



# Promoting Early Childhood Development for OVC in Resource Constrained Settings: The 5x5 Model



## Summary

In 2005, there were approximately 12 million children orphaned by AIDS in sub Saharan Africa. By 2010, this number is projected to grow to 15 million.<sup>1</sup> The number of orphans due to all causes is likely to reach a staggering 50 million.<sup>2</sup> AIDS, conflict, natural disasters, endemic diseases such as malaria and tuberculosis, and rising poverty are claiming the health and lives of millions of productive adults in Africa, leaving their children orphaned and vulnerable. Traditionally, extended families and community members would care for these children, but the sheer scale and complexity of these problems are eroding traditional support networks, leaving orphans and vulnerable children (OVC) with little, if any, adult care and supervision.

Among these OVC, young children below the age of eight represent an extremely vulnerable population. Recent research has shown that as many as 200 million children worldwide fail to reach their cognitive and socio-emotional potential because of malnutrition, micronutrient deficiency, and lack of stimulation during early childhood.<sup>3</sup> These findings are especially pertinent for Africa, where 15 percent of all orphans, or about 6.5 million children, are under 5 years of age. Deprivation during these early years results in life long deficiencies and disadvantages. By contrast, adequate care, stimulation, and nutrition in early childhood can lead to positive physical, socio-emotional, and cognitive outcomes measurable well into adulthood.<sup>4</sup> It has been widely recognized that meeting the needs of these very young children necessitates integrated interventions that move beyond the traditionally isolated realms of health and education to also encompass child rights, economic empowerment of families, and improved community capacities.

CARE designed the “5x5 model” to illustrate and integrate the critical needs mentioned above into a simplified holistic and replicable program, capable of delivering early childhood development interventions in resource constrained areas through community based childcare centers catering for the 2-8 year old age group. The model achieves impact through five levels of intervention: (1) the individual child; (2) the caregiver/family; (3) child care settings; (4) the community (including health and municipal services); and (5) the wider policy environment, with a focus on national ministries of health and education. The 5x5 model sets forth five areas of

impact for comprehensive interventions that are necessary for helping young OVC survive and thrive: (1) food and nutrition; (2) child development, inclusive of physical (gross and fine motor development), cognitive (language and sensory development), and socio-emotional (addressing psychological and emotional development); (3) economic strengthening; (4) health; and (5) child protection. Under the 5x5 model, while the child is the central focus, the child care setting, from crèche to formal school, is the critical entry point for interventions, since such settings provide cost effective opportunities to deliver integrated services to a number of children at once. A second target for intervention after the child is the caregiver and the child’s family, with an emphasis on enhancing parenting skills and improving household economic security. Central to the 5x5 model is building the capacity of child care centers to facilitate early childhood development and education while empowering caregivers and communities to improve the lives of young OVC and their families. Advocacy around these interventions should ultimately lead to changes in the larger policy environment to reflect recognition of early childhood development as a national priority.

**Program Duration:** 2006-ongoing. Early research was conducted in spring of 2006 with follow up research and pilot programming beginning in summer of 2006.

**Main Topics:** HIV and AIDS, orphans and vulnerable children (OVC), child survival, early childhood development (ECD), food security, child rights, nutrition, economic security, education, support for OVC caregivers, community capacity building, and psychosocial support.

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**Location:** Kenya, Uganda, Rwanda, Zambia, South Africa.

**Principal Donors:** CARE USA, USAID (via the Hope for African Children Initiative), Conrad N. Hilton Foundation, and Covance, Inc.

**Goal:** To reduce vulnerability and isolation and to improve quality of life and long-term developmental outcomes for pre-primary school OVC through a set of sustainable, holistic, community-based interventions during early childhood.

<sup>1</sup> The term OVC (orphans and vulnerable children) includes, but is not limited to, children infected or affected by HIV and AIDS. Definitions of vulnerability are derived in collaboration with local communities, and aim to include all orphaned and vulnerable children and avoid singling out or stigmatizing children infected or affected by AIDS.



Children at the Busia ECD center hold dolls they have made using locally available “*ebyaayi*” (banana fiber).

## The Importance of Early Childhood Development

### Early Childhood Development: The Critical Window

All stages of human growth are important, with each stage including specific milestones of progress. However, early childhood, which encompasses birth to eight years, is considered to be the most critical foundation stages of growth and development. The term “early childhood development”, (ECD) is used to refer to the processes by which children grow and thrive, physically, socially, emotionally, and cognitively during this time period.<sup>5</sup> These early years have a longer lasting impact on the full life course than any other period.

During the first two years of life, a child un-

dergoes rapid physical development, including skeletal, muscular, and organ growth. This is also when a child’s immune system establishes itself. The brain and the entire nervous system increase the numbers of neural connections, while nerves gain myelin, leading to increasing gross and fine motor skills.<sup>6</sup> Poor nutrition, as well as lack of affection and stimulation, during this critical period can create permanent deficits in all three of the traditional developmental domains: physical, cognitive, and socio-emotional.<sup>7</sup>

A child’s initial experiences form the foundations for subsequent learning in later life. Studies conducted on the impact of early childhood development and education programs show a direct

positive correlation between ECD interventions and early learning, school readiness, retention, and success in primary school.<sup>8</sup> Effective ECD programs enhance children’s physical well-being, cognitive and language skills, and social and emotional development, thus increasing their propensity for learning. As young children become accustomed to the classroom/school environment in ECD programs, they learn how to interact with their teachers and socialize with other children. Succeeding in these basic activities leads to a smoother transition into primary school.<sup>9</sup>

### Early Childhood Development: Global Momentum

Over the last decade, early childhood development has been integrated into the larger goals of a number of global initiatives. In 1990 the Jomtien World Declaration on Education for All (EFA), highlighted Early Childhood Development (ECD) and Early Childhood Care and Education (ECCE)<sup>ii</sup> as vital components for meeting the needs of young children and enhancing their readiness for school.<sup>10</sup> In 2005, the Committee on the Rights of the Child (CRC)<sup>iii</sup> incorporated early childhood development into its agenda. The Committee also established a definition of early childhood as “all young children at birth and throughout infancy; during the pre-school years; as well as during the transition to school”.<sup>11</sup>

Early childhood development programs have since been cited as crucial for achieving many of the Education for All<sup>iv</sup> (EFA) goals, including:

- **Goal 1:** Expanding and improving ECCE for the most vulnerable and disadvantaged children;

- **Goal 2:** Increasing the number of children beginning and completing primary school;
- **Goals 3 and 4:** Providing parents and caregivers with access to parenting education and adult learning;
- **Goal 5:** Promoting gender parity; and
- **Goal 6:** Improving the quality of the overall education system.<sup>12</sup>

In addition to EFA goals, early childhood development and education support the achievement of the Millennium Development Goals (MDGs). Early childhood programs play an important role in breaking the cycle of poverty (MDG 1),<sup>13</sup> reducing child mortality (MDG 4), and combating infectious diseases like AIDS, malaria, and tuberculosis (MDG 6).<sup>14</sup>

Early childhood development is critical, not only for life long health, but also as a means to reduce intergenerational transmission of poverty.<sup>15</sup> Impoverished children often have the most deprived upbringing, setting them up for poor school achievement and lower lifetime earnings.<sup>16</sup> Long-term studies have demonstrated positive correlations between a child’s involvement in ECD programs and his/her readiness for primary school, continued enrollment in secondary school, and increased life long income. In addition, family members report that children enrolled in ECD programs have better social skills, cry less often, and are more responsible in the home.<sup>17</sup>

### The Interdependency of Developmental Domains

Understanding the interaction of all domains of development is critical in addressing early childhood needs. The traditional domains of

ii The 2007 EFA Global Monitoring Report defines Early Childhood Care and Education (ECCE) as support for “children’s survival, growth, development and learning—including health, nutrition, and hygiene, and cognitive, social, physical and emotional development—from birth to entry into primary school in formal and non-formal settings” (p.15)

iii The Committee on the Rights of the Child (CRC) as part of the Office of the United Nations High Commissioner on Human Rights (OHCHR) monitors the implementation of the Convention on the Rights of the Child.

iv The Education for All goals promote educational opportunities for every stage in life, from infancy and early childhood through to adolescence and adulthood. UNESCO is the lead agency for the coordination of EFA programs, data collection, and publication.

development<sup>v</sup>—physical, cognitive, and socio-emotional (also referred to as psychosocial)—are interrelated and interdependent. Recently published research conducted in Bangladesh found that psychosocial stimulation was equally as important for motor skill development as good nutrition.<sup>18</sup> Physical growth after the age of six has been shown to be highly dependent upon hormonal secretions triggered by affection and social interaction.<sup>19</sup> Additionally, research has determined that growth failure in children can be as much the result of emotional neglect as poor diet.<sup>20</sup>

## Early Interventions are Best for the Most Vulnerable

Research shows that younger children benefit most from childhood enrichment programs—with the ages of 0-36 months representing a highly critical window of development opportunities and vulnerabilities.<sup>21</sup> Good nutrition, stimulation, and protection against disease during these years have measurable positive outcomes into adolescence and even adulthood.<sup>22</sup> For these reasons—and also because the costs of remedial work with children are often higher than the costs of early childhood programs—ECD interventions are viewed as one of the most cost effective means of aiding child development.<sup>23</sup> Furthermore, as recently highlighted in the 2007 EFA Global Monitoring Report, disadvantaged children benefit the most from early childhood interventions since these programs can actually, “compensate for young children’s negative experiences as a result of conflict (within the family or society) and nutritional or emotional deprivation” (p.109).<sup>24</sup>

Additionally, poor children with developmental delays and disabilities are at increased risk for poor outcomes in terms of health, well being, and success in life. These children benefit greatly from early identification and intervention. Appropriately trained teachers have the opportunity to identify development delays and



disabilities and provide remedial activities and/or referral to appropriate agencies and services for assessment and treatment. Support for caregivers of disabled children is also key for meeting the specific needs of these children in their home environments. Because access to education is inconsistent and unreliable for OVC, ECD programs play an important role in helping these children acclimate to a school environment and access developmental support from an early age.

## Children’s Vulnerability and HIV

AIDS orphans and children who have experienced serious emotional trauma early in life are more likely to experience depression and other mental health problems later in life.<sup>25</sup> HIV exacerbates poverty’s effects on young children by increasing deprivations suffered as livelihoods and incomes are lost.<sup>26</sup> Morbidity attributable to opportunistic infections creates an unstable home environment. A parent who is sick is unable to work and incurs medical bills that drain household income, leading to increased poverty for his or her family. Children also suffer emotionally as they witness their parent’s health decline. AIDS thus becomes a risk factor for negative health outcomes for parents and children. Stigma plays a role in these negative outcomes as well. The stigma associated with HIV and AIDS affects social status and often leads to discrimination and fur-

<sup>v</sup> CARE uses these three domains to simplify the domains of early childhood development and they should be seen to include motor, sensory, language, psychological and emotional development.

their marginalization of families and individuals from the community and service providers. This isolation prevents children from participating in social or educational activities and interferes with their access to health services.

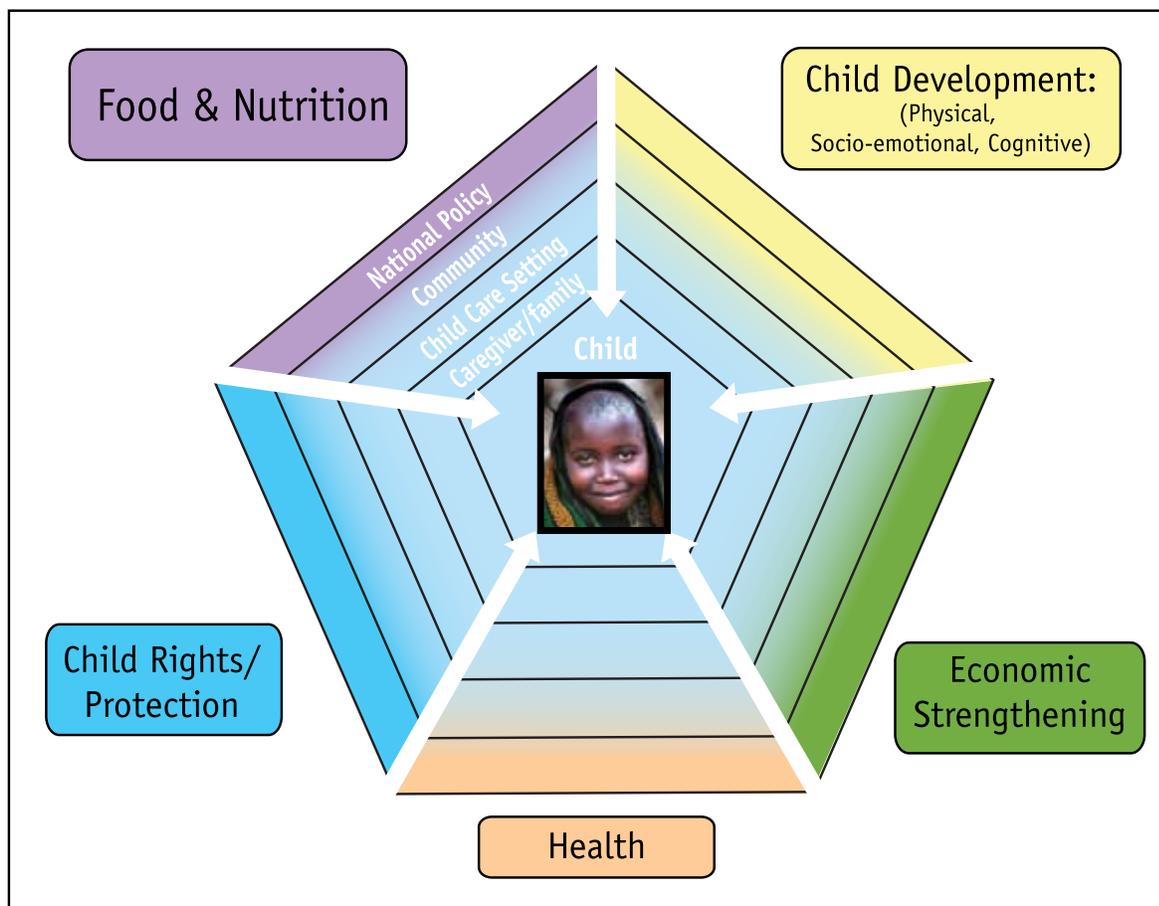
HIV positive children are particularly vulnerable, frequently exhibiting more developmental delays than uninfected children. HIV infection in children often undermines neurological development and increases nutritional intake requirements while decreasing nutrient absorption.<sup>27</sup> As a result infected children are less likely than their peers to reach growth and developmental milestones. In addition, HIV positive children face substantial risks for opportunistic infections. The vast majority of HIV infected children will die before the age of five without intervention.<sup>28</sup> Holistic early childhood programming can prolong and enhance the lives of HIV infected children by addressing their physical, emotional, and educational needs.

### Women's Empowerment and Girl's Education: ECD Presents Opportunities

Evidenced-based research has also shown that access to early childhood development centers and services plays a significant role in women's economic empowerment and girls' education.<sup>29</sup> Often—particularly when a mother is ill—young school aged girls are required to remain at home to take care of pre-school aged children. ECD centers and other types of child care services for young children allow older caregiver sisters time to attend school on a more regular basis. Mothers who are able to access affordable schools for all their children experience an increase in their earnings as they are able to work while their children are attending school.<sup>30</sup> Early childhood development programs can be an important aid in helping to overcome discriminatory barriers and gender inequalities that already exist at the time of first entry into school.<sup>31</sup>



## CARE's Response: The 5X5 Model



### HIV and OVC Programming: The Early Childhood Gap

CARE recognizes that in the global response to the HIV crisis, there has been a significant gap in programming attention for children under the age of eight and their caregivers. Development strategies around HIV and AIDS tend to provide services for older children and youth, often neglecting the pre-school age group.<sup>32</sup> Ignoring this rapidly growing population of HIV infected and affected children has serious long-term implications: increased morbidity and mortality as basic needs go unmet, increased spread of HIV as young people focusing on survival never learn nor pay attention to protecting against the spread of the disease, economic stagnation as children grow into

unskilled workers, and a greater risk for social violence and unrest resulting from undeveloped social and coping skills.

In community after community, an entire age group (0-8) was not accessing services, including treatment and care. Cross visits by CARE staff between country offices revealed that this was a widespread problem in a number of sub-Saharan countries. Many of the children in question were in their pre-school years. Too young to attend primary school, young children are often left unattended in the house as overburdened caregivers are forced to choose between work and child care.

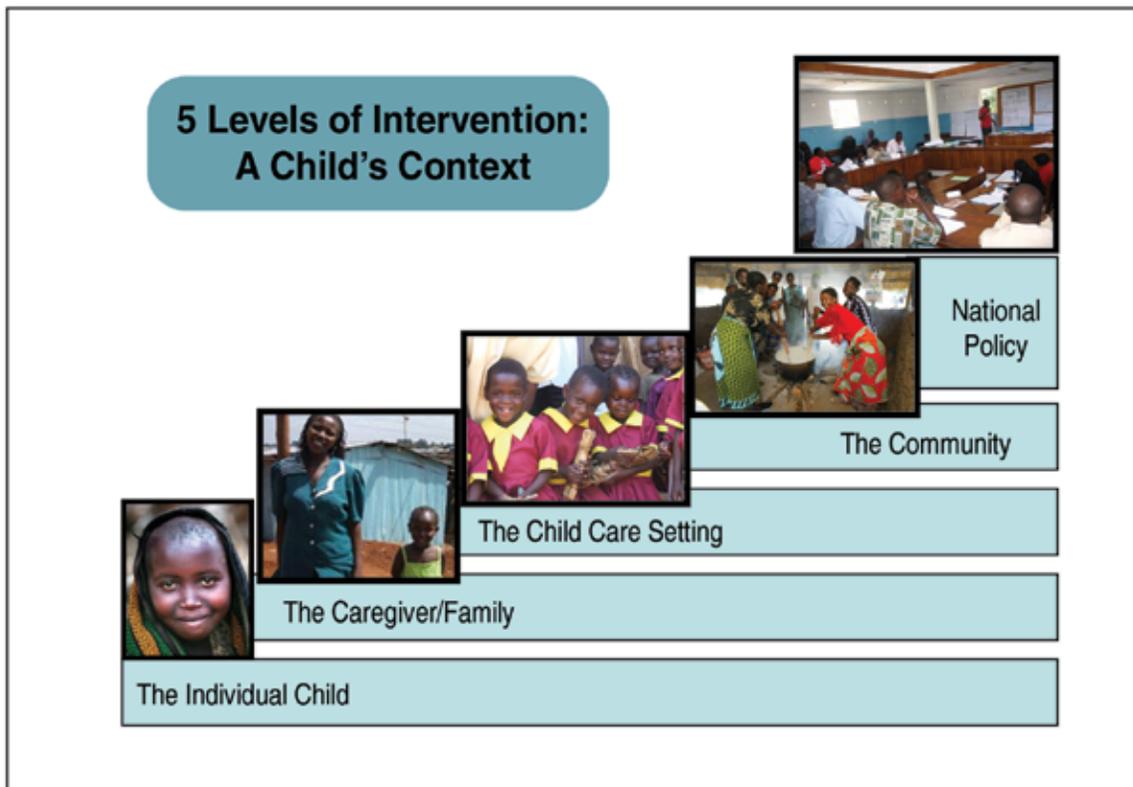
In child-headed households, older children are forced to choose between attending school and caring for the younger children at home.

Early Childhood Education (ECE) became part of CARE's global education portfolio in the mid-1990's. Projects implemented under this initiative, such as Community Action in Support of Education in Egypt in 1997, have given CARE valuable experience in the design and management of early childhood development programming. Over the last decade, CARE's ECE portfolio has grown to include projects in more than 20 settings, leading to an ever-expanding knowledge base. Early investment in children's development is a means to build social equity, address gender inequality, and give marginalized families a better chance of breaking out of the intergenera-

tional cycle of poverty.

As CARE OVC programs began to address the challenge of early childhood development among vulnerable children, it became clear that an approach consisting of one or even two areas of intervention, (e.g. health and education), is not sufficient to address the varied, interdependent needs of very young children. Additionally, focusing only on children, or only on children and their caregivers, does not adequately address needs of the community or facilitate essential changes in national policy. As a result, CARE integrated sectors and strategies in health, early education, water, nutrition, food security, economic development, community mobilization, policy and advocacy, employing a rights-based approach, to develop the 5x5 model.

## The 5 Levels of Intervention



## 1. The Individual Child

The primary beneficiary of all early childhood interventions is the individual child. Although many other early childhood development and education programs have targeted children, most programs tend to focus on process and output indicators to measure progress. Impact evaluation has not always been properly incorporated. Implementation of CARE's 5x5 model mandates the measurement of impact on children's physical, socio-emotional, and cognitive development using validated and culturally relevant tools and indicators. These data, combined with standard health and nutrition indicator data, contribute to the knowledge base of approaches and interventions that have proven to have the most meaningful impact on the development of a child.

## 2. Caregiver/Family

The health and well being of each child is highly dependent upon the health and well being of his/her primary caregiver and the level of household income. Poverty and domestic violence are most often cited as major obstacles to child wellbeing within the home.<sup>33</sup> These obstacles can be minimized or even eliminated by providing caregivers and households with microfinance or income generating activities (IGA) training, adult education, parenting classes, mentoring and other social support groups, nutrition, and child rights training. Helping caregivers to: access physical and mental health service; build parenting skills and; boost earning potential are important and sustainable strategies that benefit entire households.

## 3. Childcare Settings

With the increase in the numbers of OVC, many communities have formed crèches, day care centers, and full-fledged ECD centers to offer care to children too young for primary school. Using a child care setting as an initial point of intervention within a community provides an effec-



*Grandparents and older siblings are left to care for young OVC. Integrated services aimed at improving the economic security at the household level have been more effective in ensuring the well-being of OVC.*

tive focal point around which services benefiting caregivers, households, and individual children can be organized and delivered. Child care settings also make excellent gathering points for community meetings, classes, and health services (e.g. growth monitoring and vaccinations). Such settings can also serve as forums for discussion of local and regional policy, thereby planting seeds for civic engagement in policy change.

#### 4. Community

Children, families, crèches, and community ECD centers are only as strong as the communities that support them. Sustaining the benefits of any ECD intervention depends upon buy-in from caregivers, local authorities, and community leaders. Communities lay the foundation for the well-being of children, providing the social setting where children grow, develop, and thrive as successful members of society. Community actors can be mobilized through the platform of early childhood interventions to effectively respond to the needs of young children. Through Parent-Teacher Associations (PTA) and volunteer programs, communities play an important role in ensuring the effective management of ECD centers. Community members are involved in activities such as rotational cooking, painting and upkeep of centers. Awareness-building activities that incorporate better nutritional practices, hygiene, safe water handling, early childhood illnesses and immunization, and issues around child abuse and neglect mobilize community members to address childhood needs.

Communities can benefit from skills trainings that CARE has promoted in previous programs:



*In Zambia, women participate in rotational cooking. Such activities encourage community ownership of and participation in OVC support programs.*

group savings and loans (GS&L), income generating activities (IGA), and small business selection and management (SBSM). These programs also serve as important entry points for HIV education, stigma reduction sensitization, and referrals for HIV testing and treatment. In addition, such groups are a means for psycho-social support, offering solace and coping techniques for community members saddled with the stress associated with poverty and HIV and AIDS. Furthermore, important resources often exist within the community in the form of health clinics, child rights

#### **Promising Practice #1: Service Integration at ECD centers**

*In mid 2006, CARE, through the Hope for African Children Initiative, established a comprehensive ECD program at a center in Busia, a town along a transport corridor in Uganda. At this center, children between the ages of 2-8 years are provided with a stimulating and healthy child care environment and nutritious daily meals, while complementary programming reaches out to the community, creating an environment conducive to child development. The project informs the community about child nutrition, parenting skills, and child rights through regular radio programming, leading to increased demand for ECD services. A local Catholic health center provides preventative and curative medical services to children*

*and their families. Older OVC, who are often the heads of households in Uganda, are referred to an area vocational school for skill training. The ECD center is linked with a government child welfare officer to address issues related to child rights violations and enforcement. Microfinance programming benefits caregivers, many of whom are grandparents, who are now able to access low interest loans and establish thriving microenterprises. The center has also established a mothers' mentoring program in which young mothers are paired with older mothers to enhance their parenting skills and provide much needed support. Some young mothers in this area have been trafficked from other African countries, and find themselves pregnant, alone, and far from home. Still children themselves, they need a great deal of support if they are to build secure homes and raise healthy children.*

organizations, HIV support groups, and feeding programs. Often these resources can be more effectively focused on vulnerable children and accessed by community members once awareness is increased through community outreach, resource mapping, and community advocacy.

## 5. National Policy

Any improvement in health, education, or child rights on a local level will be short-lived without accompanying changes in nationwide policy, laws, budgets, and national action plans. Early childhood programs deserve greater recognition and financial support. Improved early childhood policy is the best way to ensure sustained, country-wide benefits for young children, caregivers and caretakers. Relevant national ministries can improve the quality of country-specific early childhood development curriculums and facilitate their dissemination to schools and less formal child care settings. ECD interventions can serve as catalysts for policy change if policymakers recognize the role that ECD interventions can play in meeting national objectives and MDG goals. Holistic early childhood programs contribute to reducing child

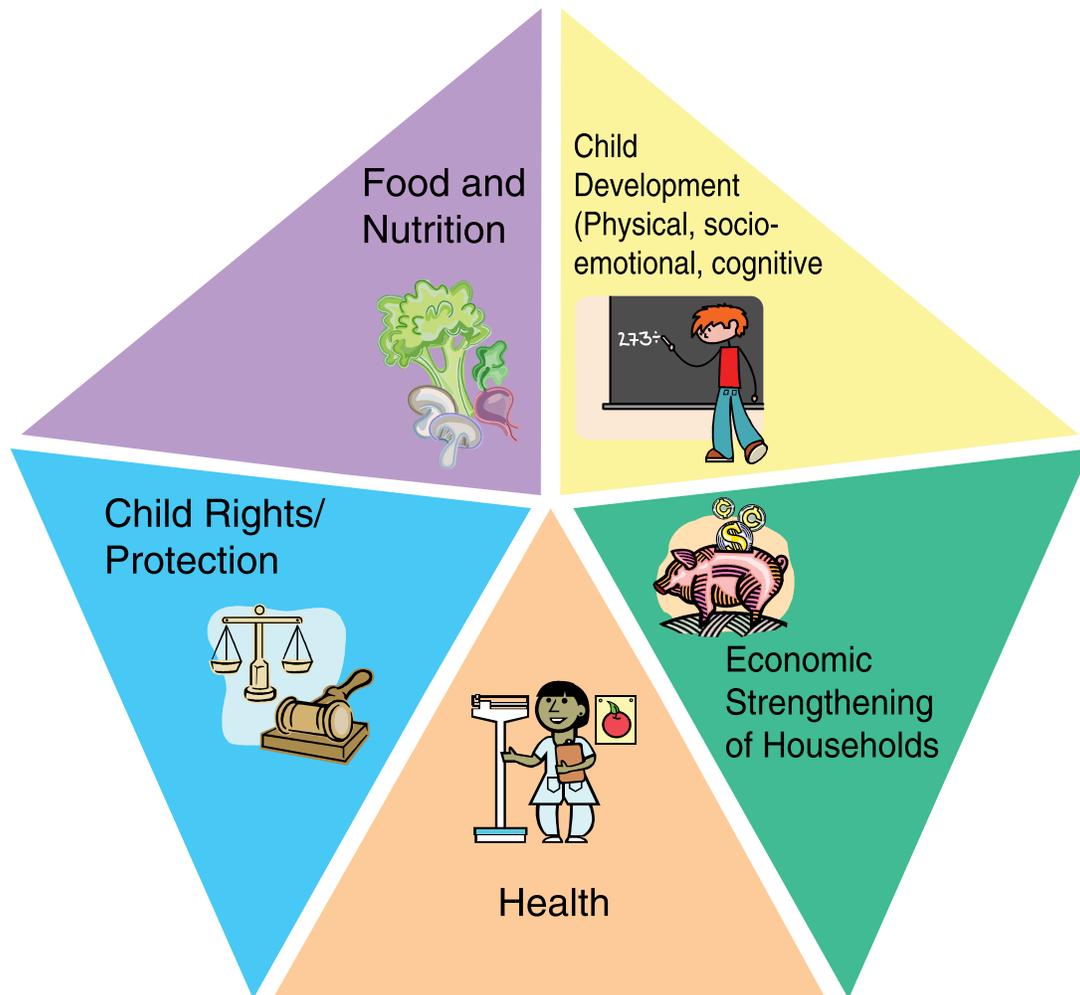
mortality, facilitating access to education and health care, improving the economic security of households, and building the capacity of communities to respond to OVC.

Making an impact on national policy is integral to the 5x5 model. To influence the policy environment, CARE works with local partner organizations and other key stakeholders in the community to highlight the plight of young OVC through advocacy and community mobilization. This has been especially successful in Kenya, where CARE is working with local NGOs to build awareness and promote the rights of the child. With support from the Hope for African Children Initiative, CARE is building the capacity of local organizations to protect children's rights and deliver quality services to young OVC. Advocacy is a key component of promoting change. CARE is part of a coalition of voices that publicly advocates for the needs of children, ensuring that governments protect orphans and provide essential services and safety nets for children and families affected and infected by HIV and AIDS.

*Building awareness and mobilizing communities to address early childhood development needs.*



## The Five Areas of Impact



### 1. Food and Nutrition

Nutrition plays a vital role in early childhood development. Physical development during the period between birth and three years of age is critical as this is the time when children are most vulnerable to the permanent effects of stunting and negative cognitive outcomes attributable to malnutrition. Because a child's brain undergoes tremendous growth between the ages of 0-8, caloric and protein intake impact a child's future mental abilities. Micronutrients also play an important role. Iodine and iron deficiencies

have been cited as two of the leading reasons for poor developmental outcomes for young children in developing countries.<sup>34</sup> Numerous studies have shown the positive impact of good nutrition on academic performance throughout childhood and adolescence.<sup>35</sup>

Following the 5x5 model, every ECD center should provide at least one nutritious meal to every child. In urban environments, this might require linking ECD centers with food donation programs. To be

eligible for many of these programs center must have appropriate food storage and sanitation. In rural areas, programs without access to donated food resources must depend upon either community donations and/or establishing gardens at the centers. In such cases, community members are instructed in environmentally responsible farming methods and which types of produce provide the most nutritious diets. In addition to increasing food security, interventions build ECD center staff and parent/guardian capacity through training on childhood nutrition, as well as safe food and water handling. These types of training are essential to reducing food and waterborne infections that lead to diarrhea, one of the major causes of infant and child mortality.<sup>vi</sup>



*CARE is supporting the ECD centers develop their infrastructure to meet food donor requirements. Sloam one of the ECD Centers supported by CARE meets Feed the Children's infrastructure requirements with raised platforms for storage of food as well as adequate sanitation facilities.*

## **Promising Practice #2: Improving Access to Food and Nutrition:**

*At ECD centers in Kibera, an informal settlement of 1 million people in Nairobi, Kenya, CARE project staff created crucial linkages to a national food mobilization consortium called the Food Fund. The fund brings together several civil society organizations and private sector players to mobilize and distribute food donations to poor and marginalized communities and institutions. As a result, the centers are able to access donations of fortified food. To make food donations more accessible to the ECD centers in Kibera, CARE as-*

*sists the communities in negotiating with landlords for stable long-term leases for the centers before embarking on renovations. CARE is also improving food storage and sanitation areas to enable the centers to be eligible for food donor programs. Linkages with health care providers are helping the centers locate stable and sustainable sources of multivitamins for the young OVC. To build the capacity of the centers and support the caregivers in providing nutritious meals to the children, CARE is supporting the training of teachers and caregivers on nutrition and safe food handling at the centers and at home. Caregivers take part in cooking rotations at the ECD centers, contributing to a sense of community ownership of the centers.*

<sup>vi</sup> CARE's Training for Environmental and Agricultural Management (TEAM) in Lesotho has provided early childhood programs with a viable model of community gardens (Lessons Learned document available).

## 2. Child Development

Critical windows for physical, cognitive, and socio-emotional development are open only during early childhood. It is common knowledge that nutrition contributes to physical growth and play contributes to socio-emotional development.<sup>36</sup> However, research has shown that the developmental domains of early childhood are highly interdependent. A recent study found that socio-emotional stimulation was equally as important for aspects of physical development as good nutrition.<sup>37</sup> Growth failure in early life has been attributed to emotional neglect as well as poor diet.<sup>38</sup>

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

*It is important to introduce games and learning activities that promote cognitive development and problem solving skills*



*Children at the Busia ECD center play in a refurbished playground under the supervision of caregivers.*

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

The 5x5 model focuses on linkages between the ECD centers and formal primary schools. Early childhood development programs have been proven to be important in helping children transition to formal school settings.<sup>39</sup> Creating such school transition opportunities enables OVC to gain access to further education, increases school retention, and also makes it possible to monitor the long-term effects of early childhood development programs on individual children.

## 3. Economic Strengthening

Economic strengthening interventions such as GS&L trainings, IGAs, and SBSM are integral to CARE's 5x5 model. GS&L enables caregivers to save and lend to each other at rates more reason-

## **Promising Practice # 3: Enhancing Economic Security:**

*At the Busia ECD center in Uganda, initial economic strengthening activities targeted 70 households whose children access ECD services. Caregivers were selected and trained on finance and small scale business management and then divided into small groups. Each group received bags of charcoal and maize as start-up capital. The groups defined their management and operational structure and registered with the local authorities. Profits made from the sale of these goods were saved at a local bank and members collectively discussed ways of re-investing funds at weekly meetings. Members established peer-to-peer support mechanisms enabling each member to contribute a specified amount weekly to another member. The member receiving money could then use the amount to purchase furniture, books,*

*and other household items. The groups also provide loans to individual members at low interest rates for investment in individual business ventures.*

### **What is working for IGA groups?**

*The IGA groups are helpful to caregivers in supplementing household income and have promoted a spirit of saving among the caregivers. The group savings scheme evolves into an association aimed at encouraging a revolving fund and loan scheme among IGA households.*

*From interviews with some of the members, beneficiaries revealed that their incomes have increased both at group and individual levels. The family help group has accumulated funds equivalent to the initial grant amount. At the individual level, beneficiaries reported improvement in food security and ability to afford basic household items.*

able than those charged by commercial lenders or loan sharks. Most participants borrow money to start small businesses, often based on skills acquired through IGA trainings. Skills for selecting and managing a business are built through SBSM. Profits from these businesses can enable households to both meet their basic needs and repay what was borrowed back to the savings and loans group.

Such microfinance schemes have had a positive impact on the physical and emotional well being of children.<sup>40</sup> CARE's economic strengthening programs have succeeded in a number of sub-Saharan African countries by increasing household income and assets and providing direct benefits to children in the form of better nutrition, increased school attendance, and health care.<sup>41</sup> These interventions are easily monitored through the number of savings groups formed, the amount saved by each, and the uses made of savings.

## **4. Health**

Diarrhea, anemia, respiratory infections, malaria, and malnutrition are some of the biggest threats to child survival. For young children's health to improve, communities need access to quality health clinics, safe water, and sanitation. In urban areas there are numerous clinics and health centers providing free treatment to young children. As a result of poor outreach and communication, many guardians are unaware of the services provided by these centers or how to access such services. In rural areas, access problems are compounded by distance. In both rural and urban environments, poor children have little interaction with healthcare personnel outside of vaccinations and clinic visits for acute conditions. The lack of routine health screening results in untreated infections and health conditions (eye and ear infections, parasitic infections, HIV, etc.) that can inhibit child development.

Children's health can be improved by strength-



*ECD center staff are trained by CARE to monitor the growth of young OVC. The staff were also trained on record keeping to enable them to maintain immunization and other health related records, and to track absenteeism due to illness.*

ening linkages among ECD centers, schools, crèches, and health clinics, as well as by bolstering clinics' outreach programs. In rural areas, where access to health services is often limited, linking with existing resources as well as identifying and mobilizing community health workers provides children and their guardians with better health care options. Additionally, trainings in first aid, safe food handling, and safe water

and sanitation have been important in preventing childhood illnesses. Providing ECD centers with water treatment chemicals (Water Guard) and safe storage vessels reduces the incidence of waterborne diseases.

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

HIV is a pervasive health challenge complicated by issues of stigma. Education of caretakers and caregivers at ECD centers may lead to the reduction of the silence surrounding HIV and the

### **Promising Practice #4: Creating Linkages in Healthcare Delivery**

*Two health centers providing health services to children in Kibera (the Langata health center and the MSF Belgium clinic) were identified for the purpose of collaborating with CARE in the provision of medical services to children in ECD centers. Numerous discussions were held with the two centers to identify and agree on the specific areas and means of partnership, and subsequently CARE and the two centers signed a Memorandum of Understanding (MoU). The MoU clearly defined the roles and responsibilities of each party in the partnership in providing both preventive and curative health care service including anti-retroviral treat-*

*ment for children infected with HIV.*

*A total of 1084 children from the centers received a variety of health services, including immunization, deworming, growth monitoring, vitamin supplements, and treatment of minor illnesses like respiratory infections and ringworm. Based on the general assessment of the children's health status conducted during the exercise, children who were found to be in need of sustained or specialized medical attention (including those with conditions that might indicate HIV positive status) were referred to the health centers for further investigations and treatment. The referral services and follow-up treatment are provided by the two health centers. In addition, ECD center staff were trained on record keeping to enable them to maintain immunization records and track absenteeism due to illness.*

isolation experienced by those living with the disease.

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

## 5. Child Rights/Protection

OVC and their guardians experience a range of well-documented rights abuses, including property stealing, the worst forms of child labor, sexual abuse, physical abuse, and severe neglect. Under the 5x5 model, interventions on child rights and

protection have two main components:

- **Capacity Building and Links with Pre-Existing Resources:** The 5x5 model leverages existing community resources. CARE OVC programs in Kenya and Rwanda protect and advance child rights through advocacy initiatives and trainings aimed at increasing awareness among local government authorities.<sup>42</sup> Police officers, judges, magistrates, and child welfare officers can be important advocates for vulnerable children. First they must know what they can do to help. In the CARE Local Links program in Kibera, once police officers and magistrates were educated on new laws and critical issues surrounding child vulnerability, they were able to respond more effectively to child abuse and neglect cases.

There are numerous CBOs and NGOs that provide legal representation, advocacy, and protective services to children in need. Often, some of these local organizations do not have the experience or

### **Promising Practice #5: Building awareness on the rights of the child**

*The need to initiate a legal protection component in the ECD initiative was prompted by a report on a study conducted by CARE Kenya in partnership with other development agencies on child sexual abuse in the country in 2004. The report, dubbed The Defilement Index, indicated that Kibera had the highest incidence of child sexual abuse cases in the country. At the Kibera ECD Centers in Kenya, CARE in collaboration with other partners supported and coordinated the training of ECD center staff on the rights of the child. The training curriculum draws mainly from the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child and the Kenya Children's Act of 2001. It also provides the staff with practical skills in the identification of cases of child abuse and neglect as well as information*

*on available services for effective intervention. With the acquired skills, the ECD center staff will be able to identify and appropriately intervene in child abuse/neglect cases and refer them for specialized care or to the proper authorities, as well as provide them with psycho-social support at the center while monitoring their progress in the home.*

*The centers are further linked to CLAN (the Center for Legal Action Network) a Kenyan child-focused NGO with a wealth of experience in the training and deployment of paralegals. CLAN paralegals provide free or subsidised legal services to child survivors of abuse and neglect and those acting on their behalf. In accordance with a general agreement between CARE and CLAN, child survivors of abuse and neglect in need of legal assistance will be served by the paralegals trained by CLAN and deployed in Kibera or by the lawyers working for CLAN in their legal department.*



At this Children's rights awareness campaign in Busia, OVC were involved in addressing child rights issues through role playing

resources to promote themselves or to integrate with ECD programs. An ECD program based upon the 5x5 model ideally links existing legal services with ECD services by ensuring that 1) ECD staff members know how to access legal services; and

2) community members understand how these services can assist them and the children under their care.

- **Trainings on Child Rights:** While many national governments have endorsed the UN Convention on the Rights of the Child, far too many children still do not enjoy the rights enshrined in the act. Although many countries have official domestic declarations regarding children's rights to education, health, safety and security, awareness of these laws, declarations, and policies is low in many communities. CARE conducts awareness campaigns to increase communities' understanding of child rights with special focus on community members who are in positions vital to the well being of young children. This often means informing local law makers, law enforcers, and traditional village leaders about child rights declarations endorsed by their own government. At times stakeholders must be encouraged to live up to their own promises as well as to international standards of child rights.

The CARE Lessons Learned document, "*Nkundabana*<sup>vii</sup>, A Model for Community-Based Care for Orphans and Vulnerable Children", illustrates a successful community based OVC project in Rwanda. The project incorporates local authorities into an advisory board, increasing local ownership and sensitivity to child rights. Project managers also facilitate links between beneficiaries and a local child rights organization. This organization provides trained paralegal counselors to help with issues of child exploitation, abuse, and property rights. The 5x5 model draws heavily on lessons learned from the *Nkundabana* model for addressing child rights.

## Conclusion

Preliminary evidence on the 5x5 model indicates that a program reflecting the dimensions contained in the model lead to more cost effective and sustainable interventions due to the emphasis on community ownership.<sup>viii</sup> Initial pilots in challenging and resource-constrained environments, such as urban slums, transport corridors, and rural communities with a large number of child-headed households, indicate that the model can be readily adapted and contextualized. The 5x5 model repre-

sents an innovative, community-centered approach to ECD programming that is responsive to the needs of children made vulnerable by the effects of HIV and poverty. By focusing on the holistic needs of a child, a program adhering to the model strengthens not just the child but also his/her home environment, community, and national policies protecting children from abuse and neglect and fostering child development.

<sup>vii</sup> Nkundabana—Kirwandan for "I love children".

<sup>viii</sup> Biannual reports from ongoing ECD projects in Kenya and Uganda.

## CARE's 5x5 MODEL

### The Five Levels of Intervention

#### 1. The Individual Child

The primary beneficiary of the 5x5 model is the individual child.

#### 2. Caregiver/Family

The health and wellbeing of each child is highly dependent upon the health, wellbeing, and skills of his/her primary caregiver. Level of household income is also an important variable. With poverty, poor care, and domestic violence sited as major obstacles to child wellbeing at home, CARE incorporates caregivers and households in several aspects of its interventions.

#### 3. Childcare Settings

With the increase in numbers of OVC, many communities have initiated ECD centers on their own. Using a child care setting as an initial point of intervention within a community allows for increased access to caregivers, households, and individual children. It also makes for an excellent community gathering point for community meetings, classes, and health services e.g. growth monitoring and vaccinations. Such settings can also provide a forum for discussion of local and regional policy, planting the seeds for policy change.

#### 4. Community

Under the 5x5 model, capacity building at the community level and mapping available resources is a major focus. ECD centers act as platforms for community training on: Groups Savings & Loans (GS&L), Income Generating Activities (IGA), Small Business Selection & Management (SBSM), health, first aid, nutrition, safe food handling, sanitation, and child rights. ECD centers can also serve as important resources for HIV education, stigma reduction, testing, and treatment referrals, as well as providing potential hubs for support groups. Creating linkages for available resources and mobilizing support for ECD centers at the community level helps create a sense of ownership of the centers.

#### 5. National Policy

Any improvement in services for young children at the center or community level will be short-lived without the accompanying change in nation-wide policy to give child health and development greater recognition and financial support. The 5x5 model also includes advocating various ministries for improved ECD curricula, budget allocation, and recognition of the rights of very young children.

### The Five Areas of Intervention

#### 1. Food and Nutrition

Food and nutrition play a vital role in early childhood health and development - the period between birth and three years is when children are most vulnerable to the permanent effects of stunting as well as a number of negative cognitive outcomes due to malnutrition. The goal of the 5x5 model is that every child receives at least one, and ideally two, nutritious meals a day while attending a school, preschool, ECD center, or crèche.

#### 2. Child Development

Between birth and age eight, a young child's brain undergoes enormous growth as neural connections are formed that provide the foundation for language, reasoning, problem solving, and social skills. As with deficiencies in nutrition that may cause life long detriments, deficiencies in cognitive stimulation and/or emotional bonds during these early years can have life long negative effects. CARE is working to ensure that parents, guardians, and ECD caregivers are supported in strengthening a child's cognitive and social development, and dealing with emotional problems related to grief, loss, and neglect. ECD programs can also be important in helping children transition into formal school settings and succeed in primary school.

#### 3. Economic Strengthening

Poverty is a major hurdle for parents, guardians, and early childhood caregivers alike in every setting where CARE works. Economic strengthening in the form of Group Savings and Loans (GS&L) trainings, Income Generating Activities (IGAs) and Small Business Selection and Management trainings (SBSM) are integral to CARE's 5x5 model.

#### 4. Health

Children must be linked into whatever health networks and systems exist within their regions. The networks themselves must be strong in addressing the conditions and infectious diseases that are the major killers of children: diarrhea, respiratory infections, malaria, anemia. Vaccination and records of vaccination are essential, as are basic preventive health systems for safe water and sanitation, management of childhood illnesses, and primary care. Finally, HIV and the host of related issues must be addressed, along with increased access to HIV treatment.

#### 5. Child Rights/Protection

CARE's work with child rights/protection has three main components: identifying and reaching vulnerable children, links and capacity building with pre-existing resources such as legal aid and community mediation, and trainings on child rights.

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## Acronyms

ADEA	Association for the Development of Education in Africa
CASE	Community Action in Support of Education
CBO	Community Based Organization
CGECCD	Consultative Group on Early Childhood Care and Development
CHH	Child Headed Household
ECD	Early Childhood Development
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
GS&L	Group Savings & Loans
HACI	Hope for African Children Initiative
IGA	Income Generating Activities
MDG	Millennium Development Goals
NGO	Non-governmental Organization

OVC	Orphans & Vulnerable Children
SBSM	Small Business Selection and Management
SIMBA	Supporting the Basic Income and Needs of HIV/AIDS-Affected Households and Individuals
TEAM	Training for Environmental and Agricultural Management
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization

## Endnotes

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