Sanitation in early childhood care and development

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The first question that might be asked is - what is ECCD? The answer would be that it is the growing realisation and acceptance that the very early years in a child’s life are the most important: being the years that will influence the child’s growth and health, and future prospects.

UNICEF has defined these very important years as being from the period before birth to 8 years old, although “childhood” in itself can be said to extend up to 18 years of age. The period before birth is mentioned, because if the child is to be born healthy then the health and well being of the expectant mother will also be important.

Development is well understood to mean the gradual changes in a child’s physical, mental and emotional state, viewed together as a whole. Development occurs continuously following recognised patterns, although having some variations according to cultural influences and according to the individual’s psyche.

The “care” in ECCD basically refers to the set of practices and actions that affect a child’s development, growth and survival. Good care in the early years will not only protect the child from physical and mental harm, it will also help to create an enabling environment for extending survival, promoting growth, and the psycho-social and cognitive development of the child.

The child’s home and family, placed within the community, is the most immediate and important environment for the child’s early care and development. The community itself becoming more important as the child grows older. Both the family and community environments have physical and social dimensions.

For example, a good environment for the child in the early years would be one that provides safe drinking water, has adequate sanitation and waste disposal systems, avoids food contamination and strives to be relatively disease free. A good environment would thus protect the child from injury and would allow space for exploration and learning.

An enabling family and community environment, in addition to providing food, health care and shelter would provide love and affection, interaction, stimulation, exposure and learning of the family and communities cultural beliefs and practices. The enabling environment will introduce skills which will support learning and living within the community.

The critical development of a child’s brain, intellectual and physical capacities, begins prenatally and continues more intensively through the early years of life. Early Childhood Care and Development is a cross-sectoral approach with a holistic strategy to address the child’s right to survival, protection, care and development.

Early Childhood Care and Development is becoming a maxim which will influence and guide UNICEF’s programmes into the next millennium. From a UNICEF programming perspective, focus would be on:

- family conditions and practices
- social policies
- cultural values and beliefs
- community conditions and practices
- laws and institutions

Some forms of care will play a role in fostering survival, others in promoting the psychosocial development of the child and others in influencing growth. All forms should be seen as part of the wider agenda to seek a better quality of life, survival and development; as a right of the child.

UNICEF takes early childhood care and development as a major new thrust of its programming with the following rationales:

- A social rationale: Putting child development at the front end of human development - first things first. The convention on the rights of the child says that the child has a right to develop to the “maximum extent possible”.

- A scientific rationale: There is no longer any doubt that the early years in a child’s life are critical in the formation of intelligence, personality and social behaviour.

- A programmatic rationale: If children develop better in their early years, later on education programmes directed to them will have greater impact, health programmes and services will have a better chance of sustainable success.

- Force of numbers: More children are surviving today than was the case in the past. However, they are surviving in the same conditions of poverty and stress, growing urbanisation, industrialisation, the spread of conflicts and the relentless spread of HIV/AIDS all mean there is a growing imperative for new forms of attention to the way in which children grow and develop. With HIV/AIDS especially, if there is to be a “window of hope” it is by working with the young children.

- A firm base: There is a synergism between health status, nutritional status and psychosocial well being. Too
many programmes have, in the past, perhaps been too mono-focal in design, lacking the integration that would have so enriched and encouraged a sustainable and improved output.

In support of ECCD, there is perhaps a new and greater urgency than ever before, a challenge; the promotion of programme integration. In this, families and communities should, as a right, have access to information and services affecting care practices, health, nutrition, hygiene, sanitation, education and socialisation.

Integration is a critical programming element in creating an enabling environment. Fostering a child’s development by better programme integration will positively affect the child’s survival and growth. Where absolute integration of programme delivery is difficult, then convergence of programmes in families and communities which have been identified as being most in need should be a priority.

The title of this, the 25th WEDC conference, is “Integrated Development for Water Supply and Sanitation”. The importance of integration of these two vital services is being stressed, as it has many times before; but as we are about to enter the next millennium, it has perhaps never been more urgent to ensure that integration, or at least convergence, actually takes place.

There is no doubt that sanitation is at the heart of human dignity and is essential, along with safe water supply and hygiene, for the prevention of about one quarter of all preventable deaths among children every year.

At a major workshop on Environmental Sanitation and Hygiene which was held in June 1998, at UNICEF New York, a number of recommendations for action were made, some of which are:

- Stimulate and support governments to develop national policies for sanitation and hygiene.
- Promote hand-washing with soap, by social marketing, as a main programme intervention.
- Include sanitation and hygiene education in all school curricula.
- Access to sanitation in schools, especially for girls and female teachers, is a priority.
- Develop guidelines for environmental sanitation, especially for urban areas. Think of developing at least one “child friendly” city as a model for others.
- Advocate for community based financing initiatives.
- Develop a communication framework to promote good sanitation and hygienic practices among children and care givers. Implement this framework through the primary education period as part of an early childhood care and protection programme.

While you have been reading this, 3 children under five years of age have died in Ethiopia from preventable diarrhoea! disease. Almost 300 children die each month and over 100,000 die each year. The time for action is now, the need for Early Childhood Care and Development, in a programme of sanitation and hygiene education and as a right for children everywhere, has never been greater. You are urged to consider this as you participate in this WEDC conference over the next five days.

This address has drawn upon the following publications:
Sanitation and Hygiene - a Right for Every Child, a summary of lessons learned, 10-12 June 1998.

Colin Davis, UNICEF.