Side Trip

Early Childhood Counts

INTEGRATION/COORDINATION—How can project components be brought together?

There is unity in a child's needs. When these needs are fulfilled together there is an interaction effect at work enhancing child development in more than just an additive way. Therefore, ECCD programs should be multifaceted and integrative. There is, however, a tendency for a piecemeal approach to predominate in programming, with some projects focusing on health or nutrition of young children without attending to stimulation, caregiver-child interaction, education and socialization fostering psychosocial development—or vice versa. Many child care centers do not give adequate attention to the stimulation and education. Many early education programs (and even child development centers) focus almost exclusively on education and do not give adequate attention to health and nutrition.

There are a number of ways integration can be sought—in planning, training, and the delivery of services. A critical point is that because health and education and other services are organized vertically and are difficult to integrate, it may make more sense to think in terms of the "convergence" of services on the same population or location rather than the "integration" of services in one master organization delivering all components. Also, it may be easier to phase in components over time rather than to expect integration to spring full blown at the start of a project. It is easier to integrate plans and the content of ECCD projects than to integrate services. What follows is a description of the ways in which integration is to be achieved through the ECD program in the Philippines.

Service Delivery Strategy, Philippines

There are a variety of systems that can be used to deliver services. The convergence of delivery systems is as important as the convergence of services themselves. Integrated ECD programs use a combination of delivery strategies to reinforce and maximize the results.

1. NUTRITION

For Protein Energy Malnutrition (PEM) prevention and delivery of micronutrients services would be carried out by a full-time barangay-level contract worker who would deliver the core package. An informal agreement is in place permitting Barangay Nutrition Scholars (BNS) to be hired by the Local Government Unit (LGU) at a Civil Service Grade 2 position after two years of experience. Passage of a law that formalizes this agreement is pending. Such an upgraded high school graduate BNS, with Child Development Worker (CDW) certification, would be receive

carefully designed training in growth monitoring and the same retraining would be given to Rural Health Midwifes (RHM). At a ratio of one BNS Grade 2 per barangay, she ideally would supervise and assist groups of Barangay Health Workers (BHW) to set up and carry out Growth Monitoring (GMP) in their neighborhood units of 20 household clusters. This individual/team ideally also would provide the parent with education on sensorial and psycho-social stimulation for the under-3 child, following a clearly defined work program and routine.

Children would be weighed monthly for the first 24 months and quarterly between 24-36 months. The supervisory role of the Rural Health Midwife would be strengthened without adding to her work burden. Methods will be found to ensure that weighing takes place in an uncongested setting—i.e. not linked to crowded immunization clinics—so that there is time to counsel each mother. GMP may be home-based or take place in a variety of neighborhood settings.

Clear indicators of growth faltering will inform workers when to focus intensively on specific children. For example, failure to gain 300 g in three consecutive months between the ages of 6-12 months would trigger a home visit to observe the mother feeding her child as well as the contaminants in the child's immediate play area together with counseling for the mother oriented to her home resources. If feeding assistance were available, growth faltering infants and critically malnourished infants would be eligible to receive food for a four month period, during which time the child would be expected to recover.

Children whose growth did not improve with barangay level counseling and feeding would be referred to the Rural Health Unit (RHU). Under six month children, the mother of a child who had not gained 500 g per month in the first three months or 200 g in months 4-6 would be counseled on breastfeeding. At the end of two months, if the child still hadn't gained the expected weight the mother would be referred to the RHU. Between 6-12 months, three month of weight gain of less than 300 g would trigger intensive counseling and feeding if food were available. Failure to gain 300 g in the next three months would trigger referral. Between 12-24 months the same procedure would be based on a gain of 500 g in three months.

Before the ECD Program begins new wide scale training in growth monitoring, it is important to assure that future GMP activities will be more effective than in the past. As indicated in Section Six of the CD-rom Programming Guide, *Early Childhood Counts*, formative research is needed: (1) to develop methods of growth monitoring and counseling that can be used accurately and regularly by retrained BNS and mothers' groups in the barangays, to detect and reverse early growth faltering; and (2) to perfect the training needed to carry out these procedures, starting from successful grass-roots performance and moving upwards to the curriculum and certification levels.

This research could result in more than one approach to growth monitoring for use by workers and volunteers having different skills levels. For example, programs in areas with reasonably well educated and residentially stable barangay populations might use standard growth charts and counseling methods. Less educated, remote and migratory communities might employ simplified methods that support the same patterns of counseling and feeding assistance.

The health/nutrition service package would be flexible. Barangays themselves would be encouraged to set and review their nutrition objectives as part of their planning for ECD and, as resources permitted, add additional features such as short-term food supplementation to help faltering youngsters resume normal growth velocity. Both commercially manufactured and commu-

nity produced complementary foods could be used for growth faltering children.

Counseling would center on improving breast-feeding and weaning practices, hygiene and sanitation, treatment of illness, and the importance of improved diets and prenatal checkups during pregnancy. Full use would be made of the excellent available resources and new nutrition counseling materials would not be developed by the ECD program before conducting an inventory of existing materials and an Information, Education and Communication (IEC) needs assessment.

Nutritional advice specifically related to growth faltering will need formative evaluation, so that the new GMP training includes specific and motivating recommendations for mothers whose infants have failed to gain weight. These materials must take into consideration whether or not feeding assistance is available.

Newly produced child stimulation and development guides for children aged 0-3 years should also have careful formative evaluation on their nutrition content and should stress the link between normal growth, vitality and the joyous exploration of the environments that leads to timely discovery of developmental milestones. Based on experience in Indonesia (Satoto, 1996), the integration of nutrition content into child stimulation materials can have powerful positive effects on nutritional status. These effects are based on parents' perception that good nutrition enhances child development.

The regulations regarding food quality and food safety in day care settings would be reviewed to ensure that consistent menu guidelines, daily feeding requirements, hygiene, and sanitation cover not only publicly sponsored but also privately operated custodial care facilities. Inspection and licensing procedures would be reviewed and strengthened. These facilities might also be required to keep growth records of children in their care.

Reference not available.

Excerpt from an unpublished proposal for a government sponsored, country-wide ECD program in the Philippines. Provided for use here by Feny de Los Angeles Bautista.