

CHILD DEVELOPMENT IN UNICEF PROGRAMMING

A CONTRIBUTION TO HUMAN DEVELOPMENT THROUGH EARLY CHILDHOOD CARE FOR SURVIVAL, GROWTH AND DEVELOPMENT

A paper prepared for
The "Tarrytown Group"

by

the Working Group on Early Childhood Care for
Survival, Growth and Development

**Programme Division
UNICEF, New York**

15 September 1998

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The purpose of this document is to articulate a conceptual framework and a rationale for UNICEF programmes to improve child development as part of a broader effort toward human development. It describes how the changing global context and the state of our knowledge suggest converging programmatic actions as well as a global agenda for enhancing the survival, growth and psycho-social and cognitive development of the child. Highlighting key lessons learned from the experience of the 1990s, the paper suggests ways in which UNICEF can contribute to that agenda and the steps it needs to take towards its implementation in the first decade of the new century.

I. A Conceptual Framework

In order for UNICEF to incorporate the psycho-social and cognitive dimensions of early childhood development fully into its general programming, we need to be as clear as possible about what is meant by the phrase "early childhood care for survival, growth and development."

Survival, Growth and psycho-social and cognitive Development are three intimately intertwined processes directed toward the overall well being of the child. These processes occur simultaneously and mutually affect each other. The care that is provided to a child -- by families, within communities, and/or through services and institutions -- affects each and all of the child development outcomes.

Survival is intimately connected with growth and development. The better the child's quality of life (involving good health, growth, development and active social participation) the greater the chances of her/his survival.

Growth is the process of getting bigger and stronger physically. The bigger and stronger the child, the more likely the child is to survive, enjoy good health and develop well. Conversely, a child who is physically healthy and who is developing well mentally, emotionally and socially, is more likely to grow well because his or her food intake and processing will be more efficient.

Psycho-social and cognitive Development is the beginning of a lifelong process of human development in which people (and children) learn to handle ever more complex levels of moving, thinking, feeling and relating to others. Such development involves moving from simple to complex, and from dependent to autonomous behaviour. By developing, a child is better able to function by adjusting to new settings and transforming the settings in which she lives. The more advanced the development of a

¹ This paper was prepared by Dr. Robert Myers and further enriched by members of the Technical Working Group on ECCD, Programme Division, UNICEF.

child, the greater the potential of that child to participate actively in life's events and to become empowered to affect others and the world around her. Attention to a child's development in all its dimensions can help to increase survival and growth, even as it enhances development and the quality of life.

Early Childhood Development occurs during the first years of the longer period of childhood which extends to age 18. Many of the same principles of development that apply to early childhood will pertain to the later years as well. "Early childhood," as used here, spans the period from birth to the first year or two of primary school.² But programmes of early childhood care cannot ignore the period before birth, since the health and well being of the expectant mother contribute greatly to the healthy development of the embryo – and the latter to the health of the newborn.

The process of child development whether in the earlier or later years of childhood, involves changes in the physical, mental and emotional states of a child, all viewed together as a whole. This development occurs continuously and follows recognized patterns, though in some respects it is unique for each culture and individual.

Care refers to the set of practices and actions that affect child development, including growth and survival. Good care not only protects the child from harm, it also produces an "enabling" environment for extending survival while promoting growth and the psycho-social and cognitive development of the child.

The most immediate and important environment for care is the **home and the family**. The broader environment of the **community** in which a child lives becomes increasingly important as a child becomes older. Both family and community environments have physical and social dimensions. Thus good care means establishing environments that provide access to safe drinking water, follow adequate sanitation and waste disposal practices, avoid food contamination, are free of indoor air pollution, are disease-free, protect children from injury and include adequate space for various forms of exploration and learning. "Enabling" family and community environments also provide food, health care, love and affection, interaction and variety of stimulation, conditions for exploration and discovery, and established forms of cultural socialization and introduction to skills that will promote later learning and living.

The child also lives in an environment provided by a **national context** with its particular policies, laws, services, and social institutions. Finally, a cultural viewpoint or **ethos** helps to determine beliefs and practices of child care that are followed by families, communities and societies.

From these distinctions flow a complementary set of programme approaches

² We realize that by extending "early childhood" up to age 8 we have gone beyond the more restricted definition of early childhood often used in the literature, but we have done so because in programming intended to affect the welfare of young children, there appears to be an important gap between about 2 and 6 years of age and because it seemed to us important to cover as well the period of transition from home to school.

focussing, respectively on: 1) family conditions and practices, 2) community conditions and practices, 3) social policies, laws and institutions, and 4) cultural values and beliefs. A complete early child development programme agenda and strategy must consider actions at all of these levels.³

Existing conditions and practices operating at each of these levels – family, community, society and culture – may foster good care thereby promoting survival, growth and development while moderating the potential effects of disabilities, or they may negatively affect care and the desired outcomes. Good programming must recognize and support the enabling characteristics of existing environments while protecting children from harmful practices and seeking to change them.

It is also important for programming to note that the concept of care embodies:

- care for the mother as well as the child. This means that special attention needs to be given to the conditions faced by women at home, in the community and in the society at large.
- care at home (by parents or others) and outside the home (in community settings or in services provided by governments or private and civic organizations). Whether care is provided at home, in service settings such as health centers or childcare or preschool centers, the same basic conditions supporting care and the same basic care practices should be present.
- different practices appropriate for different ages.
- early detection and interventions to prevent impairments from turning into full-scale disability.
- practices that lead to better physical as well as social, economic and environmental conditions.

Care practices are affected by: beliefs and values (at the level of the cultural ethos and at individual and family levels), knowledge, conditions (physical, social, economic) in home and community, policies and laws, as well as time, resources, and the availability of services. To provide proper care requires attention to these different influences.

Some forms of care are more influential in fostering survival; others in facilitating growth and yet others in promoting cognitive and psycho-social development, but all care practices influence each of these outcomes. It is necessary, therefore, for the larger agenda which seeks to meet the rights of children and to provide better quality of life for young children, to consider and include care for survival, care for growth and care for the mental and emotional development of the child. In this document we draw upon,

³ The four environmental levels presented here are similar to, but slightly different from those set out in the Integrated Management of Childhood Illness. The family and community levels are common to the two schemes. The IMCI levels of “health facility” and “health system” are combined in the above discussion as part of a system of social and national institutions, but they could easily be separated out in an ECD strategy. We have added an additional level – that of the worldview (or ethos) of people in a particular national or sub-national setting – which will also help to determine care practices to be followed.

complement and extend the excellent treatment of care that is presented in the UNICEF document prepared by the Nutrition Section titled, "The Care Initiative".⁴

Finally, an increasing number of young children in the world are found in conditions where they cannot be cared for by families or communities because they are abandoned or displaced or victimized. These cases require both substitute care, often institutional, and attempts to re-establish the conditions of care that were lost. The HIV/AIDS pandemic is another threat to traditional approaches to child care and the challenge to respond in the next decade will be enormous.

With these conceptual clarifications in mind, we will now ask:

1. Why invest in early childhood development?
2. How does one promote early childhood development?
3. How can efforts to promote mental and emotional development be linked to those for survival and growth and vice versa?
4. What can UNICEF do?

II. A Rationale for Investing in Programmes that promote Early Childhood Development

Why should UNICEF now take early childhood development as one of its major areas of programming?

A. A social rationale

1. Child Development is the front end of Human Development. If human development, connected to improved quality of life, is to be at the center of United Nations programming, we must begin with child development -- "first things first."
2. The Convention on the Rights of the Child tells us that a child has a right to develop to "the maximum extent possible" (Article 6). It also says that signatories should "...render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall insure the development of institutions, facilities and services for the care of children." (Article 18.2)
3. Child Development has an economic payoff. Common sense as well as an increasing number of studies suggests that children who develop well will be more productive in later life. In addition, we know that fostering healthy child development results in cost savings (children repeat less often in school, they are less apt to become criminals, they require less remedial programmes and reduce the extent to which social safety nets are needed).

⁴ We also draw upon "Promoting Healthy Growth and Development," produced by the World Health Organization and try to incorporate elements of the new IMCI approach.

4. Improving early child development helps to promote social and gender equity. It helps to break vicious circles of poverty in two ways – by giving support to women and older girls, allowing them to earn and learn, and by providing children with a better base to draw upon in later years. Comprehensive child development programmes help to counter discrimination by giving girls and children living in poverty a fairer start in life. If done right, programmes can bring men into the childrearing process. Efforts to break negative models of gender socialization that marginalize and devalue girls and affirm boys or the reverse, need to start with the earliest socialization of the child well before age 6.

5. Early childhood programming can serve as an important entry point for community and social mobilization, promoting participation, organization and a better quality of life for older as well as younger members of the community.

B. A scientific rationale

There is no longer room to doubt that the early years are critical in the formation of intelligence, personality and social behavior. If UNICEF wishes to promote children who are **aware and learning, empowered and participating**, in addition to being alive and well, then attention to early childhood development is an imperative. Results of recent research showing that providing children with varied perceptual and motor experiences at an early age affects positively the structure and organization of neural pathways in the brain during the formative period, favorably affecting learning of all kinds later in life. Recent research also demonstrates that children whose mothers interact with them in consistent, loving ways, will be better nourished and less apt to be sick than children not so attended.

C. A programmatic rationale

Supporting care intended to improve early childhood development can help to make other programmes more effective as well because of the synergism that has been mentioned previously. Improved care for early childhood development means improved survival and growth. And, if children develop better in their early years, education programmes directed toward them later on can be more effective. When early childhood development involves care in centers, which group children together, health services can more effectively serve those children. Parental education programmes also make it easier for services to reach the populations they would like to reach.

D. The force of numbers

Although there is no official tabulation, we know that many millions of children in the world suffer from delayed development or preventable mental and physical

disabilities. Often, these delays are not evident until well into the first or second year of life even though their roots are earlier. The number of such children is increasing because more children now survive than in the past, living, however, in the same immediate conditions of poverty and stress that previously put them at risk of dying. They are now at risk of impaired development leading to lethargic, unproductive, unrewarding and dependent lives. Indeed, stress and poverty seem to be increasing, fueled by changes in the larger world in which children live. Urbanization, industrialization, changing technologies, globalization, the spread of internal conflicts and HIV are, for instance, trends that bring along with them changes in family structures, in forms of work and participation (especially by women) in the work force, in distribution of income and poverty levels, negatively affect forms of child care, creating a need for greater and new forms of attention to the way in which children grow and develop.

E. A firm base for action

We not only know a great deal more about the process of child development than we did in the past, but we can also draw upon a wide range of programmes that provide us with good examples of ways to improve care and to enhance early childhood development in a variety of settings. These include programmes of home-based support and education of parents or other immediate caregivers, child-centered programmes of community development built around integrated attention to the child, and center-based programmes of many kinds. Perhaps what is most important to note is that the state of the art is well ahead of the state of the practice by most funders and organizers of early childhood development programmes. For instance:

1. We know that child development is a continuous process beginning with the prenatal period, but most efforts at integrated programmes directed toward improving child development concentrate on children ages 3 to 6 – this despite the existence of useful and appropriate examples of interventions at earlier ages.
2. Development is an interactive process, but emphasis is often placed on one-way “stimulation” by caregivers rather than on a responsive relationship in which the child is encouraged to take an active role.
3. There is a synergism between health status, nutritional status and psycho-social well-being, but many programmes continue to be mono-focal, lacking integration.
4. Local childrearing practices may be supportive of development, but there is a tendency to look only at practices that are deemed negative and to take a compensatory rather than a constructive approach to building programmes on local strengths, even while working to add new elements and change negative practices. Solutions are often imported, centrally planned and fail to engage families and communities as equal partners.

5. Gender roles and stereotypes are shaped at the earliest ages but this knowledge is rarely applied in developing parent care giver education curricula.

IV Complementary Programme Strategies

How can programming for early child development be approached? The following chart provides a set of complementary approaches. Examples of how these approaches might be applied can be found in the document, "Towards a Comprehensive Strategy for the Development of the Young Child" (UNICEF, 1993) from which the chart is taken.

Complementary ECCD Programming Strategies⁵

Programme Approach	Beneficiaries	Objectives	Models
1. Deliver a service	The child 0-8	Survival Health/ nutrition Comprehensive development Socialization Rehabilitation child care school "readiness"	Maternal/child health Home day care Centre-based programme Add on centres Preschools (formal and nonformal) Comprehensive child development programme Religious schools
2. Educate Caregivers	Parent/family members Caregivers Teachers/educators Siblings Elders	Create awareness Increase knowledge Change attitudes Improve/change practices Enhance skills	Home visiting Parent education courses Caregiver/teacher training Child-to-Child Family life education
3. Promote Community Development	Community members Leaders/elders Community health workers Community organizers	Create awareness Mobilize for action Change conditions Take on ownership of programmes	Social marketing Social mobilization Technical mobilization Literacy programmes School curriculum Media
4. Strengthen National Resources and Capacity	Programme personnel Supervisors Management staff Professionals Researchers	Increase knowledge Enhance skills Change behaviour Strengthen and sustain organizations Enhance local capacity Increase local/national;	organizational development training pre and in-service training experimental/ demo projects collaborative cross-national research projects action research
5. Strengthen Demand and Awareness	Policy makers General public Professionals Media	Create awareness build political will increase demand change attitudes create and enabling environment	social marketing multi-media dissemination of knowledge advocacy
6. Develop National Child and Family Policies	Policy makers Families with young children Society-over time	Create awareness Assess current policy for families of young children Identify gaps Create supportive policies	Relate national to international efforts (EFA, CRC) Participatory policy development
7. Develop Supportive Legal and Regulatory Framework	Policy makers Legislators Families with young children Society-over time	Increase awareness of rights and resources Create supportive workplace Assure quality childcare Implement protective environmental standards Institute maternal/ paternal leave	create alliances (women's groups community groups etc.) Innovative public /private collaboration tax incentives for private support of ECCD programmes
8. Strengthen International Collaboration	Donor agencies Bilateral agencies Foundations International NGOs	Share experience Distil knowledge Maximize resources Increase awareness Increase resources Maximize impact and effectiveness	Consultative Group on ECCD International Vitamin A Consultative Group Development for Africa Education Save the Children Alliance

⁵ Source: UNICEF, Towards a Comprehensive Strategy for the Development of the Young Child: An Inter-agency Policy Review, 1993 . Expanded later by the Consultative Group on ECCD.

V. The challenge of integration

The need to take an integrated view of programming follows from the idea that human development is holistic, including physical as well as psycho-social development, and from the existence of synergistic relationships among health, nutrition and psycho-social well-being. Thus a particular challenge to be faced when promoting early childhood development programmes is how to integrate sectoral concerns. **This means that in an identifiable "at risk" population to whom programmes would be directed, the same families and communities should, have access to information and services affecting care practices related to good health, hygiene, sanitation, nutrition, education and socialization.** This information and these services should result in care practices that detect and prevent disabilities, protect children from harm, and help them to grow and develop. This challenge has several dimensions.

1. At a conceptual level, recognition is needed that fostering a child's development affects survival and growth, and not just the reverse. Promoting that position must be part of the broader task. There is general acceptance that health and nutrition must go together in order to affect survival, growth and physical development, but we must now learn to include psychosocial (as well as physical) development in the equation.
2. Integration is also needed in the process of formulating policies and plans. As part of the follow-up to the Summit on Children, it has become much more common to form inter-sectoral planning and oversight committees including representatives from health and nutrition, education, welfare, and environmental sanitation. But, up to now, child development has essentially been left out of national plans, programmes and monitoring linked to the Summit follow-up.
3. The content of programmes needs to be integrated, whether those programmes originate in health or welfare or education. A programme of health education can include information related to health, nutrition and psycho-social developmental practices. As an example, *Facts for Life*, which was originally a health document, incorporated messages directed toward improving psycho-social development in its revision.
4. Integration seldom occurs in the organization and delivery of health, nutrition, welfare and education services which are organized vertically. It may be unrealistic to expect such integration, but it should be possible to work toward agreement among the various services on the population most in need, thereby seeking **convergence** of services on those families, communities or groups. If services converge, the following becomes possible.
5. Integration at the community level by community leaders, community workers and parents.

As with any programme or action that aspires to integration among different strands within a field or organization, there are a number of potential aids to integrating psychosocial and cognitive development, growth and survival actions. These include:

joint participatory planning, joint training, joint monitoring, activities that cut across sectoral programmes, combined newsletters or other cross-cutting communication devices, and joint oversight committees. Integration within early childhood development programmes is also aided by locating administrative responsibility outside specialized agencies such as those dealing with health or nutrition. Early childhood development programmes have been attached to the office of the President, to the administrative organization responsible for women's programmes, or to offices of rural, urban or community development.

Some examples of integrated programmes:

1. Early childhood development as part of health programming:
 - A. It is possible to re-orient training and materials for health professionals and para-professionals to include other dimensions of child development, not just by adding a unit on cognitive and psychosocial development (which has been done in many settings), but also by incorporating discussions of "development" into other sections as well. For instance, curricula units dealing with the physiology of disease and the immune system or courses on epidemiology or breastfeeding should include discussions of how physical and psychosocial dimensions of health are related.
 - B. Maternal and child health (MCH) care often does include specific attention to early childhood development in its standard package for pregnant and lactating women and infants, but usually treated, as "patients". In some cases, MCH programmes have also:
 - organized groups of expectant mothers (and fathers) for orientation and discussion of parenting themes prior to the birth of a child;
 - facilitated "attachment" by promoting such practices as: encouraging mothers to hold the baby following delivery and to begin breastfeeding;
 - supported traditional customs that promote good growth and development together, including breastfeeding on demand, the first 40 days at home, sleeping with the child, massage, and so on;
 - monitored the psychosocial as well as physical status of mother and the developmental status of infants.
 - C. Health education programmes have occasionally been opened to include greater attention to care practices that go beyond prevention and treatment of diseases.
2. Child development as part of nutrition programming:
 - A. The practice of providing mineral and vitamin supplements directly helps development as well as growth.
 - B. Food supplementation programmes have provided opportunities to address a broad range of care issues related to survival, growth, and development.

- C. Growth monitoring has been combined with developmental monitoring.
 - D. Nutrition education programmes have been opened to include information about developmental practices.
 - E. Programmes to promote breastfeeding and proper weaning practices have sometimes included attention to the importance of visual and verbal interactions, promoting development while increasing intake. There has been concern as well about practices which isolate the child during feeding, preventing potential improvements that could result from a more interactive feeding process.
3. Care for Survival and Growth in early childhood development programmes:
- A. It is common for center-based early childhood development programmes to include food and health care.
 - B. A developmental curriculum for preschoolers has been devised based largely on activities related to health and nutrition.
 - C. Information about health and nutrition and sanitation has been incorporated into early childhood development media presentations that previously focussed exclusively on cognitive development.

VI. Resources

Where would the resources for promoting early childhood development come from? Would attention to development of young children place too great a burden on national or family budgets?

In answering these questions, it is well to consider the costs of NOT investing in early childhood development. These costs, which have been spelled out in greater detail in other documents (van der Gaag, Alonso, Deutsch, Myers), include: lost future productivity of children at later ages, the costs of remedial programmes for disabilities that could have been prevented, the costs associated with school repetition and drop out or of operating a justice system that must deal with a higher level of delinquents. Also lost is the labor force participation of parents (particularly mothers) which quality childcare arrangements can facilitate.

At the same time, we note that:

- budgets allocated to comprehensive child development activities are typically very low allowing significant room for improvement without being overburdening. To reallocate or more effectively combine budgets requires political will rather than large amounts of additional resources;
- creative means have been applied to obtaining needed national and local resources. The use of payroll taxes and the construction of social trust funds are two examples;
- many early childhood development actions require only modest allocations.

Although there is a relationship between cost and quality, that relationship is not tight; many examples exist of effective programmes carried out at relatively low cost. In the main, improving care does not require huge infrastructural investments in buildings or equipment;

Many resources are already available that can be mobilized or made more effective. For instance:

- Children are being cared for in many ways within families and communities. In many cases, the time, energy and physical settings dedicated to care can be used more effectively by improving the knowledge capacity of caregivers by adding in additional information and/or through participation in support programmes for parents that improve their physical capacity and self-confidence in the caring process. Or, care can be facilitated by reducing other work loads for women.
- Fathers and elders can be more effectively involved in the process of care.
- Facilities exist that are not being used full time or at all that can be appropriated for community early child development programmes.
- Organizations are in place at national and community levels that can be supported to do a broader and more effective job of assisting families or of directly providing care.
- Many instructional and other materials have been created that can be used, with adjustments if necessary (e.g., the animated child development video series, the child development manual from UNICEF Bangladesh office, collections of stories and games from diverse cultures in many countries, child development scales from Chile and elsewhere).

VII. UNICEF Experience with early childhood development

A look backward:

A great deal of the conceptual bases for programming for early child development were set out in UNICEF documents appearing as early as 1968 when the then Executive Director, Henry Labouisse, included a "Strategy for Child Development" in his statement to the UN General Assembly.⁶ In 1974, a paper titled "Report on the Young Child: Approaches to Action in Developing Countries" was written for UNICEF and recommendations were made by the Executive Director. Most of what appears later, in a 1984 paper to the Executive Board, in a 1993 document titled "Towards a Comprehensive Strategy for the Development of the Young Child," and in this document

⁶ Labouisse indicated that the strategy should be guided by: "...a comprehensive view of children's problems, focussing attention on the child as a whole – as a complete human being. The needs of a child ought not to be compartmentalized in accordance with the concerns of one ministry or another, of one agency or another, or of this or that project." Further, "The purpose is not just to avoid dispersion of action, bottlenecks and gaps – essential as that is. This inter-sectoral approach has an additional important value: that of bringing together knowledge and skills from different professions and disciplines, and to provide services which are mutually reinforcing in their long-term effects."

was anticipated in the 1974 paper. The integral and interactive nature of child development was stressed in relation to the need for “mutually supporting services. The report also emphasized: the importance of attention to the mother and to the well-being of the family, work with deprived population groups, community involvement, measures to increase the mother’s capacity to look after her children, building upon existing customs, and moving programmes to scale. It approved of and described multiple programme approaches including community-based forms of day care, supporting and educating parents, child-to-child programmes, using the communications media, developing a strong national policy, and strengthening institutions through support for training, planning, monitoring and evaluation. These guidelines were echoed in various UNICEF documents over the next 25 years.⁷

Why now?

This look backward leads one to ask why a comprehensive approach to early child development did not take hold before and why we think it can and should now:

1. Conditions have changed. We have made reference earlier to the changing demographic, economic, social and political circumstances that have created new needs and demands while shifting thinking also from sectoral needs to children’s rights.
2. A shift seems to have occurred in the posture of the international community. As we approach the Twenty-First century, a slow but persisting shift has been occurring, from an emphasis on economic growth to an emphasis on human development and improving the quality of life. This shift argues for giving child development a more central place in programming.
3. There is a growing awareness by many governments and funding organisations of the importance of early childhood to overall human capacity development. There is a tendency now to move beyond the question of “Should we invest in early child development?” to the question of “How should we invest in early child development?” This new openness has been helped along to some degree by the Convention on the Rights of the Child (CRC),⁸ and by the World Conference on Education for All (WCEFA).⁹ There is also a basis for support for early childhood development in the outcomes of the Beijing Conference and the Convention on the Elimination of

⁷ A more extensive description of the history of programming for early child development is set out in an unpublished paper by Robert Myers written for UNICEF in 1991.

⁸ However, ECD remains the weakest part of the definition of goals agreed upon at the World Summit for Children and has not been an important strain in the follow-up of the Summit.

⁹ Article 5 of The Declaration of the WCEFA stated, “Learning begins at birth. This calls for early childhood care and initial education. These can be provided through arrangements involving families, communities, or institutional programmes, as appropriate.” The Framework for Action set out, in Paragraph 8, as one of the targets to be considered in plans for the 1990s, “Expansion of early childhood care and development activities, including family and community interventions, especially for poor, disadvantaged, and disabled children.”

Discrimination against Women (CEDAW)¹⁰, and in the Social Summit.

4. In general, this new acceptance is probably driven less by international declarations and their aftermaths than by changes in objective conditions such as increased survival in the early years (7 million more children survive each year than before 1990) but continued and increasing poverty; increases in the participation by women in the paid work force; the fact that some countries have reached or are now approaching full coverage in primary schools and are shifting their concern to educational quality; an apparent growth in domestic violence; the perverse income distribution effects of globalization and an associated move toward constructing or reinforcing safety nets; increases of dislocations associated with internal conflicts.

In line with these changes, we have seen a marked increase in funding made available by other international organizations for early child development, particularly during the past 5 years. For instance, the World Bank is now actively involved in this field, with loans totaling \$800 million for programmes in early childhood development. The Latin American and Asian Development Banks have also entered the field with several loans.

Together, International NGOs (e.g., Save the Children Alliance, Christian Children's Fund, World Vision, Plan International) and Foundations (e.g., Bernard van Leer and Aga Khan), are providing yearly hundreds of millions of dollars for child development programmes, usually community-based and integrated.

Over the past 10 years, the organizations mentioned above, together with UNICEF, have formed a "Consultative Group on Early Childhood Care and Development" that has functioned on a continuing but informal basis, focussed on advocacy and the exchange and dissemination of information about early child development programmes in developing countries. This could provide a basis for establishing a Global Coalition to promote integrated early child development, bringing in other actors as well and extending collaboration. The time is ripe.

5. A shift has occurred in UNICEF.

The shift within UNICEF is suggested by the presence of The Care Initiative in Nutrition, by Integrated Management of Childhood Illness (IMCI), and by a new interest in "safety nets." Early child development is being looked to as a possible preventive measure linked to family violence and children's work. Lines of action are being sought in relation to the Convention on the Rights of the Child as the 10th anniversary of the Summit approaches and there is the will to expand the survival concerns of the 1990s during the first years of the new century.

¹⁰ CEDAW sets out rights pertaining to, for instance, care for women during pregnancy and lactation, attention to reproductive health, to work and workloads and remuneration, to family relationships, and to family education ("family education should include a proper understanding of maternity as a social function, recognizing the common responsibility of women and men in the upbringing and development of their children").

VIII. Building a common global agenda.

Who would participate in a global coalition? Among those organizations that might participate would be: UNICEF, World Bank, UNESCO, UNDP, WHO, Regional Development Banks, the International NGOs mentioned above, and Foundations (including particularly the Bernard van Leer Foundation).

On what might agreement be sought in the coalition?

- A. A rationale for investing in early child development as a coordinated base for advocacy.
- B. A set of principles to guide programming along holistic, integrated, culturally sensitive lines within the context of human development. Principles stating,
 - that human development and human rights should frame programming and that, within that frame, child rights and child development are critical;
 - that part of the process of countering the adverse effects of globalization, especially the upward redistribution of incomes, involves preparing children better for the future;
 - that coordinated actions are required in order to achieve integrated early child development;
 - the new programmes should be built on existing strengths;
 - that multiple approaches are needed, depending on context;
 - that family responsiveness and community participation are key;
 - that emphasis should be placed on those most at risk.
- C. A “menu” of possible actions could be fashioned and some division of responsibility as well as possibilities for collaboration might be sought in order to respond better to requests for assistance with respect to different parts of the menu.
- D. A common approach to diagnosing, monitoring and evaluating might be fashioned.
- E. Early child development goals could be set, to be pursued over the next 10 to 15 years.
- F. Our present commitment to child survival and child growth efforts should be strengthened by an integrated approach to early child development.

IX. Specific Results for Children

In the increasingly complex and interdependent world of the next century, women and men will be expected to be creative, confident and flexible problem solvers. There is growing consensus that the foundations of such human capacity are laid prenatally and in the early years of each individual’s life, and that the societies that make

the essential investments early in children's lives are the ones that make greater progress in human development. It is now clearly understood that social and economic development and optimal child development do not occur in societies where women have no voice, no access to resources, no legal protection and no respect.

A critical aspect of the enabling environment for the physical, mental, moral and social development of children is the ability of families and communities to act as the frontline of protection and care for children.

The commitment of all governments to the full realization of children's and women's human rights through the implementation of the CRC and CEDAW is a necessary condition for development of appropriate national legal and policy framework. A supportive policy environment will be conducive to programmes that, through child-friendly, family-focused and community-based approaches, facilitate optimal use of human, organizational and economic resources leading to the development of the child's full potential. The following specific results for children are proposed:

- Children participating, as needed, in comprehensive, integrated child development programmes to guarantee good care for better development;
- Children receiving adequate stimulation. Interaction between children and caregivers is responsive;
- Children receiving care that leads to prevention of illnesses and protection from abuse, violence, and sexual and economic exploitation;
- Sick children receiving appropriate treatment;
- Children living and learning in safe, healthy and friendly environments that protect their rights, and that allow them to grow and explore, and begin to acquire the skills and knowledge, values and attitudes, required for life in the new century;
- Primary caregivers, who are most often women or girls, receiving adequate support and responses to their needs;
- All women receiving adequate care, especially during pregnancy and lactation;
- Children are protected from disabilities which are detected early and children with disabilities are provided equal opportunities;
- Children assisted in making smooth transition from home into a welcoming, child-friendly school.

X. Priority Areas for the Global agenda for children in the 21st century.

- Putting children at the center of all development efforts by all development partners;
- Protecting and strengthening family and community capacity to care for children, especially those who are most vulnerable;
- Mobilising all community actors around the care, protection and rights of young children;
- Mobilising alliances and resources to support governments and communities in meeting their obligations under the CRC and CEDAW;

- Strengthening mechanisms for monitoring implementation of the CRC and CEDAW;
- Integrating the rights perspective into concepts of governance and reform processes;
- Priority funding for programmes of early childhood care for survival, growth and development.

XI. Global Goals For Early Childhood Development:

- By 2015 all children aged 0-3 living below the poverty line as defined nationally - without discrimination on grounds of gender, class, ethnicity or other forms of discrimination or special circumstances - have access to the appropriate mix of integrated services needed to counter the negative impact of poverty on their ability to survive, learn and grow;
- Massive global mobilization to contain the spread of the HIV/AIDS pandemic and reverse trends in rates of new infections especially in sub-Saharan Africa and East Asia by 2005;
- Reduce death rates of infants and children under five by two-thirds of the 1990 level by 2015;
- Reduce death among women due to pregnancy and childbirth by three fourths of the 1990 level by 2015;
- Provide access to reproductive health services to every woman by 2015. Such services should include a minimum of four prenatal visits, safe delivery attended by a trained professional and care for women infected with HIV;
- Reduce malnutrition rates for children under two by 80 percent of the 1990 level by 2015;
- Maintain the Summit goal of reduction of low birth weight to less than 10 percent;
- Reduce developmental delays and disabilities in children by 50 percent of the 2000 level by 2015.

XII. Collaboration with Partners in Child Development Programmes

UNICEF will continue to collaborate closely with its partners, particularly within the United Nations system. At the country level, it will contribute to and benefit from the UNDAF process. UNICEF is a member of the Co-ordinating Committee on Health with WHO and UNFPA, and ACC/SCN together with 15 UN agencies and should make full use of these associations to promote the present agenda for early childhood development.

XIII. UNICEF'S PRIORITY AREAS, SHORT TERM AND LONG TERM TARGETS

UNICEF has a global mandate for children. Its mission requires that development and

implementation of programmes are shaped and guided by the CRC and CEDAW. In its programming, UNICEF must give highest priority to the most vulnerable populations and those at greatest risk.

UNICEF's first priority in any country must be to ensure that the survival, growth and psychosocial development of the young child gets first call on UNICEF's resources and commands the necessary share of existing and potential national resources. A substantial share of UNICEF's total resources must go towards those programmes that result in convergence of efforts at the policy and planning levels, the implementation of social services, and the development of comprehensive and strategically focussed support to poor families and communities.

Given UNICEF's strengths, including its ability to mobilize other partners and resources, and its decentralized country programming process, UNICEF priority areas for its work beyond the year 2000 should include the following:

- Policy dialogue at global and national levels that places children firmly at the centre of human development efforts;
- Strategies that create convergence among sectoral activities through the country programme process involving a range of national partners. UNICEF's work within the UNDAF process can ensure that critical sectoral interventions for young child development converge for best impact on child development;
- Capacity building at national and local levels that enables families and communities to better care of their children;
- Advocacy that demonstrates child development as the nucleus of human development and that emphasizes the child's future development trajectory as being largely determined by the quality of care in the earliest years;
- The development of specific strategies for early childhood for poor families and the young children affected by HIV/AIDS.

Specific Short-Term Targets for UNICEF (2005)

- Ensure that all countries have comprehensive and multi-sectoral family and child development policies (with resource commitments to support them);
- Ensure that comprehensive and integrated programmes for early childhood care for survival, growth and development are fully developed in at least 40 developing countries, giving special attention to countries that are severely affected by HIV/AIDS. These programmes should be child-centered, family-focused, community-based and gender sensitive;

- Ensure that in all countries where UNICEF is operational, efforts are advancing to create the necessary convergence in child health, nutrition, education and water and sanitation activities necessary for early child development to occur. Specify process indicators to measure this progress;
- Increase access to good quality family-based as well as centre-based early childhood care programmes;
- Increase participation of adolescents and parents in education programmes concerning early childhood care for survival, growth and development.

In the 40 countries, this comprehensive strategy will include improving the status and participation of women and girls and respect for their rights, attention to the role of men in the lives of children and women, and care for the young child's survival, growth and development. The following priorities constitute an "essential package", the contents of which would be determined locally to suit the specific needs of children in a given community.

- Care for women during pregnancy and lactation;
- Reproductive health services and family life education;
- Quality child care that allows women to earn, girls to learn and protects orphans whose families cannot care adequately for them, especially due to HIV/AIDS or displacement;
- Early socialization of children for gender equality, respect for equal rights, shared responsibility and life-skills;
- Reduction of conflict in the family and the community including gender –based violence;
- Universal immunization;
- Home and centre-based treatment of most prevalent illnesses including malaria;
- Adequate macro and micronutrient intake;
- Community and family-focused support for safe water, sanitation and promotion of hygiene;
- Breastfeeding and complementary feeding;
- Parent, adolescent and caregiver education (including information on hygiene, health, nutrition, and psychosocial, cognitive and linguistic development) that promote better child care for better development;
- Structured family or facility-based programmes including daycare, with opportunities for play and learning;
- Creating an enabling environment for behavioral change that promotes tolerance, equality and non-violence;
- Early detection of disabilities;
- Child-friendly schools with content and methods of the early grades appropriate to the needs of the young child.

The development of a set of core indicators to measure progress in child development is essential for monitoring both process and outcome of the integrated programmes.

Long-Term Targets (2010)

- Ensure that comprehensive and multi-sectoral family and child development policies are in place and sustained in all countries where UNICEF is present.
- Expand comprehensive and integrated programmes for early childhood development from 40 countries to 80 countries.
- In the 40 original countries, to have programmes for early childhood development taken to scale and sustained by national resources.

XIV. Key Strategies for UNICEF Programmes

- Targeting the poor and most vulnerable. UNICEF supported programmes will target the poor and those with multiple vulnerabilities. Displaced children, children orphaned by AIDS, children in conflict, and children with disabilities will get higher priority.
- Assessing and analyzing how children are supported and cared for in the local cultural context and identifying what gaps exist in such support and care.
- Learning from and building upon existing programme experience.
- Playing a catalytic and innovative role in service delivery by providing direct support and using UNICEF resources to mobilize additional resources.
- Strengthening national resources and capacity, especially at the family and community levels and promoting child-centered, family-focused and community-based programmes.
- Communication and advocacy to raise awareness and strengthen demand.
- Promoting community commitment, participation and networking in assessment, analysis, programme design, implementation, and evaluation.
- Ensuring that child-focused interventions incorporate principles of CRC and CEDAW.
- Mobilizing civil society, including NGOs and the private sector.

XV. What needs to be done within UNICEF to move an integrated early child development initiative ahead, connecting it to survival and growth initiatives?

- A. An "Exdir" dealing with child development would give such a programme legitimacy and a needed boost.
- B. Child development should be included as a specific area in Annual reporting, including the Annual Report of the Executive Director.
- C. Child development should be a reappearing theme in **The State of the World's Children** and in **The Progress of Nations**.
- D. The country programme and review process through which countries presenting programmes to the Executive Board are created and reviewed at country, regional and headquarters levels needs to incorporate explicitly early childhood development.
- E. An early childhood development component should be included in all situation analyses.
- F. Child development should be represented among the indicators commonly used to describe the state of young children.
- G. The topic of child development needs to be included regularly in the various distributions to the field by Headquarters.
- H. An on-going "child development programme committee" needs to be in place at Headquarters and Regional levels and in the larger country offices.
- I. The Headquarters advisor will need to work with individuals in the field who are knowledgeable about child development. To put such staff in place is partly a matter of recruiting and partly a matter of training and orientation.
- J. Training sessions should be carried out at regional levels in all major regions.
- K. An orientation to early childhood development should be arranged for Headquarters staff, including the highest levels, speech writers, and staff in the funding office.
- L. A regular mechanism needs to be created within UNICEF whereby individuals charged with responsibility for early childhood development programming should be able to meet periodically. This might be done in conjunction with a training programme.
- M. An inter-disciplinary, inter-sectoral advisory committee should be formed, involving people within and outside UNICEF, creating links between UNICEF and the broader field. This might be accomplished by UNICEF's participation in the Consultative Group.

N. A roster of national and international consultants should be developed, with emphasis given to contracting of technical assistance from within countries and regions.

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This document has drawn upon many previous UNICEF documents, including:

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APPENDIX I

Examples of what we know about early childhood development:

The following are some examples of what we know, phrased as “messages” and taken from the draft of an early childhood development manual prepared for the UNICEF office in Bangladesh. These relate to lists of practices taken from other documents and presented in Appendix II.

About the time before birth:

- Good nourishment during pregnancy promotes healthy newborns;
- Expectant mothers should be checked by health workers throughout pregnancy;
- Pregnant women should avoid harmful substances that could endanger the health of the growing baby;
- A pregnant woman and the developing child need rest, quiet and calm.

About the newborn:

- Full-term newborns look helpless but are well-equipped for life;
- Premature or lowbirth weight infants are more at risk shortly after birth, but if they are well fed and raised in a stimulating environment, they can catch up to full-term babies;
- Breast milk is the perfect food for newborns;
- The first weeks of life are a time of intense learning for the new family. Many adjustments can be made to help the baby learn how best to eat, digest comfortably, sleep and be comforted;
- Babies vary in their temperaments, so every baby requires slightly different responses from parents and caregivers;
- In the first weeks of life, babies seem to move randomly or as if startled.
- Day by day newborns practice movements and learn how to control their bodies;
- Newborns learn through their senses from their first moments outside the womb. They learn through hearing, vision, taste and smell and through gentle, caring touch.

About the first year of life:

- The first requirement for developing babies’ brains and bodies is good food and access to health care;
- The second requirement is an environment rich in stimulation for their senses;
- Babies need the security of loved ones to depend on;
- Babies need limits for safety and learning as they become more able to explore;
- Throughout the first year the baby learns through movement;
- Babies learn language by listening and making sounds. The more adults communicate with babies, the more they will respond and learn;
- Play is the baby’s first and most important form of education;
- Family members and simple common objects are the baby’s first playthings;

- Babies learn to understand their own emotions from their family members;
- Giving emotional support to children is as important as giving them food;
- Everyday interaction is educational and entertaining for children.

About ages one to two:

- Inside one and two year olds' heads, their brains are growing in a remarkable series of growth spurts. Although they are not gaining height and weight as much as in their first year, they need a very good diet for brain and body health. As their teeth appear, they can eat many more foods;
- A stimulating environment for one year olds and two year olds provides a good balance of interaction with other people, with play material, with the natural world, and with the one special person who most comforts the child;
- A growing sense of independence and a drive to imitate the actions of older children and adults make it important for one and two year olds to start learning basic self-help skills;
- Parents and caregivers need to keep children of this age safe as they explore and can begin teaching children how to behave through prompt, consistent responses;
- One and two year olds advance quickly in motor development, and their physical activities help prepare them to think and speak well;
- The world of communication opens up for one and two year olds, and the responsiveness of others to their language efforts helps them develop;
- For a child, there is no separation between play and learning. Play is the child's path to learning;
- Play for one and two year olds is part of learning to be a social being;
- The high energy of toddlers' movements is matched by high energy feelings. One and two year olds show strong emotions readily – joy, excitement, fear, and anger. They depend on caregivers to help them handle these powerful feelings;
- Children vary a great deal in how they approach social situations. By giving a child encouragement to move ahead or to withhold action when necessary, parents help a child develop emotionally and socially at his or her own pace;
- Between one and two years of age, a child begins to develop a sense of self. In addition, children begin to understand the difference between girls and boys and to know which one they are. They need and want to feel valued for themselves;
- Children benefit from caregiving that supports both their growing independence and their need for reassuring familiarity. Praising the child's efforts to learn and behave is as important as setting limits so the child feels securely guided.

APPENDIX II

Practices

1. WHO and UNICEF are cooperating in the development of a strategy for Integrated Management of Childhood Illness. Within that strategy, a community health initiative has been proposed in: "A Working Paper on Child Health in Communities," the purpose of which is "to strengthen and support family and community actions, promoting key behaviours and practices in order to reduce infant and under-five mortality..." [and] "to contribute to improving child growth and development." The following "key family practices" have been extracted from that document, p. 4.

- Breastfeed infants exclusively for at least 6 months;
- Starting at about six months of age, feed children freshly prepared energy and nutrient-rich complementary foods, while continuing to breastfeed up to 2 years of age;
- Ensure that children receive adequate amounts of micronutrients (Vitamin A and iron, in particular), either in their diet or through supplementation;
- Take children for a full course of immunizations before their first birthday;
- In malaria-endemic areas, have children sleep under insecticide-treated mosquito nets;
- Promote children's mental and social development by being responsive to their needs for care, and stimulating them child through talking, playing, and other appropriate physical and affective interactions;
- Continue to feed and offer more fluids to children when they are sick;
- Give sick children appropriate home treatment for infections;
- Recognize when sick children need treatment outside the home and take them for health care to the appropriate providers;
- Follow the recommendations given by health workers in relation to treatment, follow-up and referral;
- Undertake safe disposal of faeces (including children's faeces), and hand washing with soap after defecation, before feeding children, and handling food.

The Nutrition Section in UNICEF/NY has developed the following classification of practices that affect survival, growth and psycho-social development:

CARE FOR WOMEN

- During Pregnancy and lactation: Provision of extra amount of family food
Workload reduction and support
Facilitating prenatal care and safe birthing
Postpartum rest
- Reproductive Health: Delayed age at first pregnancy
Support for birth spacing
- Physical Health and Nutritional Status: Provision of a fair share of family food
Protection from physical abuse
- Mental Health, Stress and Self-confidence: Reduction of stress
Enhanced self-confidence and esteem
Protection from emotional abuse
- Autonomy and/or Respect in the Family: Adequate decision-making power
Access to family income, assets and credit
- Workload and Time: Shared workload
- Education: Support of equal access to school for girls
Support of women's access to information

Breastfeeding/Feeding

- Exclusive breastfeeding: Exclusive breastfeeding for about six months
Initiation within first hour to hour after birth
Breastfeeding on demand
Development of skills of breastmilk expression
Protection from commercial pressures for artificial feeding
- Complementary feeding and sustained breastfeeding:
Timely introduction of complementary foods
Breastfeeding into the second year
Adequate complementary foods (energy and nutrient density, quantity)
Frequent feeding
- Active complementary feeding practices:
Adaptation to psychomotor abilities for feeding
Feeding responsibly
Adequate feeding situation
- Adaptation to family diet: Ensuring adequate intra-household food distribution
Appropriate response to poor appetite in young children

Psycho-social Care

- Responsiveness to developmental milestones:
Adapting behaviour to child's developmental level
Attention to low activity levels and slow development

- **Attention, affection and involvement:**
Frequent positive interactions (touching, holding, talking)
Maintenance of valuable traditional practices
- **Encouragement of autonomy, exploration and learning:**
Encouragement of playing, exploring, talking
Adoption of a teaching or guiding role
- **Prevention of and Protection from Child Abuse and Violence**

Food Preparation

- Household food preparation, cooking and processing
- Food storage
- Food hygiene

Hygiene Practices

- **Personal Hygiene Practices:** Hand washing
Bathing and cleaning child
- **Household Hygiene Practices:** Cleaning of house and children's play area
Adequate disposal of child's wastes
Use of sanitary facilities
Making water safe, and choosing safe water

Home Health Practices

- **Home management of illness:** Prevention of illness
Diagnosing illness
Providing home treatment
- **Utilization of health services:** Preventive and promotive health services
Timely seeking of curative health services
- **Home-based protection:** Control of pests (mosquito nets, rat-traps)
Avoidance of accidents (burns, falls, bites)
Prevention of abuse/violence