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Programming Experiences in EARLY CHILD DEVELOPMENT

For Every Child
Health, Education, Equality, Protection
ADVANCE HUMANITY



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TABLE OF CONTENTS

EXECUTIVE SUMMARY / vii

FOREWORD / viii

PART ONE: The Rationale for Programming for Early Child Development / 1

What is Early Development? / 1

What Is “Early”? / 1

What are Key Interventions that Affect Children’s Development? / 2

What are Holistic Approaches to Early Child Development? / 2

Why Advocate for a Holistic Approach to Early Child Development? / 4

How Has a Holistic Approach to Early Child Development Worked? / 6

CASE EXAMPLE: USA

“Reach Out and Read Early Child Programme” / 6

CASE STUDY: TURKEY

“Care for Development in

Integrated Management of Childhood Illnesses” / 6

PART TWO: Early Child Development Field Experiences / 9

**Which Approaches to Early Child Development Have
Been Tried? / 9**

**Meeting Survival, Development and Protection Needs
through a Culture of Media / 9**

CASE STUDY: MALDIVES
“First Steps Project” / 10

Reaching the Excluded and Most Marginalised / 14

FIELD EXPERIENCE: ALBANIA
“Gardens of Mothers and Children” / 14

FIELD EXPERIENCE: BANGLADESH
“Chittagong Hill Tract Para Centres” / 15

FIELD EXPERIENCE: BRAZIL
*“Making Rights Count - A Partnership with Families
through IECD” and “Interactive IECD Kit on Family
Competencies” / 15*

FIELD EXPERIENCE: KENYA
“Speak for the Child Programme” / 16

FIELD EXPERIENCE: MALAWI
*“Community Integrated Management of Childhood
Illness Programme ” / 19*

FIELD EXPERIENCE: MYANMAR
“Parent and Pre-K Support” and “Mothers’ Circles” / 19

FIELD EXPERIENCE: SENEGAL

“ORT-SEN Multipurpose Centres Project” / “CRESP Early Learning Programme” / “Saint Joseph Resource Centre” / 22

Children with Special Needs / 22

FIELD EXPERIENCE: INDONESIA
“Posyandu Integrated Service Posts” / 22

Community Commitment and Support / 22

FIELD EXPERIENCE: ARMENIA
“Parent Resource Centers” / 22

FIELD EXPERIENCE: BURKINA FASO
“Petites Mamans (Little Mothers) Centres” / 23

FIELD EXPERIENCE: LAO PDR
“Village-Based ECD Curriculum Development” / 23

FIELD EXPERIENCE: SENEGAL
“The Infant’s Hut Project” / 25

Policy Development / 26

FIELD EXPERIENCE: GHANA
“Comprehensive Policy on Early Child Development” / 26

Communication / 28

FIELD EXPERIENCE: UZBEKISTAN
“Early Child Development - Facts for Life Communication Strategy” / 28

PART THREE: Recommendations for Programming / 29

**What are Enabling Conditions in Holistic or Convergent
Programming for ECD? / 29**

**Strategies for Developing a Holistic Approach to
Early Child Development / 30**

PART FOUR: Strategies for a Holistic Approach to Early Child Development / 33

**Getting Everyone “On Board” and
“On the Same Page” / 33**

Demystifying Early Child Development Research / 35

FIELD EXPERIENCE: UGANDA
“CHILD Matters” / 35

FIELD REFERENCE: USA
“Baby on the Way” / 36

FIELD EXPERIENCE: VIETNAM
“Building the Self-Confidence of Caregivers” / 36

FIELD EXPERIENCE: BANGLADESH
“Communication to Build Self-Confidence
between Fathers and Children” / 37

FIELD EXPERIENCE: ROLE PLAYS
Building Self-Confidence / 37

FIELD EXPERIENCE: SOUTH AFRICA
Building Capacity to Address Needs of Orphans &
Vulnerable Children / 39

PART FIVE: Using Programme Communication for Early Child Development Communication / 43

Communication Principles Based on Research and Experience / 44

FIELD EXPERIENCE: UGANDA
“Caring for Children in Uganda Booklet” / 45

FIELD EXPERIENCE: KYRGYZSTAN
“Book for Children and Parents” / 45

FIELD EXPERIENCE: SOUTH AFRICA
“Good Father Public Service Announcements” / 46

FIELD EXPERIENCE: VIETNAM
“My Wonderful Grandpa Booklet” / 46

FIELD EXPERIENCE: BANGLADESH
“Mother’s Literacy Classes” / 47

FIELD EXPERIENCE: NEPAL
“Girls Education Public Service Announcements” / 47

Getting Started with a Holistic Approach to ECD: Practical Exercises / 49

FIELD EXPERIENCE: MYANMAR
“Books to Reach Families and Caregivers” / 51

REFERENCES / 53

TABLE OF
CONTENTS

EXECUTIVE SUMMARY

200 million children under five in the developing world are not fulfilling their potential for development. Because of poverty, under nutrition, micronutrient deficiencies, and learning environments that do not provide enough responsive stimulation and nurturance, children are developing more slowly, or failing to develop critical thinking and learning skills. This limitation in early development contributes to late school entry, poor school performance, and ultimately, limitations for success later in life.

The tragedy of this loss of human potential is that there are cost-effective investments that can be made by most governments, civil society and families and communities that can help to stem this loss. This guide to programming for early child development presents examples of holistic approaches that have been developed with UNICEF assistance in many countries.

Examples and case studies from twenty-one countries show that it is possible for sectors to come together to support early childhood development. Some build on early child care or education programmes, others work through health or nutrition programmes, or provide holistic services for a particular community. Policy development is critical, and some countries have developed and implemented ECD policies. Sometimes, just incorporating the perspective of psychosocial development results in a change in the way programmes operate.

There are some conditions under which these approaches are more likely to be successful. Examples of conditions are decentralization of resources and responsibilities resulting in strong local authority and decision-making, existence of capacity in government and civil society in ECD, general recognition of the importance of ECD for poverty reduction, and awareness of families and communities as active partners.

A number of strategies exist for developing a holistic approach to Early Child Development, such as building a communication strategy, keeping the focus on the whole child including health, nutrition, development, and protection, starting with willing partners and allowing others to join in when they see success, building on local strengths and realities, making scientific knowledge about ECD accessible to all, looking for opportunities to link services or add components to existing interventions for a more holistic approach, and reminding all of those working in ECD of their own roles in families and as parents, and the importance to all humans of relationship.

A holistic approach to Early Child Development, first and foremost, is the child's right. In the CRC children are guaranteed the right to survival and development. Rights are indivisible; there are no "small rights". Second, science shows that early interventions are cost-effective and feasible, and are required for achieving several of the MDGs.

This booklet is not a blueprint for programming but a source of ideas, suggestions, and inspiration.

Families raising children have a holistic perspective; they have to consider children's health, nutrition, living environment, social and emotional and cognitive development, and protect children from risks. Governments who have ratified the Convention on the Rights of the Child are responsible for supporting families in these efforts. However, this support is divided into separate sectors and services, and much falls between the cracks. This booklet is designed to give examples to programme implementers at all levels of how different sectors can work together. This is not a blueprint for programming, but a source of ideas, suggestions, and inspiration.

PART ONE:

The Rationale for Programming for Early Child Development

We know that 10 million children are dying each year due mainly to preventable causes. But far less well known is that 200 million children under 5 in the developing world, over one-third of all children, are not fulfilling their potential for development¹. Because of poverty, under nutrition, micronutrient deficiencies, and learning environments that do not provide enough responsive stimulation, children are developing more slowly, or failing to develop, critical thinking and learning skills. This could affect their entry into school, their performance and persistence through school, and their eventual success in life.

For disadvantaged children, this initial deficit has a multiplying effect: children raised in poverty complete far less education than middle class children, due in part to their lowered ability to learn in school. The opportunity to help disadvantaged children have a more equal start in schooling is in the earliest years of life, when children's brains are developing most rapidly, and the basis for their cognitive, social and emotional development is being formed. If we are committed to reducing poverty, and increasing the chances of all children for success, we must invest in the earliest years. However, a child's basic right to survive as well as develop, as enshrined in the Convention on the Rights of the Child, is not being met.

The tragedy of this loss of human potential is that there are cost-effective investments that can be made by most governments, civil society and families and communities that can help to stem this loss.

There are many challenges to putting the concept of an integrated or holistic approach to young children's development into practice. For example, children's loss of developmental potential is hard to recognize by families or by programme planners and government. Decision-makers often do not understand the cost of poor early child development for children and for society. There is not as yet agreement on the most effective interventions for promoting ECD. Yet as we can see below, there has been progress.

Much more is known about how to ensure children's good health and nutritional status than their cognitive and social development. The purpose of this guide to programming experiences is to understand how programmes can work synergistically to improve child health and nutritional status as well as child development. In other words, this is about how to integrate programmes and policies to improve a child's development along with other efforts to give children the best start in life.

This guide to programming for early child development presents examples of holistic approaches that have been developed with UNICEF assistance in many countries.

PART ONE

The Rationale for
Programming
for Early Child
Development

As A World Fit for Children states, “...children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.”¹

What is Child Development?

Child development refers to the ordered emergence of interdependent skills of sensori-motor, cognitive-language, and social-emotional functioning. This emergence depends on and is interlinked with the child’s good nutrition and health. As *A World Fit for Children* states, “...children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.”²

What is “Early”?

The most important years for a child’s survival, growth and development are prenatally through the transition to school, with the fastest period of growth occurring during the first three to four years of life when the child’s brain is rapidly growing and adapting to the environment. During this period the developing brain is most sensitive to risks of malnutrition, toxins, stress, and lack of nurturing and brain stimulation.³

However, this does not mean that inputs aren’t needed after age three; much learning occurs from age three onwards. Many practitioners use the age range of prenatal through eight years, therefore including the first few years of school, as the period of Early Child Development.

What are Key Interventions that Affect Children’s Development?

ECD interventions aim to promote child development, prevent the occurrence of risks, and ameliorate the negative effects of risks in the early years of life. In order for children to develop their potential, research shows that they require good nutrition, particularly iron, iodine, breastfeeding, and adequate growth prenatally and in the first two years of life. Children need to be free from toxins such as lead and arsenic. The child needs to be healthy; repeated bouts of illness will eventually reduce learning potential. Children also need positive and loving interactions with at least one caregiver, and stimulating and responsive environments that provide opportunities for emotional security and early learning.⁴

Interventions to support families and communities to provide these opportunities include parenting education and support, improvement of the home environment through education, supplies and services, access to clean water and sanitation, health care services, early child care centres with comprehensive services, and adequate nutrition. Parenting education and support can be provided in a number of ways, such as in groups and organizations, through health and nutrition programmes, through community development projects, or through media at all levels.

What are Holistic Approaches to Early Child Development?

PART ONE

The Rationale for
Programming
for Early Child
Development

The term “holistic approach to Early Child Development” refers to policies and programming that ensure that child rights to health, nutrition, cognitive and psychosocial development and protection are all met. All interventions should reach the same children, including the most marginalized. A number of studies suggest that there are additive and even synergistic effects among interventions that result in greater impacts on the child’s development.⁵ A requirement of the holistic approach to Early Child Development is protecting and promoting women’s rights; it is the first step in securing gains for children.

Improving survival, growth and development requires three interventions: **quality basic services, good care practices within the family and community, and the implementation of Early Child Development policies.**

If these components are combined, there will be greater impact on children’s wellbeing. They can be thought of as operating at four levels:

MICRO LEVEL	Family	Behaviour, practices, skills, choices and decision-making powers of families and caregivers
MESO LEVEL	Community	Services and commodities obtained at community level; community organization
MACRO LEVEL	National, District, Sub-Regional	Policies, budgets and resource allocations
MEGA LEVEL	International	Goals, targets, standards, and financing mechanisms

A requirement of the holistic approach to Early Child Development is protecting and promoting women’s rights; it is the first step in securing gains for children.

Why Advocate for a Holistic Approach to Early Child Development?

A holistic approach to Early Child Development, first and foremost, is the child’s right. As Article 6 of the Convention on the Rights of the Child states, the child has a right to survival and development. Rights are indivisible; there are no “small rights”. This requires good health care and nutrition for children

PART ONE

The Rationale for
Programming
for Early Child
Development

A holistic approach still requires quality basic services and training, but it provides them in a new, more “whole” way, the way most parents think about their children’s well-being.

and mothers, clean water and proper sanitation, psychosocial care, opportunities for early learning and emotional security, protection from abuse and exploitation, and equal rights for boys and girls.

Second, this approach has been shown to be effective. Evidence from paediatrics, psychology, nutrition, child development and anthropology⁶ tells us that survival, growth, and development are inter-linked; each depends to some extent on the others. Recent evaluations of comprehensive interventions for young children and families showed that they improved children’s physical, psychological and social development and that they were cost-effective for the individual and for society.⁷

Third, a holistic approach to children’s development is needed to achieve the Millennium Development Goals, particularly poverty reduction. Accumulating global evidence suggests that the most effective interventions to improve human development and break the cycle of poverty occur in children’s earliest years.⁸ We also know that prevention is more cost-effective than treating a problem later on.⁹

Therefore, programmes for children and caregivers should improve the survival, growth and development of both girls and boys—supporting caregivers in providing affection, nurturing and interactive care as well as ensuring good health, hygiene and nutrition. A holistic approach still requires quality basic services and training, but it provides them in a new, more “whole” way, the way most parents think about their children’s well-being.

How Has a Holistic Approach to Early Child Development Worked?

In the past few years, much has been learned about how to programme for Early Child Development. There are many challenges—first, it is difficult to develop a holistic approach when government and expertise tends to be sectoral. Second, we know that the earliest three years are critical for children’s growth and development, but after the last immunisation, these children are often not reached by services until they enter school, resulting in missed opportunities. Projects may function very well, but moving them to scale requires capacity, funding and political will. Awareness of the importance of the early years and clear demonstration of the impact of inaction as well as the results of intervention can make a difference.

The case studies and examples that follow provide evidence that sectors can work together for ECD, services can be provided during these crucial years, and political will can bring programmes to scale. In the case studies, individuals and systems take the newest and most significant research findings and translate them into practical actions when they reach out to children and their families. They show how others can begin or improve upon an integrated approach to programming and training. Different approaches are required for different circumstances and country situations.

The programming experiences in Part Two illustrate processes and partnerships that have worked. Part Three presents recommendations. Part Four contains practical approaches, exercises, and suggestions. Some examples are based on successful projects or activities; others incorporate successful communication strategies, campaigns or specific media. Convergence, coordination or integration can take place for the benefit of children and families.

Developing and implementing programmes for Early Child Development may take time, but if adapted to local conditions, ECD is worth the investment. Slowly, styles of caregiving and of serving children change; and as they do, more programmes will work toward addressing the needs of the whole child. Often the smallest adjustments or “mind shifts” can make tremendous differences in including ECD in everyday activities and programmes. For example:

- A minister of education finds out that her grandchild begins to learn at birth and makes sure in turn that all grandparents in her country understand this.
- A minister of health reads some of the latest brain research on the importance of interactive care, and then uses it to make a powerful public service advertisement about birth registration, the importance of love, routines, and keeping homes free from violence to reduce child abuse.
- A health care worker hears about the importance of eye-to-eye contact and a close mother-child bond, and then explains this to mothers while teaching them the value of exclusive breastfeeding for the first six months of life.
- A family member learns from a community worker that even young children are affected by HIV/AIDS, and need to be supported and understand what is happening to them. She begins to think of ways to address the stress and grief affecting her own family in addition to ways to address their physical health.
- A health care worker recognises that giving children something like a doll to hold or talk to models a coping strategy. During immunisation sessions, children are loaned dolls and encouraged to hug, sing, or comfort the doll. Holding the doll often comforts a child, helping the child cope with a difficult or scary situation. Caregivers are told they can continue this idea at home using a stuffed animal, doll or other soft familiar object.
- Pregnant, disabled women get prenatal care, building their self-confidence to be loving, responsible parents to their newborns; this simultaneously improves their own health, empowers them and provides a nurturing Early Child Development environment.

PART ONE

The Rationale for
Programming
for Early Child
Development

Slowly, styles of caregiving and of serving children change; and as they do, more programmes will work toward addressing the needs of the whole child.

PART ONE

The Rationale for Programming for Early Child Development

Caregivers read with children—not as a means of teaching reading but rather to promote positive and nurturing care giving practices, emotional bonding and love of learning.

For many programmers, this is a new way of thinking and acting and can revolutionize how people look at and nurture children. Every government that touches young children is in some way working with families and helping them have access to services.

example USA

“Reach Out and Read’ Early Child Programme”

At Boston University, a programme for paediatricians and other health care workers called “Reach out and Read” was initiated by Dr. Barry Zuckerman, Professor of Paediatrics and Public Health at Boston University of Medicine. He trained paediatricians to present a simple children’s book to caregivers and children during their regular well-baby visits. As he examined children, he encouraged caregivers to read with children—not as a means of teaching reading but rather to promote positive and nurturing caregiving practices, emotional bonding and love of learning. Caregivers became more attuned to “responding to their children” and paediatricians helped meet the holistic needs of children.

Dr. Zuckerman noted that, “... once paediatricians begin to look at children in this way, they can never go back to the old way of practicing medicine.” Results from a number of studies indicate that this approach significantly improves children’s cognitive development both in the US and in developing countries such as Jamaica, with minor increments in time with the caregiver.¹⁰

case study TURKEY

“Care for Development in Integrated Management of Childhood Illnesses”¹¹

In Turkey, a study compared the effectiveness of adding Early Child Development information into health visits using the module of Care for Development from the Integrated Management of Childhood Illnesses (IMCI). The goal was to improve caregivers’ efforts to be responsive to and communicate with children at home and to improve learning opportunities in the home, while preserving the effectiveness of health visits. A total of 259 children were enrolled in the study and seen for the first clinic visit (with 129 and 130 children in the comparison and intervention groups).

During these outpatient visits with parents, paediatricians recommended play and communication activities and the use of praise with their children, averaging an additional five minutes per visit. The “control” paediatricians conducted a standard visit. The mothers in the intervention group reported significantly higher satisfaction with paediatricians than mothers in the comparison group.

Mothers in the intervention group were significantly more likely than those in the control group to say that paediatricians:

- *“... praised me for something I have done for my child’s good.”*
- *“... asked enough questions to make sure I understood.”*
- *“... asked enough questions about my child’s general health, growth and nutrition.”*

Positive results in parent-child interactions and in the quality of the home environment were seen in the intervention group immediately after the visit with the paediatrician, and one month later in the home. Parents valued the promotion of child development during health care visits.

PART ONE

The Rationale for
Programming
for Early Child
Development

The goal was to improve caregivers’ efforts to be responsive to and communicate with children at home and to improve learning opportunities in the home, while preserving the effectiveness of health visits.

PART ONE

The Rationale for
Programming
for Early Child
Development

PART TWO: Early Child Development Field Experiences

Which Approaches to Early Child Development Have Been Tried?

In recent years, UNICEF and its partners have worked to develop holistic strategies to promote Early Child Development in Albania, Armenia, Bangladesh, Brazil, Burkina Faso, Ghana, Indonesia, Jamaica, Kazakhstan, Kenya, Kyrgyzstan, Lao PDR, Malawi, Maldives, Myanmar, Senegal, South Africa, Swaziland, Uganda, Uzbekistan, and Vietnam as well as many other countries. Each example included here demonstrates the enormous potential to reach the goal of raising healthy, competent and confident children. Each has something to teach programmers and policy makers.

A variety of approaches have been tried. Some have focused on parenting education, others on linking health and child development, home visiting, affirmative action to the most disadvantaged, women's and men's involvement, preschool education, communication packages, etc. Most used more than one approach. Many addressed policy and the linkage of services to people. Several began with "what they had," such as health services for pregnant women and newborns, and then added on more holistic care components.

These approaches to Early Child Development have had setbacks and struggles as well as successes. Difficulties have ranged from semantics to funding to lack of expertise to the difficulties of getting sectors to work together. Not all goals and objectives were met in the first try. Problems were exacerbated where service delivery was weakened by conflict, extreme poverty, or crises. Yet many countries have moved forward. The following is a taste of some of these innovations and the impact they have had.

There is no blueprint for a holistic approach to Early Child Development. The challenge for each country is to determine priorities for a given context and how they can be met, and where impact can be multiplied through collaboration, coordination, convergence or integration.

Meeting Survival, Development and Protection Needs through Media

We begin with a detailed case study and its evaluation: The Maldives example is special in being able to demonstrate an impact on parent knowledge and behaviour, in part because it had a longer history than other programmes. It changed the lives of infants, young children, their families and the way sectoral partners worked together.

PART TWO

Early Child
Development Field
Experiences

case study MALDIVES

“First Steps Project”

In 1999, a new Early Child Development Project was initiated by UNICEF Maldives. This beautiful country had made great strides over the past decade in

terms of decreased mortality, morbidity and increased education for all. Still, when visiting nearly any of the inhabited islands, their schools and health centres, one realized how much still needed to be done, especially with regard to the holistic development of children in the first critical days, months and years of their lives, as well as child-friendly health and education environments.

Introductory meetings were held with key Ministry officials and those charged with Early Child Development in the country. A review of some of the newest research in the field was shared with them. They were asked how they felt these could be addressed in 200 inhabited islands dispersed over 90,000 square kilometres, especially to reach the most inaccessible communities. In reviewing the existing knowledge, attitudes and behaviours of caregivers, health workers and preschool teachers, it was found that, for the most part, they were unaware of the critical importance of the first three years of life.

The existing health, education and community systems had contact with adults and children but rarely reached directly into the household. There were very few sources of information about Early Child Development and those that were available were technical, complex and Western. Media for children was, for the most part, either Western or for older children.

Two goals were mutually decided:

- To help meet the survival, development and protection needs of children 0 to 5 years in a positive, respectful, stimulating and fun environment for children and their families; and
- To create a culture of media for and about children in which children are valued, can see themselves reflected in a variety of media, are encouraged to express themselves and have these expressions valued from infancy onwards.

Some of the unique aspects and strategies of the ECD Project included:

- **A focus on reaching directly into the household**
This entailed speaking to parents like friends, or better, getting caregivers who were doing something positive with children to be the spokespersons and teachers to others in the community. The approach was “attraction rather than promotion,” demonstration being the best form of advocacy.

The existing health, education and community systems [in Maldives] had contact with adults and children but rarely reached directly into the household.

- **A focus on building the self-confidence of caregivers as well as of children**

Special attempts were made in communication, training and material development to reflect local contexts, people and young children. Conscious efforts were made to “build pride in being who you are,” especially for the most disadvantaged groups (the poorest, the disabled, those discriminated against because of darker skin, etc.).

- **Creating special features for caregivers such as adolescents**

For example, an ECD Girl Guides/Boy Scout Badge was given to adolescents who took part in training. They developed skills in caring for their younger siblings while also preparing themselves as future parents.

- **Combining creative talents**

Groups of technical stakeholders from various sectors were brought together to work, learn from, and excite one another to promote Early Child Development.

Given the unique geography of Maldives, it was decided to develop a strategy that included using communication as the principal way to reach primary caregivers. A 52-week ECD campaign was launched. Mass media was supported with as much concomitant training and interpersonal communication as possible.

The Ministry of Education’s Education Development Centre was the existing focal point. They had very strong leadership and were already active in developing training materials on ECD. An able and willing partner was indeed welcome. A five-person ECD core team became the “rock” of the Project, meeting on an almost daily basis and looking over each and every production, translation, training plan, etc. A highly committed and capable UNICEF Project Officer was put in charge of the overall management, making many professional and creative inputs. Training built up the capacity of radio and television to produce developmentally, culturally appropriate, and practical media for and about children. The Minister of Information was so personally interested and invested that he attended one of the week-long sessions himself and wrote a few books for children.

One advantage of the ECD Project was that its primary managers, the Ministry of Education, Ministry of Information, and UNICEF were open-minded and willing to think and act “outside the traditional box” of development and social communication. And, as more partners came on board, from a paediatrician, to a speech therapist, to preschool teachers and curriculum developers, this attitude became contagious.

Simultaneously, the “spirit” of the ECD campaign caught on. Preschool teachers and curriculum developers, health care workers and therapists

Training, the approach to communications, the media, and actions were aimed at building a movement about the potential of each and every child, the potential of each and every caregiver and community, reflecting the “magic” of the early years.

PART TWO

Early Child Development Field Experiences

The professional and technical quality of all productions were not always up to the highest production standards, but nearly all reflected key ideas that helped make the campaign a success: they were child-friendly, practical and holistic.

wanted to re-think their approach to children. The Ministry of Tourism offered the use of hotels on tourist islands to train “working fathers” who lived and stayed away from their families for months at a time. Those responsible for preserving Maldivian culture began to look at and promote traditional stories and songs that best enhanced holistic development. Policy-makers, health providers, ECD workers and communities not only requested a repeat of the 52-week campaign, but also asked for more campaigns to deal with Early Child Development issues of importance to Maldivians.

One of the many lessons learned from mistakes as well as successes, was to begin with what was at hand. A small Project grew into a movement. Like the adage, “nothing succeeds like success”, everyone wanted to be, and had a rightful place, on board. The approach to Early Child Development now includes the Ministry of Health, Ministry of Education, Ministry of Culture and Information, Ministry of Child Protection, Ministry of Tourism and Ministry of Atoll Administration, and this does not include the list of every Maldivian parent and child!

Reviewing the recent evaluation of Maldives “First Steps” ECD Project¹², the “movement” had a much greater impact than anyone anticipated. The analysis did confirm that it upset many social marketing theories in terms of impact on behaviour. Even two years later, changes in attitude and behaviour could be directly linked to this campaign.

The evaluation noted that its communication not only “...*touched people’s lives in Maldives as nothing had done before...*,” but it brought about a “... *paradigm shift with regard to increased sensitivity and awareness of child development and childcare practices.*” The evaluation looked at recognition, recall, difficulties and, most importantly, the impact it had on behaviour. Some of the messages with the greatest impact stressed the importance of:

- How much older children contribute to the lives of younger siblings
- The father in the life of a child (how even fathers who worked away from home could bond with and contribute to the development of their children)
- Skin-to-skin contact with newborns
- Listening to children and talking to them
- How much older children contribute to the lives of younger siblings
- “Learning through play”
- Not discriminating between girls and boys

- Caring for and not discriminating against children who are disabled
- Safety and accident prevention
- Specific health behaviours relating to personal hygiene and public health
- Early detection of developmental delays or problems with sight and hearing
- Reading to, expressing love and praising children

Overall, the evaluation showed that families gained new knowledge and exhibited behaviour changes:

- Families were more likely to know how early babies can see, hear, think, and feel (influencing their behaviour) and had a better understanding that love and care leads to high self-esteem
- Families reported reading more books, providing nurturing and care, and spending more time with children
- Men were far more likely to spend quality time with their children (due to an emphasis on the role of men in the campaign), leading to an increase in the number of fathers taking children to school and attending parent-teacher meetings
- Fathers who lived and worked away from their children showed connections to their children in new ways (making homemade toys, calling them more frequently, writing letters, etc.)

Due to an emphasis on them in the campaign, men were far more likely to spend quality time with their children.

During the evaluation, specific events illustrated the success of the ECD strategy:

- Many parents proudly brought out books purchased for their young children, saying that this was the first time they realized the importance of reading to and with young children.
- A representative from the Water and Sanitation Authority indicated that he, “... personally witnessed changes in his neighbours and community, especially in improved childcare practices. In a marked behaviour change, people talk more to comfort, and spend more time with their children.”
- A speech therapist said that her patients, “... displayed a marked improvement after radio programmes dealing with special needs were aired. Social acceptance ... became increasingly positive, parents became more aware about

PART TWO

Early Child
Development Field
Experiences

The “magic” that happened in Maldives can happen anywhere, with adaptations and modifications based on individual needs and conditions.

identifying milestones and this led to an increase in early detection of childhood disorders, resulting in improved therapy.”

- One schoolteacher indicated that her behaviour changed as she took the lessons from the campaign into the classroom; other teachers who also witnessed the campaign and observed her began to emulate her example; others said they adapted innovative, child-friendly teaching methods as a result of the campaign.
- Groups of mothers (and some fathers) who attended caregiver workshops and had access to the campaign said that they felt they were following many of the childcare suggestions and felt that the campaign and training reinforced positive, existing practices.

Since the inception of the “First Steps” Project, UNICEF management has continued to support and encourage numerous activities such as improved holistic childcare centres which strengthen and expand ECD in the country.

Early Child Development approaches need to be adapted, but some key ingredients will always be the same: the “magic” that happened in Maldives can happen anywhere, with adaptations and modifications based on individual needs and conditions.

Reaching the Excluded and Marginalised

There has been much Early Child Development work undertaken that has benefited many families and communities, although reaching rights holders who have the least advantages or access is problematic. Some children and their families rarely, if ever, have contact with health care workers or village communicators.

As difficult as it is, we are morally bound to continue to try to reach all excluded and marginalised groups and those in the most difficult circumstances, including families living in conflict and disaster situations. If our affirmative actions work here, they should work anywhere.

FIELD
experience
ALBANIA

“Gardens of Mothers and Children”

Albania experienced ongoing political and social crisis as it moved towards democratic governance and a market economy. The majority of children in rural areas stayed at home with little interaction or responsive care

(stimulation). Such children in the northern part of the country were exposed to violence from ethnic, insurgent and drug-trafficking sources. They and their families were affected by ongoing stress, isolation, and violence as well as poverty and malnutrition.

In a project to promote social cohesion, prevent conflict and improve ECD begun about 10 years ago, 45 low-cost informal preschool community centres called “Gardens of Mothers and Children” were set up. The project provided early learning opportunities to young children, knowledge on child growth, development, responsive care, and non-violent and non-authoritarian behaviours. Peer training, home visits, regular meetings, workshops, TV programmes and newspaper coverage were also part of the project.

A mid-term evaluation looked at access to appropriate ECD services for children 0 to 6 years. Issues studied were: parents’ attention to children, attitudes and behaviours of public health services, child health, nutritional, and development status, women’s empowerment and involvement in decision-making processes, collaboration between formal and non-formal institutions, trust-building among community members, and project sustainability.¹³

Compared to a control group, those who participated in the Gardens of Mothers and Children Project breastfed their children for more than six months, applied better hygienic measures during food preparation, and were more aware of fundamental child rights. In addition, around 908 fathers in the project area participated in non-violence and conflict resolution skills training. Behavioural changes were seen in local health and education officials, and women were more active in delivering services in their community. The evaluation also indicated that the project had an impact on addressing conflict prevention and in creating child-friendly community environments.

PART TWO

Early Child
Development Field
Experiences

Those who participated in the Gardens of Mothers and Children Project breastfed their children for more than six months, applied better hygienic measures during food preparation, and were more aware of fundamental Child Rights.



“Chittagong Hill Tract Para Centres”

The people of the Chittagong Hill Tracts are some of the most disadvantaged in Bangladesh with regard to access to health and education facilities. The population is geographically dispersed and socio-culturally different from the rest of the country. A study of caregivers’ knowledge, attitudes and practices related to Early Child Development led to an Integrated Child Development Project providing education to the children of these disadvantaged communities.

Multi-grade centres called “Para Centres” typically serve children from pre-school to grade 2. When Early Child Development was introduced to the Chittagong Hill Tract Para Centre, the *Para Kormi* (caregiver) was provided with additional training to work with younger children. An

PART TWO

Early Child Development Field Experiences

existing learning package was modified for children ages 4 to 6 years, though in reality even younger children attended the Centre.

Several care and development sectors use the Para Centre as a common platform for delivering services to children. For example, in many centres, in addition to messages about sanitation and hygiene, mapping and planning for the installation of appropriate water sources and latrines is done. Numerous Para Centres are used as outreach sites for immunisation and distribution of vitamin A. And in the caregiver education component of the project, child protection messages include those about creation of a safe and secure environment for children as well as equal care for girls and boys.

The *Para Kormi* and other trained health and family welfare workers disseminated ECD messages directly to families in the communities they served. Specific Early Child Development materials for and about children for the Chittagong Hill Tracts were produced.



“Making Rights Count - A Partnership with Families through IECD” and “Interactive IECD Kit on Family Competencies”

Brazil has extraordinary geographic and cultural diversity. It also has high levels of social and economic inequality. While significant progress has been made in the last decade in primary education, the situation for pre-school children remains particularly challenging. Government data indicates that that 88,000 children under age one die every year while 75 percent of the poorest children under six do not participate in any Early Child Development programme.

UNICEF Brazil recognized that supporting families was central to implementing the rights of children aged 0 to 6 years and providing children with the best possible start in life. The overall goal of the “Integrated Early Childhood Development” (IECD) Programme was to assist in the implementation of the Rights of all children aged 0 to 6 years and to guarantee a good start in life. To achieve this goal, the IECD Programme focused on three main actions:

- Supporting and strengthening the capacity of families to care for their young children with particular attention to pregnant women and children under-one year
- Strengthening the capacity of municipalities to better respond to the needs of families with young children
- Increasing birth registration of children under one, with special focus on communities and regions with high inequities and disparities among the different segments of the local population

Under the Family and Municipal Competencies Project (to support and strengthen family capacity to provide holistic, integral care to young children), a set of Core Family Competencies applicable to all Brazilian families was identified in an 18-month long collaborative process. The 28 identified Competencies were validated through existing international research on family care practices that promote children's survival, development, protection and participation.

The Core Family Competencies were loosely organized into three categories:

- Interacting directly with the young child
- Organizing the family to care and advocate for the young child
- Strengthening family interactions with and promoting the organization of services to care for the holistic needs of the young child

In collaboration with 29 key Government, NGO, and UN agency partners, the Competencies were translated into an innovative, practical interactive IECD kit called "Strengthening Brazilian Families: A United Action for Integrated Early Child Development". Divided into developmental age groupings in support of strengthening capacity to provide holistic and responsive care to children, each flip chart in the kit addressed child rights, and health, nutrition, psychosocial and protection needs. It was extensively tested in selected municipalities and with indigenous, Afro-descendent populations and in rural, urban and semi-arid areas of the country. It was used by community health agents as well as preschool teachers, paediatricians, and other groups working with families.

The core implementation strategy of the IECD Programme and the Family and Municipal Competencies Project lay in robust partnerships between the Government and NGOs. This partnership helped to build and strengthen the capacity of 300,000 Community Health Workers (CHWs) and community leaders, as well as 120,000 preschool teachers in the use of the kit, and in understanding the overall issues of a Rights-based approach to Early Child Development.

In home visits and meetings with families, CHWs and community leaders used the kits, monitored and supported families' health and well-being and strengthened family competencies, with a focus on children aged 0 to 6.

In April 2004, The President of Brazil and The UNICEF Executive Director officially launched the IECD Competency kit. The IECD Programme aimed to reach 10 million families by the end of 2006.

In all, the Family and Municipal Competencies Project created a framework for responding to the diversity of Brazilian families. It ensured

PART TWO

Early Child
Development Field
Experiences

In collaboration with key Government, NGO, and UN agency partners, core family competencies were translated into an innovative, practical interactive IECD kit called "Strengthening Brazilian Families".

PART TWO

Early Child
Development Field
Experiences

A number of simple monitoring instruments were developed to help the mentors identify issues and come up with locally appropriate solutions.



“Speak For The Child’ Programme”

This community-based programme to support children under-five affected by HIV/AIDS (who were often not noticed because “they were in families”), began with a community-level Speak for the Child Committee. The Committee identified orphaned or vulnerable children, and a team of village women or “mentors” were trained to provide education and support in-home visits. Training themes included health, nutrition, HIV/AIDS, and child development. Caregivers were helped to gain access to services such as immunisation, health care, and income-generating activities, and preschool fees were paid. A number of simple monitoring instruments were developed to help the mentors identify issues and come up with locally appropriate solutions.

The Speak for the Child Programme was shown to be effective both in changing caregivers’ behaviour and in child outcomes. In the pilot phase, after one year children were more likely to eat at least one meal a day, talked and played more, were less withdrawn, and were less often ill with fever and flu. Caregivers changed too. They were more likely to teach and interact with the children, beat and shout at them less, and were less likely to be depressed or ill. The home visits and the social support groups were very meaningful for the caregivers, often elderly grandmothers who reported feeling alone and isolated.

The Programme now reaches over 9,000 children in western Kenya, and has extended its age range to 0-9, including the transition to school. Targeting has been difficult as so many children are vulnerable, and all would profit from services.

This community-based programme included immunization, preschool enrolment, home visits by trained mentors, caregiver support groups, income generation, and community organization capacity-building. It has had a significant impact on caregiver behaviours and child outcomes in communities with high numbers of children affected by HIV/AIDS.¹⁴

“Community Integrated Management of Childhood Illness Programme”

Malawi had developed holistic approaches to Early Child Development since 1997 and by 2000 incorporated many of these approaches into its Community Integrated Management of Childhood Illness (C-IMCI) Programmes to reach eleven of its poorest districts. In this process, community groups came together to analyse their problems regarding health, nutrition, and development, and decide on actions to address these problems. They tackled hygiene, latrines, breastfeeding and complementary feeding, and established community-based child care centres, run by trained community volunteers. As many as 43 percent of the children in the child care centres were orphans. When large projects such as roads were needed, communities were helped to request Government poverty reduction funds.

By 2000, the Programme reached 1,179 villages in the eleven districts. A baseline survey on key practices in 2000 was compared with data collected from both intervention and comparison villages. In 2004 an assessment found significant changes in breastfeeding, age at introduction of complementary feeding, disposal of faeces, and use of iodized salt. Intervention families were more likely to respond when children talked (34 percent); and to read books and tell stories to children, although for the latter the rate was still very low (5 and 8 percent respectively). On the other hand there were no differences in hand washing practices or the use of antenatal care. Some practices worsened because of local conditions such as a food shortages resulting in less dietary diversity. The major problem identified was continued low coverage. Community dialogue is an intensive process. Efforts are now underway in Malawi to refine the C-IMCI strategy in order to go to scale more quickly and retain the participatory methods that lead to sustainable change.¹⁵

An assessment found significant changes in breastfeeding, age at introduction of complementary feeding, disposal of faeces, and use of iodized salt.

“Parent and Pre-K Support” and “Mothers’ Circles”

In Myanmar, the most disadvantaged children 0 to 5 years in select peri-urban areas of Yangon were reached through Support Groups for Parents and Pre-Kindergarten Classes. Pre-kindergarten classes for three and four-year olds were attached to basic education schools.

Mothers’ Circles for children and caregivers under three years in community homes provided health and nutrition guidance and assistance, vitamin supplementation, periodic de-worming, toy-making and suggestions for appropriate play and development.

One indicator of the success of the holistic Early Child Development aspect to both activities was that the children involved not only gained

PART TWO

Early Child
Development Field
Experiences

One indicator of the success of both [Myanmar ECD] activities was that children involved not only gained weight and had better overall health but were also reported to be more active, assertive and “brighter”.

weight and had better overall health but were also reported to be more active, assertive and “brighter”. This was particularly the case with the Mothers’ Circles, where leaders indicated that children who entered the Circles were malnourished and often developmentally delayed. After three months, the benefits of both nutrition and responsive care included health and developmental gains. Specifically, a survey sample of 500 children who received supplementary feeding gained over half a kilo in a three-month period. This happened despite it being the time of year when children under-five often got chickenpox and weight gain was normally low.

Some of the comments from facilitators and caregivers of disadvantaged children in the Projects include responses to the question, “*What do you like about your job?*”:

- *“Seeing the children changing and developing and that not so many children are dying. They were dying from diarrhoea and high fevers and malnutrition. Some children eat only the supplement as there is no food at home. One child was 1 year, 8 months when he came and was partially paralyzed, [he] is now normal.”*
- *“The children are braver, talking, healthier, [and] know the poems.”*
- *“Some of the children didn’t walk or talk at first, but now they can. Most can say their names now. Some won’t eat at home, but will eat at the Circle.”*

Both activities, especially the Mothers’ Circles, were community-driven and owned. Although it was a challenge to meet the needs of the poorest families even within these disadvantaged groups, the local NGO who coordinated and monitored the project will continue to work towards this goal.



“ORT-SEN Multipurpose Centres Project”; “CRESP Early Learning Programme”; “Positive Deviant Parent Project”; and “The Saint Joseph Resource Centre”¹⁶

ORT-SEN Multipurpose Centres Project

These Centres run by an NGO in partnership with Dakar Municipality and the Hann, Ngor and Yoff Communities, provided health, early-learning and nutrition services. Multipurpose centres named “satellite units” were built to take care of young children and support mothers. The Centres provided 3 to 6 year olds with pre-primary education to contribute to their

normal physical, mental and affective development; monitor children's health, and provide mothers much needed respite and support.

CRESP Early Learning Programme

This programme, run in partnership with the Ministry of Health, World Vision and a Senegalese NGO, was founded on the belief that educating and engaging parents in their children's early wellbeing was one of the most effective aspects of early child programming. Parents were involved at all stages: in initial consultation, on-going care practices, weekly evaluation of progress of children and developing alternative income generating programs for parents, especially women.

Positive Deviance Parent Project¹⁷

The Ministry of Health in partnership with UNICEF, CRESP, World Vision and The Grandmother's Project, used a positive deviance approach to promote positive parental care practices in families with malnourished children in poor communities. Through participatory community inquiry, positive deviants were discovered and their good parenting practices promoted through small groups of women with the help of trained community volunteers. Two innovative aspects of the Project were the extensive involvement of grandmothers in all phases, especially in facilitating the exchange of experiences and information, and in monitoring practices at household level; and the early stimulation component. Because of its initial successes, plans are underway for Project expansion.

Saint Joseph Resource Centre¹⁸

Another example of a multi-functional centre for young children was the Saint Joseph Resource Centre. The Centre, owned by the National Catholic Association for Preschool Facilities, included a national training centre for preschool educators, an educational toys- and games-making workshop, and an early learning preschool facility for 3 to 6 year-old children. Most importantly the child care and development training included early learning as well as nutrition, infant psychology, play and active learning, health, pregnancy, vaccination and HIV/AIDS awareness. The pedagogy employed in this centre was around children's interaction with their social environments, and involved both parents and children in the learning process. Parents were actively encouraged to respond to children's health and nutrition needs, as well as providing them adequate attention and emotional support. Ensuring continuity between home and the pre-school centre was one of the cornerstones of this programme.

PART TWO

Early Child
Development Field
Experiences

Parents [in the St. Joseph's Centre] were actively encouraged to respond to children's health and nutrition needs, as well as providing them adequate attention and emotional support.

Children with Special Needs

Indonesia is one of the few Early Child Development projects that addressed the early identification and support to families of children with special needs. This is not surprising as it was one of the first countries to embrace the concept of Community-Based Rehabilitation (CBR) for children with disabilities in the 1980s. CBR included prevention and early identification of childhood disabilities as integral to ECD.



“Posyandu Integrated Service Posts”

Posyandus were long-standing community nutrition-based service posts for children and mothers in Indonesia. Existing integrated services were expanded to include early child brain stimulation through age-appropriate learning activities as well as health and nutrition. A pilot neighbourhood playgroup was established for three to five year-old children in 14 villages. Follow-up home visits for children with developmental or other delays were also included. Early results suggested high parental acceptance and attendance.

Community Commitment and Support



“Parent Resource Centers”

The goal of Armenia’s Parent Resource Centres (PRCs) based in kindergartens and health facilities, was to integrate child health and education services at the community level. A task force was established as the mechanism to support this integration. It developed a “National Concept Paper on Parental Education” which targeted families whose children attended kindergarten and those whose children did not. It stressed the crucial importance and role of the various multi-sectoral institutions to support children and families.

At the PRCs, training was conducted by kindergarten staff, education and health specialists, and other resource persons. A library service has been planned to loan books, toys, and films. Individual counselling and “parent-child clubs” are also proposed.

“Petites Mamans (Little Mothers) Centres”

A community-based holistic approach unique to rural Burkina Faso was at the heart of this ECD

Project. It focused on communities choosing trusted persons as caregivers called *Petites Mamans*. The communities worked together to construct comprehensive Early Child Development Centres in their villages. Training for the *Petits Mamans* included: basic health, hygiene, and sanitation education using songs, poems, and picture stories.

A review of the programme revealed a holistic approach: latrines, tube wells, water tanks for washing hands, nutritional snacks and play were all visible. Villagers could see the impact of the Centres and *Mamans* on their children and community. Parents were free to work and older children were free to go to school.

“Village-Based ECD Curriculum Development”

The Women’s Development Project worked to promote various development initiatives for

women in five provinces of Lao PDR. After five years interest developed and a need was identified to more directly address child development issues. The Early Childhood and Family Development Project (ECFD) grew out of this experience.

Project Planning Workshops for ECFD were organized in villages in the initial steps of development and implementation. Village-level planning resulted in agreement on needs and objectives, an understanding of overall design, assessments of resources and constraints, activity planning, setting up the project committee and criteria for selecting village volunteers. The community-based curriculum development process focused on participatory input at local level to create a curriculum that could be adapted to the particular needs of different ethnic groups. The process focused on village data collection and needs assessment. Analysis of existing traditional knowledge was used as a basis for curriculum development.¹⁹

One of the most unique activities in the Lao PDR experience was a “village engagement agreement” signed by village members and the village development committee (see next page). It was based on a child rights framework and included actions that could be taken immediately while waiting for needed external assistance.

PART TWO

Early Child
Development Field
Experiences

***Burkina Faso
communities
worked together
to construct
comprehensive
Early Child
Development
Centres in their
villages.***

PART TWO

Early Child
Development Field
Experiences

One of the most unique activities in the Lao PDR experience was a “village engagement agreement” signed by village members and the village development committee. It was based on a child rights framework and included actions that could be taken immediately while waiting for needed external assistance.

Lao Village Engagement Agreement for IECD²⁰

Our Village _____ has been selected to be a Village for Integrated Early Childhood Development.

Children are the future of the country. If they are not in good health, do not develop well, do not have fun and are often ill, the country cannot be strong and prosperous. Our Village cannot develop if we do not take better care of Our Children.

We promise that we will try our best to support Children of Our Village.

We believe UNICEF and Government Officials at all levels from the Central, Province and the District will come to work together with us and support Our Village.

Our Village will contribute local materials, our time and labour. We do not expect that outsiders will do everything for us. All Villagers will actively participate in improving the living conditions of Our Children.

Mothers must breastfeed their Children for six months. They must have time to relax, eat nutritious foods, and not undertake heavy work, especially after delivery and until their infants are 6 months of age. A Father must help with house work and infant care. On behalf of all Our Villagers, we promise that we will support Mothers of young infants.

Children under one year of age should receive care and encouragement. Children need adults to talk to, to joke and to play with. Children need to be touched and cared for by adults. Children need to be fully immunised and have their names in the Household Registration Book. On behalf of all Villagers, we promise that we will take care of our Village children better than before.

Children under five years of age need to have a clean house and secure environment. The house needs to have a clean latrine to avoid disease. Keeping animals underneath of the house causes Children to become ill. Moreover, when Children fear their parents, they will not be emotionally secure and will not enjoy life. It will also make them ill. On behalf of all Villagers, we promise that we will keep our house and out environment clean and secure for Children.

All Children, both girls and boys, have the right to go to school. They must continue to go to school even during times when their labour is needed for agricultural work or child care. Handicapped Children also have the right to go to school. Teachers sometimes need assistance for the Village and Teachers have a responsibility to teach all Children well so that they learn to read and write.

On behalf of all Villagers, we promise that we will try our best to support Children and to build a good future for all Children.

Village Head

Lao Women's Union

Village Youth

**Village National Front
Worker**

Teacher

Village Health

Villagers

“The Infant’s Hut Project”

The robust partnership between the Government of Senegal and UNICEF resulted in a holistic approach to programming for survival and

development of young children under-six. With its high Infant Mortality Rate (MICS II 2000 points out that 145 out of every 1,000 newborn children do not survive and that 13.5 percent are born underweight), reducing the IMR by 20 percent was one of many goals of the collaboration.

Case des Tout-Petits (The Infant’s Hut) Project was a significant milestone in Senegal’s Early Child Development policy and programming efforts to address child survival, development and protection needs. Its launch by President Wade was widely covered in the media.

Coordinated by the Ministry of Family and Early Childhood, the community of each project was involved in its operation. The project employed specially trained “versatile instructors” to enhance holistic child development through healthy and balanced nutrition, and social and cognitive development. Its secondary goal was to increase the national preschool education participation rate. To ensure long-term sustainability, income-generating components were integral to the project’s functioning. UNICEF played a key role in identifying “risk zones.”

The Ministry of Family and Early Childhood’s ultimate goal has been to build 18,000 Infant’s Huts (one Case per village) by 2010. In 2005, 20 percent of Senegal’s preschool children, 3 to 6 years old, were enrolled. By early 2006, 263 CDTP’s had been established.²¹

Although it has made progress in providing ECD services to children, several significant challenges have arisen in the *Case des Tout-Petits* project. The high priority given to a single model has diverted public service attention, funding, technical expertise and scarce human resources from other initiatives, including family- and group-based models. Also, there has been an over-emphasis on achieving target numbers. Additionally, high operations, funding and maintenance costs have led to a fee-per-child structure that is beyond the means of the poorest families. If modifications are not made to the project, these conditions may critically undermine local innovation, affordability and sustainability.

PART TWO

Early Child
Development Field
Experiences

To ensure long-term sustainability, income-generating components were integral to the project’s functioning.

Policy Development

Policy development is critical for the long-term sustainability and financing of early child development programmes. Over the past four years 34 countries have developed comprehensive ECD policies and 50 more countries are discussing them. The keys to good policy are acceptance, funding, and implementation. A participatory approach to policy development has been prepared from the West African experiences,²² and a second guideline for young children affected by HIV/AIDS has been developed.²³

Ghana's comprehensive policy on Early Childhood Care and Development (ECCD) is a landmark document in developing policy guidelines and an institutional framework to guide stakeholders in promoting holistic Early Child Development. Previously the focus of ECCD Policy had been on the cognitive development of the child. The new policy promotes holistic early child development with a main goal of survival, growth, development and protection of all Ghanaian children aged 0 to 8. Its guiding principles were quality, equity in delivery, cost-sharing, a holistic approach, and community and parent participation. To make ECCD service delivery holistic and to ensure efficient use of resources, ECCD Programmes were planned as "packages" that address the physical, mental, social, moral and spiritual needs of the child.

A hallmark of Ghana's ECCD Policy was a robust institutional framework that provided a roadmap for government ministries, district assemblies, communities, families, the private sector, Non-Governmental Organizations (NGOs) and the donor community to invest and implement ECCD programmes. The Ministry of Women and Children's Affairs acted as the lead body for coordination, monitoring and evaluation of ECCD programmes.

A hallmark of Ghana's ECCD Policy was a robust institutional framework that provided a roadmap to invest in and implement ECCD programmes.

FIELD experience GHANA

"Comprehensive Policy on Early Child Development"

Besides the Ministry of Women and Children's Affairs, a number of relevant ministries are assigned important sectoral and functional roles in ECCD implementation: Ministry of Manpower Development and Employment (MMDE), Ministry of Education/Ghana Education Service (MOE/GES), of Health/Ghana Health Service (MOE/GHS), Ministry of Manpower Development and Employment (MMDE), Ministry of Local Government and Rural Development (MLGRD).

Whereas co-ordination is envisioned at all levels (national, regional, district and community), the implementation is expected to be carried out largely by communities and districts, in line with Ghana's decentralization program. The institutional framework includes a National ECCD Co-ordinating Committee, Regional ECCD Committees, District Assemblies, and ultimately District Committees on Children. The latter

are tasked to address early childhood development issues in close collaboration with organizations working with/for children (0 to 8 years), and entitled to a percentage allocation of district budgets for ECCD programs. Communities are encouraged to play an active role in ECCD, while families are expected to bear the primary responsibility for the survival, care and development of their children.

The policy encourages establishment of conventional and non-conventional ECCD systems for all children (centre-based and non-centre based). It also aims to ensure the training of ECCD practitioners, including parents, and institutional capacity-building.

The financing of ECCD programs follows a public-private partnership model, where sources of funds are spread among various key stakeholders, namely; the Government, participating families, local communities, the private sector, NGOs and other international organizations. The Government aims to ensure accessibility, equity, and quality so that children in need of special attention, including those from low income families and the disabled, can benefit.²⁴

Through its ECCD Policy, government put into practice their constitutional obligations to enhance the fundamental human rights of its young citizens. It promoted national legislation and confirmed international conventions and agreements concerning children. The policy was seen as an opportunity to invest in young children, and a strategy for eradicating poverty by strengthening the foundation of Ghana's future human resources.

PART TWO

Early Child
Development Field
Experiences

The financing of the ECCD programs follows a public-private partnership model, where sources of funds are spread among various key stakeholders.

Programme Communication

Most ECD programmes use more than one approach and build on what they have.



“Early Child Development - Facts for Life Communication Strategy”

In Uzbekistan, Early Child Development communication work was based on the Uzbek version of Facts for Life (FFL). A key aspect of the Uzbek ECD Communication Strategy was to use children, as well as adults and media, as communicators. Based on a Child and Human Rights approach, and on the philosophy that children can be powerful communicators, a Child-to-Child model was designed to help children learn, make critical analyses and participate as agents of change. FFL will eventually be integrated into school curriculum and in teacher training institutes.

PART TWO

Early Child Development Field Experiences

In addition, the Uzbek strategy recognized the impact of film, animation and drama in bringing messages to life. It stressed that messages must be based on real lives in communities, be pre-tested and be supported by interpersonal communication.

By emphasizing the communication challenge, this Early Child Development – Facts For Life strategy stressed the dynamics of change, rather than simply giving information. The goal was to look at current beliefs, attitudes and knowledge and to couple this with communities' strengths and needs, and finally, to provide new scientific knowledge to help mobilize communities to make changes that benefit young children and their families.

PART THREE: Recommendations for Programming

What are Enabling Conditions in Holistic or Convergent Programming for Early Child Development?

The case studies and field experiences described here illustrate the positive impact of practical programmes that reach the whole child. These experiences provide insights on enabling conditions for holistic programming, and practical strategies that facilitate the process.

There are a number of conditions under which a holistic approach to Early Child Development is more likely to be effective, namely when:

- Decentralization of resources and responsibilities result in strong local authority and decision-making
- The focus is on a particular marginalized population
- Support comes from a level higher than a particular ministry—e.g. ministry of finance, prime minister's office
- There is interest in supporting child health, education and child development as well as child survival
- National and local government and civil society has knowledge, experience and capacity in child development programming
- Government officials (and the UNICEF office) understand and can articulate clearly the role of Early Child Development in poverty reduction
- The family and community are seen as active partners and there is recognition that a strengthened family or community can have a number of positive effects on children
- The Government uses the CRC and rights instruments in making decisions about programming and policies for children

- Service delivery systems are in place and are functioning
- Policy development is underway or there is a policy in place, supporting ECD

Strategies for Developing a Holistic Approach to Early Child Development

Start with building a communication strategy.

An effective first step for many countries has been the development of an ECD communication strategy, which serves as a common ground. To build consensus, this strategy should at minimum identify local challenges and solutions, and who can do what, when and where to solve them.

Countries have used communication for and about young children to advocate for holistic thinking, to model positive caregiving practices, to reinforce examples of good practices (sometimes called positive deviance) and to produce innovative and developmentally appropriate media for infants and young children.

Focus, first and foremost, on the whole child.

The synergistic relationship between health, nutrition and development is well documented. For children to develop normally, their basic needs for protection, food and health must be met along with basic needs for affection, interaction and nurturing, especially in the early years. All areas of survival, growth and development are intimately related and mutually supportive; no aspect of development occurs independently.

Interventions that address all of these basic needs are most likely to have a positive impact on the child. But this may not be possible, even with cost reduction strategies like building on existing infrastructure. The balance between coverage and intensity of intervention has to be worked out in each situation.

Start with what is possible and with willing partners.

One does not always have to have a formal mechanism in place for “integration”. An open-minded Minister or community leader, a creative programme communicator can help “get the ball rolling” and be an advocate for others. For example, an existing pre-school government entity can begin including a focus on hygiene and sanitation and be the conduit for greater convergence.

Keep it simple and practical.

When developing new methods, someone in the team should spend time working directly with households, with and for families and children. Families will guide, particularly when they feel they are respected. Overworked and overburdened family members benefit from simple activities that are easily integrated into existing routines.

There is no “cookie cutter” approach.

Each child, family, community and nation is unique. While programme principles remain constant, adaptation will vary according to the context. “Best practices” should be adapted to the local context.

Success breeds success.

Attitudes and behaviours do change and people do want to become part of a successful project—and should be encouraged to do so. Take small steps to enthuse partners who will in turn take larger steps and attract other partners. As with all innovations, there is often resistance to change. Yet, there is usually a “tipping point”, when people not only look at infants and young children in a new way, but see that this new way has a positive impact on their lives. Caregivers will begin to see that their children seem brighter. Health care workers will begin to see that responsive care improves the overall health of children. “Child protection” makes more sense when it involves preventive actions beginning at pregnancy and birth.

Make scientific knowledge about ECD accessible to everyone.

Policy-makers, planners, community workers from all sectors, the media, teachers, parents, and adolescents all need access to information. It is important to demystify and translate scientific research into a language understood by families and caregivers. Try to add social and emotional dimensions to health, hygiene, child-protection and education interventions.

Remind programmers that they are also parents.

Remember that policy-makers, planners, teachers, health and community workers are, first and foremost, caregivers in their own families. What they learn, they can take home. What inspires and affects them, they can use to inspire and affect others.

Remind caregivers that they are also role models.

Remind caregivers that they are also role models. Remind family members (parents, grandparents, siblings, etc.) that children learn what they see, not what they are told. Caregivers need to be aware of what they are teaching their children.

Look for opportunities to add components to existing interventions.

Try to add social and emotional dimensions to health, hygiene, child-protection and education interventions. There are numerous examples in this collection and in Part Four of programming experiences, such as health care workers suggesting the importance of talking or reading with children during home visits; or ensuring that girls in preschools are given as many leadership opportunities as boys.

Look for opportunities to link services.

Don't try to integrate all services, rather increase opportunities at local level for various service providers to learn about others' ECD activities. This can lead to ideas for collaboration and cooperation and result in increased efficiencies and cost-savings. Similarly, make sure that families receive consistent information and support — this can help increase the impact for children.

Remember that family relationships are critical.

Look at children through relationships with their families. During pregnancy, there is a relationship between foetuses and their mothers in terms of nutrition, stress and psychosocial interaction. From the moment of birth, there are relationships through breastfeeding, language, play, interaction and love, in addition to proper healthcare and nutrition. Education is as much about relationships as it is about teaching.

Produce communication media and materials locally.

Build national capacity to produce quality developmentally-appropriate media for, about and with children. To the extent possible, create ownership of communication media locally, which leads to greater sustainability and cross-sectoral “fertilization”.

PART FOUR: Strategies for Introducing a Holistic Approach to Early Child Development

What follows is an example of how to build consensus as part of a holistic approach to early child development. This includes taking some of the latest early child development research and demystifying it for everyone from policy makers, to planners, to front-line workers and family members. It also includes examples of how countries have developed innovative media and materials based on this research for families, including children. Participatory exercises that have been used in many countries in training of stakeholders from various sectors and the media are suggested.

Getting Everyone “On Board” and “On the Same Page”

Every development sector (health, child protection, education, water and sanitation, etc.) has its own work and own priorities which seem overwhelming—working together seems difficult. Through various task forces, people are brought together, yet it is still rare for Governments, UN bodies and NGOs to develop projects and programmes intersectorally. Though one sector might serve as the focal point for ECD, it is often useful to have an introductory meeting with all sectors, because the young child belongs to everyone.

Here, we present some of the latest well-documented ECD research, strongly emphasizing the synergistic relationship between health, nutrition and development which positions ECD in “... its rightful place as the first and perhaps most necessary phase of all efforts to ensure the healthy growth, education and development of a nation”.²⁵

The practical model presented here has been used effectively in many countries to help governments and various sectors think, act and programme in a new way. Though it takes time, and there have been setbacks, slowly change does take place. We must be advocates for the belief that, even though “there will always be something more immediate, there will never be anything more important”.²⁶

If a commitment is made to address the holistic needs of infants, young children and their families, then all concerned partners and duty bearers should take part in capacity building and programme planning together.

All areas of survival, growth and development are intimately related and mutually supportive. It is the balance of all interventions that ensures optimal survival, growth and development.

PART FOUR

Strategies for Introducing a Holistic Approach to Early Child Development

For example, one proven, successful approach is to hold a one-week intersectoral workshop that includes representatives from each sector, together with NGOs and a significant number of creative people working in programme communication and the media (including writers, producers, illustrators, photographers, musicians, traditional media, etc.). The objectives of such a workshop would be to:

- Help participants understand the concept of holistic development and how each sector can become more holistic in their work;
- Present and discuss the most recent research related to early child development and how each sector can translate this research into programme actions; and
- Present and discuss the role of behaviour change communication and programme communication and how each sector can develop more effective media for, about and with young children that supports their holistic development.

Experience has shown that these media are effective in bringing to life what is sometimes a highly technical or scientific piece of information.

What follows is a summary of content, process and exercises that have been used in several countries and could make such a workshop successful. In it are examples of various media being used to illustrate both research and guidelines. Experience has shown that these media are effective in bringing to life what is sometimes a highly technical or scientific piece of information.

These examples are illustrative, not only of media that can be developed locally, but of an approach to programming and service-delivery as well. For example, a book for a young child can be much more than just a book—if the content, photographs and illustrations demonstrate how caregivers can meet the health, hygiene, social, emotional and learning needs of children. A Public Service Announcement on immunizations is much more than about immunization—it brings to life how frontline workers can interact with caregivers and children while providing services and disseminating information and instilling confidence in the most effective manner.

Demystifying Early Child Development Research

Research on brain development has received a lot of media attention in the last several years. But such ECD research needs to be demystified and the various sectors need to explore together what this means to programmers, front-line workers, caregivers, policy makers, and others. Some practical examples include:

Healthy brain, as well as physical development, begins in the womb.

This research naturally has implications regarding the age and physical health of mothers-to-be. But looking at it holistically means addressing front-line workers from all sectors and addressing emotional needs of pregnant women. Examples of practical action include the following field experience examples.

FIELD experience UGANDA

“CHILD Matters: A Father’s Role in Raising Children”²⁷

In Uganda, a publication called “CHILD Matters” addressed “A Father’s Role in Raising Children.”

Using positive deviance models and a simple, low-literacy layout, one man says, “When my wife is pregnant, I help her as much as possible with the work at home as she will get tired very quickly and cannot do as much work as before.” This is in addition to the woman eating well, getting enough rest, antenatal visits and preparations for a safe delivery. The publication also includes physical and emotional support to new babies, good nutrition for young children, protection from illness, teaching new things to children and numerous examples of “quality time.” It is an excellent example of demystifying research, presenting doable, practical actions and a multi-sectoral approach to Early Child Development.



CHILD Matters is an excellent example of demystifying research, presenting doable, practical actions and a multi-sectoral approach to Early Child Development.

PART FOUR

Strategies for
Introducing a Holistic
Approach
to Early Child
Development

Longitudinal studies have demonstrated that when early intervention activities focus on self-confidence and competence, it is the most vulnerable groups that gain the most.²⁹

FIELD reference USA

“Baby on the Way”²⁸

This book uses humorous illustrations and delightful text to help children prepare for new arrivals. Although developed in the United States,

it is suitable as a reference model for developing countries. It includes messages about the importance of singing and talking to babies while mothers are pregnant, and the need of mothers for more healthy food, rest, love and support from all family members. Scientific research is translated into simple messages, analogies and illustrations aimed at young children.

“Baby on the Way” differs from “typical” programme communication:

- Though aimed at children, it is interesting to adults and has a holistic and multi-sectoral approach to the care of pregnant women.
- It reaches children with clear messages at an early age, laying a foundation for healthy attitudes and behaviours as children grow and eventually become parents themselves.
- It presents positive gender images of both boys and fathers.
- It is a powerful communication, as well as a holistic programming tool for pregnant women; during workshops participants can discuss and brainstorm ways it can be adapted to local contexts, programmes and training.

Raised self-confidence and competence of caregivers positively impacts ECD.

One of the most important (and sometimes overlooked) components of effective ECD programmes, services and media is the need to consciously raise the confidence as well as competence of caregivers. There is a direct link between the confidence of caregivers and their ability to care for children, respond to needs, seek and demand services and in turn pass this confidence and competence on to their children.

FIELD experience VIETNAM

“Building the Self-Confidence of Caregivers”

In Vietnam, building the self-confidence of caregivers has been a key component in the

Training of Trainers on Caregiver Education by the Vietnamese Women’s Union, Ministry of Education and Training and other sectors. It emphasizes the importance of verbal and body language that front line workers use with caregivers (as well as direct confidence-building), together with key early child development inputs. These in turn have direct impact on caregivers’ interaction with children, and the self-confidence of children as they grow and develop.

“Communication to Build Self-Confidence between Fathers and Children”

In Bangladesh, self-confidence has been the focus of innovative “positive deviance” communication. In a delightful, photo-based book for young children and fathers called “The Best Papa in the World Lives in MY Home,”³⁰ a little boy says that his father tells and listens to his sweet stories, gives him food and love for his body as well as his heart, gives him baths (and lets him pull his cheeks), and gives him lots of confidence when he tries new things. The little boy pays his father the ultimate compliment saying he wants to be “... *just like papa*” when he grows up.



PART FOUR

Strategies for
Introducing a Holistic
Approach
to Early Child
Development

“Building Self-Confidence through Role Plays”

In workshops discussing research on self-confidence, the focus is always on how to build upon existing good caregiving practices and introduce new, positive practices that support the holistic development of all children as part of daily routines.

The following are examples of role play activities where research is put into practice to build both competence and confidence of caregivers through language and approach. These can be used or adapted as role plays in any type of training.

Role Play 1 – Naughty or Active?

Negative Scene

A caregiver and child go to see a health worker. The child fidgets around a great deal while being examined. The health worker says, “*Oh, you have a naughty child, don’t you?*”

Positive Scene

A caregiver and child go to see the health worker. The child fidgets around a great deal while being examined. The health worker says, “*Oh, what an active and curious child you have. That is one sign of good health. You must be doing a good job helping this child explore the world. Tell me about how you keep the child safe while allowing exploration?*” (In this scene, the front-line worker simplifies technical information while building the caregiver’s confidence).

Role play activities where research is put into practice can be used to build both competence and confidence of caregivers through language and approach.

PART FOUR

Strategies for
Introducing a Holistic
Approach
to Early Child
Development

In the positive “Disabled or Able?” scene at right, the same amount of technical information is provided, but the person affected by polio is seen as socially responsible as opposed to “disabled” and not of use to society.³¹

Role Play 2 – Disabled or Able?

Negative Scene

A Public Service Announcement on prevention of polio shows two village women looking at a girl with polio crawling on the ground. They say, *“See what happens when parents are ignorant and don’t take their children for immunizations. No one will want to marry a girl like that.”*

Positive Scene

A Public Service Announcement on prevention of polio shows a grandfather playing with his granddaughter. The grandfather says, *“I am an old man with polio and I still play with my granddaughter. I also do something even more important – I make sure that all my grandchildren go to the clinic to get all of their polio immunizations. You should do as I do.”*

Role Play 3 – Modelling Confidence

Parent-Child Relations

A depressed mother and her newborn child are visited by a health worker in a hospital, health care centre or home. The health worker praises the newborn’s health and skills, with respect for and confidence in the mother as a good parent. The health worker’s tone of voice, body language and words teach and reinforce important lessons (such as making sure newborns sleep on their backs), while modelling a way to talk to newborns. After a short time we actually see the mother copy these same actions and ways of speaking, saying to her infant, *“You like your mamma, don’t you?”*

This role play has been used in several countries using short video clips or role plays to train frontline workers and programmers. It can be adapted for overextended and overworked home visitors and caregivers, poor and disadvantaged parents or anywhere that stress affects caregivers’ responses to children (e.g., grandparents caring for orphans affected by HIV/AIDS; emergency/disaster situations).³²

Because an increasing body of research documents the significant effects of stress, abuse, grief and violence on the life of very young children, and their impacts over a lifetime, such role plays reinforce the power of frontline workers not only in providing services and information but in building confidence, competence and strong parent-child relationships.

Infants and young children are more affected by stress, grief and violence than previously thought.

There is universal acceptance of the lasting impact of poor health and nutrition. But an increasing body of research documents the significant effects of stress, abuse, grief and violence on the life of very young children, and their impacts over a lifetime. It could be the death of a parent, abuse between parents, maternal depression, a natural disaster, a conflict situation, or perhaps even the rape of a young baby. There is now powerful documentation showing that even infants can grieve. They are affected by traumatic events which can have an impact on their ability to process nutrients, their overall health, concentration, learning, self-confidence, and other physical and mental functions.

When presenting this information, it can be very effective to discuss the implications for all sectors and priority areas. For example, orphans and vulnerable children, such as those affected by HIV/AIDS, often experience grief and stress from infancy.

The same strategy can be used in child protection programming, emergency, disasters and post-conflict situations. Infants, who are often not given the same attention as older children, should be included in such interventions as responding to their psycho-social as well as physical needs can impact their survival, growth and development.

FIELD experience SOUTH AFRICA

“Building Capacity to Address the Needs of Orphans & Vulnerable Children”

After the South Africa UNICEF Country Office reviewed and analyzed the National Integrated Plan for Orphans and Vulnerable Children Infected and Affected by HIV/AIDS, it combined two Priority Areas—Early Child Development and HIV/AIDS. The work was intersectoral and emphasized building capacity of educators, health workers, media and local partners to address the holistic needs of orphans and vulnerable children, with emphasis on their psycho-social needs. Advocacy meetings and capacity-building workshops were held on approaches to programming and media to “break the silence” on death and dying and to address the impact of stress, violence and trauma on infants and young children.

People working with ill and dying children, traditional healers, community workers and representatives from traditional and modern media attended the workshops. The workshops discussed practical implications for frontline workers from all sectors. It addressed how important it is to support caregivers to continue existing positive practices in helping children to feel safe, secure, loved, listened to—and to help children develop coping skills and self-regulation techniques.

PART FOUR

Strategies for
Introducing a Holistic
Approach
to Early Child
Development

The capacity-building workshops discussed practical implications: how important it is to support caregivers to continue existing positive practices in helping children to feel safe, secure and loved.

PART FOUR

Strategies for
Introducing a Holistic
Approach
to Early Child
Development

Developmentally appropriate ways to address illness, death and dying through actions, words and media were discussed. Simple actions for duty-bearers who touch the lives of these children were elaborated and used to develop prototype media for children and caregivers that modelled positive and responsive caregiving practices and providing a safe haven for children in most need. These included everything from the importance of rituals and routines, reading and responding to children's signals, helping children develop coping skills through stories and pretend play, health workers giving children simple "choices" while getting treatment, putting feelings into words, etc. To date, there had been no local books for very young children that dealt with grief and loss.

The workshop developed some of the first prototypes. In addition, the issue of discrimination was addressed as is appropriate for children 0 to 6 years. One of the innovative aspects of this project was to learn from and adapt the strategies and approaches used effectively in the field of disability, where tremendous changes in media both for disabled children and about disabled children have changed the publishing landscape in many countries over the last two decades.

Babies are born ready and eager to learn.

Children are born with the basic capacity to see, hear, touch, smell and taste. Knowledge regarding these abilities directly impacts how both caregivers and front-line workers interact with infants and caregivers. In Knowledge, Attitude and Practice surveys in Maldives, Kazakhstan, Bangladesh and Vietnam, many caregivers did not realize the abilities of newborns. Therefore, their behaviours did not include interactions that would nurture these abilities.

When presenting this research, it can be effective to discuss how this information can have an impact on everyone from midwives to paediatricians to village communicators to caregivers. There are culturally appropriate ways that caregivers in any country can nurture communication, language, thinking, self-control, self-confidence and even literacy skills with the youngest children. Simply encouraging time spent talking with, listening to, singing, telling stories and reading to young children can have a tremendous impact on their development. This need not be special, additional time that caregivers need to add to their busy schedules. Rather, it is the same time as feeding, cooking, bathing, walking to the market, working in the field, washing hands, etc.

One technique that has been used with parents and healthcare workers to demonstrate infant's abilities at birth is to show how most newborns will respond to their parents by turning their heads in the direction of their parent's voices. If caregivers and strangers both call an infant's name at the same time, almost invariably the child prefers and recognizes the voice of a familiar person—their caregiver. In fact, in the case of biological mothers, children have been "listening" to this voice for at least the last trimester of pregnancy.

There are culturally appropriate ways that caregivers in any country can nurture communication, language, thinking, self-control, self-confidence and even literacy skills with the youngest children.

This demystifying and simplifying of Early Child Development research can easily be integrated into the work of healthcare providers and training of community duty bearers from all sectors.

In both Maldives and Vietnam, television spots have been developed to demonstrate the abilities of newborns. In Maldives, these were also adapted for radio and print as well as used in training for caregivers and service providers from all sectors.

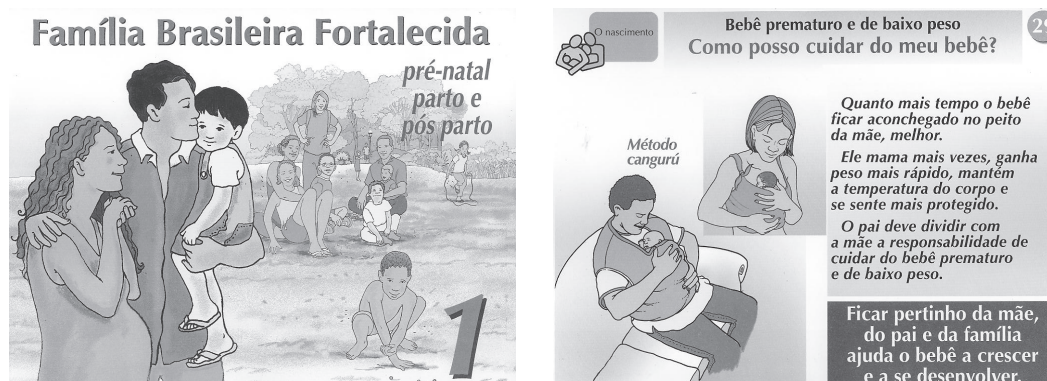
Both girls and boys are born with the same potential to develop skills in all areas.

Both girls' and boys' holistic development depends on the opportunities and experiences they receive. For the brain and body of girls as well as boys to fully develop they need equal nutrition, learning opportunities, and encouragement to be physically active—yet safe, verbal—as well as quiet and gentle, and to lead—as well as cooperate.

Many cultures have programmes and media to encourage girls to challenge gender stereotypes, take more leadership roles and be more active. But most have been slow in nurturing and encouraging young boys to overcome stereotypical masculine (especially macho) behaviours, or to encourage their verbal skills and gentler side.

Yet successful innovations on both issues have been addressed as part of holistic Early Child Development approaches. Young boys as well as older males have modelled actions that will lead to or are demonstrating that males as well as females have a positive impact on the health, learning, social, and emotional development of young children. Some examples include:

- A series of books for families from Brazil³³ which show positive male participation in the development of young children



PART FOUR

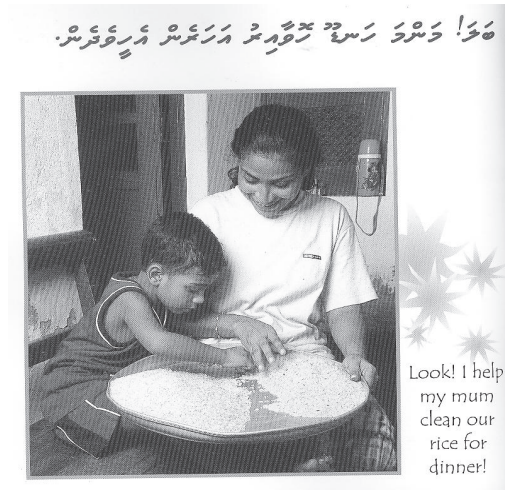
Strategies for
Introducing a Holistic
Approach
to Early Child
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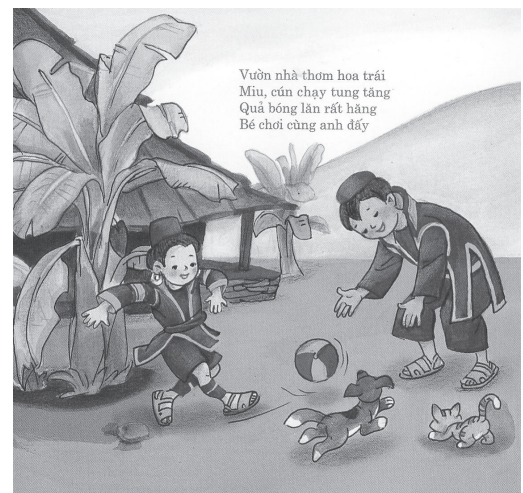
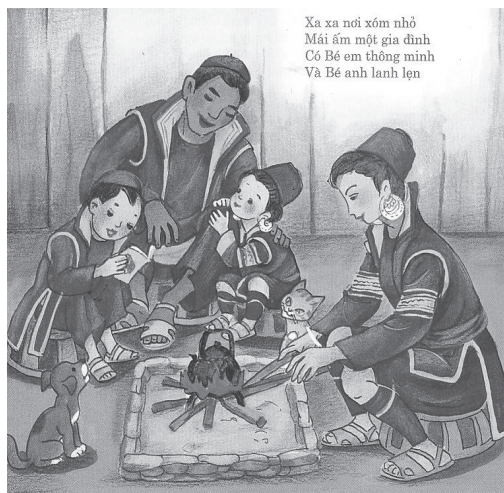
PART FOUR

Strategies for Introducing a Holistic Approach to Early Child Development

- A series of books for families from Maldives³⁴ show the impact of positive family interaction on the development of healthy gender roles for young children.



- A series books for families from Vietnam³⁵ which show positive family interaction and gender roles for young children (a boy reading and a girl playing ball).



PART FIVE: Using Programme Communication for Early Child Development Communication

Media for, about and with young children has taken on a new and expanded role around the world. While the ultimate goal is to ensure the rights of children and caregivers, there is consensus that this can be done in a variety of ways. A combination of advocacy, policy, services, social mobilization, behaviour change communication and quality media for, about and with children should be used. There are many ways to directly empower and promote positive attitudes and behaviours: through focused and strategic communication for social change as well as through media for, about and with children that is developmentally and culturally appropriate.³⁶

There is a growing movement within UNICEF and in the world to produce developmentally and culturally appropriate media for and with, as well as about young children. Research indicates that the more language, through songs, stories, books and rhymes, that young children are exposed to in their first years of life, the more prepared children will be for entry to school. These “child-friendly media” can be models of caregiving for adults as well, especially in environments where children do not have access to quality childcare or caregivers have little education or time. Developing quality media for and with young children is important for many reasons:

- It is a direct response to the rights of children expressed in the Convention on the Rights of the Child
- It can help build the self-confidence of children, caregivers and nations
- It can promote healthy habits and practices and pro-social behaviours as well as encourage literacy and cognitive development³⁷
- It can be as powerful a message to caregivers and other adults in greatest need as to the young children at whom it is aimed (print media for young children is often readable for people with lower literacy skills)
- It can be a safe haven, especially for children in difficult circumstances (sick, traumatized, grieving, etc.)
- It can effectively address sensitive topics (HIV, disability, death, etc.)³⁸

Programmes and media that are often most the effective are those that are unique, or what is often called “sticky” or “contagious.”

Communication Principles Based on Research and Experience

In places where people are bombarded with all types of messages and training, combined with programme and social communication from a variety of sectors, it is hard to imagine how overworked, overwhelmed caregivers, especially those in greatest need, can remember everything that is important. There are some principles and guidelines based on research and experience that can assist in making critical programmes and media for, about and with children as effective as possible.

Research and experience from some of the most effective social movements, programmes, social communication and international “campaigns” reveal that one overarching guideline is evident—all have developed media that is personal, practical, positive and powerful.

In addition, guidelines used in early child development (and other MTSP) training show that:

Less is more and simple is best—lower literacy works for ALL

There are many different audiences with different levels of literacy. However, experience shows that innovative and powerful programmes and media can reach those in greatest need. These media can be understood and be of interest to all audiences. Simplicity and repetition do not have to be boring. It is the role of communicators to make oral, written and visual media “stick” or be memorable. Award-winning producers of children’s media use this technique all the time. Experience in holistic approaches to Early Child Development tells us that programmes, activities and programme communication can be more effective using these same techniques and principles.

For example, how can a photograph or illustration show exactly what you would like a caregiver to do with a child? Can caregivers copy this action without reading the caption or without outside intervention? It must be much, much more than a beautiful photograph. It must “speak” to the caregiver or say, *“I can do this with MY child!”* Better yet it should present caregivers just like themselves so that they can see and feel themselves doing it with their own children now. Just as programmes, activities and training should be inclusive, so media and programme communication should be inclusive on all counts—gender, disabilities, income levels, minorities, etc.

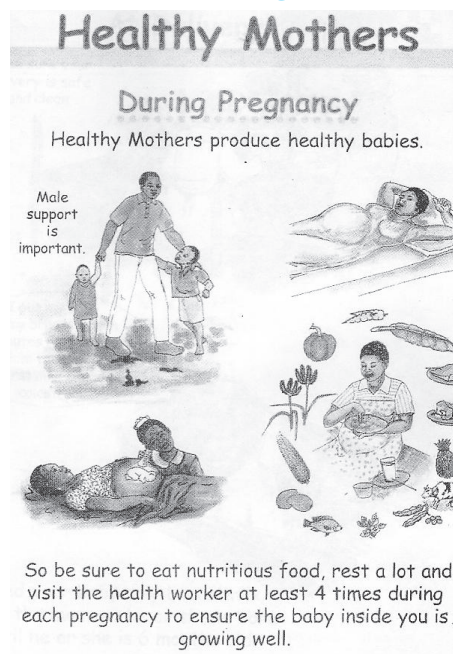
Just as programmes, activities and training should be inclusive, so media and programme communication should be inclusive.

“Caring for Children in Uganda Booklet”³⁹

The Uganda Community

and Home Initiatives for Long-term Development (CHILD), in association with UNICEF, developed a low-literacy booklet entitled “Caring for Children in Uganda”.

Simply but clearly illustrated, it covered healthy mothers, feeding children, preventing illness, responding to sickness, learning with things and people. Only the most basic inter-sectoral and holistic information was included in a very “user-friendly” style.



PART FIVE

Using Programme Communication for Early Child Development Communication

“Book for Children and Parents”⁴⁰

Kyrgyzstan was one of several countries that participated in a Regional Workshop on ECD Communication for and about Children.

Participants were exposed to media for children from around the world that captured the imagination and attention of children and adults alike, while presenting information on topics ranging from health or safety habits to self- confidence to disability awareness.

The Kyrgyzstan ECD Team contacted a well-known poet and simultaneously conducted a contest among artists. They invited children to select the best drawings and to give their explanation for their choice. A core group worked on the content and creative aspects of five books about vitamins, love/care, violence, hygiene and games. The books were pre-tested several times with children from several regions.



Kyrgyzstan contacted a well-known poet and simultaneously conducted a contest among artists to develop the book for children and parents.

PART FIVE

Using Programme
Communication for
Early Child
Development
Communication

Find and use examples of good but uncommon practices from local communities (positive deviance)

In every community, there are people who share the same resources as their neighbours or colleagues, yet they successfully solve problems or overcome barriers (do something **positive**) through uncommon or special behaviours or practices (**deviance** from normal practices). This is often called “positive deviance.” It is important that programming, training and media includes examples of positive deviance from target communities, from the poorest parent to a Minister. Each are models for others.

A father who carries a baby on his back; a warrior who sings about love for his daughter; a grandfather who enables his handicapped granddaughter—these are all positive deviants.

FIELD experience SOUTH AFRICA

“‘Good Father’ Public Service Announcements”

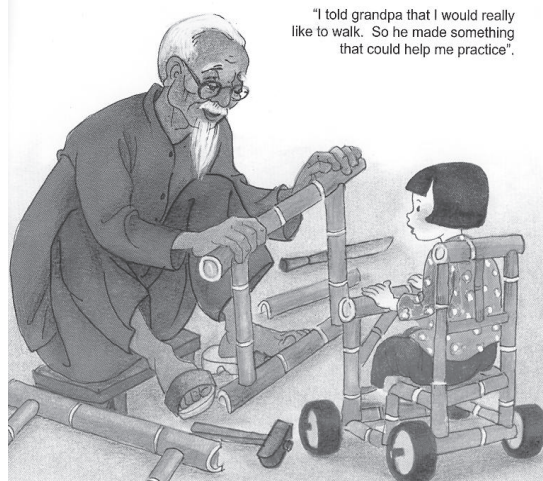
In a workshop in South Africa, two prototype television public service announcements were made in support of a holistic approach to Early Child Development. One depicted a black urban father who carried his infant on his back (in South Africa as in many other countries, only women carry infants and young children on their backs). This father talked about how he knew that people might think it was strange, but it was good for his baby and for him.

The second television spot was of a Zulu warrior who shouts out a familiar chant about who he loves and will care for more than anything else. The chant is often used in pursuit of women, but the Zulu father gently bends down and lovingly picks up and talks to his infant daughter.

FIELD experience VIETNAM

“My Wonderful Grandpa”⁴¹

In Vietnam a book called “My Wonderful Grandpa” was written about a girl with polio whose parents overprotected her. Her grandfather built her a simple wheelchair out of bamboo and took her out to explore her world. He found a way to help her go to a local preschool. Though it might not be “typical”, his granddaughter had a right to, and would benefit from, all that was available to other children. This book was not merely a book—it became a model for training and programming on ECD inclusion. Caregiver training focused on males and confidence-building and the use of indigenous resources in holistic Early Child Development.



“I told grandpa that I would really like to walk. So he made something that could help me practice”.

Develop communication that simultaneously exemplify best caregiving practices as part of daily routines

Often, programmes, training and communication focus primarily on “what” messages, for example, “It is important to talk to and sing to your baby.” This message says what to do. Yet it is the “why” and “how” messages that tend to increase effectiveness, especially for behaviour change. Clear, practical explanations and simple actions create a more powerful image. So to the above “what” message we can add, “Children who are told stories or read to, sung to and who hear and learn rhymes often have better language skills, are more confident as well as playful.” This message says “why” to do it.

The programme can add examples such as a song to sing while washing children’s hands before eating, a rhyme to say when they are afraid of an immunisation, or an educational game to play while walking to the rice fields. Caregivers can model, adapt and improve upon what they see and hear. These examples indicate ‘how’ to do it. This creates a culture of looking at and programming for the whole child, and models holistic activities that are easy to remember and do with and for children during regular routines.

PART FIVE

Using Programme
Communication for
Early Child
Development
Communication

*Clear, practical
explanations and
simple actions
create more
powerful
communication
images.*

FIELD experience BANGLADESH

“Mothers’ Literacy Classes”

In a Project by Save the Children USA in Bangladesh, mothers were engaged in literacy classes. As a new element, some mothers were asked to read children’s books to their children at home. Not only did these mothers bond, read to and play with their children more, their literacy level improved more than the group that read the more “typical” books for new adult literates. The project has been so successful that it has been expanded to include older children reading with younger children in Bangladesh, as well as similar projects in Vietnam, Myanmar and Nepal.

FIELD experience NEPAL

“Girls Education Public Service Announcements”

Several landmark Public Service Announcements on Girls Education were produced in Nepal. Each focused on real families from poor communities who chose to educate their girl children. In the TV spots, a girl was depicted as a curious, playful and good daughter who did something small to ‘save’ her parents in a difficult situation. Examples included being overcharged at the local market, not being able to read a letter from their son living in the city, and writing the bank an inaccurate figure on a loan. In each announcement the parents say at the end, “Aren’t I bright for educating my daughter?”

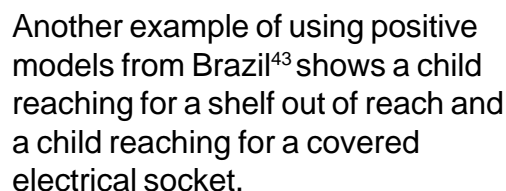
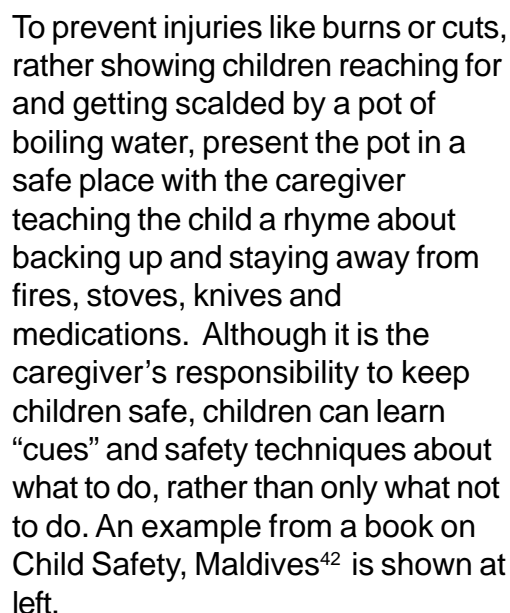
Using Programme Communication for Early Child Development Communication

Research and experience shows that for children as well as for non-literate or neo-literate adults, “not” or “don’t” messages in negative modelling are not easily understood.

Historically, programmes, training, media and materials for social and programme communication have been based on making others aware of problems that need to be solved—gender disparity, abuse, malnourished children, injury prevention, etc. This is often done through a technique called “fear-arousal.” What one might see for example is an adult hitting a child with the message that hitting is not appropriate; or a young child reaching for or swallowing medicines with the message to keep medicines out of the reach of young children.

Research and experience shows that for children as well as for non-literate or neo-literate adults, “not” or “don’t” messages are not easily understood. Instead, the positive behaviour or action to be practiced should be modelled.

This is also true with words: for example in discussing the negative impact of family fighting or violence on children, try not to show name calling, hitting, and humiliation. Rather, show problem solving, techniques parents can use to calm down, positive reinforcements, and ways young children emulate words, actions and looks of beloved adults in their lives.



Getting Started with a Holistic Approach to Early Child Development: Practical Exercises

When introducing partners and stakeholders to a holistic approach to Early Child Development, in addition to the research described in the previous section, several countries have found practical exercises to be useful:

National Interventions by Age Group

In a brainstorming session, make a list of all interventions and programmes for infants, young children and their caregivers. Divide the list into two parts: children under three years and children 3 to 6 years. The part for under-threes will typically include pre-natal services, breastfeeding, immunizations, iodine and vitamin A supplementation, birth registration, growth monitoring, etc. Usually participants include very little that specifically supports the social, emotional or cognitive development of children. In the 3 to 6 years' list, participants may include "early learning" as one of a few services, whereas "child protection" is often not included in either list.

After the brainstorming exercise, point out that survival and development happen simultaneously. Discuss the fact that in most countries, there is too little emphasis and investment on psycho-social development and learning for children under three and too little investment on health, nutrition and psycho-social development after three years. In a short time, it will become obvious to participants that to fully respond to the research regarding optimal survival, growth and development, a more holistic and balanced approach to children must take place.⁴⁴

A Holistic Perspective is Critical

In a brainstorming session, write down all of the real situations where an imbalance of holistic care can have an obvious and detrimental effect on the survival, growth and development of infants and young children. Examples could include: babies are fed but receive little attention because their families live in situation of war or conflict, or they are institutionalized; babies who are loved but are malnourished; young children who are well nourished but are emotionally or physically abused, etc.

Responsive, Holistic Care Practices

In a discussion group, ask participants how to adapt programme communication for and about children. Stress that providing nurturing, playful, interactive care for infants and young children is not something we do "to" our children. Instead the important word should be something we do "with" our children, stressing the **relationship**.

We don't "give" messages to babies: the most beneficial and holistic messages are provided through bonding, responding and interacting.

PART FIVE

Using Programme
Communication for
Early Child
Development
Communication

Activities from all sectors - health, education, water and sanitation, child protection and rights, etc., can be made more responsive and holistic.

Discuss the idea that responsive care means not only talking to our children, but listening to them as well. Explain that the most beneficial and holistic messages are provided through bonding, responding and interacting.

Activities from all sectors - health, education, water and sanitation, child protection and rights, etc., can be made more responsive and holistic. Ask participants to name activities from all sectors and explore how each can be made more responsive and holistic. For example:

- Feeding meets the physical needs of children who are hungry. It can be made more responsive and holistic with eye contact, talking about healthy foods, singing sweet songs, or telling children what good jobs they are doing.
- Hand-washing meets children's hygiene needs. It can be made more responsive and holistic (as well as more memorable, effective and responsive) by making up a little rhyme about washing each finger and both sides of each hand before eating.
- Immunization meets the preventive health needs of children. It can be made more responsive and holistic through the simple act of bending down to children's eye level, smiling and telling children to hold the hand of their caregivers tightly.
- In many countries, oil massages are traditionally practiced to passively exercise children's arms and legs. It can be made more responsive and holistic by telling children what is being done, singing loving songs, and listening to babies' coos and babbles.
- Health workers often make posters or books for children on child safety. The process can be made more responsive and holistic if health workers hold simple community contests where school-aged children create posters or books for families on "all the ways families keep babies safe".

Model Baby

Present a photo of a "model baby" (one who looks healthy, happy and confident), about six months or one year old. Facilitate a discussion with participants about what this one photo can tell us a lot about the past, present and future of the child. Ask what it also says about the obvious holistic and responsive care that the child has been given. For example:

- The mother was well taken care of, physically as well as emotionally, while pregnant
- Judging by the baby's weight, alertness and active looks, the baby seems healthy, implying breastfeeding, immunisation, no illness, good household hygiene, clean water, safety from injuries, etc.

- The baby's happiness and alert looks imply that the baby is played with, spoken and listened to, loved, etc.
- Babies this healthy, happy, alert, and confident have greater chances for success at school and health throughout life

The ABC's of Holistic Caregiving

Have participants go through the alphabet and name a holistic caregiving action that corresponds to each letter. The goal is to name an equal number of items from all sectors, for example: Birth registration, Hand washing, Iodized salt, Reading, vitamin A, etc. Adapt this exercise to the alphabet of the country, a popular song, game, or school or community activity.

The Best Toy in the World

Ask participants to guess: "What is the best and most holistic toy in the world for infants and young children?" After hearing all answers, if no one has guessed it yet, explain that the best and most holistic toy is one's body—face, hands, voice, and so on. Then divide participants into small groups: have them list ten things that various family members can do to support the holistic development of infants and young children—using only their body. Examples include skin-to-skin contact, breastfeeding, bathing, massage, kissing, hugging, finger games, singing, storytelling, or letting the body be a 'gym'.

Afterwards discuss how all of these have physical, emotional, social and cognitive benefits for children. Discuss how this "toy" is available to the poorest and least educated caregiver, enabling caregivers to give an invaluable gift to children.

Holistic Books for Young Children and Caregivers

Divide participants into small working groups to develop a prototype holistic book for young children with a dual message for caregivers. Encourage participants to work together to use as few words as possible and use very simple illustrations or photographs. Words can be in prose or simple rhyme in a language and level appropriate for children under the age of three.

Participants should try to include guidelines discussed in the workshop, in particular, simplicity, magic and responsive care. For example one page can be about a father telling a story to his baby in the womb while walking his wife to the health clinic. The next page might show the mother massaging her newborn while naming each part of the body. The next page might show an older sibling singing while holding a younger child who is getting immunised, etc.



"Books to Reach Families and Caregivers"

Throughout 2005, a series of intersectoral workshops was organised with the support of UNICEF Myanmar as part of a holistic approach to reaching families and

PART FIVE

Using Programme
Communication for
Early Child
Development
Communication

The best and most holistic toy in the world for infants and young children is available to the poorest and least educated caregiver, enabling them to give an invaluable gift.

PART FIVE

Using Programme
Communication for
Early Child
Development
Communication

other caregivers of young children. A number of books for infants and young children were developed during these workshops. A range of topics was presented on: how fathers can play a more active role in caregiving, learning through play, building coping skills and resiliency in young children, the importance of daily routine for a young child, and introducing children with various special needs to all Myanmar children. A Training of Trainers model for Government counterparts, NGOs, INGOs, and others was held, and innovative ways these books could be used by front-line workers in all sectors was explored. “Mi Mi’s Father”⁴⁵ is one example from the new series of books. Simple illustrations and words help encourage both children and caregivers to learn through play.



CONCLUSION

It is the everyday, small, loving interventions that families and communities do in the first days and years of a child's life which last a lifetime.

In conclusion, Early Child Development research, the Convention on the Rights of the Child, the Millennium Development Goals and the Millennium Agenda, and our moral obligation demand that we help children not only survive, but thrive. They demand that we look at, and programme for, the whole child, the same child—and every child. Early Child Development over the last few years and decades demonstrates what is possible. As countries evaluate their next steps in promoting ECD, there are many models which can be adapted or used. Numerous innovations have taken place with regard to traditional responsibilities and relationships. Long-standing institutions and systems have begun to look at, programme for, and “add on” more holistic elements that reach children and families.

The challenge now is for countries to adopt best-practice and programme models to ensure that all children, especially those marginalised and excluded, not only survive, but thrive. For impact and efficacy, sectors need to work together where there is potential for real synergy. It is vitally important as well that there be continued and constant efforts to integrate ECD into the work of all sectors; and for each sector to look at, and programme for, the early child in a holistic manner.

Giving poor children a head start in life is a priority for UNICEF and its partners, and is critical for achieving the Millennium Development Goals, the Millennium Agenda and the reduction of poverty. Sustainable financing for taking this holistic programme to scale should be a high priority for the next decade. As James Heckman, 2000 Nobel Laureate in Economic Science stated, “*The real question is how to use the available funds wisely. The best evidence support the policy prescription: invest in the very young.*”(33)

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