition, HIV/AIDS. Main policy segments can be captured and summarized for review

and analysis by the core ECD HIV/AIDS planning team.

These planners will be able to identify an "A" list of ministries and other government entities. In some cases, the task will be simplified because inter-ministerial committees may exist for ECD or HIV/AIDS programs, and the national HIV/AIDS program should support the work of these committees in order to meet the program needs.

Review of existing policies

The policy and legal environments pertaining to children's issues should support *and* promote responses to minimize the effects of HIV/AIDS on children and families.

A country may have existing policies to support the pursuit of basic ECD HIV/AIDS activities. Planners of these programs will want to review all policies and laws that affect young children to ensure that they protect the best interests of all children, including those who are especially vulnerable. Any sectoral policy (e.g., economic, health, education) may be relevant.
In the review process, planners should:

- Analyze existing policies and laws from the perspective of the ECD HIV/AIDS challenge;

- Identify gaps or inconsistencies that need to be addressed.

The review process should include representatives from the communities affected. HIV/AIDS program managers should strongly support the review process, including any strategic efforts that may be needed to expedite the process. In some cases, sectoral policies may need to be strengthened to reflect commitments by the government and donor agencies to help a country meet the Millennium Development Goals and the goals of the UN General Assembly Special Session on Children. (See annex 1 for extracts of the relevant international goals.)

The following entities should be involved in policy discussion and formation:

- NAC (the highest policy and political body dealing with HIV/AIDS in a country);

- Key ministries and development partners;

- UNICEF – given its mandate for children;

- UN Theme Group on HIV/AIDS;

- Joint United Nations Program on HIV/AIDS (UNAIDS);

- Local stakeholders.

These groups, which include non-governmental organizations (NGOs), should collaborate closely in addressing the pertinent policy and programmatic issues pertaining to ECD. At least initially, and because of their limited staff and resources, the NAC or NAS will focus its review on policies that directly shape interventions which influence (positively or negatively) the plight of young children.

The emphasis should be on reviewing policies that exist (and improving them where needed), rather than trying to develop new policies. In most countries, the challenge is not so much lack of policies, but an inability to implement them. The number of infants and young children benefiting from low-cost quality care (i.e. supervised family-based care) would increase if policies and programs were re-designed to meet their needs.

Public awareness about key policies, even among groups that might implement programs, is generally lacking. Some governments have initiated the policy process but they are moving slowly. The ECD HIV/AIDS initiative provides a fresh impetus to move the process forward.

The government's task is to ensure that policies that address the needs of disadvantaged young children are formulated and implemented and that the rights of these children are protected.

In sum, government has broad responsibilities, but often its well-intentioned policy statements on ECD are not fulfilled in practice because of a lack of (i) public awareness about policies, (ii) follow-through, and/or (iii) national champions for such programs. For HIV/AIDS Program practitioners, the policies that will be actively pursued must meet the litmus test of being *both* "desirable" and "doable".

Partnering with Civil Society Organizations (CSOs)

CSOs represent virtually all ECD stakeholders outside the public sector, and virtually all National HIV/AIDS programs have some mechanisms to award grants for ECD activities which are not confined to any specific sector. In many countries, CSOs fill gaps when the government has been slow to respond. They have a vital role in responding to the needs of young children affected by HIV/AIDS, and much of their work is focused on the strengthening of families and extended families. Thousands of ECD activities are situated in the most disadvantaged communities of the world because of the efforts of CSOs, which include grassroots organizations, faith-based organizations (FBOs), international NGOs, women's groups, labor organizations, the private sector and other associations or organizations.

Grants to CSOs under most national AIDS programs and in particular MAPs empower communities, civil society, and the private sector to be able to address HIV/AIDS. CSO initiatives include community education and sensitization that can encourage and lead to community and national mobilization. Grants to CSOs support a broad range of activities that are conducted at the village, district, regional, and national levels and undertaken by formal and informal groups and organizations. They provide for mobilization, capacity building, training, and a system of accountability.

Context

HIV/AIDS proposals that affect young children will be considered within the context of the broader framework of acceptable community and CSO grant activities. This framework will vary among countries, but will usually be

based on a "negative list" or a "positive list" of eligible activities. Allowance is made for innovation, however. The successful multi-sectoral HIV/AIDS programs encourage innovation and support pilot initiatives.

Within some National HIV/AIDS Program frameworks for CSO activities, creating a separate subcategory for ECD activities may be useful. This subcategory would include a customized assessment of organizations' capacity for ECD, weighted selection criteria, and an appraisal form.

Kinds of CSO proposals that integrate/address young children

ECD HIV/AIDS activities will mesh with broader proposals in a number of areas. These areas include:

IEC/BCC campaigns — such as the preparation and dissemination of IEC materials to various audiences; use of folk entertainment; and support to encourage various groups (e.g., religious groups, sports clubs, unions, business associations) to become involved in de-stigmatization and support for young children affected by HIV/AIDS.

Advocacy campaigns — to reduce stigma and end discrimination against households that have individuals affected by HIV/AIDS; to enforce the legal framework related to protection of young children and property rights; to advocate for the ratification of policies by an act of parliament; and to ensure implementation of policies.

Care of PLWHA — to provide training in home care and community-based care of children affected by HIV/AIDS and their caregivers.

Social support for PLWHA — including household assistance, to cover the costs of care for young children affected by HIV/AIDS and their caregivers, food supplements, psycho-ogical support, and outreach by social workers.

Community and family-based approaches to child care — Since it is far too expensive to scale up institutions to reach large numbers of children, available resources should focus on developing, expanding and strengthening family based approaches to child care, such as supervised foster care.

Development of quality ECD centers — with supportive learning activities, outreach to caregivers, and support for the multiple needs of young children, including immediate medical care and nutritional support, if needed.

Training of community caregivers — to support the holistic development of young children in AIDS-affected communities.

Microeconomic strengthening initiatives — Job creation and income generation activities to help free caregivers for economic activities or training.

What an applicant has to keep in mind

Organizations submitting a proposal for an ECD HIV/AIDS program will have to meet a set of minimum, standard criteria related to the community that will

receive the services and the organization that will sponsor the program. These criteria will vary depending on the nature and size of the proposal.

Applicants must describe the relevance of the proposal to the objectives of National HIV/AIDS program, past activities and management capacity, contribution of the community, and other features common to CSO grant applications.

Applicants will want to outline the potential benefits of the activities they are proposing. Some activities will have demonstrable, direct benefits; others will have only modest, direct or indirect, benefits, but will, nonetheless, potentially improve the situation of young children with or affected by HIV/AIDS. In designing the ECD HIV/AIDS activity, applicants should address how the benefits will be monitored and how performance will be assessed.

Considerations when reviewing grant proposals

In the review and approval process, proposals should be rated according to a customized scoring system that weights different factors and types of ECD interventions—to yield a minimum score for approval and funding or recomended other action. The same process will apply to proposals for self-contained ECD HIV/AIDS interventions and for interventions that will be part of larger efforts that may yield ECD benefits.

The key variables for proposals are:

- Extent and nature of impact on the target group;
- Number of beneficiaries;
- Quality of benefits;
- Costs per direct and indirect beneficiary;
- Magnitude and depth of commitment and contribution from the community and donors;
- Plans for sustaining the activities;
- Participation of beneficiaries.

These criteria must be provided to potential applicants. The weighting system should be developed with the participation of key potential stakeolders and/or made available for comment and then modified based on the responses received.

D. RESEARCH NEEDS

As responses to the HIV/AIDS crisis must move forward, additional research and pilot demonstration projects are needed. Some HIV/AIDS funding provides different opportunities for conducting these activities as supported by resources for the NAC/NAS or as complementary activities to community grants. Research activities could include the following:

- Mapping of current programs serving the needs of young children and their families (i.e., identifying those things that are already in place that could be built on over time).Piloting of new community-based models of care for HIV-positive children, as well as analyses of the financial, material, and human resource costs involved in implementing these models;

- Calculating the cost per beneficiary along with the benefits of different interventions to address issues of young children affected by HIV/AIDS;

- Development of alternative ways for communities to effectively serve young children infected and affected by HIV;

- Compilation of information on who is caring for young children in AIDS-affected households and communities, who the caregivers are, and how well equipped the caregivers are;

- Epidemiological analysis and modeling of orphanhood, AIDS trends, birthrates, and mortality rates, to provide the basis for improved population-based estimates of mortality from HIV/AIDS;

- Modeling and analysis of AIDS-related excess mortality associated with inadequate care of young children;

- Examination of the use of time and workloads of caregivers in AIDS-affected communities, to help plan community-based interventions that support young children;

- Identification of behavioral and attitudinal factors related to caregivers of orphans and young children born of HIV-positive mothers, to improve the design of IEC campaigns against stigma and discrimination;

- Development of guidelines for collaboration among the health, welfare, and education sectors;

- Clarification of the emotional coping mechanisms and reactions related to the varying circumstances of families with HIV-infected children;

- Systematic research on how knowledge about HIV/AIDS affects parent–child relationships;

- In-depth understanding of the magnitude of the ECD HIV/AIDS problem.

E. LESSONS AND RECOMMENDATIONS

Lessons have been learned from existing and previous ECD HIV/AIDS activities. They serve as recommendations for new activities, or improving ongoing efforts.

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 the affected families and communities. Strengthening the capacities of families and communities are 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, needs to be addressed at the outset 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 because these strategies are cost-effective and provide environments that are conducive for the normal development of children.

- Locally initiated programs operated by concerned and capable members of households and extended families and community leaders are more meaningful, cost-effective, and sustainable than formal, national programs.

- Institutional care is considered by both governments and donor agencies to be a last resort and a temporary measure until permanent placement can be identified for a child.

- External funding in appropriate amounts and at the right time can help strengthen and sustain such community activities, but it cannot lead a community mobilization process, without the continuity of activities becoming dependent on the continuity of external funds.

- Projects that have community support invariably begin slowly but losing time in the initial stage is better than losing community support 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 AIDS issues and promoting prevention measures.

- Quality of care can be improved with standardized training.

- Youth, especially those responsible for caring for younger children, should be involved and supported in 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. In countries (e.g. Uganda and Zambia) that have reduced HIV prevalence, the downward trend has typically first been seen among youth.

Program monitoring and evaluation (M&E)

- Qualitative information about a community's perception of a program is as important as quantitative information, but the latter is necessary for maintaining the support of donors.

- M&E should be up-front and participatory and linked to decisions regarding children and programs.

- Programmers must develop approaches to documenting the long-term effects of programs.

- Indices of the vulnerability of children and the community should be developed for use in mapping and establishing the geographical priorities for interventions.

- Processes, approaches, and models should be tailored to the environment whether urban, peri-urban, or rural.

F. CONCLUSION

The developmental needs of young children affected by HIV/AIDS in sub-Saharan Africa are not being addressed adequately. Lack of funding, data, and knowledge of best practices are some of the reasons for inaction. HIV/AIDS practitioners can encourage and stimulate a country's response to ECD issues by helping to build the capacity of government agencies and civil society, expand the public sector's response, support CSOs and communities, and coordinate projects. These Operational Guidelines are one step in the effort to focus attention and build support for ensuring a better future for the very young children of Africa.

To increase the usefulness of the Guide, practitioners are asked to share, for others' benefit, their problems and successes in the field.

To exchange information, please communicate electronically at
eservice@worldbank.org and
pengle@unicef.org.

ANNEXES 1 - 7

Annex 1: International Goals Relevant to ECD HIV/AIDS – Extracts

The Millennium Development Goals (MDG) set forth in 2001 and the decisions of the UN General Assembly Special Session on Children in 2002 will increasingly focus the interests of donors and the flow of resources. These international goals are not substitutes for national policies, strategies, and actions, but ECD HIV/AIDS practitioners will need to consider them when formulating activities. These statements also are useful resources when developing requests for technical assistance and funding from multilateral and bilateral agencies. The principles contained in the Convention on the Rights of the Child underpin these two statements.

MDG (2001) – Relevant Goals, Targets, and Indicators	
Goal 4 :	Reduce child mortality
Target 5:	Reduce by two-thirds the under-5 mortality rate between 1990 and 2015
Indicators:	Infant mortality rates; under-5 mortality rates.
Goal 6:	Combat HIV/AIDS, malaria, and other diseases
Target 7:	Have halted and begun to reverse the spread of HIV/AIDS by 2015
Indicators:	Number of children orphaned by AIDS.

United Nations General Assembly Special Session on Children (2002)

"*I. Promoting healthy lives*

(e) Development and implementation of national early childhood development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development.

"III. Protecting against abuse, exploitation and violence

(a) Protect children from all forms of abuse, neglect, exploitation and violence;

(b) Protect children from the impact of armed conflict and forced displacement, and ensure compliance with international humanitarian and human rights law;

(e) Improve the plight of millions of children who live under especially difficult circumstances."

"IV. Combating HIV/AIDS

(c) By 2003 develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDSW, including by providing appropriate counseling and psychosocial support, ensuring their enrollment in school and access to shelter, good nutrition, health and social services on an equal basis with other children, and protecting orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance."

The Convention on the Rights of the Child

The Convention says that:

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."(Article 3.1)

a child has a right to develop to "the maximum extent possible" (Article 6). It also says that signatories should "…render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children."(Article 18.2)

The Convention on the Rights of the Child may be viewed electronically at: http://www.unicef.org/crc/crc.htm

Annex 2: Evaluation of Grant Applications for ECD HIV/AIDS Projects

Organizations requesting support for an ECD HIV/AIDS project grant must:

- Have a known physical address;
- Be registered with the government;
- Be currently undertaking activities in ECD and/or HIV/AIDS and/or with OVC;
- Have the support of the community in the target project area;
- Have a bank account.

The proposal must:

- State objectives that indicate assistance to young children (ages 0-8) or to the caregivers of these children;

- Define the target beneficiaries (e.g., children born to HIV-positive mothers, young children in child-headed households, young orphans, mothers of young children, care-givers of young children, orphans, young children in institutions) and state how they will be targeted;

- Include an M&E method for the proposed intervention;

- Include a needs assessment or data from a recently conducted assessment, on which the proposal is based;

- Indicate a budget that adequately supports the staff and resources needed for the intervention.

Evaluation of Grant Applications – Sample Criteria

Criteria

- Does the proposed subproject fit within the objectives of the National HIV/AIDS program?
- Will the subproject benefit ECD HIV/AIDS efforts?
- What is the rating of the target group in terms of:
  - Coverage;
  - Quality;
  - Cost?
- Are the mitigation measures feasible?
- Is the subproject consistent with the priorities of the community?
- Is the community or CSO contributing to the subproject?
- Can the subproject be conducted within the time period specified?
- To what extent has the community or CSO made efforts to address the problem in ongoing initiatives?
- Are competent, skilled, or trained personnel available, and if not, does the proposal include a brief description of how these individuals will be trained?
- Does the proposal indicate that various groups in the community participated in identifying the problems and prioritizing the proposed solutions?
- Are the roles and responsibilities of the parties (including families, institutions, community groups) clearly delineated for implementing, supervising, and monitoring the ECD components?
- Is there a reasonable plan for sustaining activities at the community level?
- Are staff salaries based on local wages?
- Will procurement procedures interfere with implementation of the project?
- How will ongoing operational and maintenance costs be covered to ensure that services are maintained throughout the project?
- Is there a well-defined plan and approach for monitoring and evaluating performance?

Annex 3: Potential Consultancies for ECD HIV/AIDS Activities

Potential consultant contracts for ECD HIV/AIDS activities could include, but are not limited to, the following specialists:

1. ECD Social Development Specialist — to collect program planning data on the needs of young children and caregivers affected by HIV/AIDS;

2. ECD Instructional Designer — to develop ECD HIV/AIDS training materials for preschool teachers, daycare staff, health workers, and caregivers of children affected by HIV/AIDS;

3. ECD Training and Capacity-Building Specialist — to conduct ECD HIV/AIDS awareness and sensitization workshops for line ministries;

4. ECD IEC/BCC Specialist — to determine key ECD messages to convey in AIDS-affected areas.

Sample Terms of Reference (TOR) for each of the above specialists are provided on the following pages.

Annex 3.1: Sample TOR – ECD Social Development Specialist

The Consultant will be responsible for contributing ECD elements to a survey or social assessment, to (a) provide baseline information on the needs and coping capacities of young children and their caregivers affected by HIV/AIDS and (b) develop a long-term vision for the intervention response.

A. Duties and Responsibilities:

Data collection, analysis, and documentation:

- Collect existing data on mortality rates for infants and children under age 5, leading causes of morbidity and mortality among young children, immunization coverage, nutritional status, school enrollment, and female literacy rates;
- Identify the national capacity available to coordinate, monitor, track, and evaluate ECD HIV/AIDS activities, and identify specific areas of weakness that need to be strengthened;
- Identify the existing network of umbrella organizations (i.e., public- and private-sector organizations, CSOs) that are working with children, to facilitate the exchange and sharing of information on national policies, legislative rules and regulations, collaborations, mutual support activities, capacity-building efforts, research studies, and/or funding to member organizations;
- Establish information on the ECD population and current approaches to ECD HIV/AIDS issues, to indicate the types of ECD HIV/AIDS interventions that need to be expanded and strengthened;
- Organize and conduct assessments to accumulate data on the following topics: responses of households and communities in coping with HIV/AIDS and orphans; local caregiving practices; number of child- and elder-headed households; number of orphans and street children; preschool enrollment rates; access to daycare; non-formal ECD activities and enrollment in these activities; number and percent of young children affected by HIV/AIDS; number and percent of pregnant women affected by HIV/AIDS; number of children orphaned by AIDS; and number of young children cared for by sick family members.

B. Qualifications:

- Master's degree in a social science or related field;
- Extensive experience in the design of intervention strategies and the management and implementation of large social assessments;
- Experience with grassroots community groups;
- Familiarity with HIV/AIDS and ECD in Africa.

Output:

- Prepare a work plan and schedule to ensure timely selection and performance of consultancies and studies and achievement of objectives;

- Utilize existing assessment tools for children affected by HIV/AIDS;
- Complete a social assessment report that provides an analysis of baseline information and an outline of strategies and recommendations for addressing ECD HIV/AIDS in the Program
- Prepare a comprehensive proposal for building capacity to improve national coordination, monitoring, tracking, and evaluation of ECD HIV/AIDS activities;
- Prepare a proposal that will enhance the ability of communities to support ECD, and monitor and evaluate ECD HIV/AIDS activities at the community level;
- Compose recommendations for a mechanism to strengthen the national networking group on children and to expand this group's coverage of HIV/AIDS issues;
- Distill recommendations of best practices to include in information packages on ECD HIV/AIDS.

Annex 3.2: Sample TOR – ECD Instructional Designer

The Consultant will be responsible for assisting in the design, implementation, and monitoring of ECD HIV/AIDS training of national coordinators, preschool teachers, daycare workers, and non-formal early childhood educators. This work will be conducted in cooperation with the consulting ECD Training and Capacity-Building Specialist.

A. Duties and Responsibilities:

- Design and implement training of trainer (TOT) courses on HIV/AIDS in early childhood education;
- Conduct training courses to educate early childhood educators about HIV/AIDS and how to address this issue with caregivers and young children;
- Prepare and provide educational training materials to trainers and trainees;
- Oversee all logistics pertaining to training, including travel, the training facility, and accommodations for trainees;
- Coordinate and reimburse all in-service training costs at standard government-established fees, for per diem and travel for trainees and for per diem, travel, and subsistence for trainers;
- Establish a mechanism to assess and monitor progress, and revise the project accordingly during supervisory and consulting visits to regions.

B. Qualifications:

- Master's degree in early childhood education, public health, a social science, or related field;
- Extensive experience in the design of instructional materials and the management and implementation of large training programs;
- Experience with grassroots community groups;
- Familiarity with HIV/AIDS and ECD in Africa.

C. Output:

- Provide a training strategy, work plan, and training materials and an M&E approach tailored to the target groups.

Annex 3.3: Sample TOR – ECD Training and Capacity-Building Specialist

The Consultant will be responsible for the training of line ministry staff and ECD stakeholders at all levels to enable them to assume responsibility for addressing the needs of young children and women in the National HIV/AIDS Program. The Consultant will help prepare and conduct TOT courses, to build capacity in curricula or teaching modules among multisectoral partners participating in the care and support of young children and caregivers affected by HIV/AIDS. The Consultant's work will be coordinated with that of the ECD Instructional Designer.

A. Duties and Responsibilities:

- Identify, for training, the priority groups and individuals representing line ministries;
- Determine the need for training and capacity-building among ECD stakeholders, such as participating ministries, NGOs, CBOs, and PLWHA;
- Develop, implement, and evaluate TOT workshops;
- Adapt training to participants' levels and needs;
- Work closely with the national staff responsible for capacity development and, in particular, with the ECD Instructional Designer for the project;
- Sensitize political, religious, and civil leaders, to build support for intensifying community responses to ECD and HIV/AIDS;
- Organize exchange visits between community groups to foster networking, sharing of information, and education on young children and caregivers affected by HIV/AIDS.

B. Qualifications:

- University degree in any of the following disciplines: health sciences, social sciences, health education, community development;
- Experience with TOT;
- Seasoned experience as a facilitator and training specialist capable of imparting knowledge, skills, and attitudes at all levels;
- Ability to work without supervision to meet the TOR;
- Knowledge of HIV/AIDS and ECD in Africa.

C. Output:

Provide a work plan for capacity development that includes training and an M&E system tailored to the target group.

Annex 3.4: Sample TOR – ECD IEC/BCC Specialist

The ECD IEC/BCC specialist will work with the national IEC/BCC team to develop ECD HIV/AIDS messages for incorporation into the core IEC/BCC strategy. The Consultant will contribute to materials provided to the ECD Instructional Designer and the ECD Training and Capacity-Building Specialist.

A. Duties and Responsibilities:

- Outline approaches to facilitate capacity building in IEC and BCC with participating line departments, NGOs, CBOs, PLWHA, and other stakeholders involved in implementation of the National HIV/AIDS Program;
- Work with the ECD Social Development Specialist to obtain information on coping mechanisms regarding ECD HIV/AIDS, local beliefs, and educational needs that can be addressed through IEC/BCC campaigns;
- Assess methods of delivering IEC and BCC campaigns, and identify those that cost effectively reach the mass public;
- Develop an IEC/BCC campaign that addresses ECD needs in the context of HIV/AIDS.

B. Qualifications:

- Master's degree in communications, public health, a social science, or related field;
- Extensive experience in the design of strategies for IEC and BCC interventions and the management and implementation of large social and development communication programs;
- Experience with grassroots community groups;
- Familiarity with HIV/AIDS and ECD in Africa.

C. Output:

- Provide an IEC/BCC approach for ECD, to be incorporated into the national HIV/AIDS program; analysis of existing IEC and BCC approaches in the country; and recommendations for a strategy to implement the approach provided.

Annex 4: Checklist for ECD HIV/AIDS Projects in National HIV/AIDS Programs

- Identify relevant ministries that address young children affected by HIV/AIDS. The ministries may include, but are not limited to, the Ministries of Health, Education, Social Welfare, Children and Youth, Local Government, Agriculture, Gender, and Sport.

- Undertake capacity building to strengthen ministries. Identify the skills needed in ministries that are mandated to oversee and/or coordinate ECD programs. Organize and tailor a 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's knowledge and understanding of the issues and potential responses.

- Identify stakeholders, which may include, but are not limited to, UNICEF, United Nations Population Fund (UNFPA), CBOs, private institutions, FBOs, and local and international NGOs.

- Collect baseline data and conduct situational analysis. Consolidate available data and develop an integrated national database for tracking the status of children under age 8. Prepare a report that consolidates information on the status of children under age 8, ongoing and planned programs, and constraints that may impede effective care and support of these children. Use existing data or conduct a separate assessment to determine the extent, nature, and needs of young children affected by HIV/AIDS. Data may be available from previous studies conducted by ministries and NGOs or by UN agencies, such as UNICEF's Multi-Variate Indicator Cluster Survey (MICS).

  – If a social or beneficiary assessment is to be done in conjunction with the HIV/AIDS Program, incorporate the considerations for young children into the TOR. If a separate assessment is necessary, available tools can be adapted to the specific context of the country (See annex 8 for an electronic link to the Child Needs Assessment Toolkit).

  – Integrate baseline information, particularly on behavioral and programmatic aspects, into the design of the M&E system. To review and synthesize the various policies that relate significantly to young children and HIV/AIDS, identify a ministry, agency, or interim NAS staff person from within the working group on HIV/AIDS, or hire a national consultant.

- Draft a manual for the Community and Civil Society Initiative (CSI). Consider the special needs for ECD HIV/AIDS activities and the categories of interventions most likely to involve ECD HIV/AIDS activities. Review existing in-country

activities (e.g., social funds, and NGO efforts) and identify those that will complement or potentially offer assistance in designing the ECD HIV/AIDS effort for the National HIV/AIDS Program. If possible, during preparation of the HIV/AIDS Program, pilot test and/or systematically evaluate existing operations from the perspective of ECD HIV/AIDS to identify possible models for grant activities in the Program.

- Develop goals and specific objectives.

- Define the characteristics of the targeted beneficiaries (e.g., HIV-positive infants, caregivers of young children, orphans, and foster families).

- Conduct assessments of existing ECD interventions, and collect as much cost data as possible.

- Plan M&E activities based on the goals and objectives of the activity.

- Develop the concept(s) for the planned intervention (e.g., training of caregivers, development of IEC materials, provision of health care services, counseling, support of orphans).

- Deliver the intervention.

- Collect and analyze data according to the M&E plan.

- Delineate and disseminate recommendations for future actions, and inactions, within the framework of the ECD HIV/AIDS project and the National HIV/AIDS Program.

Annex 5: Preparing an ECD Situational Analysis

In a situational analysis, information is gathered and analyzed to guide planning and action. However, a situational analysis should be more than a technical exercise to generate information; it should also help build consensus among key stakeholders. Conducting a situation analysis as a broadly inclusive, highly participatory process will lead to opportunities for combining the best expertise of key participants with the most effective actors. Key participants may include relevant ministries, local governments, international organizations, donors, NGOs and their coordinating bodies, associations of PLWHA, religious groups, women's associations, community members, university departments, youth groups, and private sector individuals and organizations. It should be a collaborative process in which key stakeholders jointly develop a broad, common understanding of the factors that protect and promote the well-being and development of children as well as those that increase their vulnerability. It should include development of a common vision for the way forward – priorities, roles, responsibilities, existing programs, current and potential resources, etc.

Steps in a Situational Analysis. The steps in a situational analysis include:

1. Gathering information;
2. Analyzing the information gathered;
3. Identifying geographic and programmatic priorities;
4. Making specific recommendations for action.

Information Needed. The information that needs to be gathered for planning ECD HIV/AIDS interventions may include:

1. From the national level and civil society:

- The epidemiological pattern of HIV/AIDS;
- Influence of politicians;
- Literacy levels;
- Infrastructure supports;
- Women's status to express opinions and take action;
- Awareness of ECD at the national level;
- Resources/budget allocation to ECD;
- Links with donor agencies;
- Policies on curriculum;
- Nature of collaborations with NGOs;
- Laws and polices pertaining to ECD;
- Trends for orphans;
- Presence of projects supported by international donors
- Government initiatives in related areas, including child health, early childhood education, income generation, water and sanitation, and nutrition.

2. From communities:

- Prevalence of child-headed households;
- Social, cultural, and religions characteristics;
- Attitudes toward children born to sick or dying parents;
- Support for orphans;
- Socio-economic activities;

- Access to basic services;
- Coping strategies in households to care for AIDS-affected children;
- Community support for children affected by HIV/AIDS;
- Existing ECD activities;
- Availability and accessibility of existing basic services for young children and women (maternal and child health, immunizations, VCT);
- Attitudes toward breastfeeding and replacement feeding;
- Awareness level of HIV/AIDS;
- Women's level of involvement in income-generating activities;
- Knowledge about HIV/AIDS among preschool and daycare providers;
- Composition of families (e.g., child-headed households, single-parent households, elderly caregivers);
- Needs felt by the community.

Procedures. Procedures for collecting data include:

- Household surveys (Demographic and Health Survey (DHS) and household expenditure surveys (World Bank-supported Living Standards Measurement Study type of surveys), are common in Africa and provide rich information on ECD);
- Mapping exercises;
- Interviews and daily schedules;
- Semi-structured interviews;
- Focus group discussions;
- Workshops and participant observations.

Annex 6: Electronic Links and Resources

Assessment Tools for Young Children and Caregivers Affected by HIV/AIDS

Child Needs Assessment Toolkit
World Bank Education Group, Early Child Development Team and
The Task Force for Child Survival and Development:
http://www.worldbank.org/children/cnahome.html

Multi-Variate Indicator Cluster Surveys (MICS)
UNICEF:
http://childinfo.org/MICS2/Gj99306k.htm

Breastfeeding and Replacement Feeding Practices in the Context of Mother-to Child Transmission of HIV — An Assessment Tool for Research
WHO: http://www.who.int/reproductive-health/publications/RHR_01_12/RHR_01_12.en.contents.en.html

Assessment and Improvement of Care for AIDS-Affected Children Under Age 5
Academy for Educational Development, Ready to Learn:
http://www.readytolearn.aed.org/PDF%20files%20for%20webpage/Under5final.PDF

Demographic and Health Surveys (DHS):
http://www.measuredhs.com/data/survey_datasets.cfm?CFID=212656&CFTOKEN=30413466

HIV/AIDS Survey Indicator Database – from UNAIDS National AIDS Programmes – Guide to Monitoring and Evaluation
http://www.measuredhs.com/hivdata/start.cfm

Care and Support of Children Affected by HIV/AIDS

Summaries of ECD HIV/AIDS activities may be extracted from the AIDS Orphans Assistance Database (AOAD), a joint project between the World Bank's ECD Team of the Education Group and the Association François Xavier Bagnoud (AFXB). The online database is available at http://orphans.fxb.org/db/index.html.

Nutrition and HIV/AIDS, a manual from FAO is available at:
ftp://ftp.fao.org/es/esn/nutrtion/hiv_aids_manual.pdf

A list of selected resource material concerning children and families affected by HIV/AIDS, compiled by John Williamson of USAID's Displaced Children and Orphans Fund, may be viewed electronically at:
http://www.worldbank.org/children/Williamson.doc
A hard copy may be requested from the World Bank ECD Team by Email at eservice@worldbank.org or telephone 202-473-0109.

Information on statistics, publications, and activities at UNICEF relevant to ECD and HIV/AIDS can be viewed at www.unicef.org/hiv/aids and www.unicef.org/earlychildhood

Annex 7: Useful Definitions

Civil society organizations (CSO). These national or international organizations are legally registered and have at least 2-5 years of experience in community development activities and projects. CSOs include a wide range of non-governmental and for-profit organizations, such as the NGOs, FBOs, professional associations, trade unions, and CBOs. They are organized entities capable of planning and managing projects, including management of finances and procurement.

Community-based care. Orphans and vulnerable children are placed in a home under the care of individuals (usually single women or a couple from the community). The caregiver may receive material or monetary support for the care of these children.

Crèches. Public nurseries that care for infants during the day while their mothers are at work.

ECD practitioner. Any individual or organization working to promote the healthy growth and integral development of young children (e.g., women's groups, day care providers, nursery school teachers).

ECD stakeholder. Stakeholders include beneficiaries (e.g., children, families, communities); government (e.g., Ministries of Social Welfare, Health, Children and Youth, Agriculture, Education) national statistics offices, CSOs (e.g., NGOs, CBOs, religious organizations, unions, universities, professional organizations); private-sector individuals and organizations; and donors (e.g., UN agencies such as UNICEF and WHO, other multilateral organizations, bilateral organizations, foundations, international NGOs).

Home-based care. Care provided to the terminally ill and their families in their homes. Informed by a caregiver about the plight of a destitute person or family, a social worker may visit the person or family and be expected to arrange for the care of any children in the home.

Informal fostering. Care of children by the next of kin when parents are unable to care for them.

Life Skills Education. Knowledge for everyday life. The curriculum aims to help students make better life choices and includes topics such as nutritional counseling, health education, psychosocial guidance, and early childhood care and education, gender, sexuality and HIV/AIDS

National AIDS Council (NAC). The highest body responsible for overseeing (a) preparation and implementation of the National HIV/AIDS Strategy and Plan of Action and (b) implementation of the multisectoral HIV/AIDS Rapid Response Project activities.

National AIDS Secretariat (NAS). The body that provides coordination and administration for the NAC, but does not implement programs.

Non-formal education (NFE).
Education that is not based on a single model (e.g., institution-centered, kindergartens), but instead includes various

models such as home-based, center-based, and community-based education and may include services that affect young children indirectly, such as parent education programs.

Orphans. In most studies, this term refers to children under age 15 who have lost one or both parents. In rare cases, all children under age 18 who have lost one or both parents, or an only child whose mother has died, may be considered orphans.

Orphans and other vulnerable children (OVC). These two groups of children are usually considered together because directing services only to orphans or assisting an only child whose parent has died of AIDS-related causes, without regard to other vulnerable children, is considered an inappropriate intervention. In Africa, the term "orphan" is usually not applied to children who have a surviving relative who can care for them after the loss of a parent, and not all orphans are vulnerable. The vulnerability of children in Africa is compounded by the geographic concentration of HIV/AIDS and other factors, such as:

- Being cared for by vulnerable families and/or residing in vulnerable communities;
- Being severely disadvantaged by high levels of poverty;
- Having little or no access to even the most basic services because of poor infrastructure.

Permanency planning. This term is used to describe a variety of services and programs delivered for children who are at risk of being removed from their families of origin or are in out-of-home placement, with the aim of securing a caring, legally recognized, continuous family for the child.

Statutory adoption. This term describes court-ordered placement of orphans in a home. The practice is not very common in Africa.

Succession planning. This experimental intervention includes helping parents write wills and appoint guardians, counseling children and adults, creating family "memory books," and providing other services to promote children's well-being in the long term.

Unregistered residential care. Orphans are placed in these facilities when their extended family cannot care for them and the responsibility for care falls on neighbors or "good Samaritans" in the community.