

**Children  
Affected by  
HIV and AIDS  
Strategic  
Initiative:  
Synergistic  
Messages**

**Coalition for the  
Care of Children  
Affected by  
HIV and AIDS**

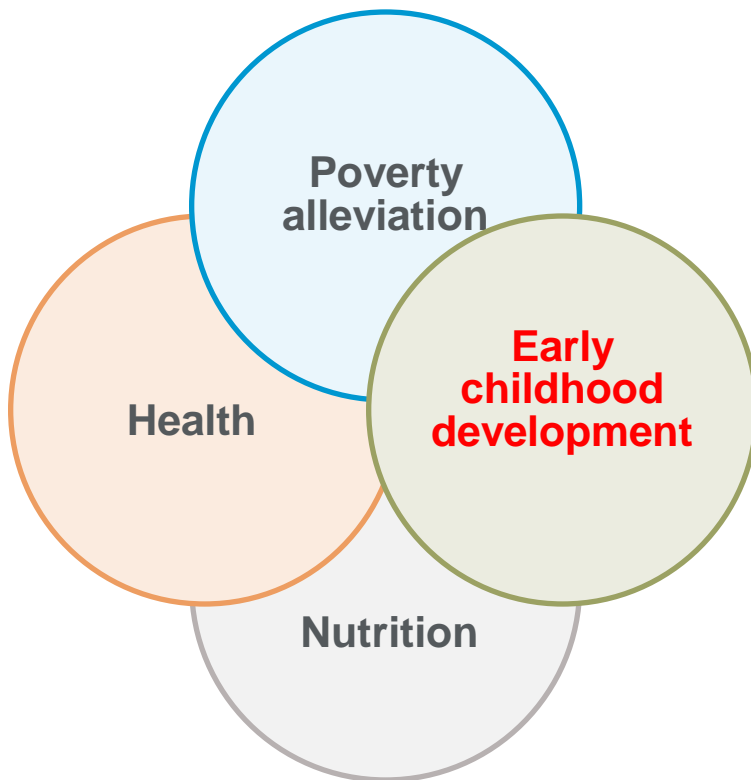
**Road to  
Melbourne  
Meeting #3  
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**Lisa Bohmer**



- 1 All children affected by HIV/AIDS have **increased vulnerability** and face lifelong barriers to well-being.
- 2 **Eastern and Southern Africa** bear the greatest burden.
- 3 **Children from birth to age five** have the most critical development needs, and interventions at this age are the most effective.
- 4 Young children are best served through **parents and caregivers at home**, in their communities, not institutions.
- 5 Funding Gap: Of the approximately \$16 billion invested globally in HIV/AIDS annually, **76% is concentrated in health**.
- 6 Children's needs must be addressed **holistically**. **Integrated approaches** are necessary.

## *Early childhood development is an opportunity*



Early childhood is the ***most rapid period of development*** in a human life.

Scientific research regards early development as ***fundamental preparation*** for learning and life.

Early childhood development ***optimizes*** other outcomes.

Early childhood development for children affected by HIV/AIDS is an ***“urgent and underfunded need.”***

*Three vital components are essential for a child's development*

**Physical  
Development**

*Healthy Growth +  
Body Dexterity*

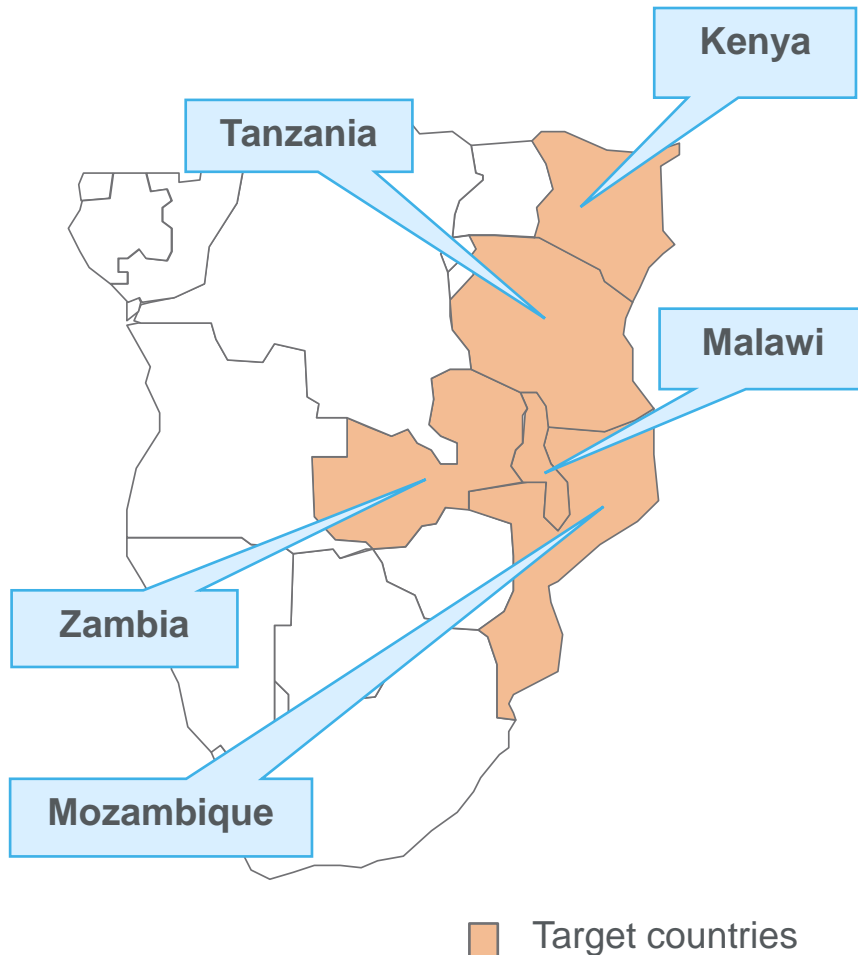
**Social  
Development**

*Caring  
Relationships+  
Social  
Interactions*

**Cognitive  
Development**

*Early Learning +  
Language  
Development*

## 5 Focus Countries and Three Strategic Areas



### 3 Strategic Areas:

**\*Supporting Caregivers To Meet the Development Needs of Children 0-5 years**

**\*Strengthening CBOs and Services for Families**

**\*Developing More Effective Practice and Policy (including learning and knowledge sharing)**

- Focusing on young children 0-5 years is critical – when rapid development takes place.
- Need attention to 2 issues:
  - Neglected aspect of **early childhood development**, and
  - **Integration of services** – putting child and family at the center, breaking down the silos that exist.
- We cannot afford to leave out ECD given the impact that it has, but need to build understanding of what ECD involves – that it is more than pre-school, and that it needs to start at birth, if not before.
- We've found to date that greater understanding of the science that underpins the programs needs to be built – why is ECD so critical for young children, what's going on in the brain?

- **Multiple integration opportunities exist** – opportunities to bring services together
- ECD integrated as part of nutrition, HIV/AIDS, and OVC interventions has multi-directional benefits
- Stimulation should be part of care within both clinic and community settings
- Parenting support can address holistic children's needs – good focal point for ECD, health, economic strengthening for example

- **Reaching the youngest children and their caregivers needs greater emphasis** - mothers and infants are often overlooked/on the sidelines in traditional ECE/OVC programs
- More work needed to integrate within health sector which provides multiple touch points to reach vulnerable children: PMTCT, IMCI, etc.
- Critical to ensure that training and mentoring efforts are of adequate quality and intensity



- How do we best strengthen the enabling environment – involves making the investment case, creating demand in communities and enabling community ownership, supporting CBOs and linkages to government
- What does it take to scale-up?

- What after Melbourne? How can we work together to increase and sustain investments for integrated interventions for young children?

# The Road **Through** Melbourne Requires Creation of a Patchwork to Bring the Pieces Together



# The Journey to Integrated Interventions May Mean Going Off the Beaten Path To Take Risks and Try New Approaches



