



PROGRAMME PROFILES

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In this section we introduce programmes designed to provide quality services to young children and their families. In many cases, the programmes we profile are already working as a resource in their country or region. Many have developed innovative materials, practices, or training methods, which they are now introducing to others. Some of the programmes being described have been rigorously evaluated by "scientific" measures and others rely on anecdotal evidence to describe their impacts. The descriptions below are taken primarily from materials sent to us by the programmes being described and do not constitute endorsement of particular models. Our goal in presenting them to you is to reflect the diversity of efforts being undertaken to address the needs of young children and their families, and to encourage networking among those involved in ECCD provision.

Chile: TILNA—Workshops for Local Integration, at a National Level

Submitted by Salamon Magendzo

This note describes briefly a national project in Chile that is trying, in an integrated way, to strengthen the ability of local organizations and community members to improve early childhood care and development, taking into account differences in culture and conditions. The approach is being tried out in many localities throughout the country, qualifying it as a "national" programme, even though its focus is on local integration.

The Project functions through what are called "Workshops for Local Integration", and is known by its Latin acronym, TILNA. Each TILNA Workshop seeks to bring together early education teachers, helpers, mothers, young people, community leaders, communicators and other professionals who work with and for children under the age of six in a given local community. In an interactive and cooperative way, the Workshops try to unite specialized institutions and community organizations concerned with early childhood care and development (ECCD) at the local level. The expectation is that the Workshops can become self-standing joint ventures, serving as integrated mechanisms with local presence and with a holistic approach. The goal is to allow community members and community-level institutions to develop a shared sense of responsibility for the early education of their young children.

It is well known that the early childhood topic engages a large number of committed people who hold different viewpoints and function from different institutional bases. An assumption of the TILNA project is that fostering interaction among the people who live in a specific community (with its specific geographic, historical, social and cultural conditions) can lead to joint actions reinforcing everyday practices, behaviours, cultural and artistic expressions that will improve the welfare of young children. The process begins by inviting committed people to share their particular experiences. They are then encouraged to move beyond their particular institutional boundaries by looking together into their local community, using a participatory, action-research methodology. The focus is to find out how existing resources in the community can best be drawn upon to favor early childhood development and to set up early childhood projects.

The TILNA approach is a "positive" and constructive approach. Its aim is not to compensate for community shortcomings or scarcities, but is, rather, to identify and reinforce actual and potential family and community assets residing in the popular as well as the institutional culture of a community. At the same time, the approach does not ignore disadvantages. On the contrary, it is assumed that a community which develops a positive concept of itself by appraising and developing its potentialities will also be capable of identifying and coping with its deficiencies, but in an active way that is totally different from that of a typical "compensatory" approach.

Aims. Considering the above, the TILNA project has the following aims:

- To favor the creation of an environment for exchange and the collective reinforcement among all people in a community who are directly related to early childhood development.

- To recognize the contributions of every working group in the community by promoting dialogue among distinct cultures, providing a base for real and positive transformations in family, community, and institutional conditions affecting early childhood. (This, of course, requires admitting from the outset that there is cultural diversity in the community and identifying not only what the differences are, but also who the social protagonists are for the different groups and how they relate to each other.)
- To promote participation by parents and community members in projects related to early childhood development, by using a participatory methodology.
- To develop a permanent working group, with autonomy and a strong management capacity, which participates in the process of local decision-making.
- To develop in the community the capacity to identify, support, and dynamize all those community expressions that favor the development of the child.

Strategies. To achieve these aims, several strategies are required. First, a motivational strategy is necessary in order to get people to commit to meeting in the workshops. Second, a participatory method of working with families and communities is required. To foster the work with families, several topics have been emphasized in workshop sessions: popular culture; participatory methodologies and techniques; group interaction; and methods of promoting local development. Third, an action-research strategy is needed to help workshop participants and community members to identify existing strengths. Developing the skills to carry out such action research is an important part of the project. It is precisely through this action research that the TILNA hope to construct a new sense of knowledge and cooperation. Fourth, an organizational strategy is pursued that aims at converting each community workshop into a self-sustaining entity, capable of carrying on as a self-financing project.

Organization. The overall programme of the TILNA is coordinated by a non-governmental organization called the Interdisciplinary Programme for Educational Research (PIIE). Funding comes from a programme within the Chilean government that is designed to improve the quality of basic education in the country, including education and early development during the preschool years. The staff of PIIE are charged with guiding the work of local coordinators (facilitators) in each community. These local facilitators are responsible for the generation of a learning process within the workshops, making use of a democratic and participatory methodology. It is hoped that within the three-year initial life of the project, independent local groups will be formed and functioning in a way that will allow them to continue beyond the immediate life of the project.

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Ghana

Submitted by Seema Argawal

The Accra Declaration which came out of Ghana's National Seminar on Early Childhood Development, October 1993, made children a priority for attention. It calls upon all relevant government departments and agencies, NGOs, individuals and partners in ECCD to collectively broaden Ghana's scope and vision for young children. What follows is a description of a project undertaken by UNICEF in collaboration with government, NGOs and communities as a result of the Accra Declaration.

In 1994 an ethnographic survey was undertaken in the Afram Plains district of Ghana to identify the current learning context of the rural Ghanaian child and to identify the changes that could be made in order to enhance this context. The study investigated both the formal and informal contexts within which children live and learn. The aim was to develop processes that would empower pupils, teachers, community members and district leaders to collaborate in the identification of problems and in finding solutions to a central policy concern of the government: Why do children appear not to be learning much in school?

Key people from the district/circuit and local/village communities were involved in the process of assessment, analysis, reflection and planning. They began by seeking information on each of the child's learning environments—the home, the school, the community, the farm. Interviews and observations were carried out in as many of these locations as possible. The survey was undertaken in a limited number of school communities. Interviews were conducted with 75 adults (parents, teachers, head teachers, community elders, and members of the village/town development committees), and 50 children were observed and interviewed.

The survey and analysis focused primarily on the health and well-being of the child. Questions were asked about daily diet, pattern and type of eating, use and quality of water sources, cleanliness, toilet and hygiene practices, and awareness of causes of sickness. An attempt was also made to describe a day in the life of a child, examining the child's work pattern in terms of daily and weekly cycles, social expectations, and rules governing children's role in the family, with peers and with the community. Mothers were asked about breastfeeding practices and how they combine their work with their childcare responsibilities. And children's learning/cognitive development was assessed in terms of their abilities: to discriminate, sort and order; to establish and use categories; to exhibit visual/motor coordination through replicating patterns (circle, square, shape, first pattern), recognizing figures, manipulating objects, and creating drawings; to play games; to use toys or representations; and to demonstrate their knowledge of the name of village, area, district, region, country.

The research from the Afram Plains confirmed that the health and nutritional status of the young child is at risk, and pointed to the poor quality of care given to young children by older children, by the elderly and by illiterate mothers who are constrained due to their economic hardships and struggle for daily food security. The study indicated that frequently parents are not involved in the care of their children nor in preparing them for school in the mornings. This leaves the children to fend for themselves and to provide for the family (i.e. preparing food for

themselves and others and ensuring that they eat, determining what is consumed daily, collecting and using water, washing and cleaning, and to a large extent, providing their own source of income for food, clothing and schooling).

From the study a powerful picture emerged of the children as childminders. As women play an important role in farming activities, they are routinely absent from the household. Older children, both girls and boys, although more often girls, look after their young brothers and sisters at home, on the farm, or in the marketplace. The performance of this function invariably implies that they can not go to school. Moreover the fact that childcare functions are carried out in an isolated, uneducated environment, determines that the outcome is often poor. The problems which cause difficulty in school, such as lack of good health, sight and hearing defects, lack of concentration, low learning ability, and poor self-esteem, are generally rooted by the age of four.

Based on the results of the survey, several new initiatives were undertaken. The *Childscope* (Child-School-Community) *Project* is an integrated community-based development project which places the child at the centre and uses the school as the entry point in involving the community in improving the care and learning of young children. Particular emphasis is placed on replacing outmoded teaching methods with methods which promote active learning and critical thinking. Adopting the philosophy of the Child-to-Child approach, the *Childscope Project* is making school-based teaching and learning child-centred, related to the care and nutrition needs and responsibilities of children, and the general promotion of health. It is believed that by making learning relevant and fun, the interaction between the child and school becomes an active, enriching experience, rather than passive, tiring and alienating. Linking basic education with intersectoral priorities of better health, nutrition, water and sanitation, hygiene, food production and childcare practices encourages community participation and fosters closer links between the child, the school, and the community. In essence, the project empowers communities and teachers to *own* their school and to improve the relevance and efficiency of the primary classes in order to attract and keep more children in school, especially girls.

UNICEF, in cooperation with DANIDA and the Danish National Federation of Early Childhood Youth Education (BUPL), have initiated a programme to upgrade *the National Training Institute for Early Childhood Educators*, both physically and professionally, so that it can operate as a resource centre. The aim is to improve the professional competence and skills of a core group of educators placed at the National Centre and at the community level.

Credit with Education is another programme which was begun, managed by the international NGO, Freedom from Hunger. The project is designed to enable poor women in rural areas of Ghana to increase their incomes and savings and to motivate them to undertake nutritionally beneficial behaviour to improve their household security, nutrition and health status, and the care practices for their children. Through this programme rural banks offer credit to the women and these women are also provided with an educational programme focussing on basic accounting skills, primary healthcare, nutrition and childcare. The focus on good parenting is a central feature of the programme.

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Bangladesh: Women's Savings Group

Submitted by Lisa Lanier Krift

In 1972, Save the Children (SC) began working in Nasirnagar, one of the poorest areas in Bangladesh. Eighty-six percent of the population lives in poverty. Women and children are most affected: the maternal mortality rate is 165 deaths per 100,000 live births (one of the highest in the world), and the under-five mortality rate is 150 deaths per 1,000. In addition, over 90% of the children who survive infancy are malnourished.

The aim of Save the Children in Bangladesh is to measurably improve the lives of poor women and their children within the context of the family and community through sustainable integrated programmes. *Women's Savings Groups (WSGs)* are the mechanism through which the poorest women are targeted with mutually-reinforcing sectoral interventions in education, health and economic development. The WSGs also provide a structured forum for discussion and decision-making on issues affecting the family and community.

The WSGs provide a mechanism through which SC can focus on women's empowerment and child development. In partnership with a large-scale, national NGO, Save the Children is implementing a women's development and credit programme which currently covers 201 Women's Savings Groups. The local partner implements the savings and credit component of the programme and Save the Children provides assistance in group formation and training in various aspects of social development.

Save the Children's Women-Child Impact programme has produced a Women's Savings Group training curriculum which integrates economic development, child development, maternal/child health and group management components. The curriculum is action-oriented and enables the women to gain skills related to savings and credit, group management, health and family planning, nonformal primary education and gender issues. Training and credit activities support

health interventions that include child survival, maternal and reproductive health, including STD/HIV prevention.

Through an Early Childhood Care and Development project, a Child-to-Child programme, and an Adolescent Family Life Education programme, Save the Children addresses the educational needs of children from infancy through adolescence, with an emphasis on practical life skills. The Early Childhood Care and Development project trains parents to carry out low-cost, home-based activities that address developmental needs of preschool children and encourage longer-term educational attainment. Caregiving messages are conveyed within the integrated WSG curriculum and reinforced through playful activities which parents are taught to do with their children. The Child-to-Child programme was designed to develop the childcare skills of older children (ages 8–11) who care for their younger siblings. An Adolescent Family Life Education programme has been initiated to address the needs of young adults, many of whom become young parents before they are emotionally or physically equipped.

Action research is a vital component of Save the Children's programme in Bangladesh. Save the Children places a particular emphasis on assessing the impact of the Women's Savings Groups on the health, fertility, and educational well-being of women and children in order to contribute to the growing body of research on the impact of women's empowerment on development. Both quantitative and qualitative methods of research are used to assess programme impact. Results of research are used to design innovative programmes and influence policy at the national level.

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The Netherlands: Profile of MIM—a Community Mothers Programme in Breda

Report Submitted by: Marian H. Hanrahan, Bert Prinsen, Yvonne de Graaf

There is a Community Mothers Programme in the Netherlands called *Mothers Informing Mothers*, we call it MIM for short. It was developed as part of the regular health services for parents and preschool children in the Netherlands. The aims of the programme are to support young parents with parenting: helping them to cope, stay abreast of their child's development, and prevent childrearing problems. All mothers of first children are offered the programme, but special attention is given to reaching socially disadvantaged groups and members of migrant communities. The main focus is on mothers. By trying to reinforce their sense of self-esteem MIM hopes to improve their ability to be self-supporting parents. In doing so they, as the main educators, may increase the opportunities for optimal development and health for their children.

This Dutch programme was adapted from the Irish Community Mothers Programme and the Child Development Programme from the United Kingdom.

The MIM programme uses experienced mothers to help provide educational support for new parents in learning effective primary health and educational practices. The experienced mothers visit the young mother in her home. They live in the same neighborhood and they usually have similar backgrounds. The experienced mother will use her own standards and experiences as a mother to support and assist the young mother. In doing so she tries to give as little advice as possible; rather she aims to support the young mother in finding her own answers to day-to-day questions and in resolving problems as they arise. The programme starts early, ideally just before confinement, and lasts until the baby is 18 months old. The community mothers are supported by a health visitor specialized in child health and welfare.

■ PROGRAMME DEVELOPMENT

The programme was developed with the aid of mothers in Breda, a middle-sized town situated in one of the southern provinces of the Netherlands, in conjunction with the NICW (the Netherlands Institute of Care and Welfare) with financial support coming from the Bernard van Leer Foundation. Impetus for the programme came from young mothers who wanted help coping as parents and the *kruisvereniging Breda* who wanted to improve their health-educational services.

A *kruisvereniging* is a voluntary association serving the community as a community nursing agency offering parent-child care/health services, home nursing and nutritional support. Often the *kruisvereniging* is part of a larger organization which also provides home help and social work services.

The parent-child care/health services provides well-baby and toddler clinics, and screening for PKU/CHT. It is instrumental in carrying out the national vaccination programme and provides individual support to parents with special needs. The often specialized community nurses will make housecalls when appropriate. The parent and child health services are funded by state legislation with an additional annual subscription to a *kruisvereniging* (approximately 50 guilders). Nearly all parents with preschool children are members of such an association. The *kruisverenigings* together cover a full national network.

The NICW is the national institute responsible for research and development on behalf of health and welfare services in an extensive field covering the elderly, homecare, young people, refugee facilities and local welfare work. It incorporates the Centre for Professional and Vocational Affairs and the Information Centre on Care and Welfare. The institute is primarily concerned with innovation and improvement in the quality of the work in the field. It promotes a coherent approach to this work. Most of its activities are undertaken in close collaboration with field agencies in the form of projects. Its products are intended for service providers and include professional manuals, descriptions of models, training programmes, conferences and surveys of the current state of and developments within the care and welfare sectors.

Within the MIM project the institute was instrumental in the development and publication of practical products:

- the 'coordinators handbook' on how to start the MIM programme in a *kruisvereniging*. This book is geared toward health visitors specialized in child health and welfare;
- a book on the theoretical background of the method and essence of the programme;
- the results of an action-research project;
- the programme sequence of cartoons and home visiting checklist.

The Dutch materials were based on the cartoons and other materials of the Irish Community Mothers Programme from the Eastern Health Board in Dublin. Dutch mothers helped to choose the most appropriate themes. After that they were instrumental in the adaptation process of the cartoons. This was needed to take into account the cultural differences between Irish and Dutch mothers. Finally the mothers helped to adapt the accompanying descriptions of the cartoons.

■ PROGRAMME AIMS

The programme aims are similar to the Irish Community Mothers Programme, but MIM puts more emphasis on pedagogical support. The programme seeks not only to improve the effectiveness of primary health education directed toward parents from socioeconomically disadvantaged groups, but is also directed toward refugees and displaced persons. The programme wishes to empower mothers. Simultaneously however, it influences the organization of care as provided by the *kruisvereniging*.

■ PROGRAMME RESULTS SO FAR

At present the programme is being implemented in a limited way by similar associations throughout the country. The programme has been instrumental in Breda in enhancing the quality of ongoing parent support activities. A clear understanding of the range and type of questions from parents to the "experienced" community mothers has also influenced practices at well-baby clinics. For example, the programme plays a supportive role in delivering health education information. The experienced community mothers make a clear distinction between health–education advice with a link towards screening activities (inoculations, sight, physical development) and pedagogical support (importance of mothers' role in speech and cognitive development, talk and play with the baby).

Parents receiving the service appear as a rule to be increasingly self-reliant and confident. Also the programme increases the outreach effect of a *kruisvereniging*. On a programme level, MIM offers much more time for individual attention and tailormade support. Despite a difficult economic climate within *kruisverenigingen*, where there is a shift away from preventive health activities due to lack of funds, the tentative results of the MIM project are favorable to warrant further activity in starting a national experiment.

The original programme started in 1991 with a preparatory phase and ended in April 1994 with a programme report and four publications. All documentation is available in Dutch. The action-research results show that mothers of different social backgrounds benefitted from the programme. Because of the encouraging results from this action-research project it is now possible to talk to other interested directors of care about using and extending the programme to their organization.

At present, there are four organizations working or just starting to work (September 1995) with the programme. They are situated in different locations in the Netherlands. Their financing comes from different sources. One association has rearranged budget parameters with permission of the regional health insurer, another receives a subsidy from the local municipal authority. A third is using funding from a charitable foundation. Breda itself has funded the continuation of MIM by exercising cost-cutting measures. It appears that other organizations could use similar budgetary measures to finance their participation in such a programme.

■ FURTHER ACTIVITIES

Some directors of the *kruisverenigingen* are very interested in the effects of the programme. These directors are considering participating in further research on health benefits and costs. We are planning to establish a national consortium consisting of all participating agencies and the original stakeholders to ensure that quality of care is assured and support is guaranteed. We are at present in the middle of a promotional drive and implementing the programme which will last until May 1996 with the aim of finding enough organizations willing to embrace the programme and act as research sites. It is hoped that by May 1996 enough organizations will participate in the next stage of the effort to enable the start of a nationwide research project on the effects of nonprofessional intervention in parenting.

Further research on the effectiveness of the programme and innovations in childcare are a prerequisite for future developments, and a decision is needed whether or not to integrate the programme on a statutory basis. Within the research project, the programme will be judged using health and welfare indicators and changes in outcome, such as changes in health status. We have a working relationship with the Dublin project and hope to replicate their findings. In that way we hope to test the effectiveness of the programme so that with the results the decision to fund the programme as an integral part of the national parent-child care/health services could be possible. We hope that as a result of research findings and innovations in childcare the MIM programme might be incorporated in the statutory services by the year 2000. We are presently looking for research funding.

As part of our information-sharing efforts, we are currently planning to organize an international workshop with other early childhood development groups in the European region. The workshop will take place in the Netherlands. We would like to participate in the European network of early childhood development with the aim of working toward the development of a Collaborating Centre. We hope in this way to contribute to the accessibility of information on the effectiveness of health promotion and health education in this field.

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