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for

EARLY CHILD DEVELOPMENT

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



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Introduction

UNICEF and its partners have many years of experience developing programme communication for school-aged children. And in response to the Convention on the Rights of the Child, there has been a growing movement in media by children—mainly primary and secondary students.

The youngest children are often forgotten, or the communication is targeted solely at their caregivers. Yet developmentally and culturally appropriate books can be wonderful first “toys” for children as young as six months of age. Young children who are exposed to words through stories, song, and rhyme have better literacy skills and numerous opportunities to bond emotionally and socially with their caregivers. Preschool children who watch videos about other children who are frightened but comfort themselves when scared, learn resiliency that can last a lifetime. Games that model pro-social actions and address diversity can help prevent negative stereotypes and encourage positive attitudes and behaviours.

This booklet explains how principles of programme communication are part of a holistic approach to Early Child Development (ECD). It is designed for programme planners, designers, artists, and communicators to improve their ability to use programme communication for holistic early child development. Parts of this booklet are in the larger document *Programming Experiences in Early Child Development*. Both should be read before developing approaches to giving young children the best start in life.

Early child development refers to the ordered emergence of interdependent skills of sensori-motor, cognitive-language, and social-emotional functioning. This emergence depends on and is interlinked with the child’s good nutrition and health. The focus is on children under 8, and particularly in the first years of life because this is the period of the child’s life when development is most rapid and requires most environmental input and protection from risks.

The term “holistic approach to early child development” refers to policies and programming that ensure that child rights to health, nutrition, cognitive and psychosocial development and protection are all met. All interventions should reach the same children, including the most marginalized. A number of studies suggest that there are additive and even synergistic effects among interventions that result in greater impacts on the child development.¹ A requirement of the holistic approach to Early Child Development is protecting and promoting women’s rights; it is the first step in securing gains for children.

It is important to point out that the principles outlined in this booklet have equally been applied to communication for older children and adults. They have been adapted to Behaviour Change Communication related to HIV/AIDS and other child protection issues, child-to-child communication, girls' education, safety and child injury prevention and a variety of other topics.²

The Importance of Communication Media For, About and With Young Children

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

There is a growing movement within UNICEF and in the world to produce developmentally and culturally appropriate media for and with, as well as about young children. Research indicates that the more language, through songs, stories, books and rhymes, that young children are exposed to in their first years of life, the more prepared children will be for entry to school. More importantly, since the basic aim of communication is to change behaviour, such "child-friendly" methods have more appeal and impact than conventional channels.

These media can become models of caregiving for adults as well, especially in environments where children do not have access to quality childcare or caregivers have little education or time. Developing quality media for and with young children is important for many reasons:

- It is a direct response to the rights of children expressed in the Convention on the Rights of the Child
- It can help build the self-confidence of children, caregivers and nations
- It can promote healthy habits and practices and pro-social behaviours as well as encourage literacy and cognitive development

- It can be as powerful a message to caregivers and other adults as to the young children at whom it is aimed (print media for young children is often readable for people with lower literacy skills)
- It can be a safe haven, especially for children in difficult circumstances (sick, traumatized, grieving, etc.)
- It can effectively address sensitive topics (HIV, gender discrimination, disability, death, etc.)

Behaviour Change Communication Principles Based on Research and Experience

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

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

Research and experience from some of the most effective social movements, programmes, social communications and international “campaigns” have one overarching guideline: all have developed media that are personal, practical, positive and powerful.

Five more guidelines for effective programme communication for young children are described below, with case studies and illustrations.

Build a “culture of media”

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

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

case study MALDIVES

“First Steps Project”

In 1999, a new Early Child Development Project was initiated by UNICEF Maldives which included a 52-week multi-media campaign. This beautiful country had made great strides over

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

Introductory meetings were held with key Ministry officials and those charged with Early Child Development in the country. A review of some of the newest research in the field was shared with them. They were asked how they felt these could be addressed in 200 inhabited islands dispersed over 90,000 square kilometres, especially to reach the most inaccessible communities. In reviewing the existing knowledge, attitudes and behaviours of caregivers, health workers and preschool teachers, it was found that, for the most part, they were unaware of the critical importance of the first three years of life. The existing health, education and community systems had contact with adults and children but rarely reached directly into the household. There were very few sources of information about Early Child Development and those that were available were technical, complex and Western. Media for children was, for the most part, either Western or for older children.

Two goals were decided:

- To help meet the survival, development and protection needs of children 0 to 5 years in a positive, respectful, stimulating and fun environment for children and their families; and

- To create a culture of media for and about children in which children are valued, can see themselves reflected in a variety of media, are encouraged to express themselves and have these expressions valued from infancy onwards.

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

- **A focus on reaching directly into the household**
This entailed speaking to parents like friends, or better, getting caregivers who were doing something positive with children to be the spokespersons and teachers to others in the community. The approach was “attraction rather than promotion,” demonstration being the best form of advocacy.
- **A focus on building the self-confidence of caregivers as well as of children**
Special attempts were made in communications, training and material development to reflect local contexts, people and young children. Conscious efforts were made to “build pride in being who you are,” especially for the most disadvantaged groups (the poorest, the disabled, those discriminated against because of darker skin, etc.)
- **Creating special features for caregivers such as adolescents**
For example, an ECD Girl Guides/Boy Scout Badge was given to adolescents who took part in training. They developed skills in caring for their younger siblings while also preparing themselves as future parents.
- **Combining creative talents**
Groups of technical stakeholders from various sectors were brought together to work, learn from, and excite one another to promote Early Child Development.

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

The Ministry of Education’s Education Development Center was the existing focal point. They had very strong leadership and were already active in developing training materials on ECD. Their ability and experience were welcomed.

A five-person ECD core team became the “rock” of the Project, meeting on an almost daily basis and looking over each and every production, translation, training plan, etc. A highly committed and capable UNICEF Project Officer was put in charge of the overall management, making many professional and creative inputs. Training built up the capacity of radio and television to produce developmentally, culturally appropriate, and practical media for and about children. The Minister of Information was so personally interested and invested that he attended one of the week-long sessions himself and wrote a few books for children.

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

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

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

Reviewing the recent evaluation of Maldives “First Steps” ECD Project³, the “movement” had a much greater impact than anyone anticipated. Even two years later, changes in attitude and behaviour could be directly linked to this campaign. The results analysis upset many social marketing theories in terms of impact on behaviour.

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

Some of the messages with the greatest impact stressed the importance of:

- Fathers in the life of a child (how even fathers who worked away from home could bond with and contribute to the development of their children)
- Skin-to-skin contact with newborns
- Listening to children and talking to them
- How much older children contribute to the lives of younger siblings
- “Learning through play”
- Not discriminating between girls and boys
- Caring for and not discriminating against children who are disabled
- Safety and accident prevention
- Specific health behaviours relating to personal hygiene and public health
- Early detection of developmental delays or problems with sight and hearing
- Reading to, expressing love and praising children

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

- Families were more likely to know how early babies can see, hear, think, and feel (influencing their behaviour) and had a better understanding that love and care leads to high self-esteem
- Families reported reading more books, providing nurturing and care, and spending more time with children

- Men were far more likely to spend quality time with their children (due to an emphasis on the role of men in the campaign), leading to an increase in the number of fathers taking children to school and attending parent-teacher meetings
- Fathers who lived and worked away from their children showed connections to their children in new ways (making homemade toys, calling them more frequently, writing letters, etc.)

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

- Many parents proudly brought out books purchased for their young children, saying that this was the first time they realized the importance of reading to and with young children.
- A representative from the Water and Sanitation Authority indicated that he, *“...personally witnessed changes in his neighbours and community, especially in improved childcare practices. In a marked behaviour change, people talk more to comfort, and spend more time with their children.”*
- A speech therapist said that her patients, *“...displayed a marked improvement after radio programmes dealing with special needs were aired. Social acceptance ... became increasingly positive, parents became more aware about identifying milestones and this led to an increase in early detection of childhood disorders, resulting in improved therapy.”*
- One schoolteacher indicated that her behaviour changed as she took the lessons from the campaign into the classroom; other teachers who also witnessed the campaign and observed her began to emulate her example; others said they adapted innovative, child-friendly teaching methods as a result of the campaign.
- Groups of mothers (and some fathers) who attended caregiver workshops and had access to the campaign said that they felt they were following many of the childcare suggestions and felt that the campaign and training reinforced positive, existing practices.

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

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

Less is More and Simple is Best - Literacy Works for ALL

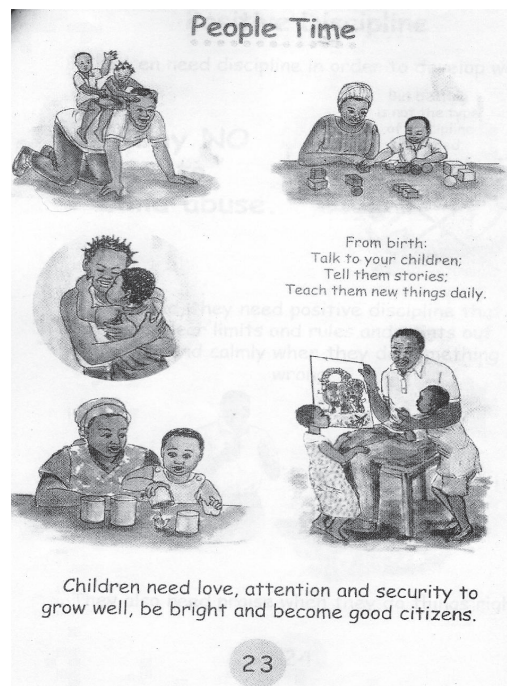
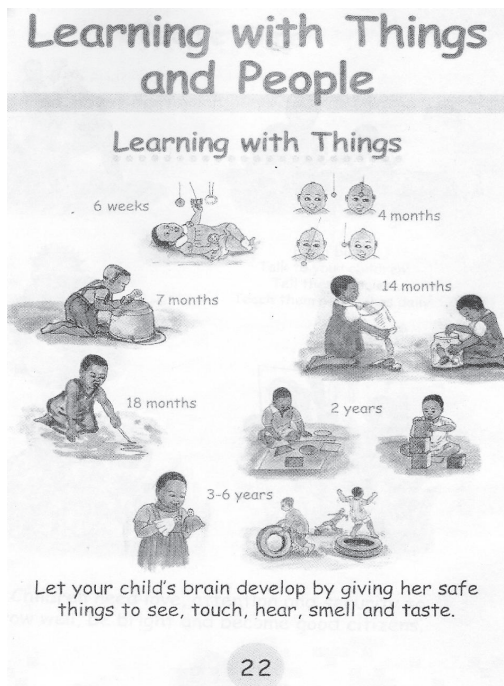
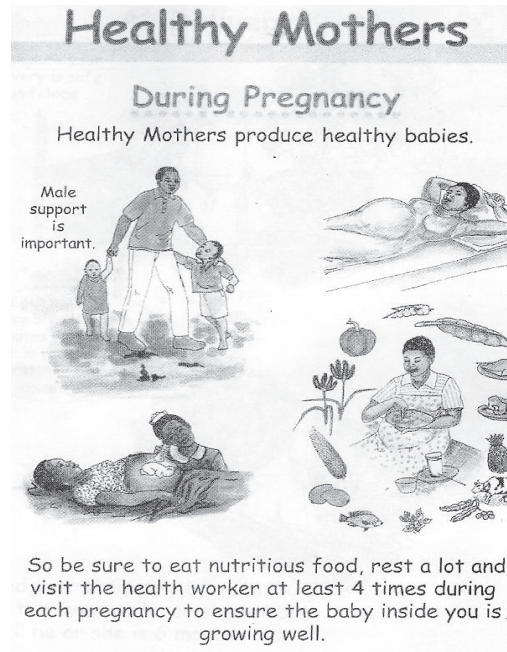
There are many different audiences with different levels of literacy. However, experience shows that innovative and powerful programmes and media that can be understood even by non- or neo-literate audiences. It reaches those in greatest need and can be equally understood and of interest to all audiences.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

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

FIELD
experience
UGANDA“Caring for Children in Uganda Booklet”⁴

The Uganda Community and Home Initiatives for Long-term Development (CHILD), in association with the World Bank, developed a low-literacy booklet entitled “Caring for Children in Uganda”. Simply but clearly illustrated, it covered healthy mothers, feeding children, preventing illness, responding to sickness, learning with things and people. Only the most basic intersectoral and holistic information was included in a very user-friendly style.

Two pages from “Caring for Children in Uganda” focus on promoting positive attitudes towards young children, such as giving children developmentally appropriate things with which to play (left below), and spending time and interacting with children (right below).



Results showed that exclusive breastfeeding patterns improved and that families were more likely to understand the importance of early learning activities as preparation for school, and to do these activities.



“Book for Children and Parents”⁵

Kyrgyzstan was one of several countries that participated in a Regional Workshop on ECD Communications For and About Children. Participants were exposed to media for children from around the world that captured the imagination and attention of children and adults alike, while presenting information on topics ranging from health or safety habits to self confidence to disability awareness.

The Kyrgyzstan ECD Team contacted a well-known poet and simultaneously conducted a contest among artists. They invited children to select the best drawings and to give their explanation for their choice. A core group worked on the content and creative aspects of a set of five books about vitamins, love/care, violence, hygiene and games. The books were pre-tested several times with children from several regions. This programme has just started so no results are available yet.



Finding Good Practices within Local Communities (“Positive Deviance”)

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

FIELD experience SOUTH AFRICA

“Good Father Public Service Announcements”

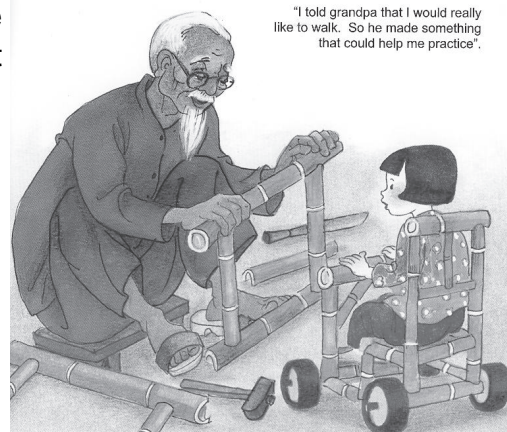
In a workshop in South Africa, two prototype television public service announcements were made in support of an integrated approach to Early Child Development. One depicted a black urban father who carried his infant on his back (in South Africa, as in many other countries, only women carry infants and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

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

FIELD experience VIETNAM

“My Wonderful Grandpa”⁶

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



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

Communication Exemplifying Best Caregiving Practices as Routine

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

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

FIELD experience BANGLADESH

“Mothers’ Literacy Classes”

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

FIELD experience NEPAL

“Girls Education Public Service Announcements”

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

Solution-Oriented Communication to Model Positive and Pro-Social Actions and Words

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

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

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

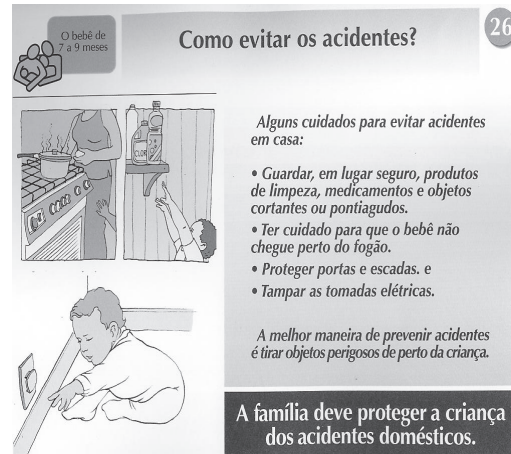
To prevent injuries like burns or cuts, rather than showing children reaching for and getting scalded by a pot of boiling water, present the pot in a safe place with the caregiver teaching the child a rhyme about “backing up and staying away” from fires, stoves, knives and medications. An example of a book on child safety is shown at left, below:



Raise your stove or fireplace at least two feet above the ground to protect your child from burns from fire or boiling water.
Always turn the handles of pots and pans away from the stove and don't let children play with matches.

Although it is a caregiver's responsibility to keep children safe, children can learn “cues” and safety techniques about what to do, rather than only what not to do.

Another example of using positive models from Brazil⁸ (shown at right, bottom) shows a child reaching for a shelf out of reach, and a child reaching for a covered electrical socket.



Getting Started with Communication for Early Child Development: Practical Exercises

When introducing partners and stakeholders to communication strategies for Early Child Development, presenting research on child development (see “Programming Experiences in Early Child Development”). In addition, several countries have found the following practical exercises to be useful:

National Interventions by Age Group

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

After the brainstorming exercise, point out that survival and development happen simultaneously. Discuss the fact that in most countries, there is too little emphasis and investment on psycho-social development and learning for children under three and too little investment on health, nutrition and psychosocial development after three years. In a short time, it will become obvious to participants that to fully respond to the research regarding optimal survival, growth and development, a more holistic and balanced approach to children must take place.⁹

A Holistic Perspective is Critical

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

Responsive, Holistic Care Practices

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

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

Ask participants to name activities from all sectors and explore how each can be made more responsive and holistic. For example:

- Feeding meets the physical needs of children who are hungry. It can be made more responsive and holistic with eye contact, talking about healthy foods, singing sweet songs, or telling children what good jobs they are doing.
- Hand-washing meets children’s hygiene needs. It can be made more responsive and holistic (as well as more memorable, effective and responsive) by making up a little rhyme about washing each finger and both sides of each hand before eating.
- Immunization meets the preventive health needs of children. It can be made more responsive and holistic through the simple act of bending down to children’s eye level, smiling and telling children to hold the hand of their caregivers tightly.
- In many countries, oil massages are traditionally practiced to passively exercise children’s arms and legs. It can be made more responsive and holistic by telling children what is being done, singing loving songs, and listening to babies’ coos and babbles.

- Health workers often make posters or books for children on child safety. The process can be made more responsive and holistic if health workers hold simple community contests where school-aged children create posters or books for families on “all the ways families keep babies safe”.

Model Baby

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

- The mother was well taken care of, physically as well as emotionally, while pregnant
- Judging by the baby’s weight, alertness and active looks, the baby seems healthy, implying breastfeeding, immunisation, no illness, good household hygiene, clean water, safety from injuries, etc.
- The baby’s happiness and alert looks imply that the baby is played with, spoken and listened to, loved, etc.
- Babies this healthy, happy, alert, and confident have greater chances for success at school and health throughout life.

The ABC’s of Holistic Caregiving

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

The Best Toy in the World

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

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

Holistic Books for Young Children and Caregivers

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

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

FIELD experience MYANMAR

“Books to Reach Families and Caregivers”¹⁰

Throughout 2005, a series of intersectoral workshops was organised with the support of UNICEF Myanmar as part of an integrated approach to reaching families and other caregivers of young children. A number of books for infants and young children were developed during these workshops. A range of topics was presented: how fathers can play a more active role in caregiving, learning through play, building coping skills and resiliency in young children, the importance of daily routine for a young child, and introducing children with various special needs to all Myanmar children.

A Training of Trainers model for Government counterparts, NGOs, INGOs, and others was held, and innovative ways these books could be used by front-line workers in all sectors was explored.

“Mi Mi’s Daddy”⁸ is one example from the new series of books. Simple illustrations and words help encourage both children and caregivers to learn through play.



ဖေဖေ သဲမုန့် မီးမီးဆုပ်

case study
KAZAKHSTAN

“Better Parenting, Happy Child Project”¹¹

The first example in this booklet was a successful case study from Maldives about changes in attitude and behaviour. It concludes with a case study from Kazakhstan, which includes powerful illustrations of Early Child Development transformations embodied in the project’s photographic archive. Although photographs do not indicate the quality of a programme, they can speak a thousand words to illustrate changes in attitude and understanding of ECD and responsive care.

For example, the photograph at right shows a loving family surrounding an infant who is bundled up tightly in a *bishek* (traditional crib). Surveys indicated that infants were traditionally kept in *bisheks* for several hours a day, limiting their chances of exploring and learning.



The next photograph, taken after the ECD advocacy and intervention, shows a father engaging in interactive play.



How did such a change take place? It wasn’t easy, but as this case study shows, changes *can* take place, slowly and simultaneously. Photographs illustrate changes that were anecdotally reported among many families.

Lessons Learned in Keeping Photographic Records

Photographs can be effective tools for communicating changes in family-child interactions. However, taking these photographs requires that the photographer take a different perspective.

Photographers are “programmed” to take beautiful photos (it is their profession) and in many countries people are traditionally programmed to be formal in front of the camera. Ironically, this is almost the exact opposite of what makes effective early child development photographs, which show children in action. In order to get less posed, more informal and relaxed photos:

- Key words to remember are “with” and “relationship”—in photographs, as in real life, try to find relationships between children and caregivers: the eye contact, the body contact, the interaction, the play, the learning, etc.
- Children should provide direction for photographers rather than the cameraperson directing the child and caregiver. Have the photographer wait for the subjects to act naturally. This might be more time consuming, but is well worth the effort.
- The photographs should model caregiving practices that are being promoted in training and in other communication to support and complement holistic approaches to Early Child Development.

Team Transformation

A workshop was held for multi-sectoral ECD teams from Central Asian countries to discuss their communication strategies. At the time, prototype training and parenting materials were quite academic and not user-friendly. Participants were shown simple, non-intimidating, low-literacy media for families and frontline workers, for and about children from around the world; photographs conveying messages of interaction and care; books and videos; campaign approaches and ECD strategies; and elements and guidelines on effective media for, about and with children. They then discussed how these could be adapted to their own regions. Change in participants’ subsequent strategies and materials were significant—they knew they could better speak to children and caregivers in a new, effective way.

Better Parenting Project

In addition to the photographic journal, Kazakhstan was the home of the “Better Parenting” Project, adapted from the Integrated Management of Childhood Illnesses (IMCI) Care for Development Course in partnership with the National Center for Healthy Lifestyle, UNICEF and the World Health Organization (WHO).

The goal was to train health workers working with children 0 to 36 months to reach families and local authorities. Strategies included:

- Advocacy and consensus building—getting everyone “on board” and “on the same page”
- A range of research activities from appreciative inquiry to participatory learning approaches and baseline studies
- The design of actions, programmes and communication materials
- Training of trainers (TOT)
- Training of front-line workers who interface with families
- Monitoring and evaluation (M&E)
- Feedback up to policy level, and to improve all aspects of programme, training, materials, etc.

Baseline Study on Child Care Practices

The Better Parenting Project was based on the results of a baseline study on Kazak child care practices. UNICEF and WHO identified a set of key family practices for promoting child survival, growth and development. In addition to a primary emphasis on health and nutrition, training also included encouraging fathers' involvement, safety, and support for the mental and psychosocial development of young children.

The baseline study indicated that parents and family members were not aware of the importance of simple responsive care practices and how these can improve the development of children. Play, talking, reading, singing and other learning activities did not take place in most families. Although there were numerous Kazak customs that benefited young children, other customs, such as giving tea to young children, lack of exclusive breastfeeding or home treatment of acute respiratory illnesses, were also reported. It was also found that although health care workers did counsel parents on health, there was no such counselling on care for children's psychosocial development.

Training on Early Child Development

Training courses on Early Child Development in the family were provided to health care personnel charged with counselling and providing services to families of children under three years as well as to pregnant or lactating women.

The role of care in programme and family actions, including those related to health and nutrition, received much attention in training. It emphasized not only the practices but “... *the way they are performed—being sensitive and responsive to the child’s needs, providing affection, and supporting their holistic development.*”

The training component aimed at health workers was crucial as this group had the most intimate contact with families of children in this age group. This critical position allowed them to have tremendous influence on not only preventive and curative services, but also child protection, learning needs and social and emotional development. Prior to the training, most health workers did not provide families with information on Early Child Development because they were not aware of recent research and the potential of simple, holistic, caregiving practices to effect the lives of children.

Training addressed all of these issues in a simple yet thorough manner. They included critical analysis, role plays and discussions on responsive



feeding, loving attention and safe play environments. For example, participants were asked to analyse what children might be learning when they and their grandparents tried to put a puzzle together; or what babies learn when they look into their mother’s faces.

Training also included simple checklists on counselling topics such as exclusive breastfeeding, complementary and responsive feeding, care for children’s cognitive and social development, care of sick children at home, nutrition for pregnant and lactating women, identifying possible risks of children to accidental injury and abuse, and encouraging participation of all family members, including fathers, in the care of children.

Health workers were simultaneously trained on the importance of



listening, praising, demonstrating, checking for understanding, and helping families to solve problems with care. Where the training course content was too technical for health care workers, it was easily adapted, edited and simplified.

Early Child Development Posters

A series of posters for families were developed from the point of view of the infant, together with messages for their caregivers. These have since been produced and found effective in many other countries. They include:

- Child: *“Mum, I so love your gentle voice! You teach me to smile!”*
- Caregiver: *“Communicate with the baby during breastfeeding speak to her, caress, smile and look at her eyes. Your child needs breastfeeding not only for food but also to feel comfortable.”*

- Child: *“My grandfather is the best to read fairy tales to me!”*
- Caregiver: *“Read and sing to the child more often. Even if the child is not yet able to speak, this can promote her/his speech and ability to learn from the world.”*

- Child: *“Adults always care for my safety!”*
- Caregiver: *“Burns and scalding are one of the most widespread causes of childhood trauma. Your attentiveness can prevent accidents.”*

Loving Interventions to Last a Lifetime

Participants’ understanding of Early Child Development continues to be measured in Kazakhstan. But one indication is a look at the above-mentioned “before and after” photographs. In the second set, responsive care is clearly evident. And as children’s voices in the ECD posters confirm, they know that it is the everyday, small, loving interventions in the first days and years that families, communities and nations do which last a lifetime.

IN CONCLUSION

The examples in this booklet are illustrative of many things. First, the face of Early Child Development Communication is often not the face of actors or ministers or doctors. It is the face babies and their real, everyday struggling families. Second, everyone has a place and talent at the table of creative communication for and about young children. The media presented here were developed by many people, from midwives to ECD workers to NGO staff to ministry officials to a wide array of creative artists. Finally, communication for the young child can be a vehicle to effectively reach caregivers, policy makers and older children—it is a wise investment.

REFERENCES

- 1 World Health Organization (WHO), *A critical link: interventions for physical growth and psychological development - a review*, Department of Child and Adolescent Health and Development, Geneva, 1999; Walker SP, Powell CA, Grantham-McGregor SM, *Early childhood supplementation and cognitive development, during and after intervention*, Nutrition, Health and Child Development, Pan American Health Organization, Tropical Metabolism Research Unit of the University of the West Indies, and The World Bank Scientific Publication (566), p69-81, 1998
- 2 Gill R, *Behaviour Change and Social Development – Initial Thoughts for Discussion Medium-Term Strategic Plan 2006-2009 DRAFT*, UNICEF Programme Division, New York, December 2004
- 3 Acharya S, and Bhargava V, *First Steps ... Maldives ... A Giant Leap for Humankind: An Evaluation of the ECCD Campaign*, UNICEF Maldives, 2004
- 4 Bouchaud KC, **Caring for Children in Uganda: A Handbook for Parents of Young Children**, CHILD Project, Ministry of Health, Uganda, undated
- 5 Abdykadyrova S, Bek J, Rymbek K, **Good News**, UNICEF Kyrgyzstan, December 2004
- 6 Nguyen Thi Minh Thuy, **My Wonderful Grandpa, Wonderful First Years**, UNICEF Vietnam, 2003
- 7 Fauziya A, Niumaath S, Amathulla S, **Keep Your Children Safe**, First Steps Maldives, Ministry of Education/UNICEF/Ministry of Education, Maldives, 2000
- 8 Creative Children [Organization], *Stronger/Healthier Brazilian Families: Filpchart 1 - Pre-natal, Delivery and Post-Delivery*, Stronger Healthier Brazilian Families, UNICEF / The Federal Government of Brazil, undated
- 9 Mostafa G, *National Interventions by Age Group Activity*, IECD Training Workshops, UNICEF Bangladesh, 2002/2003
- 10 U Thein Win Aung with Daw Tin Tin Soe, Daw Nu Nu Yin, U Han Shwe, U Than Htun, U Soe Nyunt, Alice Mundhenk, Gillian San San Aye, **Mi Mi's Daddy**, UNICEF Myanmar, 2005
- 11 Case study prepared by Kolucki B, based on unpublished materials by Lucas J, and Abuova G, *Better Parenting (Happy Child) Project; ECD in the Family Training Course*, UNICEF Kazakhstan; with photographs by Podlipaev D, and UNICEF CARK Archives, 2004

