



**HIV/AIDS,**  
**young children and the**  
**Bernard van Leer Foundation**



The HIV/AIDS pandemic has had, and continues to have, many devastating impacts.

Among the least well documented, appreciated and addressed is the impact on young children living in affected communities. The Bernard van Leer Foundation seeks to improve this situation by working with others – as a funder, convener and facilitator – to bring together knowledge, policy and practice.

## The Bernard van Leer Foundation: specialised in early childhood development

The Bernard van Leer Foundation is a private grantmaking foundation which funds and shares knowledge about work in early childhood development. Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We have over four decades experience of funding field work in over 40 countries and disseminating lessons learned.

We work primarily by supporting projects, which are implemented through local partner organisations to ensure sensitivity to culture and context. By keeping tabs on research and distilling knowledge from our programming, we aim constantly to be in a position to influence policy and practice through our publications and support to advocacy.

The foundation's overall approach has been characterised from the start by a holistic view of early childhood. That is, we believe that attention to the material and physical wellbeing of young children is not enough; they also need support to develop socially, emotionally, cognitively, intellectually, culturally and spiritually.

We view our work as both an end in itself and a means to an end. We are guided by both a child rights framework which emphasises children's quality of life in the present, and a complementary belief that investment in the early years pays long-term social dividends by shaping the next generation of adults and families.

## Building on decades of experience in sub-Saharan Africa

Since well before the HIV/AIDS pandemic, the field work we have funded in sub-Saharan Africa has sought to build on the strengths of communities and traditional family caregiving practices. We have consistently sought to identify low-cost and easily replicable strategies to improve children's wellbeing and development.

A typical example of our approach is the development of the *loipi* childcare model with the pastoralist Samburu tribe in Kenya. Our programme work with the Samburu sought to build on the familiar model of grandparents taking care of young children in an enclosed space under a tree, and introduce new thinking about the nutrition, early stimulation and preparing children for a primary school education.

We can point to some significant successes. In Kenya, our involvement for over two decades in promoting pre-school education has contributed to some 41% of Kenyan children participating in early childhood services, compared to an average of 4% for sub-Saharan Africa as a whole<sup>1</sup>, and the development of a nationwide network – unique in the region – of training centres for early childhood educators.

## Approaching HIV/AIDS from the perspective of young children

The foundation entered the HIV/AIDS arena through a side door. As the pandemic gradually began to undermine the family caregiving capacities and sap the strength of the community support mechanisms that we sought to build on, we became increasingly aware that our mandate of improving opportunities for young children required us to adapt our strategies to address HIV/AIDS issues explicitly.

Having always viewed HIV/AIDS from the angle of young children, we are intensely aware that the pandemic does not affect only those children who are themselves living with the disease, nor only those whose parents' lives it has claimed. Many more young children are enduring childhoods degraded by the energy-draining effects of the pandemic on traditional systems of caregiving in a context of increasing poverty.

Parents and extended families who are already stretched economically have to care for sick relatives and cope without their household contributions. Emotionally and physically drained by bereavements and the daily struggle for survival, people increasingly need to make extraordinary efforts to keep alive the ties that bind their communities. As a consequence, millions of young children are growing up surrounded by adults who are too sad and distracted – and living in communities which are too debilitated – to effectively give them the care and attention they need to develop.

## Emphasising psychosocial wellbeing and strengthening circles of care

Our response to young children affected by HIV/AIDS draws on our broader experience about how children develop, and how they and their caregivers can be helped to face stressful circumstances successfully. In particular, we emphasise young children's need for the psychosocial care and support that is provided by predictable everyday routines and stable relationships with affectionate adults.

We believe that the most appropriate care for young children generally comes from their families, who in turn need the support of their communities. We therefore emphasise community support for fragile households – such as those headed by ill parents, grandparents or eldest siblings – through mechanisms such as assistance for income-generating activities and home visits from trained community volunteers.

We favour community-based daycare centres for young children, which can have several impacts: providing stimulation, socialisation opportunities and school preparation for children; giving parents and caregivers the opportunity to spend time on income-generating activities; and serving as a focal point for motivating communities.

Communities, in turn, need the support of governments. We seek to coordinate with state-provided services whenever possible, and believe it is imperative that governments work to develop universal access to services such as health, education and social security. Policies should seek to build the capacity of extended families and communities to care for vulnerable children, as this is generally more appropriate than institutional care.

## Practice: Testing approaches through programming

Of the 200+ projects we currently support through local partner organisations around the world, around 50 are in sub-Saharan Africa. Half of these projects deal directly – and the others indirectly – with young children in the context of HIV/AIDS. Since 1998 we have made over 100 grants to programmes specifically focused on young children affected by HIV/AIDS.

Some representative examples of our HIV/AIDS programming include:

the **Kenya Orphans Rural Development Programme**, which motivates and supports rural communities in Western Kenya to set up early childhood development daycare centres, providing caregivers with respite and preparing children for primary school;

the Siyafundisana (“We Learn Together”) project, implemented by **Training and Resources in Early Education** in South Africa, which trains community volunteers to promote good childrearing practices through home visits and the use of toys as learning aids;

the **Child Protection Society** in Zimbabwe, which is pioneering a community fostering model, the aim being to keep orphaned children rooted in their own communities and to replicate as closely as possible the positive aspects of family-based care;

the Uganda chapter of the **African Network for Prevention and Protection against Child Abuse and Neglect**, which works on gender socialisation – challenging submissive gender stereotypes and educating and empowering girls to defend their rights in situations which may lead to the spread of HIV/AIDS.

Descriptions of all our current partnerships can be found on [www.bernardvanleer.org/partners](http://www.bernardvanleer.org/partners).

## Knowledge: Disseminating lessons learned and contributing to debate

In addition to funding field work, we share knowledge through publications. Through our publishing programme we seek both to disseminate lessons learned from our projects and to publish think pieces which will contribute to current debates. We recently published an HIV/AIDS-related sub-series of four working papers:

### Young children and HIV/AIDS: Mapping the field (Working Paper 33)

An overview of the literature exploring emotional, psychological, social and physical development issues, and their relation to poverty, nutrition and human rights.

### HIV and young children: An annotated bibliography on psychosocial perspectives (Working Paper 34)

An annotated bibliography of materials referenced in the *Mapping the field* paper, for readers who want to explore the issues more deeply.

### HIV/AIDS: What about very young children? (Working Paper 35)

Presents the results of research into the question of how to include very young children in programming and policy responses in HIV/AIDS-affected communities.

### The way the money goes (Working Paper 37)

Examines how HIV/AIDS funding decisions are made and identifies strategies for advocating a greater flow of funds towards young children.

Two forthcoming publications are: *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*, an output of a series of workshops on psychosocial support convened by the foundation, and Working Paper 39, *Young children, HIV/AIDS and gender: A summary review*, which develops thinking on the relationship between gender socialisation in young children and the spread of HIV.

All our publications are available free of charge through [www.bernardvanleer.org/publications](http://www.bernardvanleer.org/publications). Additional HIV/AIDS-related resources can be found at [www.ids.ac.uk/sourcesearch/bvl](http://www.ids.ac.uk/sourcesearch/bvl).

The foundation is also a founding funder of a major new knowledge-generating effort, the Joint Learning Initiative on Children and HIV/AIDS. This is a collaborative venture with UNICEF, François Xavier Bagnoud International, Harvard's Global Equity Initiative and the Human Sciences Research Council in South Africa, based at Harvard University.

Working through learning groups based on the five strategies identified in the *Framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS*<sup>2</sup>, the Joint Learning Initiative seeks to expand and mobilise the evidence base by bringing together experts from different disciplines, synthesising knowledge and reaching consensus, and producing actionable recommendations.

## Policy: Working with others to improve advocacy for young children

In addition to fully supporting UNICEF's Global Campaign, “Unite for Children, Unite against AIDS”, the foundation is a founding member of the Coalition on Children Affected by AIDS ([www.ccaba.org](http://www.ccaba.org)), an ad hoc alignment of over 100 organisations formed with the aim of raising children's issue higher up the international HIV/AIDS agenda in advance of the 2006 International AIDS Conference in Toronto.

Also with an eye on the Toronto conference, we convened a series of four workshops specifically on the issue of psychosocial care and support. This culminated in agreement on a five-point Call to action – which prefaces the publication *Where the heart is* – stressing the importance of family- and community-based care and government provision of universal integrated services.

We co-chair the HIV/AIDS working group of the Consultative Group on Early Childhood Care and Development ([www.ecdgroup.com](http://www.ecdgroup.com)), a well-established inter-agency consortium with a strong track record in influencing decision-makers at a regional and international level.

We are also piloting a ‘communications interface’ model, implemented by the Human Sciences Research Council in South Africa, which aims at consolidating knowledge on young children's issues and advocating at a national and sub-national level. We hope this pilot will inform similar advocacy efforts in further countries.

## Bringing together knowledge, policy and practice

We seek to leverage our impact on the wellbeing and development of young children affected by HIV/AIDS by working with others to bridge the gaps between knowledge, policy and practice: funding innovative new programmes, synthesising and disseminating lessons learned, and influencing the development of policy.

Please visit [www.bernardvanleer.org](http://www.bernardvanleer.org) for further details of our latest activities.

1. UNESCO (2003) EFA Global Monitoring Report 2003/4. Gender and education for all: The leap to equality. Paris: UNESCO  
2. UNAIDS and UNICEF (2004) The framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. Switzerland and New York: UNAIDS and UNICEF