Strengthening Caregivers and Counselors' Skills in Advocacy for Community Ownership and Replication of ECD Deliverables

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Abstract: Caregivers and counselors have vital roles to play in encouraging community ownership and sustainability of Early Childhood Development (ECD) deliverables particularly through skills they had received while working with development partners and donor agencies on interventions targeting improved welfare for children. Available data on the relationship between reception, replication and ownership of ECD deliverables by beneficiaries appear skewed. While beneficiaries of ECD programs often display high level enthusiasm and reception for programs at inception, replication and assuming ownership of programs often suffer after the program drivers have exited and withdrawn sponsorships and supports. The reality is that, the life span of most ECD intervention is tied to the exit of the intervening agency, donors, individuals and corporate sponsors, in spite of the numerous benefits that program targets (children particularly) have derived during the life span of the program. From a program development analysis and evaluation, the essence of such program is defeated and a near total loss of human and material resources is assumed. A plethora of factors have been identified as necessitating this development. These include but not limited to poor program planning, implementation and monitoring deficit, poverty, absence of adequate advocacy, sensitization and follow up skills by caregivers and counselors who participate program delivery. The paper presents data, on ECD deliverables' successes and failures and concludes that, strengthening the skills of ECD program drivers in advocacy, sensitization and follow up will reduce the losses associated with ECD program reception, replication and community ownership for optional benefits to succeeding generations of the target population, THE CHILD.

Keywords: Advocacy, deliverables, sensitization, MDAs, ECD.

Introduction

Third-world nations including Nigeria have benefitted immensely from supports provided by development partners, donor and intervention agencies [like, Community Based Agencies- CBOs, Faith Based Agencies- FBOs] and international funded agencies (like, United Nations Development Program-UNDP, Organization for Economic Cooperation and Development-OECD, United States Agency for International Development- USAID, United Kingdom Agency for International Development- UK-AID, United Nations Children Emergency Fund-UNICEF) on programs aimed at improving life style of children on issues such as health care , education, safety, skill enhancement and career development . These interventions are provided in a variety of forms, technical and material. Irrespective of the packages of the intervention type whether technical, material or institutional, the programs are usually delivered using local personnel among who are caregivers and counselors as enumerators, facilitators or guides in reaching the intended audience. The purpose for including local hands in pilot program delivery is to strengthen their skills and ensure that the programs are further replicated in larger the communities and sustained after the pilot delivery and exit of the donor so as to be useful for succeeding generations of beneficiaries. Intervention programs are designed and implemented to promote eventual communal ownership.

The nature and structure of Early Child Care Development (ECCD) programs as enunciated in the Integrated Early Childhood Development (IECD) policy is that, programs targeted at improving children welfare are multi dimensional and each segment must be delivered by the most relevant and qualified line ministry specified in the IECD policy. This to ensure that each of the program is anchored and delivered effectively to the best interest of the child, this is what qualifies Early Childhood Education (ECE) as a multi disciplinary and multi intervening discipline requiring services of caregivers, counselors and medical personnel among others in the delivery ECD deliverables.

By ECD deliverables, we refer to those essential needs envisioned in the IECD policy that constitute the minimum survival requirements that children require for psycho-social and physical development. The major objective of the IECD policy is to provide care and support that will ensure the rights of the child to:

I. Good nutrition and health
II. Healthy and safe environment
III. Psycho-social stimulation
IV. Protection and participation.

The expected outcomes after 5 years of the implementation of the policy include:

- Full immunization for all children 0-5 years achieved
- Reduction in infant and maternal mortality rates
- Adequate ante-natal care for all pregnant women
- Smooth transition the home to school
- Increase in primary school enrolment, retention and attainment
- Adequate preparation of the child for compliance with NEEDS programme.
- Adequate provision for children with special needs. This will include:
  -children with physical, language, emotional and learning disabilities
  -gifted children
  - children in extreme poverty situations
  - children of migrant mothers e.g. Nomads, fishermen etc.
  - children in different circumstances (HIV/ AIDS and OVC)
  - displaced children (refuges)
  - children in situation of emergency.

A careful examination of the provisions highlighted in the IECD policy to support the development of the child show that the policy envisages a gamut of holistic plan as the necessary condition that can guarantee the fulfillment of the pledges in the Declaration of the universal Right of the child as the only condition that, can guarantee adequate needs for the upbringing of the desired child, worthy of the description of the complete child of the twenty first century. The mere enrolment of children (0-5) in crèche, kindergarten, nurseries and day care without adequate provision of good nutrition and health, healthy and safe environment, psycho-social stimulation, protection and participation will not support the development of the balanced child as envisioned in the Convention on the Right of the Child (CRC).

The Need and Justification for Interventions to support ECD deliverables

The provisions required to support effective delivery of ECD program as listed in the IECD policy are grossly inadequate in most Early Years learning facilities in most third world countries including Nigeria. Learning centers are situated in places where access to clean drinking water is unavailable, health facilities for children care are either nonexistent or too hard to reach, school meals are poorly prepared and lack the needed nutrients to aid child growth, line ministries and agencies that are charged with supervision and monitoring roles lack adequate skills and capacity to report events at learning centers for action by stakeholders. In Nigeria, ECD programs are underfunded and largely left in the care of private sector operator, whose knowledge and concern for children welfare is overtaken by excessive exploitation.

In Nigeria, underfunding of educational programs is an understatement and attention for ECD is abysmally low. Low capacity of personnel coupled with infrastructural deficit at ECD centers are handicaps to the attainment of the outcomes of the IECD policy. This situation has created gaps which make ECD programs unattractive in Nigeria as compared with the benefits that ECD programs have promoted in climes where it is well funded.

Essa (1999) noted that:

> *Researchers have concluded that good early childhood programs not only assist the children and families that participate, but they also have a significant positive economic impact on society as a whole. Although early intervention programs are pricey, their costs are more than offset by improved academic performance, a reduced need for special education, lower delinquency and incarceration rates, and reduced welfare reliance in the years after they are implemented.*

How has the Nigerian child benefited from intervention programs from development partners?

In the spirit of building an inclusive world where no child is deprived of the basic needs for survival, nations around the world do rally round to assist countries with less endowment in skills, economy and capacity to fill gaps in their mainstream structure that can hinder development of citizens. UNICEF for instance, is a United Nation (UN) agency specifically mandated to address the core mandate of addressing developmental and survival interventions to support children and funded by all members of the UN.

As a result, UNICEF protects children by dispersing mosquito nets, giving immunizations against dangerous diseases, and encouraging good hygiene in local communities all around the world. We are the biggest provider of children's emergency life-saving food in the entire world. And we fight tooth and nail to stop violence against children. UNICEF, 2012.

Intervention programs are non **main stream** initiatives often available in packages for target audience by donor agencies or organizations with specialized capacity on the identified gap in particular areas of need required for effective functioning in the desired target group. For example, in child care improvement, interventions may focus on specific areas that contingent to child growth and survival, reduction in infant and child mortality, hygiene, safety and management of early learning skills. Intervention programs may be community initiated or proposed by donors after   thorough base line analysis have confirmed the need for such assistance.

The Nigerian child has benefitted directly and indirectly from intervention programs in several areas such in health through the promotion of initiatives in health such as the exclusive breast feeding program piloted by World Health Organization (WHO) and UNICEF through the baby friendly hospital Initiative (BFHI), WHO 2022. This initiative was to help motivate facilities providing maternity and newborn services to implement the Ten Steps to Successful Breastfeeding. The WHO global nutrition targets to be accomplished by the year 2025, one which is increasing exclusive breastfeeding among infants younger than 6 months to 50% by the year 2025 (WHO, 2014), was successfully promoted in Nigeria.

UNICEF and its implementing partners served millions of children with life-saving, gender-sensitive, and disability-inclusive initiatives in the areas of health, nutrition, education, child protection, WASH, and social protection in 152 countries in 2020. For the treatment of severe acute malnutrition, 555,000 youngsters were hospitalized. 1.6 million people have access to enough clean water.

294,400 children / caregivers accessing mental health and psychosocial support.

1.3 million Children accessing educational services.

Between 2008-2017, over 2000 schools benefitted from a wide range of technical and material supports through the Education Sector Support Program In Nigeria (ESSPIN). ESSPIN was one of several State Level Programs (SLPs) that were supported by UK aid and worked in governance, accountability, and the provision of health and education services. As they endeavor to both improve the quality of education that children receive and to reform the governance of education, federal and state authorities were assisted by DFID-ESSPIN.

A scale-up integrated school improvement program was incorporated by ESSPIN over eight and a half years. Thousands of state and district employees, head teachers, teachers, representatives of civil society groups, and members of school-based management committees were given the tools they needed by the initiative to improve education in their primary schools.

Teachers and students gained new and contemporary abilities in the teaching and learning of literacy through the ESSPIN intervention. The assistance improved students' performance in math and English, and it also had an effect on how well they learned other academic disciplines. ESSPIN began as a trial program in 2,000 schools, quickly growing to more than 16,000 schools by 2017. The intervention made use of the existing staff and structure, but it was reorganized for increased effectiveness and sustainability, promoting synergy between all departments at the state and LGEA levels. It also increased the capacity of communities within the state and local government systems, including CSOs, CBOs, FBOs, and SBMCs.

Lagos state was one of the pilot states that benefitted from the ESSPIN project with seven others in the country. Upon the exit of the pilot and support by DFID- Department for International Development (the anchor unit from UK aid) and in view of the tremendous gains from the intervention, the state government established a school support service department in all Local Government Education Authority and the six Education Districts to ensure the sustainability of the gains from the intervention. This has led to yearly improvements in learning outcomes of in state funded basic schools.

Community ownership

It is obvious that Children have benefitted immensely from several interventions in heath as reflected in the exclusive breastfeeding programs, in nutrition through the home grown feeding program as well as in education through the literacy and numeracy enhancement intervention by the ESSPIN intervention, among others.

Ogbo, Page and Agho (2017), noted that, predominant breastfeeding increased significantly by 13.1% as a result of the intervention on exclusive breastfeeding and early initiation of new born to breast milk. This intervention was pioneered by World Health Organization (WHO). UNICEF conducted several advocacies working with local health practitioners and social workers in hospitals. With the supports of the Federal Ministry of Health, the Child Friendly Hospital Initiative was promoted. The drive assisted in scaling up the intervention in Nigeria and there are evidences to support the popularity of exclusive breastfeeding in the remotest part of the country presently.

Community ownership of interventions in Early Childhood Care Education is the key can guarantee the continuous delivery of the deliverables specified in the IECD policy. The National policy for integrated Early Childhood Development in Nigeria was published in 2007 with the goal to expand, universalize and integrate interventions from various sectors in early childhood development for effective implementation and coordination of programs designed to optimize development for children age 0-5 years in Nigeria. One key goal of the policy was an increase in enrollment, retention, and achievement in elementary schools in five years. The country's out-of-school youth population is rising, particularly in regions and states suffering insurgency in the North East and North Central, making it impossible to fully implement this aspect of strategy. Presently, there are *10.5 million children are out of school in Nigeria, which is the highest rate in the world. The figure indicates that one-third of Nigerian children are not in school, and one in five out-of-school children in the world are a Nigerian. UNICEF, 2022.*

> *This situation would not have arisen if communities through its personnel that worked on the advocacy and sensitization to expand access to basic have the expertise to ensure communal ownership the project at the pilot level. One basic mistake that is visible in the efforts of donor and intervention agencies of government is , donors spend much effort on development programs and projects but not enough on persuading the policy-makers and decision-makers' in order to secure their support for project ownership, replication and sustainability. WHO, 1992.*

Community ownership refers to the action of taking some level of ownership and accountability for any community-wide projects or activities. Why collective ownership is necessary arises from;

- Community ownership promotes accountability and responsibility among its residents.
- Encourages cooperation, coordination, and collaboration between the community members and the stakeholders.
- Increase community empowerment and leadership
- Advocates for novel concepts and tactics by using a bottom-up strategy
- Community ownership fosters community engagement by addressing the demands of the local populace.

How can we ensure Community Ownership during the planning and implementation of programs?

By using the following strategies, we can guarantee community ownership throughout program conception and execution:

- Involving community members and leaders in the program's ideation and planning stages.
- Recognizing the community's actual and perceived needs and responding appropriately.
- Respect and give the community's culture, values, and beliefs first priority.
- Hold regular meetings and conversations with stakeholders.
- Assign leadership positions to members of the community
- Call on local resources to support the initiative.
- Motivate locals to take an active role in monitoring and evaluating the activities.

Benefits of Community Ownership:
- Benefits to the economy/financial
- Persistence of the programs
- Offers a physical foundation for the delivery of services
- An improvement in public acceptance
- Community empowerment locally
- Resilience of the programs
- Active community engagement, participation, and mobilization throughout the whole program implementation process
- Raising public knowledge of the prevention and treatment of certain diseases
- Community members' capacity-building and skill-development initiatives

- Active participation of individuals
- Better care for regional resources
- A rise in community members' pride and confidence
- Effective government backing
- CO also encourages initiative and democratic decision-making

Consequences of lack of Community Ownership:

- Delay in project completion
- Lack of community involvement
- Limited government and donor interest in implementing programs in certain areas
- Lack of commitment to responsibility and accountability among community stakeholders
- Lack of resources and possibilities in the neighborhood
- Community issues receive less attention from the government
- A significant disconnects between community members' activities and projects is caused by a lack of coordination and collaboration.
- Vague goals and priorities
- Lack of organization and command

Strengthening Caregivers and Counselors' skills in Promoting Community ownership and replication of Interventions of ECD deliverables.

In order to own and maintain treatments that are advantageous to target populations, advocacy is a key strategy. Before the mentee's advocacy to be significant and well-received by the general public, the mentee's abilities for advocacy must frequently be developed through mentoring.

What is Advocacy?

However, generally speaking, advocacy refers to taking action. Speaking and acting on behalf of oneself or others is that entire advocacy entails. In another description, advocacy is a combination of social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular goal or program. It involves collecting and structuring information into a persuasive case; communicating the case to decision-makers and other potential supporters, including the public, through various interpersonal and media channels; and stimulating actions by social institutions, stakeholders and policy-makers in support of the goal or program.

Advocacy is four types:

• Self-advocacy: taking action to represent and advance your own interests;

• Peer advocacy: taking action to represent the rights and interests of someone other than yourself;

• Systems advocacy: taking action to influence social, political, and economic systems to bring about change for groups of people; and

• Legal advocacy: taking action to use attorneys and the legal or administrative systems to establish or protect legal rights.

In encouraging communities to buy in, own and replicate ECD interventions, the Caregiver and the Counselor will require skills in systems advocacy. Working around systems requires building relationships because several line ministries, individuals and agencies are involved. The advocate needs to be knowledgeable and effective communicators, be able to negotiate and understand the body language of people he/she is working with and be a team player.

Skills in Advocacy

Advocacy requires specific skills and strategies, along with effort and endurance. Advocacy can come in many shapes and forms, because it is about using an individual's strengths to achieve their goals. There is no one right way to advocate. In fact, many people advocate every day without knowing that what they are doing is called advocacy. Before attempting to advocate, an individual must first educate him/ herself on the subject matter. This may mean a few different things. Individuals may need to educate themselves

on what, exactly, they need or want. They could need to understand the strengths that will help them achieve their advocacy goals, which could mean figuring out if they are a strong writer, public speaker, organizer, or creative thinker. In addition, this could mean learning more about the resources available to help them advocate or gather more information on the issue, and learning more about the others in the community who may also be affected. Sometimes what began as an individual goal could lead to the opportunity to change the system to benefit the wider community. But an important part of advocacy, no matter if the goal is to help one person or many, is establishing a confident voice, developed and supported in a community of peer support. The advocate must:

1. Don't let authority frighten you; learn to challenge assertions that you don't agree with.

2. Start by attempting to come to a loose agreement. Why put in more time than is required? If you discuss your issue directly with someone who can take action, it will most likely be fixed.

3. Learn what the decision of the agency is based on. Inquire about the rule(s) on which the employee's choice is based. Regulations and procedures must be followed in writing by public entities. The general public has a right to view these rules. Insist on reviewing the manual of rules yourself. You might be able to locate it online.

4. Find out who in the bureaucracy has the power to make the change you want, and insist on dealing with that person. Don't give up because the person you are dealing with does not have the power to make the change you are requesting. Find out who does, and go up the "chain of command."

5. To find solutions to issues, use your imagination. If, for example, you cannot locate a document you need, think of alternate ways to prove the fact. Use a declaration (sworn statement) or an affidavit (sworn, notarized statement).

6. Utilize all of your appeals rights. Ask for decisions being created in writing and especially ask how to appeal adverse rulings. Be mindful that there are deadlines for submitting appeals. Be sure to read the fine print carefully in any official notices received.

7. Always get the name of each agency employee you deal with. Keep precise records of the dates, topics discussed, and the employee's name that provided the information. This serves as your documentation that the conversation you recall actually took place in case there are any questions in the future.

8. When you can, establish and cultivate ties with those you believe will be beneficial to the company. Try to speak with or get information from coworkers you have a good relationship with whenever you can. They are an excellent source of assistance.

9. Make use of other advocacy tools already in place in your neighborhood. Find further groups that support the elderly, the low-income, and the disabled. Make connections with other advocates in your neighborhood and look into the potential of organizing training together. Call a more seasoned advocate for guidance when you're stumped or uncertain of what to do next.

10. Make the most of all your options to strengthen your advocacy credentials.

11. Keep in mind that developing highly effective advocacy strategies takes time. Even the most effective advocates don't always succeed; in some cases, losing reflects more on the target system than the advocate. Regularly evaluate your actions. Identify areas of your advocacy abilities where you would like to improve your 19 skills while giving yourself credit for good, effective strategies.

Keep in mind that change is a long, difficult process, but that every contribution to advancing change in our systems and human services is significant WHO, 1992.

Conclusions

If communities are encouraged to take ownership of the procedures to support the implementation of the policy guidelines in the national IECD policy, early years development programs would produce the impactful gains stated by Essa (1999) above in Nigeria. Early childhood education programs will see an increase in enrollment as a result of a number of complex factors, including the rising cost of living, the rise of dual-income families, the rise of single-parent families, the rise of teenage parents, greater mobility as families move around the country more easily, and the diminishing influence of the extended family, Essa, 1999.

Recommendations

Drawing from the conclusion that advocacy by caregivers and counselors can ignite community ownership and sustainability of ECD deliverables and ensure that opportunities earned from supports from donors in improving delivery of good Early years development programs benefit succeeding generations of children age 0-5 years, the following recommendations are advanced:

❖ Intervention agencies, donors, development partners and philanthropists should include sustainability and community ownership plans while delivering programs in Early Childhood Development

❖ Caregivers and Counselors who work in learning centers with children should be used on pilot programs with benefits for children as it concerns learning. The practice is common in heath related interventions. The efforts of medical officers who advocacy and sensitization after pilot has sustained interventions like immunization, exclusive breastfeeding and deworming exercise.

❖ The curriculum for training Caregivers and Counselors should be expanded to include skills in advocacy.

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