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PRE-SCHOOL

Pre-School

WCEFA 2539 01

KKA

(CHILD DEVELOPMENT CHART

A HEALTHY AND WELL DEVELOPED CHILD WILL BE INTELLIGENT AND SUCCESSFUL

DOMAINS OF ABILITY :

- Mental/Intellectual
- Language
- Gross motor
- Fine Motor

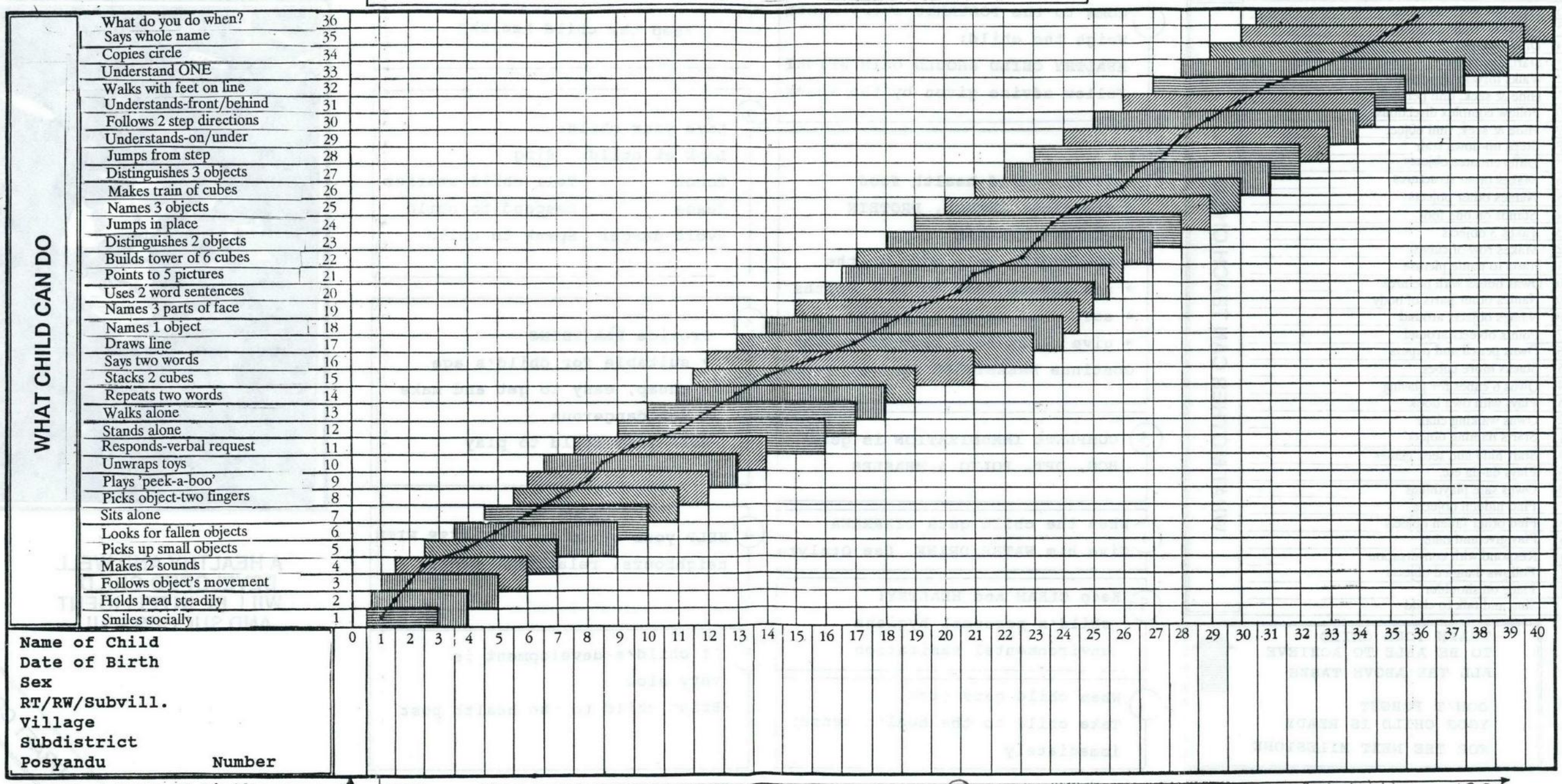
When a child is ABLE to achieve a particular milestone he is READY to LEARN the next higher milestone

* milestone directly above
* next milestone within the same domain

to achieve a BALANCED DEVELOPMENT in all domains

Help the child to learn:

* with ATTENTION
* with PATIENCE
* with LOVE



Give RELIGIOUS EDUCATION
as early as possible
Set a GOOD EXAMPLE!
To encourage GOOD BEHAVIOR

WHAT MOTHER CAN TEACH CHILD

36 Uses 3-4 word sentences
35 Answers "who" question
34 Draws shapes
33 Starts counting
32 Walks forward/backward
31 Hide & seek, find person
30 Follow complex directions
29 Hide & seek, find object
28 Steps up-down stair
27 Differentiates objects
26 Makes other structures
25 Names other objects
24 Stands on one foot
23 Takes 3 objects
22 Makes row of cubes
21 Starts to name picture
20 Owns books with pictures
19 Names other parts of body
18 Names objects around
17 Points objects around
16 Owns pencil and papers
15 Stacks more cubes
14 Owns 6 cubes for playing
13 Plays with own book
12 Owns walking chair
11 Starts naming object
10 Start hide and seek games
9 Plays da-da etc.
8 Owns safe playthings
7 Find hidden objects
6 Find other fallen objects
5 Play give and take
4 Respond with conversation
3 Follows dangled objects
2 Place on shoulder
1 Sing and talk to child

TRAIN YOUR CHILD
TO BE ABLE TO ACHIEVE
ALL THE ABOVE TASKS

DON'T FORGET
YOUR CHILD IS READY
FOR THE NEXT MILESTONE

CHILD CARE TO KEEP CHILD HEALTHY

1. Come to the POSYANDU every month
   Weigh the child:
   HEALTHY CHILD SHOULD GAIN WEIGHT
   Follow advise given by the kader

2. Feed the child health food
   containing: ENERGY, PROTEIN
   VITAMIN & MINERAL
   * BREASTMILK only upto 4 mths
   * add mashed food up to 7 months
   * soft food up to 12 months
   * give adult food from 12 months
   Continue BREASTMILK up to 2 years

3. COMPLETE IMMUNIZATION is good
   BCG, DPT, POLIO & MEASLES

4. When the child gets DIARRHEA
   Give him WATER/DRINK Use Oralyte

5. Keep CLEAN and HEALTHY:
   child's personal hygiene
   environmental sanitation

6. When child gets sick
   Take child to the health center
   immediately

CHILD CARE FOR GOOD DEVELOPMENT

1. Keep the child healthy

2. Love your child:
   Look at child Sing
   Touch Tell child stories
   Tease Respond to child
   Avoid danger Speak to child

3. Provide PLAYTHING
   * suitable for child's age
   * cheap, easy to get and make
   * not dangerous
   HELP your child to play

4. HELP your child to SOCIALIZE WITH
   neighbours, relatives, peers

5. If child's development is
   very slow
   Bring child to the health post

PANDAI II
October 17, 1989
NDC

KKA
(KARTU KEMBANG ANAK)

DEVELOPMENTAL MILESTONES, MESSAGES, AND MANUALS

Following are: I. Developmental milestones for children 1-36 months of age; II. Developmental Milestones Training Manual; III. Developmental Messages for each of 36 months; IV. Rationale for Developmental Messages; and V. Developmental Message Training Manual. The five sections are repeated for each of the 36 months.

In Section I, 3-4 milestones are listed and ranked in order of developmental importance. In most cases the first milestone (marked with an *) will prove to be appropriate during field testing. The additional milestones are provided for those instances when the first message proves to be difficult for volunteers to test at weighting stations, culturally inappropriate etc. Additional information is provided for the first milestone in each section: the skill domain (cognitive, social, language, fine motor, gross motor); the average age the milestone is achieved, the normal range for achievement of the milestone, and where available the Bayley Scales of Infant Development item that corresponds to the milestone.

Four commonly used scales and ckecklists were used as references for the development of the KKA:

The Bayley Scales of Infant Development
The Denver Developmental Screening Test
The Hawaii Early Learning Profile
The Portage Project Checklist

While there is considerable overlap from scale to scale in the average age of achievement of each milestone, when there was divergence the best normed scales (Bayley and Denver) were taken as the reference point. In general, milestones were chosen which the majority of children should have comfortably achieved by the month in question. An effort was also made to make sure that each skill domain was reflected in the milestones as frequently as possible.

Section II, the Developmental Milestones Training Manual, includes an explanation of how to test the milestone and provides training information for the Kader.

Section III lists messages for each month of development. The messages are in two parts: A. offers suggestions of how to reinforce the skill the child has just mastered while B. describes ways to help the child learn the next appropriate

skill.

Section IV provides a rationale or explanation of how the messages and milestones are linked and is intended for use by those who will train the Kader.

Section V will be used as part of the Kader training manual and explains the message which will be taught to the mother.

MONTH ONE

I. Developmental Milestones
   * A. Inspects surroundings (Cognitive; 1.3 months (.5-3) Bayley # 17) Note: this item inserted as the previous one month item, "smilies at person" is a 2.1 month item.
   B. Regards face
   C. Makes eye contact
   D. Listens to Voice

II. Developmental Milestones Training Manual
Watch to see if the child's eyes move from object to object or person to person. Pass if the child briefly and spontaneously looks at three or more things or people.

III. Developmental Message
   A. To give the child the chance to see many things:
   Carry child in different positions so he can see many things.
   or
   Talk to your child as you move around the room.
   or
   Take your child outside so he has many things to look at.

   B. To encourage smiling:
   Hold baby facing you; talk and smile.
   Play with the baby for a little time each day

IV. Rationale for Developmental Message (III.A. above):
The baby uses his eyes, ears, and hands to learn about the world. Early visual exploration is the beginning of many skills such as social smiles and play, recognition of mother, and desire to communicate. The infant is most interested in the human face and at this age can see things most clearly that are 8-10 inches away.

V. Manual for Developmental Message
The idea is to give the baby different things to look at. If the child is held or placed in different positions there are more things for him to see. The child is happiest looking at someone's face!

****

MONTH TWO

I. Developmental Milestones
*1. Smiles in response to person (Social, 2.1 month (.7- 6 month), Bayley # 26)
2. Brings hand to mouth
3. Searches with eyes for sound
4. Laughs

II. Developmental Milestones Training Manual
Pass if the child smiles AFTER you smile or talk to him.(This is to see if the infant smiles in response to you rather than a reflex smile).

III. Developmental Messages
A. To encourage smiling:
Hold baby facing you. Talk and smile.
or
Smile and talk to baby about what you are doing.

B. To help the baby learn to hold his head straight:
Hold baby at your shoulder; hold his back let him hold his neck.

IV. Rationale for Developmental Messages
The baby smiles most consistently when an effort is made to get him to smile. Smiling is encouraged by social play, talking, eye contact, and smiling. Smiling helps the baby fall in love with his mother, and his mother to fall in love with him!

V. Developmental Messages Training Manual
A. To encourage smiling:
Place the baby on his back. Bend over with your face 8-10 inches away. Talk quietly, smile. You may gently stroke the baby's stomach.

B. To help the baby learn to hold his head steady:
When holding the baby at your shoulder , help him to develop head control by supporting his upper back and shoulders. As the baby becomes older he will need less support on his back. While you are doing this walk around so the baby has interesting things to look at. As you family to talk to the baby from different parts of the room. This will encourage the baby to move his head from side to side.

****

MONTH THREE

I. Developmental Milestones
   *A. Holds head steady (Large Motor; 2.5 months (1-5), Bayley motor scale #14).
   B. When placed on stomach holds head up
   C. Brings hand to mouth with toy or object
   D. Hands are predominantly open

II. Developmental Milestones Training Manual

Hold child to shoulder. Pass if child holds head steady for a count of fifteen.

III. Developmental Messages
   A. To strengthen the baby's neck muscles:
      Hold baby to shoulder and ask other to talk/sing to him from various directions.
   B. To help the baby learn to follow an object with his eyes:
      Dangle an object. Let the baby watch it move.

IV. Rationale for Developmental Messages
Head control is important step that must come before rolling, sitting, and walking. A baby who can hold his head steady can also see what goes on around him and learns from watching all he can see.

V. Developmental Messages Training Manual
Hold the baby at one shoulder for awhile, then the other shoulder. This will encourage the baby to turn his head in different directions when he looks for your face and voice. You can also encourage head lifting by having someone stand behind you talking to the baby, smiling at her, or making some noise to attract his attention.

******

MONTH FOUR

I. Developmental Milestones
*A. Eyes follow dangling ring (Fine motor, 3.2 months (1-5) Bayley # 40).
Note: item changed because previous item "eyes follow pencil" is 2.5 month item and there was a preference in the field for using the ring rather than the pencil
B. Turns head to find sound
C. Vocalizes in response to adult talk

II. Developmental Milestones Training Manual
Sit baby on mother's lap.
Move a ball or red ring left to right about 8" away from the child's face. Pass if eyes follow object from one side all the way to the other side. (The idea is to get the child to follow the object past the middle of his body from one side to another. The baby can follow an object a short distance with his eyes at one month, past the middle of his body at two months, and 180 degrees from side to side by 3-4 months).

III. Developmental Messages
A. To help the baby learn to follow objects with his eyes:
Pass a brightly colored object on a string in front of the baby so he will be able to follow the moving object with his eyes.

or

Lean over baby so he can see you. Move to one side then the other. Talk so he follows you with his eyes.

B. To encourage the baby to make sounds:
Talk to the baby, telling him what you are doing, what he can see.

IV. Rationale for Developmental Messages
The baby's ability to follow an object with his eyes is an important step in his learning how to make his hands and eyes work together as when he reaches out to pick up an object at 4-5 months.
Do not hold object more closer than 8" or further away than three feet. He can't see clearly past that distance.

V . Developmental Messages Training Manual
First, make sure that the baby is looking at the object. Then move it slowly from side to side. If he stops looking at it shake it, make a noise, or move it into his line of vision to get his attention again. Once the baby will follow the object from side to side he can follow it up and down or in a circle. He will also watch you as you move around.

****

MONTH FIVE

I. Developmental Milestones
   *A. Makes four different sounds (Language, 4.5 months (2-12), Bayley #30, #79). Note: change from two to four sounds to provide better fit in the developmental sequence).
   B. Sits with slight support
   C. Rolls over
   D. Reaches for objects

II. Developmental Milestones Training Manual
Pass if the child makes four sounds like: ma, ba, ah, da, la, mu. Pass on the mother's report of the sounds the child makes, "Ibu, tell me what sounds you child can make." (This is to test for the beginnings of speech. Single words appear at about 12 months)

III. Developmental Messages
   A. To encourage the baby to make sounds:
   When the baby makes sounds repeat them back to him.

   B. To get the baby ready to reach:
   Sit the baby up and give him small objects to reach for.

IV Rationale for Developmental Messages
Even if babies cannot use words they are beginning to try to communicate. They have different cries for discomfort, pain, and hunger. The baby is already listening carefully to the noises around him. He pays close attention to familiar voices. The baby will learn to talk sooner if people talk to him now. The baby will understand the "game" of talking faster if you repeat back the sounds he makes.

V. Developmental Messages Training Manual
Repeat back to the child the sounds he makes. Make a big game of it. The first sounds are usually the "oo" "ah", "ee" and "uh", "ba", "ma", and "da".

****

MONTH SIX

I. Developmental Milestones

*A. Picks up small item (Fine motor, 4.6 months (3-7), Bayley #54).
B. Sits without support.
C. Works to get out of reach object
D. Babbles double consonants "baba"

II. Developmental Milestones Training Manual
Put cube in front of child. Pass if the child manages to pick it up with one or two hands. (This is to test hand-eye coordination; the child must pick it up but how he picks it up does not matter).

III. Developmental Messages
A. To encourage the baby to reach for things:
Put objects of different sizes and shapes in front of him (note; different objects not objects further and further away).
B. To teach the baby to look for items he cannot see:
Hide items and help baby find them.

IV. Rationale for Developmental Messages
To pick up items the child's eyes and hands must work smoothly together. The child needs practice picking up items of different shapes and sizes. As the child gets older place him on his stomach and put items in front of him. ALso let him pick up smaller items.

V. Developmental Messages Training Manual
Place the child in a sitting position. To encourage the child to reach for and grasp an object place objects of different shapes, sizes, and textures within reach. Touch child's hand with object to encourage reach and grasp.

NATIONAL
Head Start BULLETIN
enhancing Head Start communication

A Commitment to Family Literacy

by Clennie H Murphy, Jr.
Acting Associate Commissioner, Head Start Bureau

The Bureau has begun the planning necessary to expand Head Start's efforts in family literacy. At the national and regional levels, the following objectives have been set:

- exploration of the literacy needs of Head Start families: determing the families' levels of economic self-sufficiency and previous experience with literacy/adult education programs.
- dissemination of information on existing literacy programs to include a comprehensive listing of state and regional literacy volunteer programs, as well as descriptions of collaboration between Head Start programs and family literacy projects.
- improvement of all Head Start programs' capacity to promote family literacy - Head Start must build new resources and strategies and evaluate its contributions to family literacy development. The Bureau will support training and technical assistance, demonstration, and research/evaluation activities in support of this initiative.

To accomplish these objectives the cooperation of many programs and agencies will be needed. Considering the benefits that such collaboration can yield for Head Start families, the challenge is welcomed.

Head Start Launches Family Literacy Initiative

by Marlys Gustafson, Director, Program Support Division, Head Start Bureau

As the nation focuses on increasing the literacy level of its citizens, Head Start's role in promoting literacy in the families it serves merits further attention.

Head Start and family literacy projects are natural partners. Both strive to increase family self-sufficiency and enable children to better benefit from educational and developmental opportunities.

Literacy experts increasingly appreciate Head Start's central tenet that the parent is the child's first and most important teacher. Literacy research indicates that parents' reading values and habits are very influential in their child's literacy development.

Family literacy programs work with parents and their children to break the cycle of intergenerational illiteracy. Family literacy programs vary in scope and strategy, but all recognize the increased impact that literacy projects deliver when the needs of families are addressed. The advantages of a family literacy approach include:

Marlys Gustafson, Director
Program Support Division

- capitalizing on parents' motivation to help their child as a means of encouraging parents to address their own literacy needs.
- insuring that the family's basic needs for child care, transportation, and reading materials in the home are met so that the adult can focus energies

(continued on page 6)

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Call the Bulletin at (800) 888 - 8682

READERS' EXCHANGE

Head Start Literacy Project in "The City That Reads"

Joining the spirit of Baltimore, Maryland as "The City That Reads," the Baltimore City Head Start program is developing a literacy program designed to break the cycle of intergenerational literacy.

A *Computers in the Classroom* project is being augmented to include Head Start parents in computer-assisted instruction. Collaborating with the Baltimore City Literacy Corporation and Office of Employment along with IBM, Head Start will offer literacy training to a maximum of 180 Head Start parents in a 13 month period (five cycles, each lasting 100 hours with 12 students per session).

The City of Baltimore is providing for renovation of facilities, funds to staff a literacy lab, and a tracking system to monitor participants' progress. IBM is assisting with hardware and software for the *Principles of Alphabet Literacy (PALS)* program.

Ongoing support services such as child care, transportation, counseling, social services and crisis intervention will be provided by Head Start. In previous efforts, child care has been found to be a major reason participants were unable to regularly attend class.

This effort is one part of a five-year plan begun in 1985 to develop an adult education program for Head Start families. Other classes include: Functional Literacy, GED, Economic Self-Suffiency, Nutrition, Early Childhood Education, Family Life, Basic Computer Operating, Single Parenting, Parenting Support, AIDS, and Child Abuse.

For further information contact: Sheila Tucker, Director, St. Bernardine Head Start Center, Baltimore City Head Start, 3814 Edmondson Avenue, Baltimore, MD 21229. (301) 233-4500.

Poster Calendar

Due to increased costs, publication of the *Head Start Planning Calendar* was not possible for 1989-1990.

Texas Head Start Program Commits to Ongoing Literacy Project

Gulf Coast Community Services Association Head Start began a pilot *Adult Literacy Project* in 1985. Since that time, the Project has become a part of regular Head Start services and provides one avenue towards economic self sufficiency for Head Start parents.

Some parents' literacy needs relate to basic adult education needs, some are learning English as a second language, and some are pursuing a graduate equivalency diploma (GED).

Each fall, parent applicants receive an appointment for evaluation and class placement. Classes are then scheduled to meet participants' needs. Materials are provided through contributions, while baby-sitting and transportation needs are met by Head Start volunteers. Class absences are followed-up and where necessary, individual home instruction is used until the participant can return to class. As more Head Start parents have become aware of the classes, enrollments have increased.

Contact: Ruth J. Marshall, Director, Gulf Coast Community Services Association Head Start, 2302 Texas Avenue, Houston, Texas 77003. (713) 522-8200.

NATIONAL Head Start BULLETIN

The *National Head Start Bulletin* is published by the University of Maryland University College six times a year under cooperative agreement number 90 CD-05566/01 through funding provided by the Administration for Children, Youth and Families/Head Start Bureau. Features include:

- annotated resource listings by component
- current information on Head Start
- feature articles/special focus
- a training events calendar
- a Readers' Exchange

Address all correspondence to:
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A schooling in close attention to detail

Stefan Wagstyl, our Tokyo correspondent, enrols his daughter at a local kindergarten

TO JUDGE by the parties in Japanese parks at this time of year, one could easily get the impression that cherry blossom viewing is the most important ritual of the season.

It is not. For most Japanese families, April means the beginning of a new school year, a time when both parents and children must carry out a detailed series of tasks to get the children ready face the next level of the long and difficult process of indoctrination into Japanese society.

We chose Matsumura kindergarten for our three-year-old daughter because Japanese neighbours said it was, by Japanese standards, a relaxed sort of place. Not so many rules, they said, not a typical Japanese kindergarten at all.

Things started well enough with a long chat with Mrs Yamazaki, headmistress for the past 30 years. Crooked with age, she shook hands, saying that a handshake was a much more sincere greeting than a formal Japanese bow.

The most important thing about kindergarten she said was to develop a child's heart: children must be free to learn. Next she pulled out a sheaf of papers - programmes, timetables, a list of uniform and equipment, and application forms.

If attention to detail is one of the qualities which has made Japanese industry strong, it has turned preparing a child for school into a full-time job. The application forms alone took two hours to complete. How many times a day does your child eat? Big portions or small, or just medium-sized? Favourite foods? How many times does she go to the loo? How many "accidents"? And don't forget the photographs – two of the child and one of the whole family, with mother, father and siblings all clearly labelled.

This paled beside the kit list. Three bags – one 40cms by 30 cms for books, a wash-bag, and another for a lunchbox. The lunchbox itself has to be held shut by a special rubber-band wide enough to prevent children snapping it. And before being put in the lunchbox bag, the lunchbox must be wrapped in a handkerchief tied with a knot so the children learn how to undo knots. Of course, the handkerchief can be any colour. No rule about that. It's just that everybody else's turned out to be white.

Then everything must be labelled, including every crayon in a box of 12. The child too must wear a badge, with her name on the front and the name and address of the nearest relative on the back.

By comparison, the uniform was easy. Everything had to be bought from Tokyu department store and nowhere else. No time wasted shopping around. With our daughter dressed in the required navy smock and hat we marched off to the kindergarten on a Sunday – all of us – to attend the opening ceremony.

Dad let the side down, being the only father present not to wear a suit and tie. The other parents were dressed as if for a cocktail party, women in high heels which sank into the sandy playground, men in their best suits. There were not so many diamonds, this being a perfectly ordinary local school, but plenty of pearls. We lined up for a group photograph, 60 children at the front, teachers and parents at the back. Our blonde daughter stood out among the rows of dark heads.

Several people asked why we had chosen *their* school for our child. Because we live around the corner, we said, we're all neighbours. They smiled politely.

The school secretary emerged carrying a sheaf of application papers – ours. This is fine, he said, but where are the photographs. I apologised and resisted pointing out that it was unlikely that my child would be mistaken for any of the others.

Video cameras zoomed as children and parents gathered in the assembly hall. Everyone bowed before a photograph of the school's founder, a relative of Mrs Yamazaki. The headmistress told the children to be good and shake hands with the teachers every day.

The parents were told children had to walk to school. Those who came by car had to park a discreet distance away. This is to prevent children from car-less families feeling hard done by. At the smart place down the road, the head once told the mothers not to drop the children off by Mercedes because the queue of Mercs outside school was attracting the attention of newspaper reporters. "I myself have a Toyota as well as a Mercedes," she told the mothers. "Sometimes it is more appropriate to use the Toyota."

Once the opening ceremony was over, Mrs Yamazaki sat by the school gate to say goodbye and shake hands with all the children. We trooped off to the local park, along with many of the neighbours – for a cherry blossom party.

operate a ferry service.

Worse still, the museum will be marooned in the middle of a building site until Butler's Wharf is completed in the early 1990s. In the meantime its visitors – other than those arriving by boat – will have to put up with scaffolding, cement and ruts in the roads.

'm delayed

ment's bill to deregulate Sunday trading.

Mr Renton maintained that Mr Norris's bill, designed to allow all shops to trade between noon and 6pm on Sundays and giving local authorities discretion to permit businesses with premises not exceeding 3,000 sq ft to open in the mornings as well, "avoided extremes" and encouraged rational and sensible discussion.

He welcomed an assurance by Mr Norris that he was prepared to accept amendments to provide adequate safeguards for shopworkers and suggested that the 3,000 sq ft limit might be too wide.

The debate was adjourned.

egor tells EC

Although next week's agenda is taken up by price-fixing measures Mr MacGregor intends to ask the Commission to ensure safeguards. He says whenever it comes forward with new CAP proposals they should be accompanied by an assessment of the potential for fraud and by plans to prevent it.

Mr MacGregor will also call for an early debate in the EC Agriculture Council on the European Court of Auditors report on fraud.

d deals

s Nick Garnett

changes has not affected everyone. Caterpillar, the US construction machinery maker has continued to make lift trucks at Desford near Leicester and has been expanding output of electric trucks from there.

The main focus of attention has switched to Lancer Boss, the privately-owned producer based in Leighton Buzzard. Following the sale of Lansing, Lancer Boss is now the largest UK producer, ranked sixteenth in the world in 1987.

Lancer is expanding rapidly after a sticky period in the early 1980s. Sales last year were up by a fifth to £106m. Sir Neville Bowman-Shaw, chairman, said yesterday that sales would be between £130m and £140m this year. Lancer has expanded production and has made an impact in European sales of specialised very narrow aisle vehicles.

Lancer Boss could yet enter the industry's restructuring – Sir Neville has said that to gain necessary size, the company will consider significant acquisitions or mergers.

wins £50m MoD contract

A CONSORTIUM headed by the Dowty electronics and engineering group has won a contract worth more than £50m from the Ministry of Defence to build a facility for nuclear submarines at the Faslane base in Scotland.

The magnetic treatment project, part of the construction plans related to the Trident nuclear deterrent programme, also involves Tarmac Construction and Vosper Thornycroft shipyard, which will provide the enclosed submarine berth.

Steel production falls 4.9% in March

UK STEEL production fell 4.9 per cent in March to 361,700 tonnes per week but was 2.2 per cent above the level in the same month of last year.

In the first three months of the year output was 387,800 tonnes a week, 2.7 per cent above the year-ago period, British Steel reported.

Lowndes Queensway updates stores

LOWNDES QUEENSWAY, the carpet and furnishings group formed by the takeover of Harris Queensway last summer, has launched a new format for its Queensway furniture stores. The prototype store is at Telford in Staffordshire.

The company is planning to spend about £15m over the next two years to refurbish the entire Queensway chain.

Perjury charges

MR ABDUL SHAMJI, head of the Gomba group, is to face trial on two perjury charges arising out of the collapse of Johnson Matthey Bankers.

Guildhall magistrates yesterday sent Mr Shamji for trial at the Old Bailey. He was granted £100,000 bail.

Benefit campaign

THE Department of Social Security is to spend £4.6m on a campaign to highlight the entitlement of low paid working families to family credit.

Jobs for 150

UNITED Technologies Automotive, Peterborough electrical component maker, is to take on 150 workers after clinching a £7.5m order from Ford.

3577L

TRIP REPORT

OBSERVATIONS ON ICDS, WITH A VIEW TO THE FUTURE

Robert G. Myers

Consultant to UNICEF

This report is based primarily on conversations held in India in the periods from March 17 to 22 and April 7 to 14, 1989. It also draws on my examination of the extensive documentation about ICDS that is on file at UNICEF, on a review of research by G. Dhawan prepared especially for the visit, and on previous visits to India and to ICDS, beginning in 1978.

I By Way of Introduction

My particular charge in carrying out this consultancy was to assist the UNICEF/India office in thinking about its collaboration with the Government of India in support of the Integrated Child Development Service. I was asked, on the basis of conversations and experience to offer comments about:

- what ICDS is;
- what ICDS could be and what might be done to help improve the programme; and,
- what UNICEF's role could be in that process.

In approaching this rather daunting task, the first step was to look at the literature — at plans and evaluations and reviews of ICDS that have been carried out in recent years. A second step was to talk with as many people as possible in the relatively short time available, about their plans and dreams for ICDS, beginning with those within the Government of India (GOI) and those institutions with responsibility for planning, advising, and implementing the programme (The Ministry of Social Welfare, AIIMS, the Planning Commission, NIPCCD, NCERT)). Several Indian scholars and practitoniers were also consulted who are not associated directly with the GOI but who have served over the years as advisors to ICDS or as trainers.

My conversations within UNICEF began with a lively brainstorming session involving staff from relevant sections of the UNICEF office and a few invited outsiders. Information and opinions were sought also from staff of other international organizations (CARE, USAID, the Aga Khan Foundation, the Ford Foundation) that are working with the GOI to support the ICDS programme (or that support programmes related to early childhood survival and development). During this visit it was only possible to make one brief field visit (in Rajasthan where I spoke with a supervisor and a rural AWW and visited an Anganwadi Centre). Attachment 1 contains a full list of the people and institutions contacted during the visit.

Creating, maintaining, and expanding the Integrated Child Development Service — the largest service of its kind in the world — is to my mind an extra-ordinary accomplishment. It is a privilege to be able to observe, learn from, and comment on this endeavor. I hope that my reflections will be constructive and reasonably informed, and that they will serve as a basis for further discussion as the process of arriving at a new programme collaboration unfolds.

Organization of the Report

After briefly presenting a framework that I find useful to guide my own thinking about programming for early childhood development, I will follow the framework, in section II, to look at ICDS as it is, examining the programme as a child care (and mother care institution), as a parental education institution, and as a community development institution. I will then turn to

issues of integration, participation, organization for delivery of services (including some thoughts on decentralization, training, and monitoring and evaluation). Section III will look at ICDS as it could be, drawing on ideas gathered in the course of the visit. The final section will present some thoughts on how UNICEF might be involved in pursuing those dreams over the next 5 to 10 years.

A Framework

In looking at programmes of integrated attention to children, I have found it useful to keep in mind five complementary approaches:

- Direct attention to the child (centre-based services);
- Education of caregivers (particularly parents and other family members);
- Community organisation (changing community conditions and organization to favour child survival and development);
- Strengthening institutions that plan and implement programmes; and,
- Promoting the value of survival and development initiatives (with policy makers and planners, professionals and para-professionals, and the public).

Although ICDS takes the first of these approaches (direct care) as its main approach, the second (education of parents) is also a part of the ICDS concept, and the third (community development) is present through the linkages to rural and women's and other development projects that ICDS seeks to strengthen as a part of its programme. Strengthening institutions and promoting are, inevitably, also part of the ICDS task, in support of the first three approaches.

In addition, each of these complementary approaches can be examined with respect to several criteria:

- integration (bringing together various sectors — health, nutrition, education, etc. — in a programme directed toward survival, growth, and physical, mental, and socio-emotional development)
- participation (by family and community)
- scale
- cost
- quality

Further elaboration of this framework can be found in Chapter 3 of my draft manuscript (on file with Sawon Hong and Jon Rohde).

Because the ICDS has been conceived as an integrated programme, with a element of community participation, to be achieved on a large scale at relatively low cost, it seems appropriate to look at each of these dimensions, I will, however, put particular emphasis in this report on integration.

II What ICDS Is

There is little need to dwell on what ICDS is. The main dimensions of the programme, the accomplishments to date and the problems have been written about at length. My comments will add little or nothing to what is known; they will, however locate ICDS within the framework described above.

ICDS is a centre-based service

First and foremost, ICDS is a centre-based programme providing direct services to children. With a few exceptions, ICDS cannot be classified as a parental education or community development programme. Emphasis has been placed on the delivery of food and non-formal preschooling. These two tasks absorb the time of the Anganwadi Worker (AWW) and her helper, leaving little time for the health care activities and for more indirect approaches to child development through maternal health and education that involve working with parents and community members in creating a better environment for development. This has been a continuing disappointment and concern for many people associated with ICDS.

Bringing children to a centre from their homes has several advantages. It is easier to administer a "treatment," whether food or pre-schooling or immunisation. It is possible to know whether children are actually receiving the services offered — something that is more difficult to verify if children remain at home and a programme works indirectly through the parents. In a centre, children can interact with each other. This feature is particularly important for the pre-school component and for children ages 3 to 6. Also a centre is visible; it signifies a place assigned for young children and for their attention. The centre-based nature of ICDS makes it easier to reach children ages 3 to 6 and harder to reach children 0 to 3 who, for the most part, must be reached through their parents. Mothers are reluctant to bring their under-threes to a centre unless they feel the attention the children will receive will be better than the more individual attention that can often be afforded at home.

Although ICDS has as a goal to educate caregivers, this has been difficult to do in practice. Indirect approaches involving either parental education or community actions to change environmental conditions affecting the child are harder to organize and carry out. Although it is certainly possible to think of a centre as a base for work with parents and other members of the community as well as children, this seems to be infrequent within ICDS. That should not be too surprising. When the social and political dimensions that are inevitably involved in such work are added to the burdens an AWW is expected to carry in conjunction with feeding and pre-school work at the centre, most AWW might be expected to have a difficult time pursuing these strategies. Moreover, most communities are difficult to mobilize.

ICDS is an integrated programme in concept

From the outset (see the initial background document written in 1972) the ICDS, as its name implies, was been conceived as an integrated programme. The desire for integration has been made explicit by including parallel goals of improving health and nutritional status, of improving environmental conditions and maternal abilities affecting care and development, and of preparing children for school. It is present in the attention to both women and children. And, it is directly announced in one of the basic purposes which is "To achieve effective coordination at the policy and implementation levels among government departments to promote child development."

The primemovers of ICDS within the GOI seem to have been steadfast in their insistence on the principle of integration even though it has been difficult to achieve in operation and even though it has been attacked from within and without. Theirs has not been an easy task. The vertical structure of services and competition for funds and power work against integration. Moreover, international organizations have been, at best, lukewarm in their support of an integrated view. Based on my conversations and observations I think it would be fair to sat that ICDS is integrated in concept and at the policy level, but not well integrated in implementation.

ICDS is a participatory programme in theory but not practice

From conversations and reading and field visits, it seems relatively clear that the ICDS programme, while aspiring to family and community participation, operates as, and is perceived as, a welfare programme in which the government provides a service to the people. There may be a relatively high rate of "community participation" in terms of the percentage who use the service, but even that form of participation is not uniformly high. There is little sense of "ownership" and almost no participation by users in the planning and operation of ICDS.

Weak community participation is evident in several ways. Parents and community members seldom visit the centres to observe, let alone assist in the activities of the centres. Someone is paid to prepare food for children in the programme (as contrasted with the option of preparation by a group off parents, donating their time on a rotating basis). I was told that buildings are seldom provided free of charge by the community but are rented. Communities apparently have little to say about who is chosen as the Anganwadi Worker. Again, one need not dwell on these points which are not new. And it is necessary to note that there are exceptions. This situation has been documented in a number of studies (see Adarsh, 1988) and in endless testimonies.

ICDS is a large scale, low cost, low quality programme

ICDS has moved steadily toward coverage on a large scale. It is now available to an impressive number of children and is the largest programme of its kind in the world. Its potential for reaching even more children is very high.

Although almost 14 years have passed since the programme was officially

launched, and although the rate of expansion seems slow to some, growth of the programme has been fast, leaving little time and energy for adjusting and upgrading the programme as it has grown. Size and rapid growth have led to:

- o huge variations within the programme
- o movement toward decentralization
- o sacrifices in quality

The sacrifices in quality are almost inevitable in such circumstances. The pressure on costs when expansion is occurring is high, with additional funds going first into new locations rather than into up-grading old. When expansion is fast, there is a lag in the availability of trained individuals, on the ground and at all levels of the increasing bureaucracy.

On costs: I will sidestep the question of costs in this report. There was not time to acquire the information necessary for a more considered opinion. Several cost studies do exist, but they need to be looked at very carefully. It is my feeling that cost studies have sometimes provided overly optimistic projections suggesting that costs are too low and have sometimes led to inappropriate comparisons (as has occurred, for instance in the published material comparing ICDS and the Tamil Nadu programme — Berg, 1988).

III What ICDS Could Be: Plans and Dreams

My conversations revealed a range of opinions about what ICDS should and could be. There were, however, several general lines of thought and action that seemed to cross the sectoral boundaries and to be accepted by most people. In general they were directed toward making good on the original concept of what ICDS should be. These included:

- o A call for greater efforts to achieve programme integration — in implementation, not just in concept and plan.
- o A desire to reach children in the 0 to 3 age range, and pregnant and lactating mothers. Related to this is the widely recognized need to support and educate parents and other community members.
- o A need to decentralize.
- o The desirability of greater community participation
- o The need to improve training
- o A need to improve the quality of the non-formal pre-school component.

Points of greater divergence seemed to occur with respect to:

- o Whether of not ICDS should continue to try to cover all children 0 to 6 or should become much more selective.

- o The view of what constitutes "integration" and how one might achieve it (particularly integration viewed at each step versus integration occurring over time, in an additive and sequential way).

An Integrated Programme

The desire to strengthen the integrated, multi-facetic nature of ICDS was mentioned in most conversations and was particularly prominent in thinking of the Indians with whom I spoke. The dream continues to be of a programme that fulfills the multiple goals assigned to it at the outset, sometimes plus others as well.

At a policy level, discussions of integration included a desire to link ICDS to the 5 "Missions", to primary schooling, to programmes for adolescent girls, to literacy for women, and to child care by melding AWCs and creches. At an operational level, suggestions included joint training for health and ICDS workers at block and district and local levels, the organisation of village committees that would bring together village-level individuals with varying responsibilities for health care and for development. Integrating the content of training was less often mentioned.

I found more of a tendency to consider ways to incorporate health and nutrition into early education and the pre-school component than to include information about early stimulation and education into plans for parental or adolescent education or in literacy programmes or in the training of dais. The important effect of development on nutritional status and health does not seem to be recognized for children in their early months and years. There seems to be an idea that the child does not begin to learn from birth, and/or that learning only occurs in school. Parents are not seen as teachers of their children, even though they are teaching continuously — through their actions, in carrying out daily chores, in rituals, etc.

These observations relate to the next area of plans and projections for ICDS: attention to children, 0 to 3.

A Programme Reaching Children 0 to 3

There was broad agreement that ICDS had not successfully reached children in the 0 to 3 age group and that efforts to do so within the programme should be an important part of work in the coming years. There were many suggestions for how that might be done.

Most plans for reaching the 0-3 group were actually plans to reach parents or caregivers and the community through education programmes. Parental education ideas ranged widely and included:

- o An elaborate training scheme to be tried out in several places where CARE is providing food with the final training being provided by AWWs to mothers.

- o A home visiting approach to education (as in the NCERT experiment in Orissa)

- o Holding group meetings of parents during which they could be provided with empowering information. This approach was suggested in conjunction with a programme of growth monitoring, as part of literacy programmes, linked to meetings of community-based women,s groups.

Another idea to reach the 0 to 3 group was to convert some of the AWCs into creches, extending the hours, adding another helper, and extending the age coverage downward to include care for those under three. Based on experiences elsewhere, this is probably not a good idea for most locations. Mothers are reluctant to bring their very young children to a centre unless it can offer care that is better than they can offer. The chances are high that converted AWCs would not meet the mother's desires and would be little used as creches. On the other hand, in areas where women's work outside the home requires women to seek alternative forms of child care for their very young, it would be possible to support the organisation of creches, but with the direct participation of mothers and not as part of an existing service being provided directly by the government.

One of the most interesting ideas offered in conjunction with reaching the 0 to 3 group was the suggestion that the pre-school work of the AWW be cut back from 6 to 5 days each week so that her 6th day could be used for work with parents, including particularly pregnant and lactating women. (Children would be fed that day by the helper as usual.) This is apparently done informally in some areas. By making it formal, but giving the AWW some flexibility to organize time to best suit the circumstances in the community, ICDS would be giving a clear signal of its importance. This arrangement could be made a more prominent part of the supervisory responsibility.

A Decentralized programme

The need to strengthen state and local levels of ICDS was another area of agreement in looking to the future. The immense size and the variations within India obviously call for a decentralized policy and many steps have already been taken to assist that process.

The discussions of decentralization included ideas about how to strengthen state and local administration of programmes (and the increasing role NGOs might play in the process); the strengthening of training organisations (see below); the continuing adjustment of curricula and methods to local circumstances (both content and language) at least in part through support for regional or state resource centres.

The institutions that should take the leading roles in decentralization did not seem to be clearly identified, or, perhaps they were simply so diverse that I was left with an impression of some confusion. In addition to strengthening state-level planning and monitoring units, mention was made of possible increasing roles for State Councils of Educational Research and Training (although these seem to have remained at a distance from the ICDS operations), of the NIPCCD Regional Centres, of schools of social welfare and home economics, and of NGOs. But in all of these cases there was mention of the need to strengthen of reorient institutional efforts.

Also mentioned in relation to decentralization was the use of local radio stations to provide messages to parents in local languages, and even to support the work of the AWW, as is being tried out with apparent success in Rajasthan.

A participatory programme

It is only an impression, but I felt greater enthusiasm for community participation among international donors than among the Indian officials and practitoniers with whom I spoke. Nevertheless, most people did mention a need for greater community participation, and sometimes for greater attention to participation in the training and implementation processes as well.

A further impression is that community organization for sustained social action is not an easy task in most parts of India — much more difficult than in Latin America or Africa, for instance, where a different tradition is at work. I was told that Hinduism is a very individualistic relation, that shadows of the caste system are still long, and that experience with autonomous local government with participation is still relatively new. To my knowledge, the idea of collaborative community work projects for the benefit of all is not part of the tradition; rather, the tradition is closer to a "bakshish" or food for work approach (as employed by Maharajas). And, extreme poverty also makes it difficult to mobilize people and to seek participation in self-help efforts.

If the above is so, then the task of achieving community participation in ICDS, particularly in organized group form, will be extremely difficult. It seems legitimate to ask whether or not ICDS can really be a "participatory" programme? Can active local management committees be made to work? Can Mahila Mandel's or other women's groups be mobilized in conjunction with ICDS? (These reflections represent an attempt to question my own bias, based on experience elsewhere, that community participation is good, possible and even necessary.)

Also suggested as a way to increase community participation while doing something good in and of itself was the idea of involving selected adolescent girls in AWCs. This idea seems to be fairly well-advanced in the thinking of the ICDS management and to have support from various international organisations willing to try it out. If and when that is done, there will have to be a conscious effort not to exploit the labour of the adolescent girls and to be sure that the arrangement is mutually beneficial to all — the children, the girls, the AWW.

Improving Quality

The main avenue discussed for improving the quality of ICDS seemed to be through training. In some cases the training was seen as an integrative factor, in others it was directed toward improving or adding knowledge and skills in a particular area of work — health or pre-schooling or community development, for instance.

There seemed to be an acceptance of the idea that more in-service, hands on training should be provided and that the pre-service training might be

shortened somewhat. Associated with this idea of strengthening in-service training were schemes for:

- o the development of "sandwich" training (in which, for instance, an AWW might have one month of centre-based pre-service training followed by 6 months of supervised field work followed by another month of centre-based training)..
- o making training more "practical" and participatory.
- o strengthening and reorienting the supervisory role to change it from one of inspection to one of periodic training and assistance.
- o using the monthly payday and "circle" meetings of AWWs as opportunities for training (the circle meetings are already being used for health-related lectures; they might be made more participatory and include material on other themes as well as has been tried out in Karnataka, for instance).
- o the use of mobile units at a district level (as in the USAID-assisted experimentation in Maharastra).
- o radio and correspondence courses were also suggested (as for instance the Kerala experience regarding breast feeding and infant feeding practices).

Other suggestions for improving training focussed on trying to upgrade the training institutions by providing greater job security and incentives for the trainers (e.g., five year contracts instead of one-year contracts, periodic meetings and workshops); by improving the residential accommodations they might offer, and by assuring that only those with some previous experience with ICDS could serve as trainers (to counter the generally academic bias in some). It was also suggested that each training institution be responsible for a block so that the link between theory and practice would be strengthened.

In brief, there was no lack of suggestions for ways to improve training. Many had already been tried out somewhere and most seemed to merit further experimentation.

Less often mentioned in conversations, but appearing in some writings, were such approaches to improving quality as improving the supervisory-to-AWW ratio or the AWW to children ratio. Nor was there a great deal of mention of the more standard upgrading of buildings and equipment. Rather emphasis was placed on people and skills.

IV UNICEF'S ROLE

1. Support integrated programming

> ". . . a child is born without barriers. Its needs are integrated and it is we who choose to compartmentalize them into health, nutrition or education. Yet the child itself cannot isolate its hunger for food, from its hunger for affection or its hunger for knowledge. The same unity extends to the child's perception of the worked. The child's mind is free of class, religion, colour or nationality barriers unless we wish it otherwise. It is this intrinsic strength in the unity of the child that we need to exploit for building a better world and a more integrated development process." (Alva, 1986)

If the truth and beauty and vision (not to mention the scientific foundation) of these words is to be embodied in ICDS, it must continue to be an integrated programme in concept and must redouble its efforts to honor the unity of the child in its programme implementation. It should not concentrate simply on feeding, nor become a health and nutrition programme focussing on survival. Nor should it become simply a "pre-school" programme preparing children for school.

The multi-faceted and integrated approach that UNICEF stresses in its literature is present in ICDS. UNICEF would do well to recognize, support, and emphasize this multiple (if not always "integrated") viewpoint as it looks ahead in its relationship with ICDS.

Why is it necessary to stress this point if this is part of UNICEF doctrine? First, during the course of my discussion with Indian officials, repeated reference was made, politely, but pointedly, and sometimes with considerable passion, to what appears to be a foresaking by UNICEF of integration and the unity of the child. This is not simply a reflection of my own interpretation which, admittedly, runs in the same direction. Rather, it comes from UNICEF's Indian colleagues.

For instance, when asked what he would like to see UNICEF do as it looks to the future, B. N. Tandon, a medical man, unhesitatingly answered, "First UNICEF should stop thinking so much about survival and think more about development." He went on to suggest that international organisations have fostered an unintegrated approach in their own structures and in the financing which, for instance, treats EPI as a separate programme with separate training workshops. Mr. Venugopal reserved his most animated remarks for this topic, making reference specifically to the overwhelming emphasis placed of late on immunisation.

Second, as I spoke with representatives of other international organisations and examined their programme initiatives, I found a great deal of attention to health and nutrition, but little or no attention to the mental, social, and emotional development of children. Early stimulation and mother-child interaction and early education were not concerns. Stephen Atwood, a pediatrician, somewhat apologeticly indicated that CARE was not

including these dimensions in its programming.

Third, it is clear that UNICEF has dramatically altered its position in the last several years. The emphasis on survival has overpowered the broader view of basic needs and basic services combining and interacting to improve the general welfare of the child. There is a need to restore that view, not in the same form, but with much greater emphasis on integration in the ways in which,— within ICDS and other projects — parents and communities are mobilized and educated.

What can UNICEF do to help move toward the desired integration in fact as well as rhetoric?

a. Greater priority can be given to child development, as suggested by Tandon.

b. UNICEF can re-examine its own structure to see how greater integration might be fostered. For instance, I would suggest establishing a child development committee that would bring together, at least once per month, the relevant programme people (at a minimum, ICDS, nutrition, health, education, women's programmes, urban services, and the communications unit). The ICDS unit, which is defined by a specific project, might be renamed the child development unit and given responsibility for seeking out the contributions of other programme lines to child development. (There is at present no "focal point" for child development.)

c. Support can be provided for the integrated training efforts that are, for instance, bringing together ANMs and AWWs, for efforts to integrate the content of training curricula.

d. An effort should be made to link women's programmes and child care to ICDS, but in a more selective and thoughtful way than by turning some ICDS centres into creches.

e. UNICEF has a role in helping to redress the balance that has tipped so far in the direction of survival and placed so much emphasis on health.

2. Support the decentralisation process

a. UNICEF has a field office structure, giving it a flexibility and a possibility to respond directly at regional or state levels. This potential should be strengthened.

b. Support for the development of state resource centres seems a logical area for discussion.

c. Assisting efforts to tie social welfare and home economics units of universities to the realities of ICDS could also be constructive.

d. Training must be further decentralised.

Help reach children 0 to 3, and women

a. Experience from the health and nutrition education people should be put to use as ways are sought to "empower" parents.

b. Building on "Facts for Life," UNICEF might help to establish a procedure for turning these "messages" into "themes for discussion" and for couching the themes in terms that are more relevant to the various areas in which they will be discussed. This might be part of the effort to strengthen state resource centres, helping the centres to get into the field and to work on parental education as well as on curricular matters for the pre-school component.

c. Experiments in the use of radio could be supported in which community members would come together with the AWW to listen to programmes, after which they could discuss the contents. This method has been successfully used in various parts of the world.

d. Support for experimentation with the released time idea for AWWs seems merited.

4. Help to improve the quality of non-formal pre-schooling

Taking as a premise the idea that quality of the ICDS system depends more on the creativity, skills, and motivation of people than on providing more expensive and "better" materials, UNICEF should continue to provide assistance that would help to upgrade training and supervision.

a. Experiments at block or state levels (not small pilot projects) in in-service training and their extension within the larger system, would in my opinion, provide an excellent focus for support. This might mean helping to extend the mobile training, supporting distance education/training, or any of several other schemes. But it should mean also a willingness to respond to requests for support of experiments on "sandwich" training for AWWs, and in using payday and circle meetings as training opportunities (making sure the content includes health and nutrition as well as pre-school activities).

b. It would be useful to look for appropriate incentives for AWWs, including prizes for good work at various levels and, more importantly, the prospect of moving up to a supervisory position.

c. Experiments in strengthening supervision should also rank high on the list of things to support.

The above suggestions should provide some basis for further discussions, both about how UNICEF organizes itself to foster early childhood development and how it relates to ICDS in the coming years. I hope it will be possible to continue my own learning from this programme and to participate in whatever way seems helpful.

ATTACHMENT 1

A List of Institutions and Individuals Visited

Government of India

The Ministry of Social Welfare	Mr, Venugopal, Joint Secretary
AIIMS	Dr. B.N. Tandon
The Planning Commission	Dr. Krishnamurthy
NIPCCD	Miss Lalitha, Training
	Adarsh Sharma, Evaluation
NCERT	Dr. R. Muralidharan

Independent Indian Scholars and Practitioners

Mina Swaminathan
Indira Swaminathan
Dr. K.N. Agarwal
Dr. Shanti Ghosh

UNICEF

Sawon Hong
Jon Rohde
Tadeusz Palac
Sree Gururaya
Sumita Ganguly
Geeta Verma

Other International Organisations

USAID (John Snow, Inc.)	Silvia Etian
CARE	Dr. Stephen Atwood
Aga Khan Foundation	Rajni Khanna
The Ford Foundation	Peter Berman
	Dr. Saroj Pachauri

In addition to the above, a brainstorming session was held at UNICEF on March 17th involving approximately 20 individuals from inside and outside the organisation. An afternoon was spent looking at audio-visual materials that have been prepared to strengthen the early education/child development of ICDS. On March 31st, I visited an AWC in Jaiselmar (17 Km from the city), spoke with an AWW (from a centre 65 Km from the city), and with an AWW supervisor.

1345L

TRIP REPORT

EARLY CHILD DEVELOPMENT IN INDIA:

A DISCUSSION OF SELECTED PROGRAMMES

MARCH 17-29, 1988

Prepared by

Cassie Landers, Ed.D, MPH

The Consultative Group on Early
Childhood Care and Development
c/o UNICEF/NY

INDIA: MARCH 17-29, 1988

TRIP REPORT
CASSIE LANDERS

The overall goal of this report is to provide an overview of programmes and activities in early childhood care and education in India. Given the magnitude of the task and the limited time period, several programming efforts were selected for observation and review. The specific objective was to identify characteristics of successful programmes as well as gain insights into the barriers which inhibit others from achieving optimal programme implementation. In addition, many individuals engaged in early childhood initiatives participate in the activities of the Consultative Group on Early Childhood Care and Development. As a recently hired staff member of the Consultative Group, this visit provided an ideal opportunity to meet other "Network Coordinators," discuss their concerns, and identify priority areas for future Consultative Group activities.

The following report summarizes four major ongoing Early Childhood initiatives including:

A. Mobile Creche
B. Child-to-Child Programmes
C. The The Integrated Child Development Services (ICDS), and
D. Cognitively Oriented Preschool Programme for Children (COPPC).

In the preparation of this report, I wish to thank the individuals from the following organizations who gave their time to orient me to the complexity of India's Early Childhood Programme: Aga Khan Foundation, UNICEF, Ford Foundation, Mobile Creche, CHETNA, SEWA, NIPCCD, and NCERT. Their insights and keen observations are gratefully acknowledged.

In particular, I wish to express my appreciation to Ms. Rajni Khanna, Programme Officer/Health and Education, Aga Khan Foundation/New Delhi for her hospitality and the graciousness with which she organized and arranged my itinerary.

SCHEDULE OF ACTIVITIES

Cassie Landers
March 17-29, 1988

LOCATION/DATE/CONTACT	ORGANIZATION/PURPOSE
DELHI	
March 17th	
Dr. Saroj Pachauri	Ford Foundation
Dr. Sheila Vir	UNICEF, Nutrition
March 18th	
Dr. Sawong Hong	UNICEF, ICDS
Mr. Olav Strong	
Ms. Rajni Khanna	Aga Khan Foundation
Dr. Adarsh Sharma	National Institute of Public
Ms. Neelam Sood	Co-operation and Child Development (NIPCCD)
March 19th	
Ms. Momini Rai	Mobile Creche/Field Visit
March 20th	
Ms. Indira Swaminathan	Discussion/Dinner
Ms. Rajni Khanna	
March 21st	
Ms. Indira Swaminathan	COPPC Presentation/Discussion
	NIPCCD
Dr. S. Bajaja	NIPCCD
Dr. Muralidharan	National Centre for Educational Research and Training (NCERT)
AHMENDABAD	
March 22nd	
Ms. Minakshi Shukla	Center for Health Education Training and Nutrition Awareness (CHETNA)
Ms. Mirai Chatterje	Self-Employed Women's Association (SEWA)
March 23rd	
Ms. Jyoti Macwan	SEWA/CHETNA Training Site Visit
	SEWA Creche Site Visit
BANGALORE	
March 25th	
Ms. Indira Swaminathan	COPPC Training Centre
	ICDS Site Visit
March 26th	
Ms. Rukmini Krishnaswamy	Developmental Centre for Exceptional Children Site Visit

SCHEDULE OF ACTIVITIES
Cassie Landers
March 17-29, 1988
Page Two

LOCATION/DATE/CONTACT	ORGANIZATION/PURPOSE
MANIPAL	
March 27th	
Professor A. Venkatesh Dr. Ravi Iyer	Department of Pediatrics, Kasturba Medical College
BANGALORE	
March 28th	
Ms. Indira Swaminathan	ICDS Site Visit Karnataka State Council for Social Welfare
BOMBAY	
March 29th	
Dr. Indu Balagopal	Mobile Crech Site Visit

PROGRAMME DESCRIPTIONS

A. MOBILE CRECHE

Mobile Creche is a voluntary organization which provides care and education to the children of migrant construction workers. Mobile Creches are located at a construction site in a part of an unfinished building or in a separate structure. A team of four to five workers and teachers organizes the daycare programme for children who range in age from 2 weeks to 12 years old. Each unit consists of an infant creche, preschool, and a primary school. There is a strong emphasis on preventive health through visits by medical personnel. Two meals are prepared on the premises for the children who eat, play, study, and rest within this sheltered surrounding.

The Mobile Creche began in Delhi in 1969. Today 21 centres provide services to approximately 1,500-1,800 children. In Bombay the programme, which began in 1972, provides services to approximately 1,800 children through the 19 creches currently in operation. Children attending the creche come from homes characterized by extreme levels of deprivation. Their parents are migrants who have come from rural areas in search of work, marginalized not only by poverty and illiteracy but also by a language barrier which cuts them off from the mainstream of city life. Both parents work on the construction site and older children are responsible for the care of infants and young children. A major goal of the Mobile Creche project is to relieve older children of this burden and give them access to opportunities for cognitive and personal growth available to their more privileged peers.

Usually a child attends a creche for as long as his parents are employed on the building site where the centre is located. While the period is often less then a year, for many this may be their only educational opportunity. The programme aims to develop basic cognitive competencies including literacy, numeracy, and simple health knowledge as rapidly as possible. In achieving these goals much emphasis is placed on activity-based methods. Children work together in small groups using a variety of teacher-made learning materials. Because the groups are of mixed age, older children provide a great deal of help to younger children, the majority of which occurs spontaneously and informally. The pattern of care familiar to all children residing in communities served by the Mobile Creche is simply transferred into the Creche centres. Children are provided with cognitive and language skills at two levels: preschool or balwadi (3-6 years) and primary or nonformal (6-12 years). The preschool group is introduced to the alphabet and numbers through individual and group activities such as story-telling, games, songs, dance, myths and movement. The day is planned around a timetable and it is obvious that the children establish a consistent and caring relationship with the adult caregiver.

A major thrust of the Mobile Creche programme has been to provide a point of entry for the child into the municipal school system. The hope is to prepare the child to compete for admission. While admission statistics are disappointingly low, performance once enrolled, is encouraging. Thus, increased school enrollment of migrant worker's children is a continued emphasis of the programme.

In addition to the emphasis placed on education, a high priority is given to both preventive and curative health care. Within a framework of total child care the following services are provided:

- Weekly doctor's visits/immunization
- Family planning/sterilization
- Nutrition
- Special diet
- Dental care
- Hospital referrals

In addition to these services, the staff are engaged in a continual process to provide parenting education demonstrating that infants and young children can be properly cared for and that it is possible to provide clean sanitary surroundings in an accommodation similar to their own dwellings.

A major factor contributing to the success of the Mobile Creche programme is attributed to the system of staffing and management. In both Bombay and Delhi, the staff number around 150. About half have been with the organization for more than 10 years. These paid, responsible and trained women were recruited for their willingness and desire to work with children. While most are from the lower-middle income group, they themselves come from an environment not too far removed from the community they serve. This commitment is further strengthened by a management philosophy which involves all staff in decision-making and planning.

The training programme which is practical and field-oriented occurs in four stages. Stage I is short-term exposure to the programme with limited participation. Stage II is field training under the guidance of experienced senior staff and consists of acquiring basic knowledge skills and procedures. In Stage III of the training, the worker explores the basis of various routines through a process of inductive and participatory experience. In Stage IV, the final stage, the trainee undergoes a series of problem-solving activities. In addition to this two-year training programme an in-service training programme for regular staff is implemented through a series of workshops throughout the year.

B. CHILD-TO-CHILD/MOBILE CRECHE, BOMBAY

With funding from the Aga Khan Foundation, Mobile Creche in Bombay has formally incorporated Child-to-Child activities into its programmes. To facilitate assessment and evaluation of programme impact, the content has been limited to several topics including personal hygiene, environmental hygiene, water-borne diseases, and balanced diet and vitamins. An effort is made to use the primary school children as conveyors of health messages to their younger siblings as well as parents and the community.

At present, Child-to-Child is treated as a separate subject with its own place in the daily set of activities. The long-term goal is to develop a fully integrated health, numeracy and literacy curriculum. Based on materials developed and designed by Mobile Creche teachers, Child-to-Child activities include: action songs, role play/skits, story telling, posters, puppetry, games, matching cards, and student teaching. Although a parental involvement

component was initially conceived, it has been difficult for teachers to interact directly with parents. Thus, much of the activities focus on the child as the "message communicator" to parents and families.

Efforts have been made to assess the impact of Child-to-Child activities on the overall functioning of the creche. A variety of data collection techniques have been utilized, including: case studies; interviews with teachers, project managers, and children; diaries; and direct observation. Based on the preliminary findings from the application of these techniques on a sample of Bombay's creches combined with the insights from the direct observations of the programme, the following comments are offered.

- o Based on parental interviews, Child-to-Child messages have reached the families particularly as related to the use of ORS and other dietary habits including the negative impact of alcohol, pan, and chewing tobacco. The majority of parents recognize the value and accepted the communication of these messages by their children.

- o Based on teacher interviews, the most effective teaching strategies included: action songs, games, and drawing. While the activity based approach was not new, the Child-to-Child programme has helped reinforce these skills and focus attention on new health information. Given the limited time most children spend in the creche, efforts are continuously made to repeat the message in as many forms as possible. The teachers interviewed indicated that children have started to use dust bins, food is covered, and an improvement in personal cleanliness was observed. An unanticipated benefit of the programme was the positive impact on the teacher both in terms of health knowledge gained as well as opportunity to design and implement creative teaching strategies.

- o Comments from programme managers indicated the need for relevancy and simplicity in the health messages. For example, information on measles was extremely important and well received while subjects such as tuberculosis and jaundice were difficult to communicate to the children. The success of the programme reflected the involvement of teachers in all phases of programme design and development. While the Child-to-Child activity sheets prepared by the Institute of Education, University of London were helpful as a practical guide, it is important to develop their own local materials. It was more difficult to engage children in community activities and they cautioned that the popularization of songs may at times de-emphasize the importance of the health messages.

- o In the implementation of these Child-to-Child activities, the lack of attention to the older child in their role of "caregiver" was apparent. It is suggested that renewed energy be focused on this role with the inclusion of the importance of play and stimulation for the optimal development of the young child.

In summary, it appears that the success of Child-to-Child and the Mobile Creche lies in the participatory management style as well as its on-the-job training programme and follow up. The participatory management style fosters joint decision making through consultation at all levels of the organization. Teachers are included, motivated and encouraged to develop curriculum materials and innovative methods. Management is deeply committed to their

staff and as such foster a non-hierarchial interactive managerial style. The establishment of this mode of operation is facilitated by the voluntary nature of mobile creche and the absence of formal rules and procedures characteristic of other bureaucratic organizations. The relatively small size of the organization encourages such managerial style. If the number of sites were to increase substantially, one wonders whether management would become more formalized and grass-roots participation in decision-making and problem-solving would diminish.

OTHER CHILD-TO-CHILD PROGRAMMES

The Child-to-child programming concept was discussed with representatives from funding agencies as well as teachers and education planners and policy administrators. From these discussion it is obvious that this programming approach, which is based on the conviction that the older children can be effective in their role as educators, has been well-accepted and firmly integrated into a wide variety of settings. In India, it is recognized by educators and policy administrators that the early years of childhood are the most crucial years as they provide a foundation for the child's later growth and development. Habits in terms of child behaviour, health and nutrition are established early as a result of constant interaction with the family and wider cultural surroundings. It is also apparent that in poor families much of this responsibility is left to the older siblings. The obvious need to equip children with basic knowledge of health and child care to improve their own well being as well as those of younger siblings has provided the motivating force behind the wealth of creative applications of Child-to-child programming efforts.

The following discussion outlines only a sampling of the Child-to-child activities discussed and observed during this visit.

o **Child-to-child in Delhi's Municipal Corporation Schools**. This programme is implemented by teachers for their students in Standards IV and V. Through a range of action-oriented activities students practice simple basic rules of health, hygiene, and nutrition. The components of the programme have been integrated into the existing school curriculum.

The programme, which began in 1986, has trained over 900 teachers and administrators in Delhi's municipal primary schools. The following describes some of the strategies which have been successfully integrated into the programme.

- Design activity sheets focussed on health issues selected from syllabi of Standards IV and V.

- Improve cleanliness of school environment.

- Adoption of younger children by older children.

- Development of low-cost toys for preschool children.

- Design activities for children beyond school hours.

- Organization of parent education programmes.

- Community-based activities including immunization campaigns, dramas, and kitchen gardens.

o **Child-to-child in Tribal/Rural Areas of Gujarat**. With the help of teacher training workshops sponsored by CHETNA, Child-to-child activities are being implemented for children of Standards VIII and VI. CHETNA's philosophy of strong group participation in all aspects of programme design and evaluation has made a invaluable contribution to the success of Child-to-child activities for this hard-to-reach population.

o **Child-to-child Activities in Urban Slum Areas**. In the Gulbai Tekra slum project in Ahmedabad, Child-to-child activities are being implemented by balwdi teachers for children ages 3 to 6. In this programme, older children (6-17 years) are trained to work in the balwadi providing care and education to these younger children.

o **Child-to-child in the Malvani Health Centre in Bombay**. In a colony of 100,000 resettled slum dwellers, a collaborative Child-to-child programme is being implemented by the schools and health centre. Doctors and nurses in the health centre are involved in imparting knowledge to children in Standard V.

While the range and variability of Child-to-child programming options is impressive, the possibility of this approach seems not to have been full recognized by the ICDS scheme. Though the ICDS programme is intended for children ages 0-6, older children are often present. With the proper training it would be possible to utilize their talents in the fulfillment of ICDS programme objectives. In particular, the programme could place a special focus on the health and nutrition of unmarried girls aged 13-17 and at the same time use a series of Child-to-child activities to train them in the care and development of the younger children in the centre. It is suggested that the ICDS scheme recognize the as yet largely untapped talents of the girls which could be harnessed through a Child-to-child training curriculum.

C. INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS)[1]

Given the involvement of the organizations visited in the funding management, training and implementation of India's ICDS scheme, a large part of the discussions with agency personnel focused on issues related to the

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[1] Information presented in this discussion was adopted from:

Sharma, Adarsh. Monitoring Social Components of Integrated Child Development Services. New Delhi: National Institute of Public Cooperation and Child Development, 1987.

NCERT/UNESCO. Training Early Childhood Educators. Report of NCERT/UNESCO sponsored National Workshop in Early Childhood Education, November 22-29, 1983. New Delhi: National Council of Educational Research and Training (NCERT).

current level of ICDS functioning. The section which follows briefly reviews the ICDS scheme as it currently exists. In addition, some of the barriers to successful programme implementation as well as points of conflict which emerged during discussion and observations of ICDS programmes are summarized.

o **Goals and Objectives**. In 1975 the ICDS programme began with 33 projects as an innovative experiment to promote integrated child development. Over the next 15 years the programme has grown to over 1,600 projects and reaches 25 percent of the population under-6 years of age. ICDS is both a preventive and developmental programme which views the child in a holistic fashion by providing a package of services including periodic health check-ups, referral and medical services, growth monitoring, immunization, supplementary feeding, nonformal preschool education and nutrition, and maternal health education. These services are provided at the "Anganwadi" (courtyard) which is a focal point for the delivery of services at the community level.

Each Anganwadi Centre usually covers a population of 1,000 in the rural and urban areas and 700 in tribal areas. Each Project has between 50-100 centres depending on the population. It is envisaged that before the turn of the century, efforts will be made to reach all children below the age of 6. ICDS is the largest child welfare/development programme of the country and has emerged as the major integrated social development programme in the developing world.

Conceptually, all ICDS services are expected to simultaneously reach a given group of children and their families. This requires coordination between sectors providing health, nutrition, and other services at the local level. The specific objectives of ICDS are to:

- Improve the nutrition and health status of children in the age group 0-6 years.

- Provide environmental conditions needed for a child's physical, social, and psychological development.

- Reduce the incidence of low birth weight and severe malnutrition.

- Enhance capabilities of mothers to provide proper child care.

- Improve primary school performance and reduce the role of drop-out.

- Achieve effective coordination of the level of policy and implementation.

o **Financing and Management**. The annual unit cost per child in an ICDS project is estimated at Rs. 115 (approximately $10 US). The overall financial administration of the programme lies with the Department of Women and Child Development, Ministry of Human Resource Development. The Ministry provides and coordinates initial nonrecurring expenses directly for the centre. The cost of the feeding programme is met by State governments while the cost of maintenance of services beyond implementation is provided by the Central Government. The programme also receives assistance from several international agencies including UNICEF and USAID.

The ICDS programme is a multi-departmental and inter-sectoral endeavour and as such, utilizes the existing services of governmental departments and voluntary organizations. The Ministry of Human Resource Development has the

overall control and directs the implementation and monitoring of the programme. At the State level, the Secretary of the Department of Welfare is responsible for the programme while coordination at the District level is performed by the Deputy Commissioner. Coordinating forums consisting of representatives from concerned Ministries/Departments, voluntary organizations and experts have been set up at the State, District, project and community levels. These groups meet periodically to enhance the exchange of ideas and promote coordination.

The integrated package of ICDS services are provided through a network of Anganwadi Centres. Each Anganwadi Centre is run by an Anganwadi Worker (AW) and a Helper. The responsibilities of the AW include:

- Nonformal preschool education
- Supplementary feeding
- Health and Nutrition education
- Parenting education through home visiting
- Community support and participation
- Primary maternal and child health care

Supportive supervision and guidance is provided to AW's by a Supervisor. Twenty to twenty-five AW's are assigned to one Supervisor. A full-time Child Development Project Officer (CDPO) is directly responsible for the implementation and management of each ICDS project.

o **Monitoring**. The Ministry of Human Resource Development is responsible for the overall monitoring of the programme through a special division established in the Department of Women and Child Development. Each State government with more than 3 projects has set-up a coordinating cell. Districts with more than five projects also have ICDS cells at the District level to facilitate the monitoring of programmes.

A Management Information System has been established to ensure the flow of information from each Anganwadi Centre to the project, and from the project to the State. The State then reports to the appropriate body within the Government of India. Data collection procedures include a Monthly Progress Report which originates at the Anganwadi Centre. This provides information pertaining to critical programme input including: funding, supplies, staff, and coverage. In addition, health inputs are monitored and data on birth rates and infant morbidity and mortality are collected.

o **Training**. Recognizing the importance of training as the critical component in the successful implementation of the ICDS scheme, the Ministry of Social Welfare developed training protocols for different functionaries including Anganwadi Workers, Supervisors, Child Development Project Officers, Medical Officers, and the paramedical staff. The National Institute of Public Cooperation and Child Development (NIPCCD) has been recognized as the apex body for the training of ICDS functionaries. While it is responsible for the training of Child Development Project Officers (CDPO) at its Headquarters in Delhi, Supervisors are trained in training centres identified by NIPCCD which are located in different parts of the country.

The CDPO participates in an eight-week training course which emphasizes aspects of ICDS planning, implementation, and management. As well as

providing theoretical and practical information, the training attempts to develop qualities of leadership and supervision. Nearly 40 percent of the training is devoted to practicals and field visits. Although CDPOs reflect a diversity of backgrounds and education, it is assumed that all have an adequate working knowledge of the subject matter. The training therefore was conceptualized to provide subject-specific information on various components of the ICDS package, effective methods of service delivery, and supervisory and managerial skills.

The Anganwadi Worker (AW) is the critical focal point for the successful delivery of the ICDS package of services. Immunizations and health check-ups are referral services and delivered at the Anganwadi Centre. The AW is selected from the local village and undergoes a three-month intensive training course. The course is a residential one at which time 50 workers are trained. At present there are over 300 AW Training Centres run by a range of voluntary and governmental agencies throughout the country. Of these 115 Training Centres are under the auspices of the Indian Council for Child Welfare (ICCW). The ICCW serves as the coordinating body for these 115 Training Centres run by the State Councils of Child Welfare.

Given the wide range of material which must be mastered by the AW, a comprehensive syllabus includes the following:

- Child development and nonformal preschool education
- Nutrition
- Health
- Population education
- Organization and management
- Community education
- Parent education
- Evaluation

The training programme is activity oriented and utilizes a variety of strategies including: field work, practicals, participatory techniques, group discussions, and role play. Trainers are required to visit ICDS projects, balwadis, creches, and nursery schools. Hospitals and health centres are visited and community surveys are performed. Within the practical component of the training, trainees are required to prepare low-cost supplementary foods, theraputic foods for malnourished children, preparation of ORS for the management of diarrohea, weighing, and growth monitoring.

ISSUES IN THE IMPLEMENTATION OF ICDS

After more than a decade of experience characterized by rapid expansion of services, programme planners, administrators, supervisors, trainers, and the Anganwadi worker are well aware of the constraints which seem to inhibit the programme's optimal functioning. Based on discussion with a range of ICDS functionaries the major points of controversy seemed to fall into three major categories including: Training and Supervision, Monitoring/Evaluation, and Identification and Delivery of Services to Children Under Three Years of Age. The issues related to each of these areas will be discussed below.

1. Training and Supervision

Anganwadi Worker (AW)

- Wide variation in quality of training. Given the absence of a central body to coordinate the range of training programmes, it is difficult to maintain standards in quality of the AW training. Moreover, while there is a substantial backlog of untrained AWs, some centres are functioning below capacity as a result of administrative delays.

- Heterogeneity of trainees. The trainees often represent heterogeneous groups from different ICDS blocks throughout the state and can include both illiterate tribal women as well matriculates from urban areas. As a result, it is difficult to generate a curriculum which is capable of responding to such a diversity of educational backgrounds. There is a dearth of training material, particularly in local languages specifically suited to AW. The theoretical material is not often easily translated into simple task-oriented instruction. Trainee performance varies tremendously and no criteria for evaluating performance and follow-up currently exists. This situation is further exacerbated by a high turnover of instructors and the difficulty of identifying high quality staff.

- Lack of adequate supervision. The present syllabus is vast and the semi-literate AW is expected to master a wide range of skills in health, nutrition, preschool education, and community participation. Moreover, following the initial training, little attention is paid to the provision of on-the-job supplementary training, refresher courses, and workshops. This situation lies in part in the absence of adequate technical support staff. Moreover, the training centres are often located in urban or semi-urban areas with no access to the rural or tribal AWs. Field training and ongoing supervision becomes difficult because of the distance of the training centres from the field areas.

- Need to strengthen nonformal preschool education component. Though the training curriculum emphasizes aspects of psychosocial development, actual visits to ICDS programmes show an absence of activity. AW seen to be unclear of the action-oriented approach to early childhood education and resort to inappropriate methods including rote memorization in the teaching of reading and writing skills.

Child Development Programme Officer (CDPO)

- Diversity of background. The CDPO reflects a diversity of experience and educational achievement, age, and background. It is this diversity that makes it difficult to devise a training programme which is useful and informative for all participants.

- Recruitment. The rapid expansion of ICDS has created difficulties in the identification and selection of qualified personnel. In an effort to fill vacancies, less than adequate individuals have been recruited. While some had no experience or knowledge of working with children, others

lacked administrative skills required to manage large staff and budgets. One of the major drawbacks to the training of CDPO is the low level of motivation and commitment to the programme as a result of inadequate educational preparation and absence of field experience. Thus, the absence of adequate AW supervision rests in part in the absence of qualified staff.

2. Monitoring/Evaluation

- Emphasis on inputs. The present monitoring system places emphasis only on the operational aspects of the delivery of services and fails to monitor the quality with which such services are provided. In obtaining operational data, a tremendous burden is placed on the AW who is forced to attend to the monitoring of inputs without adequate assessment of the process in which those services are delivered. Moreover, the beneficiaries who are often the best judge of programme components, do not participate in the evaluation and/or monitoring of ICDS programmes.

- Inadequate reporting system. The information obtained through the monitoring of programme inputs is not effectively disseminated to various levels of project implementation. Necessary modifications and adjustments indicated by the monitoring process are not often acknowledge rendering obsolete the main objective of programme monitoring.

- Absence of integrated assessment. It is well recognized that the success of a given Anganwadi Centre is tremendously effected by the wider socio-cultural environment. The current monitoring and evaluation system pays little attention to the complex set of external community factors which strongly effect the ability of a AW to deliver services. The monitoring system must take into account the integrative nature of the services it attempts to deliver.

- Relevancy of existing research. ICDS is the first large-scale country-wide programme designed to deliver an integrated package of services for the young child and mother. This remarkable social experiment has generated a plethora of research activity from academics, planners, health professionals, and representatives from implementing agencies. It is estimated that over 800 surveys as well as post-graduate and doctoral dissertations have attempted to research various aspects of this exciting initiative.

Previous review of existing research have indicated that most efforts have focused on the health and nutritional aspects of the programme. A smaller selection of studies reviews the role of ICDS functionaries and preschool training. Efforts by academic institutions have attempted to assess the organizational and management issues of ICDS and its implementation. Only a few such reviews however have investigated the more complex set of issues which investigate the process by which an integrated set of services impacts on the overall growth and development of the child.

These efforts have contributed significantly to our understanding of programmatic functioning and the identification of implementation barriers. However, their contribution to the comprehensive reliable measurement of the relationship between programme inputs and outcomes of

the target audience is severely lacking. The available information is fragmented and fails to document the inter-dependence of variables related to the implementation of the programme. Furthermore, the majority of the studies have been limited to small geographical regions rendering generalizations difficult. As can be expected, the research is filled with methodological limitations including: inadequate sample size, inconsistency of data collection activities, lack of validity and reliability of measuring techniques, and absence of standardized norms in the areas of child growth and development.

Many lessons have been learned through the generation of this massive body of literature. The dire need to perform consistent, reliable, and in-depth evaluations in an integrated fashion, is recognized by all concerned with the ability of the ICDS to fulfill its potential.

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3. Identification and Delivery of Services to Children Under Three Years of Age

Of particular importance in the discussions and observations of the ICDS programme was the lack of attention directed towards pregnant mothers and children under the age of three. It is apparent that there is better coverage of 3- to 6-year old children in the present ICDS scheme with primary emphasis placed on the nutrition supplement which is often collected by a member of the family. The factors contributing to this situation are obvious - older children are easy to reach, they are more mobile, and they take part in the preschool component of the Anganwadi Centre. Given the AW's limited space and time, attention to the under three age group has become limited to the provision of a nutrition supplement which is not as suitable for this younger age group. Moreover, efforts to monitor weight focus on the older child, and the growth charts of the critical and vulnerable group of children, ages 0 to 3, are often erratic or nonexistant.

The inability of the current ICDS programme to effectively reach the under three year old population is well recognized. Strageties to address this issue could include:

- Focussing on the mother-child dyad. A strategy to target and provide services to mothers early in their pregnancy should be combined with efforts to care for the infant immediately after birth. Growth monitoring from the first month of life should form an integral part of the programme. It is critical to reach the child when breast-milk alone becomes an insufficient food source. There is a need to strengthen the health messages directed to the mother/child dyad as well as the emphasis on immunization.

- Strategies to reach mothers with children under the age of three. Strategies to reach these mothers must be implemented at both the family and community level. At present, mothers do not perceive the Anganwadi Centre as a source of information for the young child 0-3 years of age. Thus, efforts must be placed to redirect the programme to provide an integrated package of services to mothers that includes health care, and health and nutrition education. In addition, strategies to enhance

participation should include linkages between ICDS and other programmes directed at women's income-generating and functional literacy programmes. Activating women's groups might also act to motivate increased participation.

- Training courses. In order to focus attention on the under three population, the AW and CDPO training courses must address the specific nutrition and health needs of this group with practical and relevant messages.

- Early stimulation and child development. Based on the awareness that early stimulation plays a vital role in optimizing cognitive development, a renewed emphasis on the knowledge and practical skills required to enhance the development of the child in the first three years of life must be integrated into the training. In addition, there is a strong need to sensitize mothers and caregivers to the role they can play in optimizing a child's cognitive abilities.

D. COGNITIVELY ORIENTED PRESCHOOL PROGRAMME FOR CHILDREN (COPPC)

The Cognitively Oriented Preschool Programme for Children (COPPC) was developed through the creative talents and perceptive abilities of Indira Swaminathan. Funding for the expansion of the programme was received in 1985 from the Aga Khan Foundation (AKF). The three-year project funding enhanced the development and implementation of this exciting experimental curriculum throughout Karnataka State. Through the discussions with Rajni Khanna in the AKF office in Delhi, UNICEF, NIPCCD and NCERT and the cummulative efforts of Indira Swaminathan in Bangalore it was possible to obtain an understanding of COPPC's theoretical framework and observe its implementation in a variety of child care programmes. The following section briefly reviews the major components which distinguish the COPPC approach to preschool education. It is followed by a discussion of issues and problems related to the training and broad scale implementation of the COPPC.

1. COPPC: An overview.

The driving force behind this programme namely, that young children need to be actively engaged in the learning process, emerged from the identification of two major concerns characterizing the approach to early education prevalent throughout India. The first concern relates to the passivity and lack of communicative, social and thinking skills of preschool children as observed in the majority of Anganwadis, Balwadis, and Preschool Centres. The second concern underscored the limited knowledge base and skills of early educators, who, with their reliance on rote/repetition methods in the teaching of rhymes, stories, and alphabets provide little or no opportunities for self-initiated activities that encourage creativity, freedom, and an ability for in-depth work.

The COPPC Programme for children and training of early educators is the culmulation of Indira Swaminathan's creativity through her work with the Playhouse Nursery School in Bangalore and numerous training programmes throughout India. The expansion of the COPPC training throughout Karnataka

began in 1985 with funding from AKF and is currently administered through the Karnataka State Council for Child Welfare (KSCCW). At the present time, approximately 140 workers including Balsevikas, Anganwadi workers and ICDS Supervisors from Karnataka's seven districts have completed the intensive training programme. This consists of seven-day centred-based training which is followed by a site visit three months after the initial training. This allows the trainer to determine the extent to which the trainee is able to implement the programme. At this time, on-the-spot individualized attention reinforces the concepts learned during the session, and helps the trainee adjust to the constraints of a particular setting. In addition to this extensive training, exposure to COPPC has reached more than 6,000 educators through one-day field-based workshops which trained participants in the preparation and use of the COPCC kit of low-cost educational materials.

One of the outstanding attributes of the COPPC approach is the standard kit of 50 low-cost play materials ($5.00/kit) which trainees produce during the training period. In addition, trainees are instructed in the implementation of these materials as well as an understanding of how these tools need to be utilized within the educational process. Through participation in the COPPC training programmes,trainees obtain knowledge of child development theory, enhance their skills and abilities to work with young children and are encouraged to become actively engaged in their own learning. The overall objective is to provide participants with an underlying structure or framework which in turn provides stimulation for the further development of creative learning environments. The training curriculum consists of five components including: language, socio-personal development, creativity, environmental awareness, and 3-R readiness. All of the play materials in the COPPC kit attempt to develop increasingly complex skills related to each of the five domains. The activities and materials are designed for children between the ages of 2-1/2 to 5 years of age. The items are interrelated and progressive building upon the skills of a child in a sequential fashion. The numbered activities under each major category represent sequential progression which helps children to form associations and generalizations between different categories of objects and activities. Examples of these low-cost materials included in the kit include: Rope and Ribbon Play, Shape Play, Seriation Dolls, and Puppets. For each item, the materials required, methods of preparation, and use and activities are described. The following excerpts from the COPPC Training Manual illustrates the creativity upon which the COPPC programme is based.

PUPPETS.

Puppets are a media for communication and social interaction. A bold child and a shy child would find puppets a very positive media to express his/her feelings. It encourages use of imagination, language and social interaction and is manipulative. The puppets in this kit are basically for preschool children, small, easy to manipulate and simple to make by the teacher. After some time preschool children would also be able to make their own.

All the puppets listed here may also be used for "puppet shows" involving children to perform for the child, "audience or teachers" performance for children. Lastly, puppets for children facilitate

language, music and movement, encouraging spontaneity through free play. Puppet shows may be also organized for Parent's Programme.

A. Cone Puppets

Materials required. White paper or newspaper, 1/2 sheet, coloured paper (small bits), and gum.

Methods of preparation. Make a cone from the rectangular sheet and paste the closing end. Press the sides, fold 2-1/2" from the apex. This forms the beak or mouth of the cone puppet. Fix colour pieces over the top of the folded portion and fix eyes on the front of the folded portion. The size of the cone puppet may be big or small depending on availability of raw materials.

Use and activity. Put the hand inside the cone and shake the beak to show movement when talking. Movements may be up and down, sideways and round and round.

1. Chee Chee Birdie Song. Let all the children have cone puppets one each and move to the Chee Chee Birdie Song.

Birdie Birdie flying high
Birdie Birdie flying down
and round and round
Birdie Birdie eating fruits
Birdie Birdie eating worms
Birdie Birdie drinking water
Flying flying here and there.

Children move according to the words holding the cone puppet in their forearm and moving with the hand.

Cone puppets may also be used for question/answer activities; story telling, singing of many of the rhymes.

Value. Experience in coordinating movement language and role playing of different characters; socialising effect, media for communicating about environment awareness. Media for Parent Programmes.

The positive impact of the COPPC method was readily apparent through the attitudes and environments of the preschools created by COPPC-trained early child educators. COPPC trained teachers were more self-assured, confident, and active. Their centres were organized so as to support small group activities, and interaction between children. In addition, there was a predictable routine that took into account the child's thirst for activity as plans moved smoothly from one action-oriented event to another. Children worked independently and were actively engaged in their own learning process. Through the COPPC materials, teachers were given the opportunity to interact positively with the children with not only an awareness of the child's skills and abilities but a desire to challenge and enhance their growth. Thus, one

of the greatest strengths of the COPPC approach is the ability to engage teachers in the process of adult-child interaction. In COPPC centres there was a dramatic decline in the amount of time devoted to rote memorization activities as teachers created, even with the most limited facilities, an environment which enhanced the optimal development of the child. The social responsivity of the children and self-assured manner with which they interacted in both individual and group tasks is the ultimate reflection of COPPC's success.

2. Problems and Issues of COPPC.

Through observations of several COPPC centres, as well as discussion with teachers, trainers, representatives of ICDS, UNICEF and AKF, the constraints and issues surrounding the implementation of the COPPC programme became apparent. A major focal point of these discussions addressed the degree to which COPPC could be effectively integrated into the ICDS scheme in order to strengthen the preschool education component of that programme. In discussing this question, the following more general issues were raised.

o Training and materials. The strength of COPPC lies in its ability to actively engage participants in the training process. Since much of that success lies within the creative spirit and enthusiasm of Indira Swaminathan, would it be possible to continue on a much broader scale? The training staff in addition to Indira consists of 3 staff members. Under the guidance of Indira, these members have enabled the programme to cover more territory. In addition, a programme manual has just recently been completed which provides the programme with a great deal of formal structure. The manual is divided into three chapters, including: Cognitive Development in Young Children, Management and Role of Adult/Teacher in COPPC, and Cognitive Kit: Preparation of Materials. In addition to the manual, it was suggested that the training process could be greatly enhance through the development of a series of video tapes produced by Indira Swaminathan.

It was also recommended that the content of the training material be expanded downwards to include children between the ages of 0-3 years. Greater attention is being placed on this vulnerable group, and it seems obvious tht the theoretical underpinnings and activities of the COPPC model could be easily expanded to incorporate the needs of this age group.

At the present time majority of training in early childhood consists of an intensive short-term programme followed up by an on-site visit. A major concern of this approach reflects a pervasive problem of isolation of workers following the initial training and follow-up. Workers, plagued by a daily set of constraints and frustrations in the implementation of their programme, require some mechanisms for continual follow-up and support. Although the goal of most training is to provide a framework upon which teachers can build, and incorporate their own ideas, this objective can not be fully realized without the provision for enhanced long-term follow-up. The positive impact of the programme diminishes over-time as teachers return to the more traditional ways of teaching. Moreover, the system is threatened by a high degree of staff turnover, low morale, and absence of adequate skills.

Against this background, COPPC training could be viewed as a way to overcome some of the barriers existing in the current ICDS training. The need for greater attention to the COPPC guideline for a phased-in training programme over a period of time combined with increased mechanisms for further skill development and refinement is critical if the goal to integrate COPPC into ICDS is to be realized.

o Organization. Currently COPPC is administered through the Karnataka State Council for Child Welfare (KSCCW). Under this scheme, COPPC training will be provided to all ICDS project personnel. In spite of the bureaucratic problems which characterize this administrative structure, the COPPC training is progressing as proposed and targeted objectives are expected to be reached.

o Going to scale. The success of COPPC within the Karnataka State ICDS scheme is a prototype which could be applied to other states. At issue however are some fundamental concerns which confront programmes as they move through the transition from small-to large-scale implementation. These include:

- Ability of the training component to be formally systematized to allow for its replicability across a wide range of differing situations.

- Ability of the programme to have enough flexibility to address, respond to, and incorporate cultural biases and differences of differing target audiences.

- Capacity of the programme to be incorporated into and combined with on-going activities in a way which will alleviate or address issues of competition and territoriality.

- Ability of existing infra-structure and finances to absorb the increased demands and costs imposed by the expansion of the programme.

F. SUMMARY

Based on this brief review of selected programmes, it is obvious that India's early child development initiatives are characterized by a high degree of innovation and creativity as they responsed to a wide range of needs and demands. While the programmes reviewed in this discussion differed in terms of goals and objectives, target audience, organization and management, and scale, similar issues and concerns were frequently encountered. The following points highlight some of the major issues which were both expressed and observed during this brief but informative exposure to India's early childhood programmes.

o Greater attention to programme initiatives targeted to mothers and children from birth to three years with particular focus on the identification and care of high-risk infants.

o Need to broaden strategy and incorporate into existing programmes complementary alternatives including home-based approaches, parent education, mass media, and Child-to-Child activities.

o Recognition of the largely untapped talents of girls (13-17 years of age) which could be effectively utilized in the delivery of services to the young child.

o Need to structure the training programmes in a way that recognizes the wide variability in education and background of the participates.

o Intense short-term training programmes need to be supplemented with mechanisms for increased supervision, long-term follow-up, and programmes of continuing education.

o Greater emphasis must be placed on incorporating a participatory approach into the training of educators in which participants are actively engaged in the learning process. Theoretical knowledge must be translated into a set of specific skills and participants must be equipped with the capacity to modify and adapt programmes to meet the demands of changing environmental circumstances.

o Increased emphasis on the interaction between health, nutrition, and development in ECD programme planning.

o Need to establish and strengthen linkages between ECD programmes and other community efforts targeted to children and women with a particular attention to the relationship between ECD activities and the primary school.

o Need to identify and build into programmes incentives that enable long-term sustainability after the initial funding period is completed.

o Need to increase the effectiveness of programme monitoring and reporting systems to ensure that the data collected is utilized in a manner that instructs, informs, and refines the programme.

o Need to conduct consistent, reliable, in-depth programme evaluations and research which attempt to examine the impact of various programme components on the intended audiences.

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The Hague, 27 July 1989

Dear Dr Haddad,

I enjoyed our first brief meeting. Unfortunately time did not permit us to explore matters further.

In the meantime the documentation you mentioned has reached us. I am not sure whether at such short notice the Foundation will be able to be represented at the meeting on August ... but we will see what can be done. I appreciate that it would be an important occasion for reaching full understanding on all procedural aspects.

We will <u>try</u> and fax some comments on the basic working document. In any case I hope that you have given some further though to the point we discussed concerning pre-school as preparation for primary school. Certainly in my view Bob Myers could be helpful ...but, as explained, not within the framework of the Van Leer piece. The topic would seem to merit individualised treatment.

Yours sincerely,

A.W. Wood
Deputy Executive Director,
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MOTHERS AND CHILDREN

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BULLETIN ON INFANT FEEDING AND MATERNAL NUTRITION

Integrating Child Development With Health and Nutrition

Health, nutrition and child development are inter-related. The relationship between health and nutrition is well-known. A similar relationship exists between child development and health and between child development and nutrition. A child who is well-nourished will be more alert, physically active and more likely to interact with his or her surroundings. Helping children to be more alert and active can also have marked effects on their nutritional status. Caregivers who recognize and respond to a child's needs for affection, encouragement, stimulation, consistency of care and varied experiences will help the child be more secure, alert and active. At the same time, they will be promoting child growth and development. Recognizing this important relationship, actions favoring child development should be combined with health and nutrition actions that promote child growth.

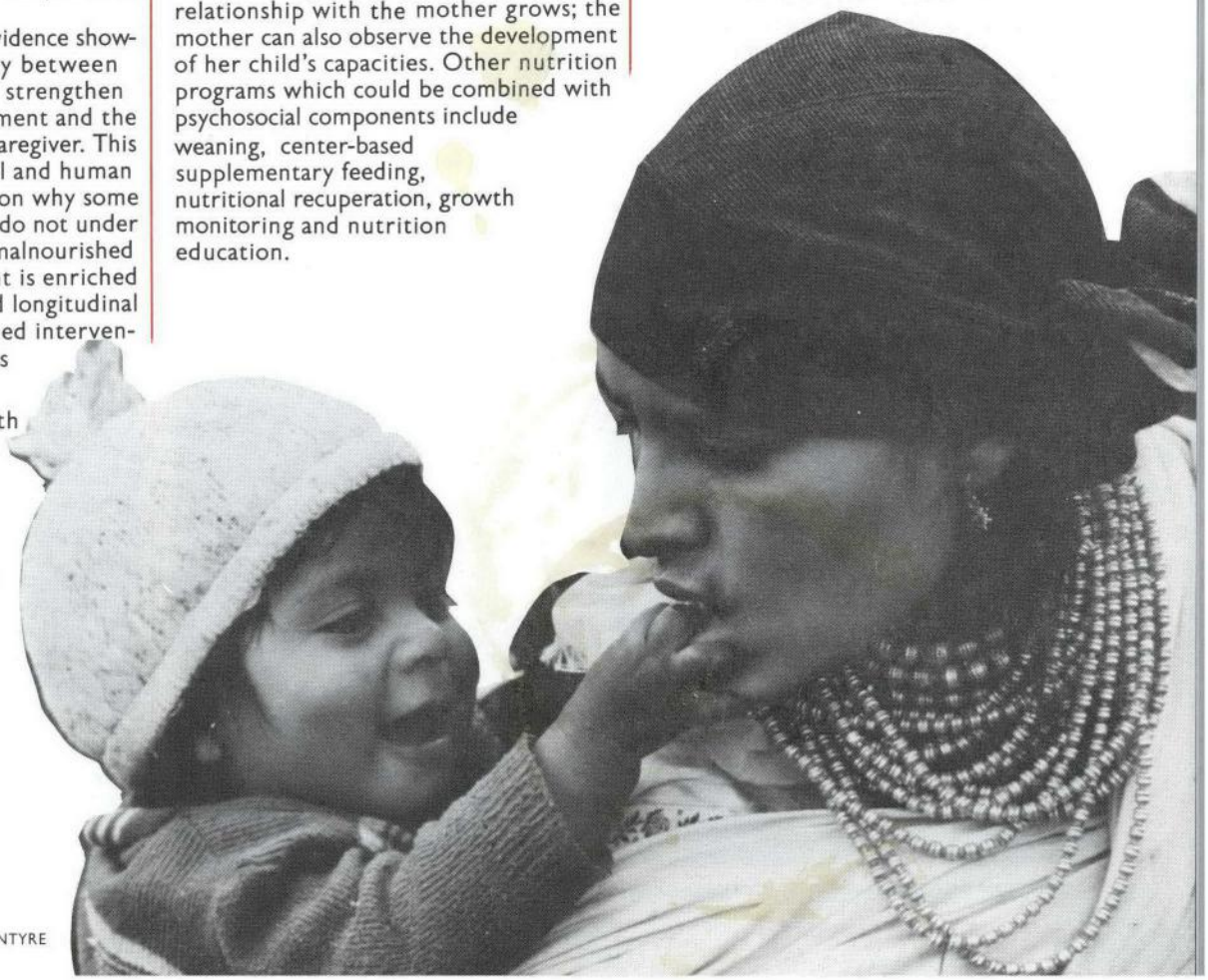
There is accumulating evidence showing the important interplay between nutrition and activities that strengthen and enrich a child's environment and the child's interaction with the caregiver. This evidence comes from animal and human research. It includes studies on why some children thrive while others do not under poor conditions, studies of malnourished children whose environment is enriched and operational research and longitudinal studies accompanying planned interventions. This research suggests that:

- Children's physical growth and development can be improved both by nutrition and by non-nutritional interventions.
- Providing nourishment will not by itself overcome mental, social and emotional delays though it may result in improved nutritional status.
- The quality of the child's surroundings plays an important role in determining the degree of adverse effects of undernutrition. Therefore programs must not only improve nutritional status and caregiver-child interactions but also the conditions of the child's environment.

The interaction between a child's nutritional status and psychosocial development suggests that child feeding should be viewed as a social, developmental and nutritional process. Nutrition and developmental actions come together during feeding. This linkage needs to be reinforced in programs. Opportunities exist within nutrition programs for linkages with child development activities. In the first 4-6 months of life, much of the mother-infant interaction is focused on breastfeeding. During feeding, the child's relationship with the mother grows; the mother can also observe the development of her child's capacities. Other nutrition programs which could be combined with psychosocial components include weaning, center-based supplementary feeding, nutritional recuperation, growth monitoring and nutrition education.

It is well established that the first six years are critical in the formation of intelligence, personality and social behavior and that the negative effects of early child deprivation are cumulative. Barriers to integrated programming for growth and development must be reduced so that attention to the whole child becomes reality rather than rhetoric. Nutrition, health and child development specialists, together with parents and communities, need to develop effective and comprehensive programs that reach infants and children of all ages.

There are many options available for complementary programming that will promote children's development, beginning from early childhood, including:
1. providing direct attention to children through support to child care and development centers
2. training and supporting parents and



Play is an important element for children's growth and development.

PHOTO: LAUREN McINTYRE

other child caregivers
3. promoting change in community conditions that adversely affect child development
4. supporting strategies to strengthen national resources and capacities, e.g. strengthening institutions devoted to improving early childhood development
5. influencing policy and planning through direct advocacy with policymakers and providing information to the public to create demand and awareness.

This issue of *Mothers and Children* features several articles about programs that take a comprehensive approach to the overall health, nutrition and development of children. We have selected examples that try to reach children directly to emphasize that children themselves can contribute to their own development as well as to other children's development. References and other resources are listed in other sections of this issue. Readers are encouraged to send us information about other programs that promote child development, health and nutrition in a comprehensive way. This will be included in an update of country programs in a future issue of the newsletter.

—Virginia Yee

Better Lives For the Survivors

This year we celebrate the 10th Anniversary of the International Year of the Child. Today more children in developing countries live beyond age one because of improved health services provided through Child Survival initiatives. Twelve out of 13 survive today; by the year 2000, 19 out of 20 will survive. Unfortunately, many of these children will continue to live in the unfavorable conditions that put them at risk of delayed or poor growth and development. The quality of life of the survivors must improve, otherwise those helped to survive will not be able to reach their full potential.

There is increasing need and reason to invest in efforts to give children a fair chance to live healthy and productive lives as well as survive.

Briefly, these include:

Moral: Children have a right to develop to their full potential. They are dependent on others for their rights and we have an obligation to help.

Scientific: Evidence from physiology, nutrition and psychology indicate that the first six years are critical in the formation of intelligence, personality and social development. Positive early experience can enhance learning abilities in later life and compensate, at least, in part, for the deficit associated with early deprivation.

Social-equity: Stressful conditions that inhibit healthy and comprehensive development in the early years affect the poor more than the rich so that poor children often fall behind their more advantaged peers and stay there.

Economic: Investments in health, nutrition and development early in life bring a high return because they increase productivity in later years, through savings in health care and improvements in learning capacities.

Population: Efforts to increase girls' attendance in school can have an effect on future fertility rates. Evidence shows educated women have fewer children.

Programmatic: Effectiveness of health and nutrition programs can be increased by combining them with early childhood development and education activities, taking advantage of the interactive effect among the three. Child care and development programs are potentially useful vehicles for extending primary health care.

The economic crisis that many nations currently face poses a major challenge in assuring proper care and development for children. Most developing countries and funding agencies recognize

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the need for programs for children and have made efforts to improve the provision of services directed toward children. However, these are often limited to institutional responses, such as hospitals and formal preschools or child care centers which are costly and reach a privileged few. Campaigns to vaccinate children and educate adults may reach many people, but are short-term solutions; attitudes and practices are seldom changed in a fundamental way. While each of these approaches have had an effect on survival and development, alternative approaches that look beyond survival are needed to ensure an improved quality of life for children living in at risk environments.

As more women join the labor force and traditional family patterns change with urbanization, the need for alternative forms of child care increases. Children from families facing economic constraints may be forced to drop out of school to care for their siblings. When this happens the need to reach these children is even stronger. Moreover, there are increasing opportunities to reach children through informal networks, the mass media as well as through schools.

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Children Caring For Children

In many parts of the world, older children routinely look after the health and development of younger brothers and sisters. This traditional practice provides a foundation for programming that is not new but is being rediscovered and applied in new ways. Building programs around the idea of children caring for children is an attractive and potentially effective complement to other programs for four reasons.

First, working with child caregivers offers the possibility of affecting directly the health and development of younger children. Sibling caregivers can be trained to assure that children under their care are vaccinated, treated with oral rehydration salts when needed, fed properly, talked to, cuddled and played with.

Second, by learning about proper ways of caring for younger children, older caretakers will be better prepared for parenthood. This is particularly important as more children go to school and no longer have the opportunity to learn from direct experience in caring for other children.

A third potential benefit comes from children's communication abilities. Children can provide information effectively about new practices to peers, parents, families and community members and communicate this information creatively.

Finally, children of primary school age can directly influence childcare and development issues in the community, such as identifying health problems or organizing a clean-up of the environment in which their families live.

Child-to-Child

The best known example of the application of this concept are the Child-to-child programs that have spread to over sixty countries. Since 1978, many of these programs have been coordinated through the Child-to-child Program at the London University Institutes of Child Health and Education. Child-to-child is an international movement which teaches and encourages school-age children to be concerned about the health, welfare and general development of the younger children in their community. Children under five years of age spend much of their time in the care of older brothers and sisters. Child-to-child programs help the older child understand this responsibility and how he or she can contribute to shaping the future life of the younger children of the family or community.

Child-to-child activities vary in origin, size and purpose. Because child-to-child is a movement based on an idea which groups of people perceive, disseminate and use in different ways, it is not easy to evaluate. Information on the impact or successes of child-to-child activities is fragmentary and mostly anecdotal. Numerous reports of benefits are

PHOTO: SEAN SPRAGUE

available. Although mainly anecdotal, these reports support the conclusions of the relatively few systematic evaluations that have been carried out. The types of benefits reported are:

- Older children have increased knowledge of health, nutrition and education, improved health practices and beliefs, and more nurturing attitudes towards younger siblings. They act as "message carriers" to others in the community. These activities also promote self-esteem and confidence in children.
- Families and communities have improved knowledge which leads to changes in practices. Children have conducted surveys and brought attention to health problems that require corrective action. Communities have benefitted from direct actions to improve the environment and community conditions.
- Teachers and schools can enhance the quality of primary school education by promoting creativity in children. The school health education curriculum is strengthened and health conditions in the school are improved.

An Example from India

Health workers and educators in India have long been receptive to the Child-to-child approach and have implemented various Child-to-child programs. An illustrative example is the the Malvani Project which started in 1976 when the G.S. Seth Medical School and its associated hospital were relocated to a low-income suburb on the outskirts of Bombay. Because parents were reluctant to participate in preventive activities, pupils from a nearby primary school were enlisted as communicators and change agents. In the beginning, child volunteer

health workers were trained to bring other children to the health center for treatment of scabies, vitamin deficiency and tuberculosis. As these conditions receded in priority, other activities such as oral rehydration therapy and more recently, the detection of anemia were undertaken.

Health tutors taught Standard 6 pupils to detect three clinical signs of anemia: color of finger nails, tongue and underside of lower eyelid. These pupils then surveyed other pupils in the schools they attended. They found positive signs in a large number of pupils. Blood tests were carried out to confirm that these students had anemia. All those confirmed received treatment.

Another example of the impact of the Malvani project is in the area of immunization. In 1987, preparations were made to immunize Standard 6 students. It was found that all the students in this age group had already been immunized during earlier child-to-child campaigns. Consequently, a campaign was mounted in a different community.

This project provided children with substantial learning and outreach opportunities. They were given a chance to acquire competence through observation, inquiry and practical application of new knowledge. This experience is an example of education that prepares children for life in the present as well as in the future.

Effective Components

Child-to-child activities are most effective if they are integrated into existing programs. Schools are good institutions to work with because children are brought together. There are also more teachers than health workers. Success is enhanced when there is proper training of teachers and when the program is not an extra burden. Ideally, activites are built upon existing knowledge and incorporated within the regular curriculum or integrated with other ongoing programs and institutions in the community. Training and supervision, together with a well-developed sense of responsibility instilled in the children, are crucial to successful child-to-child programs. Activities are more likely to have an impact if the messages are reinforced by direct communication between parents, teachers, project staff and the community.

Materials and methods need to be kept simple and practical. Teaching should be discovery-based and encourage children to observe, ask questions and come to conclusions themselves. In brief, they should:

- be demonstrative, participatory and problem-solving
- be child-centered
- integrate health, nutrition and child development
- use varied materials and teaching techniques
- apply knowledge (learn by doing) through direct care of younger siblings or other children.

Some problems limit effectiveness. These are shortages of financial and material resources, low levels of teacher morale and qualification, high rates of teacher turnover, program overload and the treatment of child-to-child approaches as a separate classroom subject. These barriers can be overcome if there is active involvement and support from educators, health care providers, community workers as well as policymakers and administrators.

The child-to-child concept has been accepted as a way to improve the well-being of children, families and communities. This is evident in the rapid spread of child-to-child programs. Current activities are creative and effective in health education programs focussed on older primary school children. There is potential to expand the scope and extend outreach to younger children and those not in school.

Child-to-child facilitates a smooth transition from home to primary school and from school to work. It encourages us to first reconsider the role of children in school, as well as the home and community. It leads us to examine the role of teachers in the development of a community and the role of children in promoting such development. It opens up an opportunity to look at what the school is teaching, how children are learning, how teaching and learning prepare children for their present and future needs.

Information for these articles was provided by the Consultative Group on Early Childhood Care and Development, UNICEF H-11F, 3 UN Plaza, New York, NY 10017, USA.

PHOTO: SEAN SPRAGUE

Bolivia: Instruction Through Interactive Radio

Experience from around the world has demonstrated the power of interactive radio instruction (IRI) to enrich teaching and training programs at low cost. In Central America, Africa and Asia it has been demonstrated that IRI can be used to teach a variety of subjects such as math and languages in both formal and informal settings. In Bolivia, the Education Development Center (EDC) is developing and testing a new application for IRI to teach health in primary schools. This project is funded by AID and has been undertaken to assist the Bolivian government include health education in primary schools as part of a strategy to reduce child mortality.

Each radio health program will be for 20 minutes and broadcast weekly for school children. The broadcasts and complementary post-broadcast activities will give special emphasis to child survival topics such as ORT and nutrition. The special features of IRI are the following:

- IRI scripts simulate interaction between the radio "teacher" and the stu-

Breastfeeding as a Family Planning Method

A Supplement

Bellagio Meeting

In August 1988, an international group of scientists met to review evidence about the use of breastfeeding as a viable family planning method. The meeting was held in Bellagio, Italy with the support of the Rockefeller Foundation, Family Health International and the WHO Special Programme of Research, Development and Research Training in Human Reproduction. The group represented worldwide experience in the disciplines of anthropology, demography, reproductive biology, obstetrics and gynecology, sociology, infant and maternal nutrition, maternal and child health, family planning and health policy.

After reviewing 11 prospective studies, the group reached a consensus that the maximum birth spacing effect of breastfeeding is achieved when a mother fully or nearly fully breastfeeds and remains amenorrheic, ignoring bleeding before the 56th postpartum day. (Fully or nearly fully breastfeeding occurs when: breastfeeding constitutes the overwhelming majority of the baby's diet; breastfeeding frequency and duration are high and are not affected by additional feedings; and additional feedings are not replacements for breastfeeding.) When these conditions are fulfilled, breastfeeding provides more than 98% protection from pregnancy in the first six months. If menses returns, or if breastfeeding ceases to be full or nearly full before the sixth month, the risk of pregnancy increases. As soon as one of these events occurs, consideration must be given to using other means of family planning if a high degree of protection is desired.

Breastfeeding can be used either as a method of birth spacing in its own right (when there are no alternative methods available or when the couple chooses not to use other family planning methods), or as a means to delay the introduction of other family planning methods.

Demographic data indicate that in many developing countries, the protection from pregnancy provided by breastfeeding alone is greater than that given by all other reversible means of family planning combined, and that breastfeeding makes a considerable contribution to securing a two-year birth interval. Existing data from both developed and developing countries indicate that fully or nearly fully breastfeeding women who are not menstruating have less than a two percent chance of becoming pregnant in the first six months postpartum.

PHOTO: JENNY MATHEWS/FORMAT

Lactational infertility generally decreases with time. The length of time depends on the pattern of feeding and supplementation. When breastfeeding ceases to be full or nearly full, it is increasingly likely that fertility will precede the first vaginal bleed. In some cases, lactational amenorrhea continues after supplementary foods are introduced to the infant. The key to lactational infertility is that breastfeeding not be reduced and that other foods not replace breastfeeding.

Women who wish to rely on the birth spacing effect of breastfeeding should delay for as long as possible the introduction of other foods to the infant's diet but without jeopardizing infant growth and development. When additional foods need to be introduced (usually between the fourth and sixth month) women should be encouraged to continue breastfeeding frequently, day and night, to maintain their milk supply and the birth spacing effect of breastfeeding.

To successfully use breastfeeding as a child spacing method, breastfeeding should be established immediately after birth and continue for as long as possible. Exclusive breastfeeding must be practiced. Introduction of other foods should not begin until the child is 4 months of age. If the child is growing well, introduction of foods can begin later, when the child is 6 months old. If the mother cannot continue to breastfeed exclusively, she needs to consider other methods of family planning.

- The time to introduce supplementary foods should depend on the baby's growth and development. Too early introduction of supplements can undermine lactational infertility as well as introduce pathogens. On the other hand, if supplements are introduced too late, growth and development may be impaired. In general, it should not be necessary to introduce additional foods to the infant's diet until 4-6 months.
- Demands on a mother's time for agricultural work and other social or economic activities can affect breastfeeding and consequently whether or not she can use breastfeeding for family planning.

There is abundant evidence to show that birth intervals of two or more years significantly enhance infant survival and reduce maternal morbidity, particularly in less developed countries. Breastfeeding provides more than 98% protection from pregnancy during the first six months postpartum if the mother is fully or nearly fully breastfeeding and has not experienced vaginal bleeding after the 56th day postpartum. Breastfeeding should be regarded as a potential family planning method in all maternal and child health programs.

The full report of this conference is available from Kathy Kennedy, Family Health International, P.O. Box 13950, RTP Branch, Durham, NC, 27709, USA.

Breastfeeding and Fertility

by Miriam H. Labbok, M.D., M.P.H.

It is well known that breastfeeding has an effect on fertility and recent scientific study is beginning to explain the mechanisms and efficacy of breastfeeding for fertility regulation. If breastfeeding is used as a method for fertility control, two questions must be answered: 1) Can

Support for this supplement was provided by the World Federation of Public Health Associations through a grant from the William and Flora Hewlett Foundation.

breastfeeding be used as an effective method of family planning? and 2) Can breastfeeding behaviors be modified to maximize the general fertility impact?

To use breastfeeding as a family planning method, the physiology of breastfeeding must be understood. The stimulation of the breast and nipple by the infant during suckling interferes with the production of hormones that are necessary for ovulation. During the postpartum period, if a mother does not breastfeed, prolactin levels will drop off rapidly. When the prolactin levels drop, there will be a return to normal ovarian hormonal cycling by 6 to 12 weeks postpartum and the chances of pregnancy are increased. If the mother breastfeeds exclusively, a continued high level of prolactin will be produced. As long as intensive lactation continues, there will be suppression of ovarian hormones and menstruation will be absent. Pregnancy cannot occur without ovulation. As a natural child-spacing method, breastfeeding is very effective during the early postpartum months.

The breastfeeding practices necessary to suppress menstruation, also known as lactational amenorrhea, are frequent breastfeeding with no long intervals and no other food or nipple introduced to the infant. A major concern with the use of breastfeeding for fertility control is predicting the return of fertility. Past research has shown that menses return is associated with the return of fertility. However, the same researchers have noted that often ovulation will occur prior to any vaginal bleeding. In the early months postpartum, menses may be a reasonably good predictor of fertility return among fully lactating women, but after six months postpartum, menses is not a reliable predictor. This may be due to changing breastfeeding patterns as the baby grows and to the addition of complementary foods to the infant's diet.

Demographers have observed that only 2—12% of women who exclusively breastfeed become pregnant prior to menses return. The time to use an alternative child spacing method will vary for each woman. Figure 1 is a guide to determine if breastfeeding continues to be reliable on an individual basis. To develop community-wide guidelines on when lactating women should use other family planning methods, one must have a good knowledge of breastfeeding patterns and fertility rates for the community. This information can be used to determine when the majority of women should begin using another family planning method.

The optimal breastfeeding patterns are noted in Table I. These patterns, if widely practiced, will decrease fertility in the postpartum months. A decline in breastfeeding incidence and duration would increase fertility rates significantly. In some countries, such as Bangladesh, breastfeeding is a major factor in decreased fertility. Analyses of data from several countries reveal that a 25% decline in breastfeeding would result in a 2-16% increase in fertility. The increase in contraceptive prevalence needed to offset this could be as great as 700 times the current rate of contraceptive use. High fertility carries health and economic implications, while increasing contraceptive use to this degree can be expensive and practically impossible.

Breastfeeding for fertility regulation is all the more important when viewed in the worldwide context. About 90% of all infants born worldwide today are breastfed for some period of time. In the early months of life, the introduction of other foods is common, and in industrialized countries, weaning is often completed in the first 3-6 months of life. In developing countries, a much higher percentage of infants are fully breastfed and for longer periods. Promotion of breastfeeding is vital to maintain the high prevalence of breastfeeding where it is widely practiced and to increase the prevalence when it is declining. This has been done successfully in a number of developing countries.

The other benefits of breastfeeding can not be overlooked. Perhaps the best known benefit of breastfeeding is its protection against illnesses such as diarrhea. Among breastfed infants, infant morbidity and mortality due to diarrhea is dramatically lower. There is also evidence of protection against respiratory infection, otitis media and other infectious agents. A recent study from Brazil found the risk of death from diarrhea among breastfed infants to be 1/16 that of infants fed powdered milk and 1/4.5 that of infants fed infant formula.

Other protective effects of breastfeeding include protection against development of certain lymphoma, diabetes, certain allergies and some growth and development problems. Other studies indicate that breastfeeding protects against subsequent heart disease, cancer and obesity in adulthood. The positive

Recommended Breastfeeding Behaviors for Optimal Child Survival and Birth Spacing

In an effort to promote optimal child survival and birth spacing, mothers should be encouraged to:

- Begin breastfeeding as soon as possible after the child is born.
- Breastfeed exclusively until the baby is 4 to 6 months old.
- Breastfeed frequently, whenever the infant is hungry, both day and night.
- Continue to breastfeed, even if the mother or the baby become ill.
- Avoid using a bottle, pacifiers (dummies) or other nipples.
- Continue to breastfeed while introducing supplemental or semi-solid foods.
- Eat sufficient quantities of a variety of foods.

Figure 1

How to determine if a woman can use breastfeeding as a child spacing method?

A woman can use breastfeeding as a child spacing method if she can give a positive response to these three questions:

Is the baby less than six months old? NO

YES

Is the mother amenorrheic (no vaginal bleeding after 56 days postpartum)? NO

YES

Is the baby "fully" breastfed (fed frequently, night and day, with little or no supplementation)? NO

YES

If the answer is no to ANY ONE of the questions, then her chances of getting pregnant are increased, therefore she cannot rely on breastfeeding as a child spacing method. She should consider using another family planning method but should be encouraged to continue to breastfeed for her child's health.

If the woman can answer yes to ALL THREE questions, then she has only a 2% chance of getting pregnant.

nutritional benefits of breastfeeding are well known.

There are also profound economic implications of reduced breastfeeding, both for the family and country. Recent studies have shown that increases in breastfeeding would easily save countries in Africa hundreds of millions of dollars in foreign currency expenditure. The cost to feed an infant formula can vary from about US$.50 to several dollars daily. In some communities this amount represents a significant proportion of the total family budget. The cost savings related to health care vary from $2.50-$143.00 per diarrhea episode.

Breastfeeding can be used for child spacing and should be encouraged. Breastfeeding is vital for child survival and aids in postpartum maternal recovery. Research must continue to fine-tune our guidelines and understanding, but there is sufficient evidence to say that exclusive breastfeeding reduces fertility, that breastfeeding saves lives and that breastfeeding should be promoted for family planning as well as for health.

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Pakistan's Breastfeeding Campaign

by Luann Martin

A campaign to promote and protect breastfeeding in Pakistan was launched in March 1988 with the adoption by the Pakistan Pediatric Association (PPA) of a 20-point statement in support of breastfeeding. A National Committee on Breastfeeding, composed of representatives of the PPA, UNICEF, AID, and the Nutrition Section of the Government of Pakistan was formed.

Over a six-month period, the Committee prepared an annotated bibliography on breastfeeding studies in Pakistan, developed and coordinated two research studies on infant feeding practices, and planned a series of six regional seminars and a national workshop on Breastfeeding for Child Survival.

The seminars brought together nearly 1,000 health professionals, government officials, and representatives from the media, family planning associations, social welfare groups and private voluntary organizations. The two-day seminars included lectures on human lactation, breastfeeding programs, and lactation management by Derrick Jelliffe, *Patrice Jelliffe*, and Audrey Naylor. The seminars also provided an opportunity for local researchers to report on their studies.

Recommendations from each seminar formed the basis for discussion at the national workshop. Workshop participants recommended the establishment of a permanent committee responsible for formulating programs, providing technical assistance, disseminating information, stimulating operational research, and monitoring and evaluating programs. Other recommendations included adoption and implementation of a Code of Marketing of Breastmilk Substitutes, development of educational materials and training programs, and preparation of standard policies and guidelines for health facilities.

The National Breastfeeding Committee has tried to sustain the momentum generated during the seminars through personal communications to health professionals, articles in journals and conferences. At the February 1989 conference of the Pakistan Pediatric Association, the Committee set up a breastfeeding display.

During the conference, a meeting was held to discuss the value of developing explicit newborn feeding guidelines for hospitals. A pediatrician attending the meeting reported that a hospital in Lahore had adopted as its policy objective that "every baby born in Lady Willingdon Hospital will receive its mother's milk and breast milk alone." A Breastfeeding Promotion Committee in the hospital made up of four obstetricians, a pediatrician, the hospital administrator and the matron developed guidelines for implementation of this policy. During the first three months after the initiation of the hospital's breastfeeding campaign, the percentage of exclusively breastfeed newborns jumped from 42 percent to 84 percent.

Over the next few months, the National Breastfeeding Committee will be developing a national newborn feeding policy that can be issued to health facilities. The Committee will be identifying ways of training health care providers so that they are better equipped to support and assist lactating mothers. A study tour of infant feeding programs is being planned for health policymakers.

In many child survival programs, breastfeeding is a peripheral issue. The breastfeeding campaign in Pakistan is putting breastfeeding along side oral rehydration therapy, immunization and growth monitoring as a major component of child survival activities.

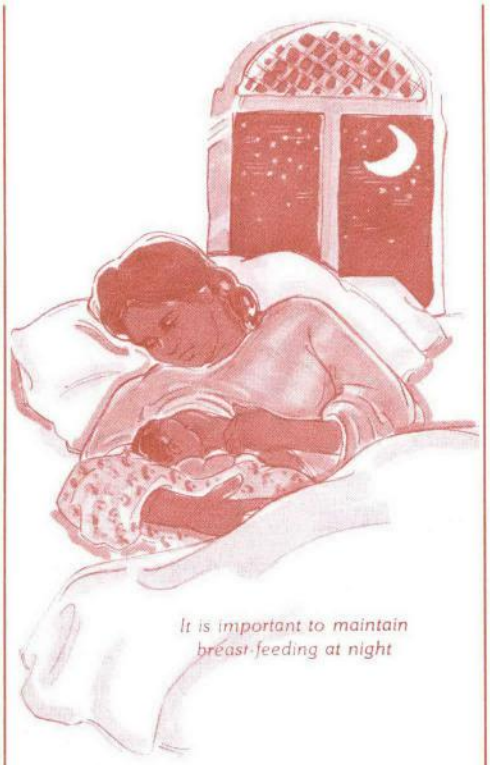
Luann Martin is a breastfeeding consultant for UNICEF in Pakistan.

Breastfeeding and Child Spacing. What health workers need to know.
available from World Health Organization, Programme on Maternal Child Health and Family Planning, Division of Family Health Avenue Appia, 1211 Geneva 27, Switzerland. English. 1988.
This brochure gives physicians and other health workers information on the relationship between breastfeeding and child spacing. It is written particularly for audiences in developing countries. The information provided can be used to counsel new parents and to develop educational programs to promote breastfeeding. It also contains information on the advantages and disadvantages of different family planning methods for breastfeeding women.

Programmatic Guidelines for Breastfeeding Support and Promotion in Family Planning and Child Survival Programs
available from: Institute for International Studies in Natural Family Planning, Georgetown University, Washington, DC 20007, USA. English. 1989.
The purpose of these guidelines is to assist health workers who counsel breastfeeding women about why to breastfeed, how to use breastfeeding as a birth spacing method and when and how to begin using another family planning method. The guidelines can also be used by program leaders in planning the implementation of a breastfeeding component in ongoing programs.

Two Mothers
available from: IPPF Distribution Unit, P.O. Box 759, Regent's park, London NW1 4LQ, UK. English, French, Swahili and Portuguese. 1988.
This is a film which looks at the contrasting lives of two mothers in Kenya and investigates the benefits which family planning has brought to them and their children. It is available as a 16mm film or video in PAL, NTSC and SECAM for VHS or beta equipment. A booklet accompanies the film. It gives more information about the two women's experiences of life, marriage and motherhood.

A Mother's Guide to Breastfeeding Breastfeeding: a Nurse's Guide.
available from: The Population Council, 1 Dag Hammarskjold Plaza, New York, NY 10017, USA. English and Spanish (Mother's Guide) 1988.
These two booklets were produced by the Population Council with assistance from the Program for Appropriate Technology in Health (PATH) and the Nursing Department at Metropolitan Hospital in New York City. The booklets are designed to complement each other. Information in the nurse's guide supplements the information in the booklet for mothers and is more technical.



It is important to maintain breast-feeding at night

ILLUSTRATION: WHO BOOKLET

Breastfeeding: A Prevention and Treatment Necessity for Diarrhea.
by S. Huffman and C. Combest
available from: Center to Prevent Childhood Malnutrition, Suite 204, 7200 Wisconsin Ave., Bethesda, MD 20814, USA. $3.75 prepaid. 1988. Single copy available free to readers in developing countries from the Clearinghouse.
This paper discusses the beneficial effects of breastfeeding in preventing morbidity and mortality from diarrhea. Two recent studies from Brazil and Peru are analyzed. The paper also covers some recurring issues concerning breastfeeding including: quantity and quality of breastmilk and adequacy of growth of exclusively breastfed children. Finally, some priorities for further research concerning breastfeeding and diarrheal disease control programs are identified.

Successful Breastfeeding
available from: Royal College of Midwives, 15 Mansfield Street, London, W1M OBE, UK. Price £2.50. 1988.
This pocket-sized booklet was written to help midwives in Great Britain provide more effective advice and support for the breastfeeding women in their care. The publication is well-organized and comprehensive and includes chapters on: understanding how a baby breastfeeds; duration and frequency of feeds; correct positioning of the baby on the breast; factors which support breastfeeding; factors which undermine breastfeeding; and antenatal and postnatal considerations. Additional information is included on breastfeeding under special circumstances i.e. premature infants, twins etc. Appendices are included on the WHO Code of Marketing of Breastmilk Substitutes and the U.K. Code and a list of selected national and international organizations supporting breastfeeding, particularly breastfeeding support groups.

The publication anticipates the most frequent questions about breastfeeding and answers them clearly and consisely. A list of current references is provided for each chapter.

Resource Directory: Recommended Materials for Training and Advocacy in Breastfeeding Programs.
by Margaret Kyenkya-Isabirye
available from: UNICEF, 3 UN Plaza, New York, NY 10017, USA. July 1988.
This 12-page annotated list contains information about current breastfeeding resources and is organized in five sections: videotapes, films, slides; standard references; lactation training reference books; and sources for information and materials. A list of names and addresses of all the sources cited is provided.

Breastfeeding: Passport to Life
by Naomi Baumslag, M.D.
available from: UNICEF, 3 UN Plaza, New York, NY 10017, USA. 1989.
In December 1988, UNICEF and the National Council for International Health sponsored a meeting of breastfeeding advocates. Representatives from a variety of organizations worldwide attended. This publication is a summary of the workshop. It includes an overview, summaries of the technical papers and working group sessions and conference recommendations.

Supplement
Additional copies of this *Mothers and Children* supplement are available from the World Federation of Public Health Associations (WFPHA). WFPHA is a union of national public health associations striving to strengthen the public health professions and to improve personal and community health throughout the world. Founded in 1967, the Federation represents more than 40 national members. For more information, write: WFPHA, c/o APHA, 1015 15th Street, NW, Washington, DC 20005, USA.

dents. The interactive radio lessons do not replace the classroom teacher but support both teachers and students in the learning process.

■ The lessons introduce new topics in a systematic way and engage students in problem-solving activities so that they learn by participating.

■ Students can participate by responding aloud to questions, circling pictures on their worksheets, writing in their notebooks, reading words written by the teacher on the blackboard, singing or doing physical exercises. There is intensive drill and practice, both oral and written. Students are given a chance to answer questions during carefully timed pauses, every 20 to 30 seconds. Following the pause, the correct answer is given by the radio "teacher".

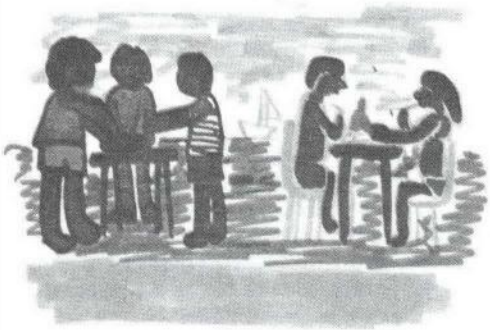
A health and nutrition oriented educational program presents special challenges because diet and eating habits are influenced by socio-cultural beliefs and attitudes. Knowledge and respect for such beliefs and the ability to integrate them into acceptable health messages requires great sensitivity on the part of program developers. To meet the needs of teaching a health curriculum in Bolivia, EDC conducted extensive field research in the areas of health and nutrition before developing the program plans. To ensure the design of an appropriate health curriculum for primary schools, ethnographic research was carried out in the following areas: cultural beliefs and perceptions of health issues, family health practices, attitudes towards written and audio materials, children's roles in health and nutrition and traditional stories and legends related to health and nutrition. This information will be incorporated into the IRI lessons.

To maximize impact, activities and practices that children have control over and can do for themselves (such as washing their hands) will be emphasized in the curriculum. Complementary IRI program materials will include take-home exercises designed to involve family participation, and teachers' guides to provide teachers with practical hands-on activities to strengthen children's understanding of basic health concepts. Short in-service training sessions will prepare teachers to facilitate radio classes and carry out post-broadcast activities with students.

The potential of IRI for improving student and teacher understanding of health and nutrition is only beginning to be recognized. Future parallel activities to reinforce the objectives of the primary health IRI project could include broadcasting messages to parents which support what children are learning in the schools. An integrated and comprehensive approach will be key to improving the quality of health education in Bolivia.

This article was prepared by Molly Maguire Teas and Thomas Tilson of Education Development Center, Newton, MA, USA.

ILLUSTRATION: EDAPROSPO BOOKLET



Peru: Children as Health and Nutrition Promoters

Between 1985-87, EDAPROSPO, a Peruvian non-governmental organization developed a health training program for students of thirteen grammar schools in three districts: Huaycan, San Martin de Porres and Comas. The main goal of the program is to prepare children to be responsible for their health and environment and to strengthen school health "delegates" and health teams. The delegates are children selected by their classmates to work with teacher volunteers to form health teams. It is hoped that children who participate in this program will have a replicator effect on their families, friends and neighbors.

During the first phase of the project, with guidance from their teachers, students developed booklets on environmental sanitation, child health, nutrition, first aid, social disease and sex education. They selected the topics and contributed to writing the text and illustrating the booklets. The booklets are designed to encourage discussion. At the end of each section, questions or suggestions for activities are given to help children learn about the issue. For example, the booklet on nutrition shows the different kinds of foods eaten in the different regions of Peru.

For teachers, there is a manual that defines the issues to be discussed. It encourages discussion about new ways to solve problems, stimulating further collective efforts to find solutions suitable for each situation.

This project is now being extended to other 10-14 year old school children and community groups in the area. Working with the Ministry of Education, the project aims to reach a total of 57 schools, 312 student delegates and 3300 school children. The activities will be expanded to include an evaluation of the main health problems in the community, identification of vulnerable groups and community leaders who are interested in supporting children in project activities. More materials will be developed; again children will participate in their development. EDAPROSPO is also collaborating with another group, ALTERNATIVA, which is working with children 3-6 years old. Both groups are funded by Radda Barnen, a Swedish development agency, and stress the importance of working collaboratively so that training at pre-school level is linked to training at the grammar school level.

Hildy Nugent has worked with women's projects in the Andean region and provided the information for this article.

The Nutrition Magician:

Integrating Nutrition Into Basic Education

by Christine Hollis

Children, I am the nutrition magician! I do my magic with food to keep you growing and healthy. I know how to make you into nutrition magicians too!

So begins a special reading primer that is part of an innovative curriculum used in the primary schools in Jamaica. Children reading it discover such things as how to beat the "anemia monster," or how to avoid "junk food" and save their teeth. This primer and other educational materials were produced in 1985-1987 as part of the Jamaica Primary Education Nutrition Project (Nutrition Magician Project). The project was carried out by the Education Development Center (EDC) in collaboration with the Jamaica Ministry of Education, UNESCO and AID. Its primary purpose was to determine whether integrating nutrition education into already existing school curriculum was an efficient way to increase students' nutritional knowledge and reading skills at the same time.

The program also addressed three major questions.

- Can the nonformal education process of involving parents and teachers improve the development and ongoing support of an appropriate educational program?
- Can social marketing research techniques be used to develop sound concepts and action-oriented messages for school programs?
- Can students' learning of nutritional concepts translate into longer-term behavior change?

To answer these questions, the project used a fusion methodology that drew on techniques of formal curriculum design, non formal education and market research. This process resulted in lessons that used practical life problems to clarify the utility of technical nutrition concepts, while using a variety of reading formats to challenge readers of different abilities.

An effort was made to directly address children, rather than mothers, on the subject of nutrition and health for several reasons. For one, children form eating habits and preferences early in life. However, primary school children's dietary behavior, though established, may not yet be "set in stone," and therefore susceptible to change through school-based education. Also, peer pressure or support may reintroduce learning that takes place in school. Children's choice of foods, particularly during the day when they are away from home, is often influenced more by their friends than by their parents. By encouraging each other to practice more beneficial eating habits, students should more easily accept these behaviors. Finally, in developing countries, older children often care for their younger siblings.

Several social, structural and educational factors favored the program's implementation in Jamaica. For one, the Ministry of Education supported school-based nutrition education. Surveys indicated that many students were below average weight-for-age and had anemia and improper habits such as eating junk foods and skipping breakfasts. Teachers reported that students often fainted in class due to hunger. Since studies also showed that approximately 50% of primary school leavers could not read at minimum required levels, the Ministry was emphasizing the improvement of reading skills. Finally, Jamaica has an active parent-teacher association network and well-trained teachers.

Despite this, the project had to grapple with some major constraints. Serious economic troubles meant that fewer teachers and Ministry staff were available to work in the educational sector. This meant the remaining teachers had even less time than usual to adapt to and utilize new materials and lessons. Beyond this, most teachers were not trained formally in nutrition. For this reason, the program was designed to be as undemanding as possible for teachers, using reading materials that were self-explanatory and integrating them into the regularly scheduled language arts period.

Step 1: Planning Research

The first step in the process of curriculum design was to hold focus groups with 4th and 5th graders, teachers and parents. Group discussions with representative parents and teachers provided insight into such things as food availability, perceptions of food considered to be "high status" (imports) and "low status" (vegetables), family preferences for foods that "fill them up" (starchy foods) and dietary practices.

Formative research with students provided input on the visual abililites of children; their food preferences; their perceptions of what foods made them strong, clever and healthy; their roles and responsibilities at home; and their reasons for eating or not eating certain foods. They also were asked to identify their favorite heroes or role models, and what types of publications they liked to read, such as comics. From this, staff members were able to get a sense of how best to present action-oriented messages that would fit the realities of rural life. For example, because parents felt that it was impossible to insist on "three square meals a day," a more realistic focus was placed on getting children to eat a variety of foods throughout the day.

Step 2: Baseline Survey

A specialist from EDC worked with the Ministry to formulate an appropriate baseline survey instrument to measure primary school students' reading ability and knowledge of nutrition. The reading section focused on word recognition, structural analysis (synonym/word definition) and comprehension at grade levels two through five. The nutrition section of the test measured students' awareness of general food-related issues and concepts; as well as specific knowledge of the value and function of particular foods. Results indicated that the curriculum should emphasise how foods affect the body, why people need to eat a mix of different foods to be healthy, that some foods can be substituted for others that are unavailable or expensive, and that messages should use a limited vocabulary.

Step 3: Collaborative Materials Design Workshop

Jamaican officials, reading specialists, nutritionists, teachers, principals and parents were invited to a special workshop. Using the results of the baseline, participants selected the appropriate nutritional information to be presented in the school materials. They provided suggestions for the format, as well as for activities that children could carry out to improve their dietary practices. Several participants developed prototypes of some educational materials, while others recommended ways in which parents could promote the program in their communities. The workshop's emphasis on collaborative working relationships minimized the top-down aspect of providing new materials to teachers, and increased teacher familiarity with both the project and lessons. Teachers were motivated to use the materials while many parents pledged support. All participants expressed satisfaction at having contributed to the design of materials.

Step 4: Materials Development and Testing

After the preliminary materials had

been analyzed, curriculum developers from the Ministry of Education, writers, education specialists and artists spent several weeks designing, adapting and adding to the prototype materials. These materials were further revised based upon the comments of education specialists, nutrition educators and children's book designers. In 1986, final drafts of the student reading primer, a teachers' guide and supplementary materials were produced. A theme and main character were chosen for the educational package. The character chosen was a "nutrition magician." This character demonstrated how the children could also become nutrition magicians by learning and following the nutritional behaviors emphasized in their primer.

The focus is not on dietary facts per se. Rather, concepts are introduced in stories to help children understand such issues as how foods affect the body and why certain eating habits can improve their well-being. Students learn that it's important to eat a mix of "go," "grow," and "healthy helper" foods to maintain a healthy body. Actions the children can take themselves to improve their health are emphasized. These activities include: avoiding junk foods; eating a mix of different foods during the day; eating foods that have iron, such as *callaloo* (a dark green vegetable) and eating breakfast before going to school.

A variety of formats were used to stimulate interest and to cater to children of different reading abilities. These included stories, poems, flash cards, and comics. Posters describing the food groups were also distributed to classes. Thus, children read a story about a boy who fainted in class because he had not eaten any breakfast, but who learned to change his habits. Or, students with less-developed skills learn from a comic strip how a girl beats the anemia monster by eating dark green leafy vegetables and meat. Each lesson introduces nutrition-related vocabulary and includes a series of questions and student-centered exercises.

At a second teachers' workshop, the primer and teachers' guide were reviewed and critiqued. Pretesting of the primer was also carried out with 4th and 5th grade students. Students read the stories aloud and responded to open-ended questions related to the stories and illustrations. The results of this pre-test indicated that the children enjoyed the format and style of the primer and that they usually were able to grasp the message in each section. However, their feedback also led to several adjustments in the illustrations (changing faces to look more like them), in the sequencing of the cartoon sections, and in rewording several passages to make the information clear. Revisions to the primer were made and more information was provided to the teachers in their guide so they could handle particular nutrition-related questions the children had raised.

Step 5: Project Implementation and Monitoring

The revised educational materials were pilot tested with 4th and 5th graders in 15 schools in the rural Clarendon parish. Sixty-nine teachers in these schools used the "Nutrition Magician" primers and support materials during their regular language arts periods. An evaluation specialist and Ministry staff devised a set of monitoring forms to solicit systematic feedback from teachers on how each segment of the manual worked in the classroom. Ministry officials gathered these forms at specified times during the project period and analyzed them. This provided information on how fast teachers were progressing with the lessons and helped identify problems that could be remedied.

Step 6: Program Evaluation

The evaluation system was established to provide a means of assessing the educational materials and the impact of the program on reading skills, nutrition knowledge and dietary practices. Teachers' monitoring forms provided feedback on each section of the manual. Other specific evaluation components measured impact. These included: (1) a basic reading skills exam administered as a pre-test to pupils in five pilot schools and in two control schools; (2) a curriculum-based nutrition test, administered in the same way as the reading skills exam; and (3) an inventory of foods eaten in the past 24 hours for a sample of children. These children completed the inventory before and after participating in the program. The inventory helped staff assess whether nutritional habits had changed. Results of the evaluation were presented at an evaluation conference at the end of the school year. This was also a forum for teachers to discuss their experiences with the materials and provide suggestions for further changes.

The evaluation indicated that the project accomplished a number of objectives in a very short period of time including: (1) student interest in the materials was very high; (2) students in the project schools made modest but statistically significant gains in nutritional knowledge, while students from the control schools did not; and (3) students participating in the program made greater gains in reading skills relative to pupils in the control schools. Even more important, children in the project schools changed certain eating habits. Many of them were eating more fruit and vegetables and drinking milk; eating better breakfasts; and cutting down on junk foods at lunch and snack times. Teachers reported children discussed what they ate and bought at lunch; that more pupils bought lunches at the school canteen. Vendors of sweets and packaged snack foods reported a drop in sales.

It appears that several factors are involved in bringing about these positive results. For one, children latched onto the nutrition magician character and theme and liked a variety of reading formats used, as well as the use of language and pictures rooted in the local setting. Teachers and ministry officials were pleased with the bottom-up, collaborative approach to developing materials.

Other factors having a positive impact included the use of a student-centered, active learning approach — getting students to take responsibility for some of their actions, basing the messages on students' actual abilities and the realities of their lives and the integration of the educational program with other aspects of school life such as the school vendors and canteens. The Jamaica Nutrition Magician Program has demonstrated that integrating simple but important nutrition messages into primary school curricula represents a potentially and highly effective method for formal school nutrition education.

Christine Hollis is a communications specialist from the Education Development Center, Newton, MA, USA.

From the Clearinghouse on Infant Feeding and Maternal Nutrition

Pied Crow's Environment Special Magazine
available from: CARE-Kenya, P.O. Box 43864, Nairobi, Kenya. English.
This cartoon magazine is written for school children and their teachers. Each issue has a health theme. It covers background information, explains how a disease or condition is caused and transmitted, and how to prevent it. It also includes activities for children and guides for teachers. The magazine has been developed as a supplement to the primary school health sciences curriculum.

Action the Environmental Health Magazine
available from: Action Team, Box 4696, Harare, Zimbabwe. English.
Action is also written for school children. Comics, photographs and other illustrations are used to convey information and messages about different health and environmental issues. A teacher's guide and suggestions for children's activities are also included. The magazine is written for children in Southern Africa.

The Learning Environments of Early Childhood in Asia
available from: UNESCO Principal Regional Office for Asia and the Pacific, P.O. Box 1425, General Post Office, Bangkok 10501, Thailand. English.
This is a report on a workshop sponsored by UNICEF, UNESCO and IDRC that was attended by researchers and early childhood educators from seven Asian countries.

Nutrition Comes Alive and Nutrition for Life
available from: Health Research Inc., Health Education Service Division, P.O. Box 7126, Albany, NY 12224, U.S.A. Prices listed are for overseas, includes postage.
These materials were developed by Cornell University for New York State schools to support a comprehensive nutrition curriculum that promotes sound eating habits for a lifetime. The program includes teachers' guides, student activities, work sheets, posters, and audiotapes. All materials have been tested and are currently being used in over 4000 schools, reaching nearly two million students. The materials come in three parts:
1. *Nutrition Comes Alive* teaches young children about healthy food choices. There are seven modules designed for children in kindergarten through grade 6. ($38 per set)
2. *Nutrition for Life* (Grades 7 and 8) help young people develop problem-solving, decision-making and resource management skills as well as acquire basic knowledge about nutrition and health. ($40 per set)
3. *Nutrition for Life* (Grades 9-12) consists of three modules that teach skills for living. ($16 per subject)

Children Lead the Way in Burkina Faso
by M.B. Kabre and H. Beyeler-Von Burg
available from: UNICEF Ouagadougou, BP 4320, Burkina Faso. English and French.
This is a record of how a kindergarten came into being in Lugsi, a village in Burkina Faso. It shows how the villagers began caring for the welfare and future of their young children in a new way, and how this experiment has become a hope for the whole country. The International Movement ATD Fourth World and UNICEF Ouagadougou produced this book for the people of Burkina Faso so that this story can serve as a reference and an incentive.

Children's Rights Need International Protection
available from: UNICEF, Division of Information and Public Affairs, Unicef House, 3 UN Plaza, New York, NY 10017, USA.
This brochure summarizes the highlights of the draft Convention on the Rights of the Child, which was prepared by the United Nations Commission on Human Rights. The convention is a set of international standards and measures which signatory countries agree to adopt and incorporate in their laws to protect the rights of the child. This treaty recognizes the particular vulnerability of children and brings together in one comprehensive code the benefits and protection for children which are now scattered in other agreements. Widespread popular support is needed to win approval in the UN system and then be ratified by States to take effect. This brochure explains the significance of the convention and its contents and contains suggestions on what can be done to gather support.

Child-to-Child Publications
The following publications are available from: TALC, c/o Institute of Child Health, 30 Guildford Street, London WC1N 1EH, UK.

Happy Healthy Children
by Janie Hampton
This is a source book for anyone taking care of children. It covers basic principles of good health including nutrition, hygiene and prevention of illness, as well as the action to take on illness and injuries.

Toys for Fun
edited by June Carlile
Recognizing the importance of play and toys in the development of children, this book shows, through detailed illustrations, how toys can be made from readily-available and inexpensive materials using simple methods.

Child-to-Child
by Audrey Aarons and Hugh Hawes
This book sets out the general strategy for working with school-aged children and communities. It contains ideas about how children can help each other and their communities attain better health.

Child-to-Child. Another Path to Learning
by Hugh Hawes.
available from: UNESCO Institute of Education, D2000 Hamburg 13, Federal Republic of Germany
Through a historical review of the development of the child-to-child concept, the objectives, activities and achievements of the past ten years are described. Following an analysis of achievements and problems encountered, the author outlines some directions for the future. Fifty examples of child-to-child activities and samples of materials are included in two apendices.

Call For Drawings

Mothers and Children is soliciting drawings by children to be used in the newsletter. Drawings should show nutrition or health related activities with women and children. We are interested in drawings of: children playing, children eating, children gardening, children caring for children, women breastfeeding and women working.

The drawings should show clear, positive situations. Those drawings selected will be published in upcoming issues of *Mothers and Children*.
1. Drawings can be done in any material.
2. Drawings should be sent to *Mothers and Children* by September 1, 1989. The address is; *Mothers and Children*, c/o APHA, 1015 15th St. NW, Washington, DC 20005, USA.
3. Label each drawing on the back with the name of the artist, age, address and a brief description of the drawing.
4. Entries will remain in the *Mothers and Children* archives for future use.
5. If a drawing is selected for publication in *Mothers and Children*, a book will be sent to the child.

→ WDH
cc: NC

Bernard van Leer Foundation

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Dr Wadi D. Haddad
Executive Secretary
World Conference on Education for All
UNICEF House
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United States of America

The Hague, 8 June 1989
X(593)89-276

Dear Dr Haddad,

Following your letter to Dr A.W. Wood of April 17, his reponse of May 11 and our subsequent discussions with Dr Carletta, I am now - in the absence of Dr Wood - enclosing an outline of the Bernard van Leer Foundation's paper for the World Conference on Education for All in 1990.

If you have any observations, please let me know.

Yours sincerely,

Liesbeth J.A. Zwitser
Deputy Director
Department of Programme
Development and Training

THE PRE-CONDITIONS OF THE EDUCATIVE PROCESS

Outline of a paper to be delivered by
The Bernard van Leer Foundation
The Hague, Netherlands
to
the World Conference
'EDUCATION FOR ALL: Meeting Basic Learning Needs'
Bangkok, Thailand
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1.0 GENERAL INTRODUCTION

1.1 For the past quarter of a century, the Bernard van Leer Foundation, based in the Netherlands, has supported projects whose primary aim has been to improve the educational opportunities of disadvantaged young people, by stimulating local and national provision for early childhood care and education.

1.2 Working in more than 40 countries, the majority of them in the developing world, it has fostered efforts among the most deprived, vulnerable and often marginalised communities to improve the condition of the young and their families and, in doing so, to influence policy-makers about the importance of early childhood experiences.

1.3 As a result, the Foundation has developed a three-part strategy:

a) to support local programmes for disadvantaged families and communities which focus on the needs of their children;

b) to assist these communities in developing culturally appropriate and sustainable models of early childhood education within these communities to act as potential templates for further development; and through this,

c) to influence national policies to learn from these local experiences and hence provide the necessary resources and support to develop national programmes in this field.

2.0 'EDUCATION' and 'SCHOOLING'

2.1 Given both this brief and our experience, we begin with an assertion: 'education', the age-long process of self-realisation and development, transcends 'schooling', the usually formal process whereby societies transmit knowledge from one generation to another. We emphasise this difference between 'education' and 'schooling' because we recognise that learning begins at birth (or before); that it is a continuous activity that interacts constantly with its environment; and that it is therefore not exclusively dependent on formal school systems, important as these are.

2.2 But we go further and suggest that in the absence of a stimulating and supportive pre-school learning environment that involves the young child and its community, many of the potentially beneficial effects of schooling are lost. Among disadvantaged communities which lack the essential enhancing environment, school systems can alienate as many children and their parents as much as they can enhance and inspire others. It is one of the ironies of the Foundation's experience that in many economically-developed countries - from Sweden, The Netherlands, United Kingdom through to the United States - efforts often have to be directed at mitigating the effects of highly-developed school systems on these most vulnerable communities.

2.3 It is not that we wish to ignore or down-grade or in any other way devalue the importance and relevance of 'schooling' as part of the educative process, or to ignore the considerable sacrifices emerging nations are making to create viable school systems for their children. Far from it. Education is a basic human right, which we both recognise and endorse. To pretend otherwise is to disenfranchise those who should, in fact, benefit most from the process. The Bernard van Leer Foundation has itself, over the past quarter of a century, been involved in supporting and developing the necessary resources to assist many countries, from Kenya to Jamaica, in that process, recognising the essential interplay between 'schooling', 'learning' and 'education'.

2.4 In doing so, however, we now also recognise that for 'schooling' to benefit all children and their families - and not just those who are in the best position to take advantage of it - we have to revise considerably our traditional concepts of so-called formal education, as well as the interplay between the learning processes of children, their families and communities. Hence we welcome the call by this conference for 'a new vision' to pursue the goals of providing effective learning for all, and we endorse the objectives of striving for universal access to educational services, retention in educational programmes and stimulating learning achievement.

2.5 Our thesis is that to achieve these eminently desirable aims we must recognise that the roots of the educative process are not to be found uniquely within school systems, but have their origin in a complex interplay of personal, familial and community determining factors that lie outside formal schooling, but which nevertheless directly influence the outcomes of that schooling. Moreover, we believe that those factors, working together, have their most potent effects in the formative years of life, long before formal schooling begins.

2.6 The roots of scholastic achievement and cognitive development are not exclusively mediated by the well-documented socio-economic variables that affect all children, nor by the inherited qualities unique to each child. They lie, as well, in a psycho-social dynamic involving a matrix of relationships between children, parents, families and communities. As such, they are to be found in children's 'affective' as well as their 'cognitive' domains.

2.7 Arising directly out of this observation, we conclude that rather than focusing on one or two individual aspects of a child's development (such as cognitive skills training, or language development), we must take 'the whole child' as our remit. By this we mean all aspects of a child's development - its proper nutrition, its state of health, its ability to play, both alone and with other children and with adults,

and its general well-being. This concept of 'the whole child' recognises that a lively and positive interaction with both its human and physical environment is an essential prerequisite for the development of the learning process.

2.8 If we ignore the factors that make up this pre-learning matrix and focus too exclusively on the inputs and outputs of formal learning systems, we may inadvertently invalidate much of the potential benefits of the school systems themselves. More positively, we believe (and much current research, notably in the area of 'resilience', encourages us in that belief) that by providing a facilitating environment we can capitalise on schooling to improve individual and collective performance, making the most of what schools have to offer children and their families. We know that schools have much to offer: we also know that, unless the pre-conditions for sustained and organised learning have been met, and the supportive environment continues to be maintained throughout childhood, much of this potential will be wasted and, worse, become counter-productive.

2.9 Moreover, our experience tells us that we can, while establishing the pre-conditions for learning, also generate other outcomes, such as the development and enrichment of parents themselves, of families and of entire communities. These are not marginal, additional benefits accruing to an essentially child-based programme. Rather, they are the complementary outcomes of an approach which is focused on enhancing the quality of the relationships between adults and children.

2.10 Hence adult education and literacy and skills learning, health education, nutrition and a host of other, related issues are all, in our view, vital components of an enabling or empowering process that involves all the facets of community. There are growing indications (discussed below) that this process has demonstrable and sometimes long-term outcomes: on the problem of school 'wastage'; on children's personal school attainment and satisfaction; and in family and community development. As such, this developing body of evidence suggests that it is also a highly cost-effective approach which, in itself, has important implications for resource allocations, for the design and support of local programmes, and hence for national policies in the fields of education, social welfare and health, as well as representing a vital contribution to the field of general human development.

3.0 DEVELOPING THE 'NEW VISION'

3.1 In order to better explain our theme it is worth considering where we came from. Until the early 1950s, the pre-school years were largely conceived of in terms of children's survival, health and discipline. Provision for young children was, as a result, largely custodial in nature, inspired more by the need for mothers to go out to work than by any belief in the inherent abilities or needs of children themselves. There had, of course, been pioneers like Froebel and Montessori who had illustrated both the cognitive potential and the social needs of young children, and individual teachers in both the West and the East who had promoted the unique qualities of early childhood. Yet despite the monumental work of, for instance, Piaget, it was still generally assumed that there was nothing much that could be done with, or for, the young child before it reached school-going age, other than ensuring

its healthy development as it gradually grew from babbling infant to studious pupil.

3.2 As it became clearer that the early years of childhood represented a rich developmental area in its own right, the emphasis of programmes altered to take account of the prevalent idea that human potential could be 'boosted' through early stimulation and reinforcement. In the language of inter-planetary rocketry so prevalent at the time, young children could be put into a new cognitive orbit, pulling them away from the handicapping gravitation of poverty, social inequality and deprivation.

3.3 But two points arose. The first was an asssumption that children who did not appear to benefit from existing school systems were in some way 'flawed'. There was something wrong with them, something missing, which had to be put right, or to be replaced. This led to a 'deficit model' of intervention, in which children had to be 'compensated' for their inherent deficiencies.
Second, the focus of intervention was now to be, specifically, the child itself. It had to be 'treated' in some specific way, because if we could somehow give the child a head start, the effects would roll on, accreting like compound interest, to enable them to catch up, or even overtake, their more advantaged peers. All that was required, it seemed at the time, was to find the right pre-school curriculum, the right teachers, the right programmes: and the more structured, the better.

3.4 That search - in which the Bernard van Leer Foundation played a full part - had an inconclusive outcome. Certainly, the output of a few of the USA Head Start programmes has indicated that working with very young children can indeed have dramatic and long term results. In general, however, it has been found that programmes which focus exclusively on children themselves and seek essentially cognitive gains, whilst having some initial impact, tend to produce results which 'wash out' over time, leaving matters very much where they were before. The exceptions have proved to be programmes where there was some measurable parental involvement.

3.5 This indicates that the kernel of our efforts in trying to maximise children's abilities and their subsequent life chances should lie, not just in working with the children themselves, or with the programme, or even with the parents themselves, but rather with the interaction between all of them. For what the most recent evidence has been saying is that the proper focus of our attention should be the quality of the relationship between parents and children; between children and their peers; between parents and their communities; and between the communities and the wider society in which they operated. 'Personal relations appear to form the matrix within which learning takes place' said Margaret Donaldson (1978), after studying the processes that affect children's thinking.

3.6 Let us consider a community which has none of these qualities: which is paralysed by apathy, malnutrition, squalor, depression, marginalisation, high birth-rates, coupled with huge infant mortality rates. A good example might be the Chocó area in the north west of Colombia: lacking roads, infested with malaria, with one of the highest rainfalls in the world. To make formal learning available in such a community, it is not enough to simply provide the facilities, the

books, the curriculum and the teachers, even if these are available. What is needed is to instil some sense of relevance, some semblance of hope and of sheer survival in the community, battling against the tide of adverse factors that threaten to swamp each daily life.

4.0 The FOUNDATION IN THE FIELD

4.1 In that kind of scenario, the Bernard van Leer Foundation has developed a style and methodology which embraces an 'empowerment' model but operates, uniquely, with a focus towards early childhood care and education.

4.2 First, we have to recognise the handicapping nature of the environment for many of our communities - whether it is the malarial infestation of the jungle, the polluted water supply of the rural village or the drug-dominated sub-culture of the inner city. In order to succeed we have to tackle the environment itself, and do so <u>through and with</u> the communities which strive to survive in them. There is, therefore, a strong element of community development which runs through many of our projects. But it is community development with an essentially 'enabling' characteristic.

4.3 The essence of effective strategies, we now believe, is that they build from the grassroots upwards; the work, the creativity, the energy and, above all, the commitment has to come from the people. But to create the kinds of positive interactions that we believe are essential, local families must not only be involved, but must feel that they are in control of events affecting their own lives. In the field of early childhood care and education, that means that provision must be <u>affordable</u>, manageable, and locally appropriate. It has to be <u>culturally-grounded</u>; that is, speaking to the local community in both a language and a culture that is locally relevant. It must be <u>democratic</u>, allowing communities to affect change and to be involved. And it must be <u>organic</u>, leading to further development and change. But above all, it must <u>involve</u> local people. Professionally-controlled and prescribed services tend to focus on the 'treatment' of problems or the prevention of negative outcomes, as well as promoting external agendas. 'Empowering' means addressing the agendas of local families and children.

4.4 Within this broad remit we do not differentiate between adult education and pre-schooling; between skills training and early stimulation; between teaching mothers to sew and cook and develop income-generating activities, communicating with their children and involving them in creative play. Indeed, we would argue that they are concomitant. Because, primarily, we stress the quality of the relationship betweeen parent and child, family and community, we see a particular importance in emphasising that the growth of an adult - in knowledge, in confidence, in self-esteem, in skills - is an essential component in the growth of a child.

4.5 How does such a remit look when it is operational in the field? Inevitably, because local circumstances, cultures and resources differ, it is not possible to offer a stereotype or 'model' which can readily be transplanted from one scene to another, and we would reject such model-building as being entirely opposed to our approach. Instead, we can offer a number of sketches of Bernard van Leer Foundation-supported

projects which, in their varying contexts, contain elements of the approach being used.

4.6 We would, intentionally, draw them from a variety of different environments and contexts: from Southern Italy, Colombia, Peru, Israel, Nicaragua and the United Kingdom, partly to demonstrate how different settings and cultures dictate different emphases, and partly to indicate how, despite these differences, similar components reappear in a variety of contexts.

5.0 THE IMPLICATIONS FOR PRACTICE

5.1 What do these examples say to us for practice? They show us, essentially, that people need to feel that they have control over their own lives, their own resources and their own development if they are to benefit from services.

5.2 They demonstrate the importance of heeding, in particular, the needs of women in the community; women who are largely responsible not only for child-rearing, but for the rural economies of those countries.

5.3 They indicate that adult education is indivisible from child education; that, as parents grow, so do their children. And they illustrate that, when it comes to the delivery of professional services, these should be mediated by those who belong to the community, rather than by professionals themselves, however benign their intentions. Hence the focus on para-professionals drawn from the same community, on a 'democratisation' of knowledge, and on styles of service delivery (such as home visiting) which meet the needs of local families.

6.0 THE EVIDENCE OF CHANGE

6.1 To what extent do these projects provide hard evaluation data which support our thesis that an 'empowerment' approach to early childhood care and education produces long-term gains for disadvantaged children and their families? The answer is inevitably both partial and largely anecdotal. But not entirely. We already know that pre-school experiences can have a dramatic effect on one of the major problems associated with universal primary education: the issue of 'wastage' .

6.2 There are three components to 'wastage' in primary education systems - the reluctance of many families to enrol their children (notably girls) in school programmes. Once enrolled, many children are held back because their teachers judge that they have not reached a sufficient level of competence. Finally, many of these 'repeating' children then drop out of the school system, most of them never to return. (There are, of course, other forms of 'wastage' within education systems, such as selection that increasingly reduces opportunities for further study for a majority of young people).

6.3 Primary 'wastage' rates in many developing countries are considerable and expensive, and evidence from many sources now indicates that where the pre-conditions of the educative process have been fostered, such rates are measurably reduced. There are, thus, solid economic reasons for pursuing programmes which focus on the pre-school years.

6.4 More evidence about the efficacy of early childhood education is

emerging from the Bernard van Leer Foundation's own programme of evaluation. The experience from our project in Colombia suggests that, by working in an 'empowering' way with families in an area of acute deprivation, their children have benefitted to the extent of producing scholastic outcomes not far removed from those achieved by Colombian children growing up in much more advantaged circumstances.

6.5 The most recent data from a project in the United Kingdom, seeking to enhance the self-esteem of disadvantaged mothers living in often considerably deprived environments, indicates that the effects of that increased self-esteem has brought about major changes in their children's development and in parenting practices: less ill-health, resulting in reduced hospitalisation; increased immunisation levels, improved diets, all leading to enhanced performance (and, it should be emphasised, reduced welfare costs)

6.6 From other quarters, there are strong suggestions that an 'empowerment' approach notably reduces the demand for medical services; that it maximises local resources; that it 'unlocks' community and individual potential and that, as a result, it bears the promise of being cost-effective.

7.0 THE IMPLICATIONS FOR POLICY

7.1 The Bernard van Leer Foundation's experience and approach holds important implications for administrators and policy-makers concerned with implementing effective education programmes.

7.2 a) It is imperative that resources be devoted to stimulating the 'pre-conditions of the educative process' by enhancing local programmes for pre-school children that involve the entire community;

b) The transition from pre-school to the formal education system needs to be sympathetically linked, so reducing the 'culture shock' that many children experience on enrolment into school; equally, the introduction of young children with no prior pre-school experiences into a formal system of schooling requires a sensitive awareness of their needs and background, and hence a flexible approach by schools;

c) Services, though necessarily operating within a general national remit, should, as far as possible, involve local people, reflect local characteristics and be responsive to local needs;

d) School curricula should wherever possible reflect and incorporate local materials, customs and traditions;

e) Parents and other community members should be actively encouraged to become involved in all aspects of the educational process, thereby creating a partnership between families, communities and services;

f) Teachers and other educational workers should as far as possible be drawn from the local community, and their role should be modified to encourage them to allow others within the community to participate in the learning process. The transmission of basic

skills and knowledge, so important to the empowerment of people, should not be seen as a professional preserve;

g) School resources must be harnessed to the needs of local people, providing skills training and learning opportunities for a wide variety of demands. Schools must cease to be expensive and under-utilised centres for children alone. They must be given a wider remit, to serve a diverse array of learning needs within the community, catering for both adults as well as the young;

h) The family home must be recognised as a potent source of learning, for both children and adults, and the family members be seen as prime educators. This means that materials and resources must be made available in ways in which individual families can directly benefit from them.

7.3 The Bernard van Leer Foundation believes that the creation of truly effective learning environments requires a revision of current practices and methods in the field of education. This conference on 'Education for All' is in a unique position to foster that 'New Vision' for which it has called.

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Mh → Nat

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FACSIMILE COVER SHEET

Number of pages (incl. cover sheet): 2

Date: 11 May 1989

To: Mr. Wadi D. Haddad
Chief, Education and Employment Division
Population and Human Resources Department
The World Bank
1818 H Street, N.W.
Washington, D.C. 20433
United States of America

Telefaxno. : (202) ~~473-3279~~ 4776391

From: A.W. Wood

Observations/Message:

Dear Mr Haddad,

Thank you for your letter of 17 April and the further information on next year's Bangkok conference. I also much appreciated your further clarification of the role foreseen for the Foundation. This greatly facilitates preparation.

I would like to make a few observations on the outline of the paper as you have sketched it out. First, on the general point, the Foundation is entirely willing to produce a paper which presents in summative form the Foundation's programme experience over the last two decades. There have been considerable changes in addressing the entire question of 'basic learning needs' over this period. It would conceivably be of interest to trace how the changes in intellectual climate have affected the Foundation's programme over that period. Also of course we do not exist in vacuo and other organisations have had a powerful effect on shaping our thinking and practice. This too we can bring out.

I also appreciated the indication you have given as to the particular sector that you would like the Foundation to address. For the purposes of the conference, the Foundation's interventions in resource poor contexts are clearly the most pertinent. There it has been a question of the years of conscientising adults to give of themselves in establishing learning opportunities for children. Some of this has been individualised. Much has been in the form of group action. This we can certainly handle, drawing out the effects on children and on adults.

Where the situation becomes more problematical is in regard to the request you make that the Foundation should also present the collective findings of the members of the Consultative Group on Early Childhood Care and Development. The Foundation was indeed a founder member of this group but in fact has had relatively little contact with it over the years, up to this year when we have re-entered and are now playing a full part. It would not, however, be appropriate for us to take on a task which the Group itself would seem to be best equipped to carry out. Obviously we do not have detailed knowledge of the work of the very extensive range of Consultative Group membership. I hope therefore that we may forego this particular part of the assignment.

You have asked for a synopsis of the paper by mid-May. This is a tight deadline but we will do what we can. I understand that you need this to facilitate preparation of the main conference document. The other technical details are noted.

On the issue of whether the Foundation would wish to take up the offer of co-sponsorship/associate sponsorship, this matter will be discussed with the Foundation's Board of Trustees in early July and we will get an answer to you as soon as possible thereafter.

Yours sincerely,

A.W. Wood
Deputy Executive Director,
Programmes

Filing code:

Adm. nr.

NC

JUN 11 1989

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Liesbeth J.A. Zwitser
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1.1 For the past quarter of a century, the Bernard van Leer Foundation, based in the Netherlands, has supported projects whose primary aim has been to improve the educational opportunities of disadvantaged young people, by stimulating local and national provision for early childhood care and education.

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a) to support local programmes for disadvantaged families and communities which focus on the needs of their children;

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argument for pre conditions

2.2 But we go further and suggest that in the absence of a stimulating and supportive pre-school learning environment that involves the young child and its community, many of the potentially beneficial effects of schooling are lost. Among disadvantaged communities which lack the essential enhancing environment, school systems can alienate as many children and their parents as much as they can enhance and inspire others. It is one of the ironies of the Foundation's experience that in many economically-developed countries - from Sweden, the Netherlands, United Kingdom through to the United States - efforts often have to be directed at mitigating the effects of highly-developed school systems on these most vulnerable communities.

2.3 It is not that we wish to ignore or down-grade or in any other way devalue the importance and relevance of 'schooling' as part of the educative process, or to ignore the considerable sacrifices emerging nations are making to create viable school systems for their children. Far from it. Education is a basic human right, which we both recognise and endorse. To pretend otherwise is to disenfranchise those who should, in fact, benefit most from the process. The Bernard van Leer Foundation has itself, over the past quarter of a century, been involved in supporting and developing the necessary resources to assist many countries, from Kenya to Jamaica, in that process, recognising the essential interplay between 'schooling', 'learning' and 'education'.

2.4 In doing so, however, we now also recognise that for 'schooling' to benefit all children and their families - and not just those who are in the best position to take advantage of it - we have to revise considerably our traditional concepts of so-called formal education, as well as the interplay between the learning processes of children, their families and communities. Hence we welcome the call by this conference for 'a new vision' to pursue the goals of providing effective learning for all, and we endorse the objectives of striving for universal access to educational services, retention in educational programmes and stimulating learning achievement.

2.5 Our thesis is that to achieve these eminently desirable aims we must recognise that the roots of the educative process are not to be found uniquely within school systems, but have their origin in a complex interplay of personal, familial and community determining factors that lie outside formal schooling, but which nevertheless directly influence the outcomes of that schooling. Moreover, we believe that those factors, working together, have their most potent effects in the formative years of life, long before formal schooling begins.

2.6 The roots of scholastic achievement and cognitive development are not exclusively mediated by the well-documented socio-economic variables that affect all children, nor by the inherited qualities unique to each child. They lie as well in a psycho-social dynamic involving a matrix of relationships between children, parents, families and communities. As such, they are to be found in children's 'affective' as well as their 'cognitive' domains.

2.7 Arising directly out of this observation, we conclude that rather than focusing on one or two individual aspects of a child's development (such as cognitive skills training, or language development), we must take 'the whole child' as our remit. By this we mean all aspects of a child's development - its proper nutrition, its state of health, its ability to play, both alone and with other children and with adults,

and its general well-being. This concept of 'the whole child' recognises that a lively and positive interaction with both its human and physical environment is an essential prerequisite for the development of the learning process.

2.8 If we ignore the factors that make up this pre-learning matrix and focus too exclusively on the inputs and outputs of formal learning systems, we may inadvertently invalidate much of the potential benefits of the school systems themselves. More positively, we believe (and much current research, notably in the area of 'resilience', encourages us in that belief) that by providing a facilitating environment we can capitalise on schooling to improve individual and collective performance, making the most of what schools have to offer children and their families. We know that schools have much to offer: we also know that, unless the pre-conditions for sustained and organised learning have been met, and the supportive environment continues to be maintained throughout childhood, much of this potential will be wasted and, worse, become counter-productive.

2.9 Moreover, our experience tells us that we can, while establishing the pre-conditions for learning, also generate other outcomes, such as the development and enrichment of parents themselves, of families and of entire communities. These are not marginal, additional benefits accruing to an essentially child-based programme. Rather, they are the complementary outcomes of an approach which is focused on enhancing the quality of the relationships between adults and children.

2.10 Hence adult education and literacy and skills learning, health education, nutrition and a host of other, related issues are all, in our view, vital components of an enabling or empowering process that involves all the facets of community. There are growing indications (discussed below) that this process has demonstrable and sometimes long-term outcomes: on the problem of school 'wastage'; on children's personal school attainment and satisfaction; and in family and community development. As such, this developing body of evidence suggests that it is also a highly cost-effective approach which, in itself, has important implications for resource allocations, for the design and support of local programmes, and hence for national policies in the fields of education, social welfare and health, as well as representing a vital contribution to the field of general human development.

3.0 DEVELOPING THE 'NEW VISION'

3.1 In order to better explain our theme it is worth considering where we came from. Until the early 1950s, the pre-school years were largely conceived of in terms of children's survival, health and discipline. Provision for young children was, as a result, largely custodial in nature, inspired more by the need for mothers to go out to work than by any belief in the inherent abilities or needs of children themselves. There had, of course, been pioneers like Froebel and Montessori who had illustrated both the cognitive potential and the social needs of young children, and individual teachers in both the West and the East who had promoted the unique qualities of early childhood. Yet despite the monumental work of, for instance, Piaget, it was still generally assumed that there was nothing much that could be done with, or for, the young child before it reached school-going age, other than ensuring

its healthy development as it gradually grew from babbling infant to studious pupil.

3.2 As it became clearer that the early years of childhood represented a rich developmental area in its own right, the emphasis of programmes altered to take account of the prevalent idea that human potential could be 'boosted' through early stimulation and reinforcement. In the language of inter-planetary rocketry so prevalent at the time, young children could be put into a new cognitive orbit, pulling them away from the handicapping gravitation of poverty, social inequality and deprivation.

3.3 But two points arose. The first was an asssumption that children who did not appear to benefit from existing school systems were in some way 'flawed'. There was something wrong with them, something missing, which had to be put right, or to be replaced. This led to a 'deficit model' of intervention, in which children had to be 'compensated' for their inherent deficiencies.
Second, the focus of intervention was now to be, specifically, the child itself. It had to be 'treated' in some specific way, because if we could somehow give the child a head start, the effects would roll on, accreting like compound interest, to enable them to catch up, or even overtake, their more advantaged peers. All that was required, it seemed at the time, was to find the right pre-school curriculum, the right teachers, the right programmes: and the more structured, the better.

3.4 That search - in which the Bernard van Leer Foundation played a full part - had an inconclusive outcome. Certainly, the output of a few of the USA Head Start programmes has indicated that working with very young children can indeed have dramatic and long term results. In general, however, it has been found that programmes which focus exclusively on children themselves and seek essentially cognitive gains, whilst having some initial impact, tend to produce results which 'wash out' over time, leaving matters very much where they were before. The exceptions have proved to be programmes where there was some measurable parental involvement.

3.5 This indicates that the kernel of our efforts in trying to maximise children's abilities and their subsequent life chances should lie, not just in working with the children themselves, or with the programme, or even with the parents themselves, but rather with the interaction between all of them. For what the most recent evidence has been saying is that the proper focus of our attention should be the quality of the relationship between parents and children; between children and their peers; between parents and their communities; and between the communities and the wider society in which they operated. 'Personal relations appear to form the matrix within which learning takes place' said Margaret Donaldson (1978), after studying the processes that affect children's thinking.

3.6 Let us consider a community which has none of these qualities: which is paralysed by apathy, malnutrition, squalor, depression, marginalisation, high birth-rates, coupled with huge infant mortality rates. A good example might be the Chocó area in the north west of Colombia: lacking roads, infested with malaria, with one of the highest rainfalls in the world. To make formal learning available in such a community, it is not enough to simply provide the facilities, the

books, the curriculum and the teachers, even if these are available. What is needed is to instil some sense of relevance, some semblance of hope and of sheer survival in the community, battling against the tide of adverse factors that threaten to swamp each daily life.

4.0 The FOUNDATION IN THE FIELD

4.1 In that kind of scenario, the Bernard van Leer Foundation has developed a style and methodology which embraces an 'empowerment' model but operates, uniquely, with a focus towards early childhood care and education.

4.2 First, we have to recognise the handicapping nature of the environment for many of our communities - whether it is the malarial infestation of the jungle, the polluted water supply of the rural village or the drug-dominated sub-culture of the inner city. In order to succeed we have to tackle the environment itself, and do so through and with the communities which strive to survive in them. There is, therefore, a strong element of community development which runs through many of our projects. But it is community development with an essentially 'enabling' characteristic.

4.3 The essence of effective strategies, we now believe, is that they build from the grassroots upwards, the work, the creativity, the energy and above all, the commitment has to come from the people. But to create the kinds of positive interactions that we believe are essential, local families must not only be involved, but must feel that they are in control of events affecting their own lives. In the field of early childhood care and education, that means that provision must be affordable, manageable, and locally appropriate. It has to be culturally-grounded; that is, speaking to the local community in both a language and a culture that is locally relevant. It must be democratic, allowing communities to affect change and to be involved. And it must be organic, leading to further development and change. But above all, it must involve local people. Professionally-controlled and prescribed services tend to focus on the 'treatment' of problems or the prevention of negative outcomes, as well as promoting external agendas. 'Empowering' means addressing the agendas of local families and children.

4.4 Within this broad remit we do not differentiate between adult education and pre-schooling; between skills training and early stimulation; between teaching mothers to sew and cook and develop income-generating activities, communicating with their children and involving them in creative play. Indeed, we would argue that they are concomitant. Because, primarily, we stress the quality of the relationship betweeen parent and child, family and community, we see a particular importance in emphasising that the growth of an adult - in knowledge, in confidence, in self-esteem, in skills - is an essential component in the growth of a child.

4.5 How does such a remit look when it is operational in the field? Inevitably, because local circumstances, cultures and resources differ, it is not possible to offer a stereotype or 'model' which can readily be transplanted from one scene to another, and we would reject such model-building as being entirely opposed to our approach. Instead, we can offer a number of sketches of Bernard van Leer Foundation-supported

projects which, in their varying contexts, contain elements of the approach being used.

4.6 We would, intentionally, draw them from a variety of different environments and contexts: from Southern Italy, Colombia, Peru, Israel, Nicaragua and the United Kingdom, partly to demonstrate how different settings and cultures dictate different emphases, and partly to indicate how, despite these differences, similar components reappear in a variety of contexts.

5.0 THE IMPLICATIONS FOR PRACTICE

5.1 What do these examples say to us for practice? They show us, essentially, that people need to feel that they have control over their own lives, their own resources and their own development if they are to benefit from services.

5.2 They demonstrate the importance of heeding, in particular, the needs of women in the community; women who are largely responsible not only for child-rearing, but for the rural economies of those countries.

5.3 They indicate that adult education is indivisible from child education; that, as parents grow, so do their children. And they illustrate that, when it comes to the delivery of professional services, these should be mediated by those who belong to the community, rather than by professionals themselves, however benign their intentions. Hence the focus on para-professionals drawn from the same community, on a 'democratisation' of knowledge, and on styles of service delivery (such as home visiting) which meet the needs of local families.

6.0 THE EVIDENCE OF CHANGE

6.1 To what extent do these projects provide hard evaluation data which support our thesis that an 'empowerment' approach to early childhood care and education produces long-term gains for disadvantaged children and their families? The answer is inevitably both partial and largely anecdotal. But not entirely. We already know that pre-school experiences can have a dramatic effect on one of the major problems associated with universal primary education: the issue of 'wastage'.

6.2 There are three components to 'wastage' in primary education systems - the reluctance of many families to enrol their children (notably girls) in school programmes. Once enrolled, many children are held back because their teachers judge that they have not reached a sufficient level of competence. Finally, many of these 'repeating' children then drop out of the school system, most of them never to return. (There are, of course, other forms of 'wastage' within education systems, such as selection that increasingly reduces opportunities for further study for a majority of young people).

6.3 Primary 'wastage' rates in many developing countries are considerable and expensive, and evidence from many sources now indicates that where the pre-conditions of the educative process have been fostered, such rates are measurably reduced. There are, thus, solid economic reasons for pursuing programmes which focus on the pre-school years.

6.4 More evidence about the efficacy of early childhood education is

emerging from the Bernard van Leer Foundation's own programme of evaluation. The experience from our project in Colombia suggests that, by working in an 'empowering' way with families in an area of acute deprivation, their children have benefitted to the extent of producing scholastic outcomes not far removed from those achieved by Colombian children growing up in much more advantaged circumstances.

6.5 The most recent data from a project in the United Kingdom, seeking to enhance the self-esteem of disadvantaged mothers living in often considerably deprived environments, indicates that the effects of that increased self-esteem has brought about major changes in their children's development and in parenting practices: less ill-health, resulting in reduced hospitalisation; increased immunisation levels, improved diets, all leading to enhanced performance (and, it should be emphasised, reduced welfare costs)

6.6 From other quarters, there are strong suggestions that an 'empowerment' approach notably reduces the demand for medical services; that it maximises local resources; that it 'unlocks' community and individual potential and that, as a result, it bears the promise of being cost-effective.

7.0 THE IMPLICATIONS FOR POLICY

7.1 The Bernard van Leer Foundation's experience and approach holds important implications for administrators and policy-makers concerned with implementing effective education programmes.

7.2 a) It is imperative that resources be devoted to stimulating the 'pre-conditions of the educative process' by enhancing local programmes for pre-school children that involve the entire community;

b) The transition from pre-school to the formal education system needs to be sympathetically linked, so reducing the 'culture shock' that many children experience on enrolment into school; equally, the introduction of young children with no prior pre-school experiences into a formal system of schooling requires a sensitive awareness of their needs and background, and hence a flexible approach by schools;

c) Services, though necessarily operating within a general national remit, should, as far as possible, involve local people, reflect local characteristics and be responsive to local needs;

d) School curricula should wherever possible reflect and incorporate local materials, customs and traditions;

e) Parents and other community members should be actively encouraged to become involved in all aspects of the educational process, thereby creating a partnership between families, communities and services;

f) Teachers and other educational workers should as far as possible be drawn from the local community, and their role should be modified to encourage them to allow others within the community to participate in the learning process. The transmission of basic

skills and knowledge, so important to the empowerment of people, should not be seen as a professional preserve;

g) School resources must be harnessed to the needs of local people, providing skills training and learning opportunities for a wide variety of demands. Schools must cease to be expensive and under-utilised centres for children alone. They must be given a wider remit, to serve a diverse array of learning needs within the community, catering for both adults as well as the young;

h) The family home must be recognised as a potent source of learning, for both children and adults, and the family members be seen as prime educators. This means that materials and resources must be made available in ways in which individual families can directly benefit from them.

7.3 The Bernard van Leer Foundation believes that the creation of truly effective learning environments requires a revision of current practices and methods in the field of education. This conference on 'Education for All' is in a unique position to foster that 'New Vision' for which it has called.

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WDH
→ cc: NC

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Dr Wadi D. Haddad
Executive Secretary
World Conference on Education for All
UNICEF House
Three United Nations Plaza
New York, NY 10017
United States of America

The Hague, 8 June 1989
X(593)89-276

Dear Dr Haddad,

Following your letter to Dr A.W. Wood of April 17, his reponse of May 11 and our subsequent discussions with Dr Carletta, I am now - in the absence of Dr Wood - enclosing an outline of the Bernard van Leer Foundation's paper for the World Conference on Education for All in 1990.

If you have any observations, please let me know.

Yours sincerely,

Liesbeth J.A. Zwitser
Deputy Director
Department of Programme
Development and Training

JUN 20 REC'D

THE PRE-CONDITIONS OF THE EDUCATIVE PROCESS

Outline of a paper to be delivered by
The Bernard van Leer Foundation
The Hague, Netherlands
to
the World Conference
'EDUCATION FOR ALL: Meeting Basic Learning Needs'
Bangkok, Thailand
5 - 9 March, 1990

1.0 GENERAL INTRODUCTION

1.1 For the past quarter of a century, the Bernard van Leer Foundation, based in the Netherlands, has supported projects whose primary aim has been to improve the educational opportunities of disadvantaged young people, by stimulating local and national provision for early childhood care and education.

1.2 Working in more than 40 countries, the majority of them in the developing world, it has fostered efforts among the most deprived, vulnerable and often marginalised communities to improve the condition of the young and their families and, in doing so, to influence policy-makers about the importance of early childhood experiences.

1.3 As a result, the Foundation has developed a three-part strategy:

a) to support local programmes for disadvantaged families and communities which focus on the needs of their children;

b) to assist these communities in developing culturally appropriate and sustainable models of early childhood education within these communities to act as potential templates for further development; and through this,

c) to influence national policies to learn from these local experiences and hence provide the necessary resources and support to develop national programmes in this field.

2.0 'EDUCATION' and 'SCHOOLING'

2.1 Given both this brief and our experience, we begin with an assertion: 'education', the age-long process of self-realisation and development, transcends 'schooling', the usually formal process whereby societies transmit knowledge from one generation to another. We emphasise this difference between 'education' and 'schooling' because we recognise that learning begins at birth (or before); that it is a continuous activity that interacts constantly with its environment; and that it is therefore not exclusively dependent on formal school systems, important as these are.

2.2 But we go further and suggest that in the absence of a stimulating and supportive pre-school learning environment that involves the young child and its community, many of the potentially beneficial effects of schooling are lost. Among disadvantaged communities which lack the essential enhancing environment, school systems can alienate as many children and their parents as much as they can enhance and inspire others. It is one of the ironies of the Foundation's experience that in many economically-developed countries - from Sweden, The Netherlands, United Kingdom through to the United States - efforts often have to be directed at mitigating the effects of highly-developed school systems on these most vulnerable communities.

2.3 It is not that we wish to ignore or down-grade or in any other way devalue the importance and relevance of 'schooling' as part of the educative process, or to ignore the considerable sacrifices emerging nations are making to create viable school systems for their children. Far from it. Education is a basic human right, which we both recognise and endorse. To pretend otherwise is to disenfranchise those who should, in fact, benefit most from the process. The Bernard van Leer Foundation has itself, over the past quarter of a century, been involved in supporting and developing the necessary resources to assist many countries, from Kenya to Jamaica, in that process, recognising the essential interplay between 'schooling', 'learning' and 'education'.

2.4 In doing so, however, we now also recognise that for 'schooling' to benefit <u>all</u> children and their families - and not just those who are in the best position to take advantage of it - we have to revise considerably our traditional concepts of so-called formal education, as well as the interplay between the learning processes of children, their families and communities. Hence we welcome the call by this conference for 'a new vision' to pursue the goals of providing <u>effective</u> learning for all, and we endorse the objectives of striving for universal access to educational services, retention in educational programmes and stimulating learning achievement.

2.5 Our thesis is that to achieve these eminently desirable aims we must recognise that the roots of the educative process are not to be found uniquely within school systems, but have their origin in a complex interplay of personal, familial and community determining factors that lie <u>outside</u> formal schooling, but which nevertheless directly influence the outcomes of that schooling. Moreover, we believe that those factors, working together, have their most potent effects in the formative years of life, long before formal schooling begins.

2.6 The roots of scholastic achievement and cognitive development are not exclusively mediated by the well-documented socio-economic variables that affect all children, nor by the inherited qualities unique to each child. They lie, as well, in a psycho-social dynamic involving a matrix of relationships between children, parents, families and communities. As such, they are to be found in children's 'affective' as well as their 'cognitive' domains.

2.7 Arising directly out of this observation, we conclude that rather than focusing on one or two individual aspects of a child's development (such as cognitive skills training, or language development), we must take 'the whole child' as our remit. By this we mean <u>all</u> aspects of a child's development - its proper nutrition, its state of health, its ability to play, both alone and with other children and with adults,

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2.8 If we ignore the factors that make up this pre-learning matrix and focus too exclusively on the inputs and outputs of formal learning systems, we may inadvertently invalidate much of the potential benefits of the school systems themselves. More positively, we believe (and much current research, notably in the area of 'resilience', encourages us in that belief) that by providing a facilitating environment we can capitalise on schooling to improve individual and collective performance, making the most of what schools have to offer children and their families. We know that schools have much to offer: we also know that, unless the pre-conditions for sustained and organised learning have been met, and the supportive environment continues to be maintained throughout childhood, much of this potential will be wasted and, worse, become counter-productive.

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2.10 Hence adult education and literacy and skills learning, health education, nutrition and a host of other, related issues are all, in our view, vital components of an enabling or empowering process that involves all the facets of community. There are growing indications (discussed below) that this process has demonstrable and sometimes long-term outcomes: on the problem of school 'wastage'; on children's personal school attainment and satisfaction; and in family and community development. As such, this developing body of evidence suggests that it is also a highly cost-effective approach which, in itself, has important implications for resource allocations, for the design and support of local programmes, and hence for national policies in the fields of education, social welfare and health, as well as representing a vital contribution to the field of general human development.

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6.0 THE EVIDENCE OF CHANGE

6.1 To what extent do these projects provide hard evaluation data which support our thesis that an 'empowerment' approach to early childhood care and education produces long-term gains for disadvantaged children and their families? The answer is inevitably both partial and largely anecdotal. But not entirely. We already know that pre-school experiences can have a dramatic effect on one of the major problems associated with universal primary education: the issue of 'wastage' .

6.2 There are three components to 'wastage' in primary education systems - the reluctance of many families to enrol their children (notably girls) in school programmes. Once enrolled, many children are held back because their teachers judge that they have not reached a sufficient level of competence. Finally, many of these 'repeating' children then drop out of the school system, most of them never to return. (There are, of course, other forms of 'wastage' within education systems, such as selection that increasingly reduces opportunities for further study for a majority of young people).

6.3 Primary 'wastage' rates in many developing countries are considerable and expensive, and evidence from many sources now indicates that where the pre-conditions of the educative process have been fostered, such rates are measurably reduced. There are, thus, solid economic reasons for pursuing programmes which focus on the pre-school years.

6.4 More evidence about the efficacy of early childhood education is

emerging from the Bernard van Leer Foundation's own programme of evaluation. The experience from our project in Colombia suggests that, by working in an 'empowering' way with families in an area of acute deprivation, their children have benefitted to the extent of producing scholastic outcomes not far removed from those achieved by Colombian children growing up in much more advantaged circumstances.

6.5 The most recent data from a project in the United Kingdom, seeking to enhance the self-esteem of disadvantaged mothers living in often considerably deprived environments, indicates that the effects of that increased self-esteem has brought about major changes in their children's development and in parenting practices: less ill-health, resulting in reduced hospitalisation; increased immunisation levels, improved diets, all leading to enhanced performance (and, it should be emphasised, reduced welfare costs)

6.6 From other quarters, there are strong suggestions that an 'empowerment' approach notably reduces the demand for medical services; that it maximises local resources; that it 'unlocks' community and individual potential and that, as a result, it bears the promise of being cost-effective.

7.0 THE IMPLICATIONS FOR POLICY

7.1 The Bernard van Leer Foundation's experience and approach holds important implications for administrators and policy-makers concerned with implementing effective education programmes.

7.2 a) It is imperative that resources be devoted to stimulating the 'pre-conditions of the educative process' by enhancing local programmes for pre-school children that involve the entire community;

b) The transition from pre-school to the formal education system needs to be sympathetically linked, so reducing the 'culture shock' that many children experience on enrolment into school; equally, the introduction of young children with no prior pre-school experiences into a formal system of schooling requires a sensitive awareness of their needs and background, and hence a flexible approach by schools;

c) Services, though necessarily operating within a general national remit, should, as far as possible, involve local people, reflect local characteristics and be responsive to local needs;

d) School curricula should wherever possible reflect and incorporate local materials, customs and traditions;

e) Parents and other community members should be actively encouraged to become involved in all aspects of the educational process, thereby creating a partnership between families, communities and services;

f) Teachers and other educational workers should as far as possible be drawn from the local community, and their role should be modified to encourage them to allow others within the community to participate in the learning process. The transmission of basic

skills and knowledge, so important to the empowerment of people, should not be seen as a professional preserve;

g) School resources must be harnessed to the needs of local people, providing skills training and learning opportunities for a wide variety of demands. Schools must cease to be expensive and under-utilised centres for children alone. They must be given a wider remit, to serve a diverse array of learning needs within the community, catering for both adults as well as the young;

h) The family home must be recognised as a potent source of learning, for both children and adults, and the family members be seen as prime educators. This means that materials and resources must be made available in ways in which individual families can directly benefit from them.

7.3 The Bernard van Leer Foundation believes that the creation of truly effective learning environments requires a revision of current practices and methods in the field of education. This conference on 'Education for All' is in a unique position to foster that 'New Vision' for which it has called.

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INTEROFFICE MEMORANDUM

To: Mr James P Grant

Date: 08 May 1989

From: Beverley Carlson BAC
7380

Ref: BAC/57/89

Sub: An Index of Child Development - Nutritional Status

The time has now come to pursue the monitoring of the development of children. This would, on the one hand, be a partner to the monitoring of child survival through U5MR and IMR, and, on the other, be a complement to economic development and welfare indicators.

Posing the question "Where is the G in GOBI" is not a new initiative; answering the question, however, does require new initiatives in the measurement of the determinants, levels, trends and differentials in growth and development of infants and young children. This can best be done by monitoring growth through the anthropometric assessment of protein energy malnutrition as measured by indices constructed from the height, weight and age of children under five years of age.

Nutritional status measures are extremely powerful advocacy tools because they allow us to describe the current status of the child, both in terms of immediate acute factors such as inadequate current intake of food, diseases, diarrhoea leading to wasting, as well as the accumulated impact of chronic deprivation leading to stunting. They can detect changes over time for relatively short periods (quarterly or even monthly), as well as revealing the slow accumulation over years of inadequate diet, environment and child care.

As they are child based they are a direct measure of the problems affecting children. Unlike mortality indicators, they describe the situation of children who are alive, thereby permitting the opportunity to intervene in individual cases in addition to using the aggregated situation of children as a statistical measure of the magnitude and distribution of child problems. As well as monitoring growth by indicating the nutritional status of children, they are very useful as indirect indicators of social and economic development, and of the well-being of mothers.1/

1/ Carlson, Beverley A. : Core Indicators for the Interagency Food and Nutrition Surveillance Programme. A Paper for discussion. UNICEF, New York 1987 and Intercom, Issue No.50, October 1988

Index of Child Development or

Child Readiness profile
1. nutritional status
2. cognitive develop.
3. moral develop.
4. health status
5. soc-ψ develop.
6. ψ-motor

consonant measures
1. height-age school entrants
2. concrete to operational piaget
3. kohlberg
4. incidence of disease morbidity scale
5. self concept and sense of control
6. small-large muscle development

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The three nutritional status indicators that are recommended are:

(1) Prevalence of low birth weight;
(2) Weight-for-age; weight-for-height and height-for-age of under 5's;
(3) Height-for-age of children entering primary school.

Although each of these indicators tells a different story, it would be preferable, if at all possible, to select one of them as our leading child development advocacy indicator.

This highly focussed strategy is receiving increasing attention, especially within UNICEF, in the context of monitoring the human dimension of adjustment and economic recession; in nutrition policy and planning strategies; in targetting of food aid and other CSD interventions and in community level surveillance and social mobilization.

The 1989 Board Policy Review paper on Strategies for Children in the 1990s concluded (para 48) "as measured by these (three) indicators growth promotion is a worthy goal of development in itself and a sensitive indicator of health and nutrition interventions". The 1989 Board Conference Room paper on the UNICEF/WHO JNSP also concluded (para 48) "nutritional status should be used as the basis for the overall evaluation and monitoring framework of other programme interventions" and (para 50) "the improvement of nutritional status will be a critical measure of UNICEF performance in the coming decade".

All this is succinctly summed up in the section on Measuring Real Development of the 1989 State of the World's Children Report and which concludes that "No indicator could be more central to development than the percentage of a nation's children who are growing normally in mind and body.....Yet it is information which few, if any, countries have at their disposal". The attached table on nutrition indicators in the State of the World's Children Report illustrates the weakness of the current data base.

To begin to fill this vacuum, three United Nations agencies - UNICEF, WHO and FAO - have launched an Inter-agency Food and Nutrition Surveillance programme(IFNS) to assist a large number of countries in establishing the criteria and machinery for monitoring growth through the regular collection of the appropriate data on the nutritional level of their young children. Your reply to the general debate at the 1989 Executive Board (page 11) noted the support and importance that a member of delegations, including major donors, had given to the IFNS programme and its objectives. By helping countries to provide information based on the three core indicators regularly and frequently, the IFNS programme hopes to encourage "policy makers to use surveillance data on changes in the human condition as frequently as they use indicators of economic change in making policy decisions".

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Malnutrition - Assessment Plan of Action

The UNICEF goals and strategies for the 1990's call for the virtual elimination of severe malnutrition, the halving of moderate malnutrition and reducing the proportion of low birthweight infants to less than 10%. In this context, UNICEF has an important role to play in assisting countries to keep continuous watch over the nutritional status of their children for use in advocacy, policy making, planning, targetting and growth monitoring activities as well as integrating nutrition surveillance into area based programmes and community actions.

To operationalize this strategy, I would like to propose for your consideration, as a possible first step, quick regional assessments, country by country, to assess quantitatively and qualitatively, through low birth weight, weight-for-age, height-for-age and weight-for-height the prevalence of severe and moderate nutrition problems, describe their causes, and suggest remedies. Missions, which themselves will be advocacy occasions, would be made to most countries. They could be conducted by the regional offices with the help of one or two respected experts from the region with experience in both growth and development. The output of the missions would be a series of regional overviews on the nature, extent and severity of malnutrition, country by country.

need country capacity building to do own continuum monitoring? where? who? - etc. ? use to programme?

These overviews could then be used as the basis for discussion at high level regional or global strategy meetings which could be followed by the development of national nutrition policy and action plans. These action plans would be based on a quantitative and qualitative analysis of the prevailing nutritional status of children, setting goals and targets for action and, where adequate information does not yet exist to do this, conducting quick baseline surveys. Some of the costs of these activities could be covered by the recent $2 million General Resource allocation for food and nutrition surveillance.

For measuring "real development", the emphasis on building up surveillance information must be on the frequent reporting and use of simple measures to capture the attention of senior government officials at the top levels of decision-making empowering them to act. It is critical that they are not limited to ministers of health, but more importantly include ministers of finance, planning etc.

I would be grateful for the opportunity to discuss this proposal and its implications with you, Richard Jolly, Nyi Nyi and other concerned colleagues in preparation for our work for the 1990s.

cc Adamson
Gautam
Greaves
Jolly
Jones
Nyi Nyi

TABLE 2: NUTRITION

		% of infants with low birth-weight 1982-7	% of mothers breast-feeding 1980-86			% of children under five suffering from mild-moderate/severe malnutrition 1980-86	Prevalence of wasting (12-23 months)/ stunting (24-59 months) (% of age group) 1980-87	Average index of food production per capita (1979-81 = 100) 1986	Daily per capita calorie supply as % of requirements 1985	% of household income spent on all food/cereals 1980-85
			3 months	6 months	12 months					
	Very high U5MR countries (over 170) Median	15	96	92	75	30/6	8/46	97	92	53/18
1	Afghanistan	19*	. .	. .	. .	20*/. .	. ./. .	92	92	. ./. .
2	Mali	17*	96x		82x	. ./. .	18/23x	103	69	57/22
3	Mozambique	15	. .	. .	. .	. ./. .	. ./. .	85	68	. ./. .
4	Angola	17*	96x	. .	. .	. ./. .	. ./. .	87	86	. ./. .
5	Sierra Leone	14	98*	94*	83*	24*/3*	26/46	101	85	47/18
6	Malawi	10	. .		96*	. ./. .	8/61	88	95	55/28
7	Ethiopia	. .	. .	97y	95y	. ./. .	19/43	88	94	32/12
8	Guinea	18	100*	70*	40*	. ./. .	. ./. .	94	85	. ./. .
9	Burkina Faso	18*	98*	98*	97*	33*/7*	17*/. .	126	87	. ./. .
10	Niger	20	65*	30*	15*	17*/9*	26/32x	91	97	. ./. .
11	Chad	11	. .	. .	. .	. ./. .	. ./. .	106	79	. ./. .
12	Guinea-Bissau	20*	100*	100*	98*	. ./. .	. ./. .	131	105	. ./. .
13	Central African Rep.	15*	. .	. .	. .	24*/6*	. ./. .	94	92	. ./. .
14	Somalia	. .	92*	78*	54*	7*/1*	. ./27	91	91	. ./. .
15	Mauritania	10	. .	. .	. .	30/10	. ./. .	92	97	. ./. .
16	Senegal	10	94	94	82	29*/1*	8/27x	100	109	53/16
17	Rwanda	17	97*	97*	74*	29*/8*	23/45	87	87	29/10
18	Kampuchea	. .	100*	93*	72*	17*/3*	. ./. .	142	85	. ./. .
19	Yemen, Dem.	13	80*	60*	55*	32*/8*	. ./36	83	93	. ./. .
20	Nepal	. .	92x	92x	82x	. ./. .	27x/72x	97	88	. ./. .
21	Bhutan	. .	. .	. .	. .	33/6	. ./. .	102	. .	. ./. .
22	Yemen	9	80x	76x	55x	. ./. .	17/69	119	93	. ./. .
23	Burundi	14	. .	95*	90*	30/5	36/52x	97	99	. ./. .
24	Bangladesh	31	98x	97x	89x	40/10	17/59	100	78	. ./. .
25	Benin	10	95	90	75	. ./. .	14/. .	116	94	37/12
26	Madagascar	10*	95	95	85	. ./. .	. ./. .	96	111	58/22
27	Sudan	15	91x	86x	72x	33*/8*	48/63	104	93	58/. .
28	Tanzania, U. Rep. of	14	100*	90*	70*	42*/6*	17*/. .	92	99	62/30
29	Nigeria	25	98*	80*	60*	24*/. .	21x/. .	105	92	52/18
30	Bolivia	15*	93x	91x	45x	. ./. .	1/43x	89	88	33/. .
31	Haiti	17x	. .	98*	88*	. ./5*	18*/52x	94	79	. ./. .
32	Gabon	16	. .	. .	. .	. ./. .	. /27x	97	124	. ./. .
33	Uganda	10	85*	70*	20*	15x/4x	3/27x	129	109	. ./. .
	High U5MR countries (95–170) Median	13	94	90	71	25/5	10/38	98	100	41/13
34	Pakistan	25*	78	73	67	. ./10	14/1x	104	93	54/17
35	Zaire	. .	100*	99*	86*	15*/5*	11/40	98	96	55/15
36	Lao People's Dem. Rep.	39	. .	99	93	. ./. .	20/44	129	96	. ./. .
37	Togo	20*	. .	99x	90x	20*/5*	9x/36x	84	97	. ./. .
38	Cameroon	13	92*	90x	77x	. ./. .	2/43x	95	89	26/8
39	India	30	. .	. .	. .	33/5	37/. .	111	94	52/. .
40	Liberia	. .	96*	92*	70*	31*/4*	7*/38x	97	103	. ./. .
41	Ghana	17*	100*	70*	25*	23*/7*	28/31x	114	78	50/. .
42	Oman	14	. .	. .	. .	. ./. .	. ./. .	. .	. .	. ./. .
43	Côte d'Ivoire	14	93*	90*	50*	. ./. .	21/. .	98	102	38/10
44	Lesotho	10	. .	87*	. .	. ./. .	7/23	79	100	. ./. .
45	Zambia	14	. .	. .	93*	. ./. .	12/41x	96	85	50/13
46	Egypt	7	92	87	71	. ./. .	3x/37x	104	127	36/7
47	Peru	9*	82*	71*	55*	. ./. .	11/59	96	84	35/8
48	Libyan Arab Jamahiriya	5	. .	. .	. .	. ./. .	. ./. .	141	152	. ./. .
49	Morocco	9	95*	61*	. .	19*/9*	6/12	118	108	48/14
50	Indonesia	14	98	97	83	27/3	17/. .	119	109	48/21
51	Congo	12x	98*	98*	95*	17*/5*	5*/27*	93	108	31/12
52	Kenya	13	89x	84x	44x	30*/2*	10x/41x	93	87	42/18
53	Zimbabwe	15	98*	95*	84*	. ./. .	. ./. .	100	84	43/9
54	Algeria	9*	. .	. .	. .	. ./. .	. ./. .	104	121	. ./. .
55	Honduras	20*	48	28	24	15*/10*	. ./. .	90	95	39/. .
56	Guatemala	10*	. .	84	74	40*/10	3*/69*	95	99	36/10
57	Saudi Arabia	6	. .	91*	52*	. ./. .	9/. .	202	132	. ./. .
58	Nicaragua	15*	. .	71*	. .	. ./. .	(.)/22	74	105	. ./. .
59	Burma	16*	90*	. .	. .	. ./. .	17/. .	127	117	. ./. .
60	South Africa	12	. .	. .	. .	. ./. .	. ./. .	86	118	. ./. .
61	Turkey	7	99*	91*	51*	. ./. .	. ./. .	103	125	40/. .
62	Iraq	9*	76	45	19	. ./. .	2/14	119	118	. ./. .
63	Botswana	8	97	90	75	31/1	19/56	78	95	35/13

Note: nations are listed in descending order of their 1987 under-five mortality rates (see table 1)

		% of infants with low birth-weight 1982-7	% of mothers breast-feeding 1980-86			% of children under five suffering from mild-moderate/severe malnutrition 1980-86	Prevalence of wasting (12-23 months)/ stunting (24-59 months) (% of age group) 1980-87	Average index of food production per capita (1979-81 = 100) 1986	Daily per capita calorie supply as % of requirements 1985	% of household income spent on all food/cereals 1980-85
			3 months	6 months	12 months					
	Middle U5MR countries (31-94) Median	9	79	58	35	. ./. .	11/44	98	111	35/9
64	Iran, Islamic Rep. of	9*	. .	. .	. .	. ./. .	23*/60*	98	118	. ./. .
65	Viet Nam	18*	93*	88*	20*	40/10	7*/60x	119	97	. ./. .
66	Ecuador	10*	98	84	68	. ./. .	. /39	101	88	31/. .
67	Brazil	8*	59*	19*	5*	. ./. .	. ./. .	104	107	35/9
68	El Salvador	15*	31*	28*	. .	. ./5*	2x/54x	84	91	33/12
69	Tunisia	7	95*	92*	71*	. ./. .	3/45	106	119	42/10
70	Papua New Guinea	25	. .	. .	. .	38y/. .	. ./58x	98	79	. ./. .
71	Dominican Rep.	16*	86x	66x	45x	38*/2*	. ./. .	97	110	46/13
72	Philippines	18	68x	58x	28x	. ./. .	14*/42	95	101	47/. .
73	Mexico	15	62x	48x	27x	. ./. .	. ./. .	97	126	35/. .
74	Colombia	15*	80*	55*	36*	. ./. .	1/21	97	111	29/. .
75	Syrian Arab Rep.	9	88x	72x	41x	23*/2*	. ./. .	99	129	. ./. .
76	Paraguay	6	80x	77x	49x	31*/1*	. ./. .	97	127	30/6
77	Mongolia	10	. .	. .	. .	. ./. .	. ./. .	96	117	. ./. .
78	Jordan	7	80*	70*	50*	. ./. .	9x/. .	102	117	36/. .
79	Lebanon	10	50*	40*	15*	. ./. .	. ./. .	127	101	. ./. .
80	Thailand	12	83	79	68	27/(.)	8/. .	105	102	34/. .
81	Albania	7	. .	. .	. .	. ./. .	. ./. .	95	118	. ./. .
82	China	6	. .	. .	. .	. ./. .	3x/10x	125	111	. ./. .
83	Sri Lanka	28	95	81	68	. ./. .	20/31x	91	114	48/21
84	Venezuela	9	50x	40x	30x	. ./. .	3/7	93	95	38/. .
85	Guyana	11	77	60	35	. ./1	. ./. .	81	111	. ./. .
86	Argentina	6	66	36	14	. ./. .	. ./. .	99	122	35/4
87	Panama	8	62x	53x	. .	. ./. .	7/24	93	98	38/7
88	Korea, Dem. Rep. of	. .	. .	. .	. .	. ./. .	. ./. .	106	126	. ./. .
89	Korea, Rep. of	9	94x	93x	84x	. ./. .	. ./. .	107	117	35/. .
90	Malaysia	9	88*	. .	. .	. ./. .	12x/47x	113	110	30/. .
91	United Arab Emirates	. .	. .	. .	. .	6*/. .	. ./. .	. .	. .	. ./. .
92	Uruguay	8	54*	33*	12*	. ./. .	14*/. .	98	103	31/7
	Low U5MR countries (30 and under) Median	6	. .	. .	. .	. ./. .	. ./. .	105	128	19/2
93	USSR	6	. .	. .	. .	. ./. .	. ./. .	111	128	. ./. .
94	Mauritius	9*	59*	49*	39x	17/7	20*/. .	107	118	20/4
95	Romania	6	. .	. .	. .	. ./. .	. ./. .	121	127	. ./. .
96	Yugoslavia	7	. .	. .	. .	. ./. .	. ./. .	98	134	27/. .
97	Chile	7*	23y	18y	17y	. ./. .	1/10	106	102	29/7
98	Trinidad and Tobago	. .	68x	53x	25	x 48*/1*	10/5x	94	126	. ./. .
99	Kuwait	7	47x	32x	12x	. ./. .	2/14	. .	. .	. ./. .
100	Jamaica	8*	57x	40x	16x	39*/1*	14/9	99	112	38/. .
101	Costa Rica	9	61	38	20	. ./. .	3/8	93	118	33/8
102	Bulgaria	6	. .	. .	. .	. ./. .	. ./. .	104	146	. ./. .
103	Poland	8	42x	32x	. .	. ./. .	. ./. .	110	126	29/. .
104	Cuba	8	. .	. .	. .	. ./. .	. ./. .	108	127	. ./. .
105	Hungary	10	45x	21x	4x	. ./. .	. ./. .	110	135	25/. .
106	Portugal	8	. .	. .	. .	. ./. .	. ./. .	101	124	34/. .
107	Greece	6	. .	. .	. .	. ./. .	. ./. .	96	145	30/. .
108	Czechoslovakia	6	. .	. .	. .	. ./. .	. ./. .	117	143	. ./. .
109	Belgium	5	. .	. .	. .	. ./. .	. ./. .	104	139	15/2
110	USA	7	33	25	8	. ./. .	. ./. .	98	140	13/2
111	New Zealand	5	. .	. .	. .	. ./. .	. ./. .	105	131	12/. .
112	Israel	7	. .	. .	. .	. ./. .	. ./. .	103	119	26/. .
113	Austria	6	. .	. .	. .	. ./. .	. ./. .	104	130	16/2
114	Singapore	7*	. .	. .	. .	. ./. .	9/10	90	114	19/. .
115	Italy	7	. .	. .	. .	. ./. .	. ./. .	100	143	19/2
116	German Dem. Rep.	6	. .	. .	. .	. ./. .	. ./. .	109	143	. ./. .
117	United Kingdom	7	. .	. .	. .	. ./. .	. ./. .	111	129	12/2
118	Ireland	4	. .	. .	. .	. ./. .	. ./. .	99	140	22/4
119	Germany, Fed. Rep. of	5	. .	. .	. .	. ./. .	. ./. .	116	133	12/2
120	Denmark	6	. .	. .	. .	. ./. .	. ./. .	126	129	13/2
121	Spain	. .	. .	. .	. .	. ./. .	. ./. .	101	130	24/3
122	Australia	6	. .	. .	. .	. ./. .	. ./. .	100	114	13/. .
123	France	5	. .	. .	. .	. ./. .	. ./. .	105	142	16/2
124	Hong Kong	4*	. .	. .	. .	. ./. .	. ./. .	143	119	19/3
125	Canada	6	26x	13x	. .	. ./. .	. ./. .	116	130	11/2
126	Netherlands	4	17x	. .	. .	. ./. .	. ./. .	108	128	13/2
127	Norway	4	. .	. .	. .	. ./. .	. ./. .	103	114	5/2
128	Switzerland	5	. .	. .	. .	. ./. .	. ./. .	105	126	17/. .
129	Japan	5	. .	. .	. .	. ./. .	. ./. .	107	106	19/3
130	Finland	4	. .	. .	. .	. ./. .	. ./. .	108	111	16/3
131	Sweden	4	. .	. .	. .	. ./. .	. ./. .	103	114	13/2

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WORLD CONFERENCE ON EDUCATION FOR ALL

–MEETING BASIC LEARNING NEEDS–

REF:WCEFA/89/0058

17 April 1989

Dear Mr. Wood,

Thank you very much for your letter of 3 April stating the willingness of the Foundation to support in appropriate ways the World Conference on Education for All. I am pleased to confirm our interest to have a paper presenting a summative statement of your Foundation's considerable experience in early childhood care and education.

As the focus of the World Conference will be on meeting basic learning needs, I would suggest that your paper might emphasize the lessons which can be drawn regarding how to organize effective teaching/learning situations for very young children and for adults, especially in an out-of-school and resource poor context. Also, your experience in developing local partnerships, or what we are calling "alliances", would be of considerable interest. Actual examples of successful experiences will be very appreciated.

In view of your foundation's involvement in the Consultative Group on Early Childhood Care & Development, based at UNICEF, we presume that your paper will also take into account, or present a synthesis of, the research sponsored by the Group. I believe the conference participants will be particularly interested in research findings concerning the various factors affecting child development and learning performance.

Since we intend to include a section on this subject in the main conference document (cf. p. 9 of the enclosed draft outline), I would be grateful if you would send us an outline of your paper and a synopsis of the main conclusions or recommendations, if possible by mid-May. These should prove useful to us in preparing the main conference document and enable us to make relevant cross references to your paper.

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Your paper will be included in the special studies series of the conference. This category of documents is intended to provide participants with technical information which they might use in their actions to follow up the conference. We intend to distribute the special studies at the World Conference rather than beforehand. This being so, you would need to have the paper ready by end-January 1990.

At this point, we do not intend to try to standardize the format or length of special studies. However, in due course I shall send you a model title page. As the principal invitees will be policy-makers, rather than specialists, we strongly recommend that each study include a concise executive summary stressing the policy implications.

As regards language versions, special studies may appear in one or more of the four conference documentation languages: Arabic, English, French and Spanish. Where a single language version is planned, we encourage the translation of the executive summary into one or more of the other languages.

Finally, I would like to inform you that the Inter-Agency Commission established by the four agencies sponsoring the World Conference has drawn up the following framework for the involvement of potential partners in this major initiative:

Sponsors: UNDP, UNESCO, UNICEF and the World Bank, each contributing at least $500,000 plus staff and institutional support, constitute the Executive Committee of the Inter-Agency Commission set up to prepare and promote the World Conference.

Co-sponsors are partners in supporting the general objectives of the Conference, each contributing at least $250,000 in direct budgetary support; they may also fund supporting activities such as special studies and technical meetings.

Associate Sponsors provide direct support (parallel funding), equivalent to at least $100,000, for specific activities included in the Commission's work programme and carry them out in coordination with the Secretariat.

Co-sponsors and Associate Sponsors are:

- represented on the Steering Group;
- consulted regularly on the preparatory activities;
- listed on the Conference stationery and promotional materials.

We hope that all the international organizations and bilateral partners actively involved in meeting basic learning needs will join this important initiative to make it truly global, in terms both of participation and of variety of experience and perspective. I very much hope that the Bernard van Leer Foundation will be able to support the Conference as a Co-sponsor or as an Associate Sponsor.

Of course I am at your disposal if you need any further information.

Yours sincerely,

WDHaddad

Wadi D. Haddad
Executive Secretary

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

Date: June 20, 1988

To: Mr. Richard Skolnik, Chief, AS4PW

From: Nat J. Colletta, AS4PW

Extension: 79001

Subject: INDIA - Proposed Innovative Pilot Early Childhood Intervention Project utilizing the newly-proposed Bank NGO Grant Scheme

1. The evidence has long been in (see an excellent summary in Meyers and Hertenberg Paper "The Eleven Who Survive: Toward a Re-Examination of Early Childhood Development Program Options and Costs", EDT, March 1987 Edition) regarding the importance of early childhood (ages 3-5) education programs, and even earlier infant stimulation (age 0-3) interventions, on the subsequent cognitive and psycho-motor development of young children.

2. In fact, one could hypothesize that investments in primary education occur at too late a stage to further the cognitive development of children of the very poor. Such late efforts while laudable, are often tantamount to mere remedial education for already partially brain-damaged children resulting from the under-nourishment of expectant mothers and the poor quality care sometimes given by hardly older siblings in the poverty-ridden environments of the Third World.

3. One might further argue that in the sphere of human resource development, cognitive transformation is the most fundamental change in the overall socio-economic development of nations. We have already seen the flotsam of material development that continues to decay unmaintained from irrigation canals to roads and water supply systems worldwide due to inattention to the intellectual and attitudinal infrastructure necessary to sustaining such material development from within the countries. We continue to ask ourselves why irrigation sixteen is a rehabilitation project for irrigation five, only grasping to inject quick fix, often cosmetic training programs into our sectoral projects as the panacea. However, the jury remains out as to whether such project related training efforts, while necessary, have been effective.

4. If we are serious about addressing hard core poverty in India then we must be bold enough to imagine and try new directions. One such new direction which I would like to propose is a pilot project in early childhood and maternal-infant education covering the 0-5 year age group in the State of Maharastra. The primary delivery system would be the Anganwadi-creche infrastructure of the Integrated Child Development Service (ICDS). The content of the program (the technological package) is a superb set of pre-school educational materials already developed and tested by the

Learning Resource Center (LRC), a respected NGO working in early childhood intervention programs among the poor in Maharastra. The pilot project would assist this NGO-State level ICDS program to go to scale with this educational package in about 15,000 creches in the State of Maharashtra. The investment would amount to about $1,000,000 covering: (a) prototype pre-school (3-5) and infant stimulation (0-2) educational materials development and testing; (b) small-scale industrial fabrication of education materials; (c) staff development programs for mothers, creche care-givers and State social welfare managers/supervisors; (d) outreach transport and other managerial costs for effective implementation; and (e) a monitoring and impact evaluation component.

5. Such a pilot project would also support the implementation of our long-term nutrition development strategy which envisages a future project addressing pre-school education along with nutrition and health within the broader framework of ICDS.

6. This is not a radical proposal for those who worked in the anti-poverty program of the Kennedy-Johnson years in America. It was not by chance that the early childhood intervention programs (Head Start, among others) were the center piece of the U.S. "war on poverty". Unfortunately, global politics diverted the funds required to sustain such a longer term view of human development. India realizes the social costs of such errors. They keep telling us in many fora (see Berg BTOR, March 15, 1988, among others) and in different ways that the maternal and child interventions of their ICDS program are important. Further, if we want to help on the poverty front, this is an area in which we would be welcome. However, we must be willing to hold in abeyance our all too ready made prescriptions and listen closely, placing more priority on the political will and indigenous judgement of our counterparts.

7. I would like to propose a meeting with the relevant persons in the India Department and the Bank NGO unit to discuss the above concept. Should this concept be endorsed, I would like to have the support of the Department to explore it further with the relevant State of Maharastra and Government of India Social Welfare personnel, and the pertinent NGOs during my next mission. I would welcome being joined in such an effort by a representative of the Bank NGO unit and a single consultant (possibly Mr. Meyers). May I have your reaction to this proposal?

cc: Messrs. B. Alisbah, AS4DR; D. Ritchie, AS4CO; M. Carter and D. Beckmann, SPRIE; R. Cambridge, AS4PW; J. Kraske, R. Heaver and S. Lieberman, NDO; J. Greene, ASTPH
Ms. E. Schaengold, AS4CO

NC:mha
6/20/88

Discussion Paper

Education and Training Series

Report No. EDT69

THE ELEVEN WHO SURVIVE: TOWARD A RE-EXAMINATION OF EARLY CHILDHOOD DEVELOPMENT PROGRAM OPTIONS AND COSTS

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March 1987

ABSTRACT

This paper presents a case for increased World Bank investment in early childhood development, drawing upon new research results, changing circumstances and views, and increased demand for early childhood care and development.

There is evidence that early, not necessarily expensive, interventions can have salutary effects on school readiness and, sometimes, on school progress and performance, on caregiver knowledge, status and mobility, on community participation and action, and on the functioning of education and health systems.

Such investments could help to integrate and strengthen present Bank lending efforts directed toward increasing child survival, improving women's productivity, providing urban services, increasing primary school quality and efficiency, and reducing fertility. The paper outlines a wide range of current programmes of ministries of education, health, other governmental or private voluntary organizations which the Bank can take as starting points for their own programming.

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EXECUTIVE SUMMARY

Eleven out of every twelve children born in the developing world in 1985 survived to age one. Greater attention by the Bank to these eleven who survive is recommended--through increased support for programmes of early childhood care and development. The present position of incidental support to such programmes builds upon outdated information and reasoning.

When new research results, changing circumstances and views, and increased demand are added to well-established moral, scientific, social equity, and productivity arguments, the case for investing in early childhood development is compelling. In addition, these investments could help to integrate and to strengthen present Bank lending efforts directed toward increasing child survival, improving women's productivity, providing urban services, increasing primary school quality and efficiency, and reducing fertility. Section I of the paper elaborates this rationale.

A wide range of viable programme possibilities exist which a Ministry of Education or of Health, other governmental or private voluntary organizations, and the Bank can take as starting points for their own programming. In Section II, three complementary general strategies are described: attending directly to children, educating parents and other caregivers, and fostering community development. These are discussed in relation to two underlying considerations--integration and community participation. Within these general strategies, specific programme models that have been tried out include: home day care, integrated child development centres, add-on programmes of child development to health, nutrition, or other existing centre-based programmes, child care in the workplace, pre-school programmes (formal and non-formal), home visiting, parental education, and education of siblings in child-to-child programmes.

A review of early childhood programme experiences (Section III, augmented by case studies in Appendix C) presents impressive evidence of the long-term effects of high quality early interventions carried out in the United States. In the Third World the lack of long-term studies and the relatively small number of solid programme evaluations make evidence weaker. However, there is evidence that early interventions can have salutary effects on school readiness and, sometimes, on school progress and performance, on caregiver knowledge, status and mobility, on community participation and action, and on the functioning of education and health systems. Furthermore, these interventions need not be expensive. More needs to be done to sort out the conditions under which these effects occur.

In Section IV, several actions the Bank might take are suggested for consideration:

- Hold a series of in-house discussions, crossing sectoral and departmental lines, about programming for early childhood development.

- Include a child development perspective in up-coming sectoral reviews (e.g. health, nutrition, and education), and in selected project identification exercises.

- Support evaluations of on-going projects that include a child care and development component and/or effect, perhaps in conjunction with UNICEF.

- Support experimental efforts on a medium scale, such as: up-grading child care in women-in-development or urban services programmes, providing caregiver education through use of mass media or in adult education programmes, training child care workers or other health workers in child development, integrating pre-school efforts with primary school programmes, supporting CHILD-to-child programmes, or adding early stimulation and nutrition components to projects where both are missing.

- Respond to a national request for loan assistance for a large scale programme in a country where the infant mortality rate is low and primary school enrollment is high, where demand and political will are strong, and the request is conceived as part of a broader, integrated child survival and development effort.

Nat Calcutta

CORE INDICATORS FOR THE INTERAGENCY

FOOD AND NUTRITION SURVEILLANCE PROGRAMME (FNS)

A paper for discussion

by

Beverley A. Carlson

UNICEF

October 1987

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CORE INDICATORS FOR THE INTERAGENCY

FOOD AND NUTRITION SURVEILLANCE PROGRAMME(FNS)

BEVERLEY A. CARLSON

UNICEF

INTRODUCTION

1. Within the context of the interagency Food and Nutrition Surveillance programme (FNS) the purpose of food and nutrition surveillance is to provide a quantitative basis for addressing policy issues of nutrition and for monitoring the nutritional impact of economic and social development policies on vulnerable population groups. Food and nutrition surveillance has a much broader range of purposes including early warning, child monitoring, evaluation, programme intervention, etc. but it is the area of national advocacy, policy and planning that is the focus of this Programme.(1)(2) The ultimate goal is to protect and hopefully improve the nutrition and overall welfare of the general population with particular emphasis on poor and vulnerable groups such as children.

2. In order to move toward this long range goal it is necessary to focus the attention of national governments on the social consequences of national policies and economic and social development goals and, for many countries, the impact of economic structural adjustment policies.(3)(4) What is needed therefore is a measure of the impact of these policies on the "so called" beneficiaries, i.e. the general population and on poor and vulnerable population groups like children in particular.

INDICATORS FOR THE PROGRAMME

Measuring development

3. To date a lot of attention has been focussed on measuring the impact of development policies in terms of the survival of infants and young children through infant and child mortality estimates (5) and through life expectancy in the overall population. Increased attention has also been given to the survivorship of mothers through programmes like the safe motherhood initiative now underway. More recently there has been a growing concern to focus not just on survivorship but on the positive development of children, mothers and other vulnerable groups to which policy actions can be addressed in a specific sense and which, in a broad sense, would serve as a proxy for progress in development as a whole (6)(7). What is needed is a simple population-based measure such as infant and child mortality or, as in the case of economic measures of

welfare, per capita income. **Nutritional status**, especially of children under five, is such a composite indicator because nutritional status reflects both acute malnutrition and long term growth and development which are a consequence of food availability, health status, health service availability, nutrition practices as well as related environmental and other social and economic conditions.(8)(9)

4. Nutritional status measured through anthropometry is a **standardized social measure** roughly equivalent to the standardized economic measure in common use, namely income. Income has often been criticized as a basis of comparison because of its limitations which include problems of definition, collection, compilation and comparability. However it is the universally accepted common denominator for the measurement of economic status. Nutritional status has many of the properties of income which make it a suitable common social denominator. Individuals and population groups can be compared to establish **levels and trends** while at the same time nutritional status has distributional properties so that **differentials** can be calculated in a reasonably comparable manner with the ability to aggregate and disaggregate the results. This is not the case with macro or aggregate indicators such as government expenditure on health or food production and food balance sheets which show only the overall picture and do not show who is receiving the services or the food.

5. In many ways nutritional status is a much more standardized measure than income which varies substantially according to the purchasing power of income from one country to another and also within a country.(10) The National Center for Health Statistics (NCHS) reference standards have been accepted by WHO as the international standard against which heights and weights by age can be compared throughout the world.(11) Furthermore, unlike mortality, which has been used as a social impact indicator, nutritional status can monitor changes over time in individuals whereas mortality, by definition, occurs only once. Thus there is the chance for remedial actions to remedy the deficiencies causing malnutrition. Unlike mortality but like income, nutritional status applies to everybody at all times during the life cycle. For all these reasons nutritional status is a much more **robust measure** than mortality for monitoring social impact or outcomes.

6. "Adjustment with a human face requires specific, well directed policies to shield the vulnerable during the adjustment process" through "explicit government commitment to the protection of vulnerable groups during the adjustment process and systematically monitoring the **impact of adjustment on vulnerable groups**."(12)(13) The FNS programme seeks to monitor the social impact of structural adjustment policies and the most vulnerable groups in this context are children under five and women who are pregnant or breast-feeding their babies. To these groups might also be added in broad terms the major poverty groups.

7. The implication of these issues for surveillance systems is that the priority groups to be monitored are under fives and mothers. What is being measured is the **impact** or alternatively **outcomes** on these population groups and individuals. The flow-chart in Annex 1 (14)(15) illustrates how the outcome measure, nutritional status, relates to what it calls resources and flows and what I call inputs such as food, health services, sufficient income, etc. What the **core indicators** of the FNS programme should focus on is the outcomes or impact as measured by nutritional status variables at several points in time in the growth and development of the child. It is further suggested that the core indicators should focus on the child and only indirectly on the mother through her infant i.e. through birth weight.

Why limit core indicators of food and nutrition surveillance to nutritional status?

8. A quick look at the schematic overview of principal relationships between nutrition and variables influenced by economic crises and macroeconomic adjustment policies in the flow-chart by Pinstrup Andersen in Annex 2,(16) illustrates the point better than a thousand words . Human nutrition outcomes are the result of a complex series of interlinked processes. Many if not all of these processes are being monitored within the context of other systems in a country in one way or another depending upon the level of development of the national statistical system. The FNS programme should make the best possible use of these other data available in the country and, within the context of national food and nutritional surveillance programmes, should include plans on how to tap, improve and make better use of these data for policy purposes.

9. However, as far as the common denominator of core indicators is concerned, bearing in mind the necessity to keep things simple and staying within the possibilities of the least developed countries, the implications of the complex but realistic conceptual framework illustrated by Annex 2 would lead one to the conclusion that we would do well to **focus the efforts of our Programme on the effective measurement of the outcomes** of these complex processes which are embodied in nutritional status. This would enable the Programme to focus its efforts on helping countries to make their outcome data available on a more **frequent** basis, with better **coverage** and **quickly** enough to have an impact on policies and programmes. For example, the objective of timely reporting of just one monthly indicator is a huge task in itself.

10. In fact, the biggest constraint and challenge in making better use of food and nutrition surveillance data is **data management** and **data analysis**. In my experience in Africa, for example, few countries have managed to do the analysis on their own and instead have relied on outside expertise to handle these tasks. This is reflected in the fact that the published literature analyzing these data in African countries virtually never includes the work of an African.

Aims of the Programme

11. One of the most important goals of the FNS programme is to develop and strengthen national and international advocacy for looking at the social impact of government economic and adjustment policies and to assist countries in monitoring the effects of their related social programmes. This can be achieved through setting targets and measuring progress towards reaching them by monitoring the levels, trends and differentials in nutritional status as measured by several nutrition indicators. It should always be understood that **country action is the principal objective of the FNS programme**. Regional and international advocacy are important related objectives.(17)

12. This leads to the **immediate objectives** of the FNS Programme as stated in the UNICEF Executive Board Recommendation paper (2) which are to:

> 1. **produce information on trends** in a limited number of specified indicators of human nutrition at national and subnational levels for 20-40 countries by mid-1988;
>
> 2. promote the **prompt use of this information** for national and international advocacy, stressing that the identified trends in nutritional status merit immediate recognition and innovative consideration in development strategies, structural adjustment programmes and general planning.

13. This second immediate objective is really a longer term objective as well and should be considered along with the other two stated **long term objectives** which are to:

> 3. develop **institutional capacity** to produce and use data, within and among countries, by providing appropriate training and other support in the collection, compilation, analysis and application of information;
>
> 4. promote **recognition and use of this information** at regional and, particularly, country levels by advocating that considerations of human nutrition are essential for the proper development of policies and programmes.

Choice of indicators

14. In order to hope to achieve these objectives it is necessary to move toward a **greater consensus and standardization** in the collection and presentation of a **minimum common list** of indicators which are **feasible to obtain and use** in the circumstances of developing countries with limited statistical and information generating and analyzing capabilities. As far as possible these indicators should be **consistent with those being used by the concerned international agencies** in their regular programme

activities. It should be understood however that this paper is dealing only with the most common denominator - the core indicators. Each country will inevitably add to this common core a number of additional indicators reflecting specific national priorities and programmes.

15. This common core must be kept to a handful of indicators because of the practical limitations and resource constraints faced by many countries. In order to monitor short term changes that are relevant to national policy it will be necessary to establish continuous collecting and reporting systems which are as representative as possible of the population and widely distributed so as to cover the major vulnerable population groups. This argues for putting the emphasis more on frequent and timely reporting of a few key indicators rather than on less frequent reporting of a broader range of variables. It also underlines the critical importance of rapid data processing, analysis and dissemination. There is questionable value in reporting monthly data two years after the event if the purpose of the reporting is to trigger action.

16. This minimum approach is justified, given the objectives of the FNS programme, insofar as the Programme seeks to monitor the levels, trends and differentials in nutritional status i.e. the nutritional outcomes. Anthropometry does this very conveniently through the weight-for age indicator and more specifically through the weight-for height indicator (wasting or acute malnutrition) and the height-for-age indicator (stunting or chronic malnutrition) in children under five.(18) If we are interested for advocacy and policy purposes to follow trends of nutritional status without explicit concern about causes then the weight-for-age indicator would seem to be an obvious choice. A question which arises is the degree to which height-for-age or weight-for height are more sensitive to short term changes and more suitable for advocating policy changes. Weight-for-height excludes the stunting component but is more difficult to measure because the prevalence of low weight-for-height is much less than the prevalence of low weight-for-age.

17. There has been agency support for the idea of a few indicators monitored systematically and in a standardized way. This approach was recommended by the FAO Consultative Group on the Selection of Nutrition Indicators as Proxies for Development Indicators (19)(20) and is being implemented in several countries in Asia including Indonesia, Sri Lanka, Philippines and Nepal through FAO TCP projects. WHO has been promoting for many years the focussing on anthropometric assessment of nutritional status through its emphasis on the use of weight, height and age in nutrition assessment (21)(22)

Conclusion

18. Three nutritional status indicators bounding the early childhood period are recommended as the core indicators of the FNS programme: The reasons for this recommendation are discussed in the next section of the paper.

1. Birth weight: as the measure of the nutritional status of the child at birth, as a predictor of the child's likelihood to grow and develop, as an indirect measure of the health and nutritional status of the mother of the child and, in aggregate terms, of pregnant women and mothers as a vulnerable group.

2. Weight-for age of children under five: for monitoring growth and development of this vulnerable group, preferably dissaggregated by more specific age groups and where possible, as in household surveys, supplemented by weight-for-height and height-for-age which are more specific measures.

3. Height-for-age of primary school entrants: a measure taken at the end of the early period of growth and development which then becomes a cumulative indicator of the overall nutritional and health status of the child at the beginning of its school-going years and as an overall indicator of social and economic development .

THE THREE CORE INDICATORS

Birth weight

19. As has been stated in a number of WHO publications (23)(24) the birth weight of an infant is highly significant in two important respects. It is strongly conditioned by the health and nutritional status of the mother in the sense that maternal malnutrition, ill-health and other deprivations are the most common causes of low birth weight. In addition, birth weight is the single most important determinant of the chances of the newborn to survive and to experience healthy growth and development.

20. For these reasons, increasing attention is now given to birth weight distribution and especially to the frequency of low birth weight as a general indicator of the status of population groups. The frequency of low birth weight draws attention to those population groups i.e. mothers and young children, which are the most vulnerable and which require the highest priority in nutrition and health. Furthermore, it is very sensitive to socio-economic conditions, in particular to those adverse conditions, such as hunger and infection, which especially affect the poorest population groups. At their various indicator meetings WHO (25)(26) FAO (19) and UNICEF (27) have all included birth weight as a core indicator.

21. Birth weight is routinely measured for all or most births which take place in maternity centers, hospitals and other health institutions. In some countries it is also recorded on the birth certificate and on growth monitoring charts. However, in those countries and in those poorest population groups where the proportion of low birth weight is highest and where action is most needed both in individual care of pregnant women and the newborn and in social improvement in general, data on birth weight are extremely scarce and often non-existent.

22. This situation underlines the limitations of birth weight as a core indicator. In those countries where a large proportion of births take place outside the health system the birth weight data that become available will give a very unrepresentative picture of the country, suggesting much higher levels of birth weight than is the case. The trouble with measuring birth weight is that it is almost impossible to measure it in any reliable manner after the event - and this is a one-time event only. We should include this measure recognizing its limitations and accurately describing them without putting too much of our efforts into increasing its coverage.

23. Of particular importance to a programme that, in its advocacy role, will inevitably lead to inter-country comparisons is the well known phenomenon of the disproportionately high level of low birth weight in South Asia. Low birth weight in the sub-continent of Southern Asia at 31% is twice as high as in any other major region. The next highest regional rate of 17% is found in South-east Asia. This compares to a rate of 14% in Africa with much higher levels of infant mortality.(28) It has been argued (25) that the threshold level of low birth weight of less that 2500 grams is not appropriate to Asia and that a threshold level of 2250 grams would more precisely define the high risk low birth weight infant in South Asia. Such a redefinition would, for example, bring down low birth weight in Southern Asia from 31% to 15%.

24. The "Asian" phenomenon does not apply only to birth weight. It also applies, for example, to weight-for-age. The question is to what extent it is desirable or even possible to produce a South Asian variant when comparing countries in South Asia with those in other regions. The problem does not arise of course when looking at trends and differentials within a country in South Asia.

Weight-for-age of children under five

25. There is a clear case for weight-for-age being one of the key core indicators for looking at the trends and distribution of nutrition problems in a country as well as internationally. It is widely used in institution-based weighing programmes, primarily clinics, and in connection with growth monitoring efforts in communities. It is also being widely used in internationally supported survey programmes like the NHSCP, DHS, CDC, LSMS, etc.

26. Weight-for-age has an accepted international reference standard and several widely available publications describe how to weigh and measure children and how to interpret the anthropometric measurements. (18)(29)(30) Several software packages are widely available from the Centers for Disease Control (CDC) for mainframe and PC computers for analyzing the data and other approaches to computer analysis have been developed in Chile (Sistemas Integrales/Ariel), West Africa (Tulane) and East Africa (Cornell). The reference standards are published (11)(18) and can be used manually as well. Portable weighing equipment for taking weights is widely available at a reasonable price. The weight measurement is also much easier to take accurately than the height measurement.

27. The main measuring problem with weight-for-age is obtaining an accurate age assessment of the child. The misreporting of age can have profound influence on the reported prevalences of low weight-for-age especially if the mis-statement of age is biased in a consistent direction (31). Presumably in a growth monitoring setting where the same children are seen repeatedly, often monthly, in a somewhat systematic way, it should be easier to assess age accurately. However, in household surveys, where children may be seen only once and there is no available documentation on a child's birthdate, the assessment of a child's age becomes problematic especially in the case of children at highest risk, as their mothers, for educational and other reasons, are generally the ones who are less likely to be able to report age correctly.

28. Thus, while weight-for-age seems the easy solution, it has a major drawback. The extent to which one goes beyond the basic weight-for-age measure will depend on the country and nutrition circumstances. It is clearly desirable also to measure height or length along with age assessment where possible for a more focussed analysis (32). This is certainly feasible and should be encouraged in household surveys and in sentinel site reporting systems.

Height of school entrants

29. As an advocacy tool the heights of school entrants has a great deal of appeal as an indicator of the social impact of adjustment policies and development and has been the subject of a considerable amount of interest and considerable experience in the activities of a number of countries including the Central American region (33)(34) and India (35). When we think of under fives we think of the formative years in a child's young life when a great deal of growth and development is or is not taking place, as the case may be, and when acute problems of nutritional deprivation are most likely to occur. In contrast, by age six or seven at entry to primary school, it would be expected that a child has reached a certain plateau reflecting the past six or seven years of life and this is a convenient time for an annual stocktaking of the growth achieved. Just as under fives are the focus of a variety of health and nutrition policies and programme interventions, so children entering primary school are a high profile target group for educational policies to achieve political objectives like universal primary school attendance.

30. In most cases school enrollment is the second "legal" act a child engages in after birth. For this reason, in the many developing countries where birth registration is very incomplete, children are formally registered as having been born only when they enroll in school because enrollment requires a certification of birth. Along with the legal act of the acknowledgement of birth and the administrative act of enrollment, the registration of the health and development of the child at the time of school entrance, as measured by stunting, would be a very powerful political and policy tool at all levels from community to national. Furthermore, it could focus political will and community action at the local level by bringing to the attention of school officials, to parents and to the children themselves an awareness of how they themselves are doing in terms of growth. More specifically, as discussed by Gopalan (35), the taking of heights of school entrants can serve to produce an index of nutritional status of school entrants as a proxy for socio-economic development of geographical areas and population groups. It is also useful as a composite evaluation of past health, social and economic development activities and interventions in terms of their overall impact on children.

31. The practical experiences of several Central American countries give a favorable impression of the feasibility of instituting a school census of primary school entrants at low cost and with high validity. One area, however, that was not specifically discussed in the Central American report was how the data were processed, nor were data processing costs reported. Heights and weights of children measured at the first entry to a primary school was included as one of the four main indicators recommended by the FAO regional group in Asia (19). It would be very useful to explore what has been the outcome and the experience in the Asian region as a consequence of this recommendation. Several questions about this indicator arise concerning its practicability, cost effectiveness, use, and substainability as a source of trend data as well as a source of information about levels and differentials at single points in time . In addition one needs to decide

1. Is it necessary to do a complete census of schools?
2. Should this indicator be collected every year or only once in two or three years?
3. Should it be recommended to every country or only to countries which have achieved a certain level of development so that such a reporting system would be manageable?

DATA MEASUREMENT ISSUES

Reference standards

32. The NCHS reference population has been generally accepted and recommended for use as an international anthropometric reference. The U.S. children measured for this reference population are assumed to be well-nourished, and the NCHS is an easily accessible, well-documented, anthropometric data base. Before this reference population was available, the Harvard reference population was often used. The Harvard reference population was much smaller and, therefore, less useful statistically, and the Harvard data were never presented with respect to weight-for-height although this indicator was approximated later.(36)

33. An extensive discussion organized by WHO on the issue of using local or international reference standards concludes on balance that we should stay with the NCHS reference standards which have been adopted by WHO as the international reference. "The development of statistically valid national reference values is costly and often beset with logistic problems, particularly in a very large country such as India. There appear to be no major advantages to offset these drawbacks, and therefore the establishment of local or national reference values is not an urgent priority.(9) Furthermore, the use of a reference population does not imply that the population is a standard or goal which all other populations should attempt to attain, but rather, a reference population implies a point of reference to which other populations can be compared. It is anyway argued that the effort of ethnic differences on the growth of young children is small compared with the effects of the environment (37). However, there still remains the "Asian phenomenon" discussed in Paras 23 and 24.

Analysis and presentation of data

34. There is clearly a need to standardize the analysis and presentation of nutritional status data. Classifications and presentations now in general use include: -

1. Gomez: Normal: weight-for-age greater than or equal to 90% of the reference median weight-for-age;

   Mild or first degree malnutrition: 75-89.9% of the reference median weight-for-age;

   Moderate or second degree malnutrition: 60-74.9% of the reference median weight-for-age;

   Severe or third degree malnutrition: less than 60% of the reference median weight-for-age.(38)

2. **Underweight**: **weight-for-age** less than 80% of the reference median weight-for-age, used for example in the analyses presented of the Catholic Relief Service (CRS) data in Africa.(39)

3. **Stunted** or chronic malnutrition: **Height-for-age** less than 90% of the reference median height-for-age.

4. **Wasted** or acute malnutrition : **Weight-for-height** less than 80% of the reference median weight-for-height.

5. **Centiles**: data can also be expressed in terms of centiles of the reference population e.g. a weight-for-age below the 3rd centile of the reference population (40)

6. **Z scores**: a Z score is another term for a Standard Deviation (SD) from the mean and malnutrition is usually expressed as a Z score of minus 2 or 2SDs below the reference mean.

7. **Waterlow**: a two way classification table using SD's for weight-for-height and height-for-age so as to identify children or the percentage of children in need, sometimes immediate need, of nutrition intervention.(41)

35. We should reinforce the effort of WHO to support the **analysis and presentation of anthropometric data in terms of Z scores or standard deviations below the mean of the reference population** for the many reasons set out in the report of the WHO working group (9). This means moving away from describing data in terms of percentage cut-offs below the median such as is the case with the Gomez classification and the presentation of most of the Africa CRS and other data. This raises the question of how to compare data using standard deviations below the mean with data using percentage cut-offs without a great deal of re-analysis of already published and aggregated data. This is the perennial dilemma of the trade-off between improvement and continuity.

36. One of the disadvantages of using the standard deviation approach is that it sounds "statistical" and people seem have a hard time grasping what it means in practice. People may also be concerned that they will need a computer or a statistical expert to apply it. This is not the case as, fortunately, WHO has published, along with the centile distribution of the reference population, the standard deviation values for minus one, minus two, and minus three standard deviations as well as the positive values in "Measuring Change in Nutritional Status."(18)

37. The main point raised by the WHO working group is that it is unwise to select a pre-established cut-off point because the desirable cut-off point will depend on specific country and local nutritional circumstances, on the intended policy and programme actions and other uses of the information, as well as on the particular distribution of the data. The reason to standardize a cut-off point is for comparability across time and across countries. This has been done, in practice, in the definitions of stunting and wasting.

Selection and reporting of age groups

38. The prevalence of wasting, stunting and low weight-for-age varies according to age. Various data collection programmes and international and national guidelines call for data to be collected, analyzed and presented by different age groups.

1. The WHO Health for all by the Year 2000 programme calls for the percentage of children **up to five years of age** that fall below the reference value for minus two standard deviations below the mean of the respective frequency distributions for healthy children as measured by the NCHS reference population.(24)

2. The United Nations National Household Survey Capability Programme (NHSCP) recommends measuring heights and weights of children **3-59 months** inclusive.(30)

3. In the Demographic and Health Surveys programme (DHS) being supported by the U.S. Agency for International Development (USAID), height and weight data are obtained from children from **3-36 months**. (42)

4. In its global statistics UNICEF collates nutritional status data by both the Gomez and the WHO classifications and its recommended CSDR indicator refers to the **under-fives** as a whole. (6)(27)

5. For monitoring the child survival programmes which it funds itself USAID recommends obtaining data on weight-for-age from children from **zero to 23 months** inclusive and classifying the results by the minus two standard deviations approach.(43)

6. Often publications refer to the percentage of severely malnourished children without reference to age or the way in which the category of severely malnourished is derived. The first World Nutrition Report uses prevalence below minus 2SD's but it is not clear for what age group.(44)

39. **There is thus clearly a need to standardize all these collection and reporting procedures**. This will need to take into account sample sizes among other things. For example, for the NHSCP the choice of 3-59 months was the most suitable overall decision:- children under 3 months were omitted because they are nearly impossible to measure reliably, especially for length; children were measured up to five years of age in order to increase the sample size without increasing the number of households or clusters and because there was the interest to look at stunting and wasting as well as low weight-for-age.

40. Perhaps it would be too rigid to try to standardize the ages of children from whom measurements should be taken. This will tend to vary depending on the data collection system and the purpose of the exercise, e.g. clinic data would tend in most countries to represent young children coming to clinics for immunization. In Botswana, however, children attend clinics for supplementary feeding programmes and therefore the clinic data would tend to be more representative of children under five.(45) The important thing is that when reporting on the data there must be a very clear statement of what age group they represent. Where possible the analysis should be disaggregated by the different critical age groups as was done in the report on the Bangladesh Nutritional Status Survey (46). This showed dramatically changing levels of malnutrition depending on which 12 or 6 months age group within the overall age range was being discussed.

Issues of periodicity

41. One has to distinguish between the periodicity of the collecting of the data and the periodicity of the reporting of the information. On the collection side, both low birth weight and height at the time of primary school entrance are unambiguous as they are measured when the event takes place, i.e. at the time of the birth and at the beginning of primary school. The collection of the weight-for-age data is more ambiguous as these data can be collected continuously in clinics when children come for services and periodically or continuously in household surveys depending on the survey design.

42. The main issue of periodicity concerns the periodicity of reporting. One would recommend that for low birth weight the periodicity for reporting should be annual to correspond with annual mortality estimates. The periodicity of heights of school entrants should likewise be annual to correspond with the enrollment data. The debatable issue is the periodicity of the reporting of the weight-for-age of children under five.

43. Recommendations on periodicity of reporting should ideally reflect the intended uses of the data. In practice, however, the recommendations must take into consideration questions of practicability and the costs of more frequent as opposed to less frequent reporting. One can also examine the periodicity of reporting past data as opposed to current data with its different associated costs and required resources. The issue really boils down to whether weight-for-age should be reported monthly, seasonally, annually or a combination of all three, and in what form and for which user. Additionally the question arises as to what monthly data will be able to tell us? Is the indicator itself sensitive to monthly change? What actions will be taken as a consequence of having monthly as opposed to quarterly or seasonal data? I suppose that the answers to these questions parallel to some extent the answers to similar questions about the periodicity of employment and income estimates which traditionally come from household sample surveys.

44. In terms of practicability, the resources required to report on monthly changes in **past data series** are much fewer than the resources needed to make current monthly estimates because there is no problem of timeliness in looking at past trends. To produce a timely indicator of monthly periodicity requires a finely tuned and highly organized data management system that remains reliable over time. There is considerable value, in the context of developing countries with limited resources for statistical purposes and, even more importantly, for the delivery of basic primary health care, to produce monthly figures for **past data** such as has been done with the CRS data in Africa (39). These data, while not current, provide a very interesting picture of how the prevalence of malnutrition moves during a year and the presentation of several years of monthly data for the same country gives a picture of how it changes over time from year to year and perhaps could be used to predict future patterns.

45. The timely provision of **current monthly data** is however very demanding, perhaps impossible, for most developing countries - at least the timely part of it. To be currently useful monthly indicators have to be available within a few days of the end of the month and, as an example, the U.S. experience in this with respect to the publication of the consumer price index and monthly employment and unemployment figures is instructive. From personal working experience I can confirm that it is an enormous task requiring large resources and substantial expense.

46. Furthermore, in the case of nutritional status indicators, what actions would take place as a consequence of the release of timely monthly indicators? What would we do if we knew that an indicator was beginning to go down? Perhaps what is needed is the **potential** of producing monthly estimates of nutritional status which may be processed with some time lag, say of a few months. The difficulties of frequent reporting need to be examined in terms of the collecting systems. What is the burden of monthly reporting by clinics as opposed to quarterly reporting? by sentinel sites? by sample surveys? etc. From a purely administrative point of view it would seem to be a much smaller burden to report once very three months rather than once every month unless it is simply a matter of collating data, e.g. on a master chart, which can then be disseminated either monthly or quarterly without any appreciable difference in the burden involved.

SOURCES OF DATA

Catholic Relief Services

47. The Catholic Relief Service (CRS) operates a Food and Nutrition Programme for families with children under five years of age in sixteen sub-saharan African countries. Each child has an individual growth chart and the child's percentage of weight for age is plotted on a master card and then on the individual growth chart. Apparently no information on the specific age of the child is retained so that it is not possible to dissaggregate the analysis of CRS-based data by age breakdowns.(47)

48. The children who are attending and weighed are a self-selected group and are not necessarily representative of the population in the catchment area.(48) They usually represent only a small proportion of children under five in the country - ranging from 2.6 percent in Madagascar to 30-40 percent in Lesotho with most countries under 10 percent. It is not clear what similarity these groups have with the overall under five population at any one time nor how the groups themselves change over time. Such changes in composition would of course result in changes in prevalence due to different attendance thus confounding the trends themselves irrespective of the representativeness of those trends. For example, it has been reported that the CRS clinics often run out of food for distribution and are not able to meet the total demand. One wonders how this affects the numbers and characteristics of the children weighed. Another drawback to the use of the CRS data is that the published data are invariably out-of-date. The most recent published data seem to be for 1984.

49. On the positive side, however, data in a number of countries have been analyzed for three or more years by month, and insofar as they come from a comparable group of children over time, represent a picture of the nutritional status of children coming to the CRS centers.(39) It would be very interesting to know how much was required in terms of costs and skilled human resources to pull these data together and make them available in their present form. What is planned for the future? What are CRS or national interests in following through with the regularly aggregated analyses of these data? Is it a worthy goal of the FNS programme to institutionalize this process or should we simply use these data in an expedient way to produce some past trends showing changes over short periods of time while the longer term surveillance activities are being established?

Clinics

50. Weights are routinely taken in many clinic settings, especially where growth monitoring programmes are taking place. The quality of clinic reported data vary greatly. In more advanced countries with good infrastructures and levels of education one can expect that the clinic data will be of high quality. However, in poor African countries with weak infrastructures and problems delivering simple basic services or with internal disruption as in Mozambique or Chad one can expect that there will be serious administrative problems running an efficient system of nutrition surveillance.

51. There are also serious moral questions in these countries as to whether it is worth spending time to weigh each and every child and how to justify the opportunity cost of doing that instead of attending to specific health problems, and of encouraging the system itself to recruit additional personnel for this purpose. One alternative that has been tried in Brazil is to screen severe cases of malnutrition through the mid-upper arm circumference measurement (MUAC) and subsequently enroll those children in the weighing programmes.(49) One could also consider obtaining the information from a sample of clinics.

52. It is probably not very appropriate to use clinic reporting as the major data base for surveillance systems principally designed to serve aggregate national interests for advocacy with some indications as to the changes and distribution of malnutrition among large areas, over time, by sex, and for several age groups. **A population-based sampling procedure would provide a better basis**, would be more cost-effective, and would be less disruptive to the essential business of delivering health services together with using **growth monitoring** to solve the immediate needs of individual children as well as educating their mothers.

Household sample surveys

53. For the purposes of the Programme probably **the best source of nutritional status or surveillance data would be continuous household sample survey programmes**. The arguments in the past against sample surveys were that they were ad hoc and therefore expensive, that they could provide an estimate for only one point in time during the year, that data would be collected only once every three to five years, and that surveys undertaken or supported by outside groups such as the CDC or UCLA were suitable for getting data for the use of multilateral or bilateral development agencies but were not surveys in which the countries felt they had a vested interest. It was also argued that lay interviewers of national household survey programmes were not suitable measurers of young children because of the reluctance of mothers to entrust their children to them and because of their lack of familiarity with the techniques. A further criticism was the slow speed at which data from these surveys were processed and analyzed.

54. Virtually all of these drawbacks have been reduced over the last few years due to a variety of circumstances (50). Ad hoc surveys can be expensive but adding anthropometry to an existing programme through "piggy-backing" means a very marginal additional cost usually involving only the cost of the equipment, some training, and possibly some technical assistance to get the survey programme started. The growth of national household survey capabilities in developing countries has increased substantially in the last few years. Many countries have established a household survey capability or have worked to strengthen the capability they had already initiated. Over 25 countries now formally participate in the National Household Survey Capability Programme of the United Nations (NHSCP) (51). Many more countries have ongoing programmes independent of this framework.

55. In addition, major internationally supported household survey programmes in developing countries like the Demographic Health Survey programme (DHS) supported by USAID, the Living Standards and Measurement Survey programme (LSMS) of the World Bank, and now the Africa programme of World Bank to measure the social impact of structural adjustment policies, have all incorporated children's nutritional status measurements as an integral part of their survey programmes. This new emphasis in these internationally or bilaterally funded programmes is in no small part due to the convincing case repeatedly put forward to the funding bodies concerned by representatives of UNICEF, WHO and the UN Statistical Office as well as by specialists from institutions like the CDC, Cornell, etc.

56. It has been recognized that lay personnel can weigh and measure children perfectly well if trained properly.(52) This is becoming easier with the availability of technical guidelines such as the manual on "How to Weigh and Measure Children"(29) and through the joint cooperation of the National Statistical Offices and the Ministries of Health in the planning, organization and enumerator training programmes of the survey. The very important benefit of piggy-backing anthropometry onto household survey programmes is that generally National Statistical Offices have better established **sampling capabilities** and use sampling clusters which are much more **representative of the country** than is the case in other potential sources of data.(53) For example, the operational problems of applying sampling principles in clinics is not at all easy.

57. Many countries have now developed continuous or permanent household survey programmes where data for one survey or another are being collected continuously from a fairly large sample of households. Anthropometric measurements are already being collected periodically in a number of these programmes. If it were judged that continuous data were needed and this was accorded some national priority in the overall plan of work then measuring the nutritional status of under fives could be made a regular feature of all household survey programmes, providing quarterly and in some cases, depending on the sample size and design, monthly snapshots of the prevalence and distribution of malnutrition on a population-representative basis This is what is now being done in Bangladesh where a survey programme originally designed to measure children continuously over a year, once every three or so years, is now being upgraded into a permanent continuous feature of the national household survey programme.

58. The other quality which none of the other collection systems possess is the **potential to link these data** with a wide panorama of policy relevant information especially related to measuring the impact of structural adjustment policies ranging from household food consumption and labour force participation to use of health services, health status and mortality as in the Bangladesh (46), Botswana, Kenya (54)(55)(56), Morocco (57), Nigeria (58), Peru (59)(60), and Zimbabwe (61) household survey programmes.

59. The main problem that has to be addressed in the case of household surveys is getting the data processed, analyzed, and disseminated. This is not however such a great task in the case of small modules as in the Bangladesh survey. It is largely a matter of time and effort, according the necessary priority and allocating the necessary expertise. This problem is, in fact, no different from the same problems which exist in processing and analyzing CRS or clinic data.

Sentinel sites

60. The term "sentinel sites" has no internationally agreed meaning but, for the purposes of the FNS programme, is taken to mean a series of observation points in a country selected in some purposive way to represent specific population groups. These sites will be the location of a programme of continuous or periodic collection of data from households and individuals on a broad range of topics to include at least the core indicators for the FNS programme.

61. There can be no hard and fast rules about what does or does not constitute a sentinel site i.e. a site that stands on the front line and passes key information upwards, but it is assumed that it will be mainly a statistical operation. It is also assumed that the selection of these sites will reflect policy considerations. It is hoped, however, that this selection will be organized in such a manner that it will be possible to weight and aggregate the results into something like a nationally indicative estimate as well as providng estimates for the population groups in question.

62. In some cases, as in Kerala, India, where the sentinel sites are called observatories for local measurement and have been the recipient of extensive support by the United Nations Research Institute for Social Development (UNRISD), the sites were initially chosen to be representative of the total local area under observation.(62) However, the data were rarely adequately processed and used for local planning or programming. In Egypt, where a system of sentinel sites is about to be established by the National Statistical Office (CAPMAS) with the support of UNICEF, one site will be allocated to each major governorate and will be located in such a manner that the various sites between them will cover the major population groups including the most vulnerable.

63. In some cases a health service facility that is being given an additional statistical task to monitor and evaluate the impact of service activities with additional resources is called a sentinel site. This is the case in the CDC approach in Malawi and also in West Africa. CDC uses the term "sentinel surveillance" but this approach is really akin to a sampling of clinics to reduce the data processing and analysis burden of dealing with the data or to use the sampled clinics to carry out additional measurements or ask a few additional questions so as to respond to specific policy concerns. If these sampled clinics are selected to be representative of the clinics as a whole this would enhance the range of data that could be generated by the clinics but this would not increase their representativeness.

64. For the purposes of the FNS programme it is proposed that this last approach be called clinic sampling and that the term sentinel sites be given to sites selected purposively to represent different population groups. Sentinel sites in the form of strategically situated permanent observation points to collect food and nutrition data on a continuous or periodic basis could be a useful complementary instrument for food and nutrition surveillance. The major problem, other than the need to have enough sites to cover the range of special population groups, will be the timely processing, aggregation and analysis of the data. This would most certainly require having the food and nutrition surveillance part of the overall statistical programme handled separately from the rest of the topics covered in the statistical operation. The question, other than profitting from an already approved programme to establish a network of sentinel sites, is the extent to which the FNS programme should allocate funds and technical resources to the promotion of this instrument by comparison with the other two instruments - household surveys and administrative records.

Schools

65. Schools have been used in a number of Central American countries as collection points for measuring heights of children entering primary school for the first time (33)(34). Indian experience with rural schools is reported by Gopalan (35). In principle, schools seem to be a very convenient collection point; the children are there, the teachers are there, and the additional time needed to measure the height of each child is marginal. Also the registration system is already in place in the form of the school or class register which will certainly have data on age, sex and other major socio-cultural characteristics. What is not available is the mechanism for aggregating and reporting the results which should be done fairly early in the first term. There is no real additional cost involved in taking the measurements except the equipment costs which were minimal in the Central American experience because they used low cost measuring tools made of cardboard with enclosed instructions on how to take the measurements. How feasible these measuring devices would be in other settings needs to be studied.

66. In countries with a low level of administrative infrastructure one may want to resort to a sample of schools. However, if the recording of heights is seen as an important health and nutrition monitoring device by the Health Ministries it would seem possible to work out arrangements with the Education Ministries, commensurate with the capacity of the country, to institute plans for compulsory height measurement and linked follow-up of individual health and nutrition interventions.

67. Unlike with population-based measures, one would not expect the school-based height data to be necessarily population-representative although they will be much more representative than clinic data. They will be representative of children attending school. Because this population changes over time as countries move closer to targets of universal primary enrollment one would need to take into account these changes in the enrollment distribution and how this might affect the levels and distribution of height achieved. For example, with major education efforts to enroll large new segments of the population, say to increase female enrollment, one should be prepared to see the trends changing as a consequence of changes in educational cohorts as opposed to an underlying change in the environment or the economy. One needs to take special care in interpreting school data in certain countries because of particularly dramatic differences in male and female enrollment ratios. This does not present a serious technical problem but it needs to be recognized and accounted for in the same way as one needs to take into account changing distributions in clinic attendance.

68. ACTIONS AND DESIRED OUTCOMES OF THE MEETING

Taking into consideration the above discussion, the goal of the meeting is to consider the following points and try to arrive at some agreement so that the Programme can move forward on a firmer basis:-

1) Agree on the set of core indicators for the FNS programme within the context of its objectives.

2) Examine the strengths and weaknesses of the different collection systems for providing these indicators- i.e. government clinics, C.R.S, household surveys, sentinel sites, schools, hospitals etc., discussing their potential use in producing the core indicators in the short term and over the long term and recommending where the Programme should concentrate its efforts.

3) Examine the frequency with which each of the indicators should be collected and reported. Questions: Is there in general a "measurable" change from month to month in weight-for-age? What is the effect of the longer term stunting component of weight-for-age on month-to-month estimates? What actions will be taken based on timely, monthly aggregate indicators?

4) Examine current practices in the interpretation and presentation of indicators of nutritional status with the objective of introducing more standardized practices and recommending a course of action for the Programme.

5) Discuss the effect of age on the prevalence of nutritional status and the effect of reporting data without any specification as to which age group is covered, recommending what should be done in this regard.

6) Discuss the need for different approaches for countries at different levels of development and experience with both food and nutrition surveillance and statistical systems, providing some guidance for low, medium and high capability countries.

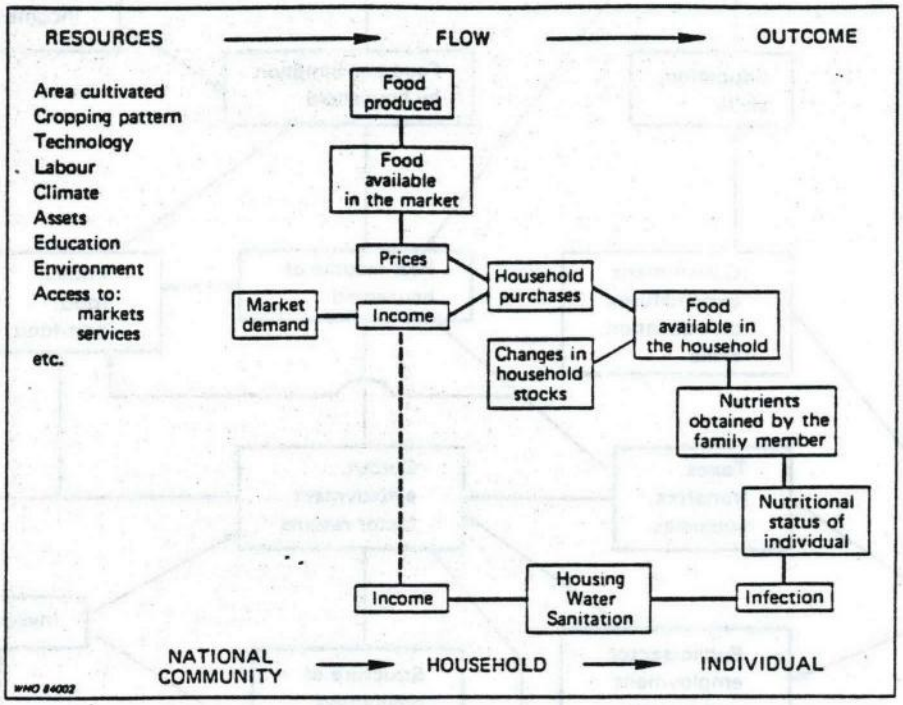
7) Discuss the relationship between growth monitoring and food and nutrition surveillance in terms of whether they should be separate activities or not.

8) Discuss how the recommendations on core indicators should be incorporated into the guidelines for the Programme.

9) Discuss what additional indicators should be considered for collection at the national and international level.

Annex 1

Relation of resource and flow variables to nutritional outcome



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Report of Joint FAO/UNICEF/FAO Expert Committee, WHO Technical
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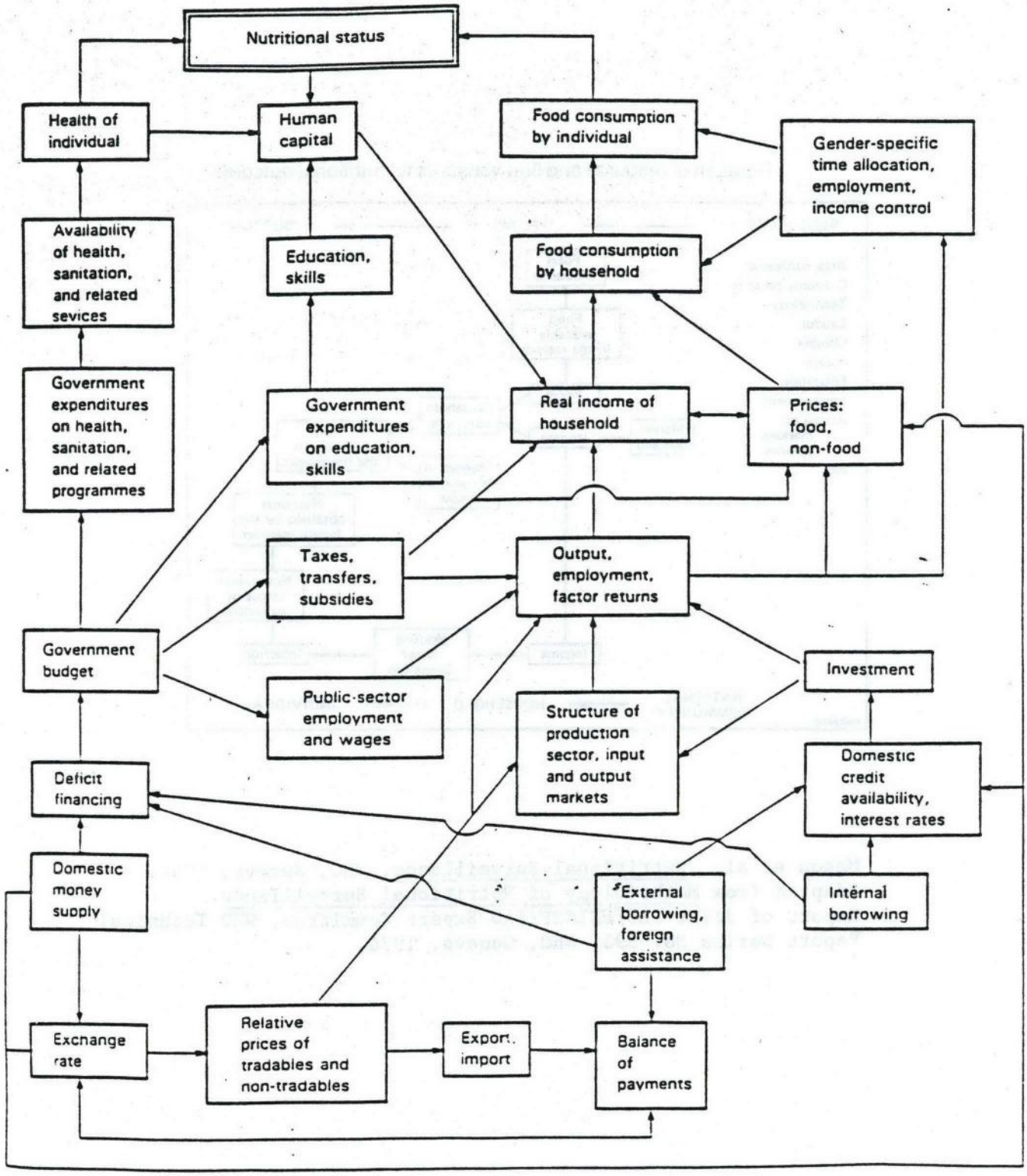
Annex 2

Food and Nutrition Bulletin, Vol. 9, No. 1

Per Pinstrup Andersen



1 Schematic overview of principal relationships between human nutrition and variables influenced by economic crises and macroeconomic adjustment policies

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CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE & DEVELOPMENT

THE COORDINATORS' NOTEBOOK

An International Resource for Early Childhood Care and Development

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PREPARING CHILDREN FOR SCHOOLS AND SCHOOLS FOR CHILDREN

Introduction

When we are considering the effectiveness of primary school systems, there is a tendency to overlook the important education, growth, and development that occurs in the earliest years before a child enters formal schooling. This is so even though a growing body of evidence shows that early childhood development programmes can have important effects on a child's primary school readiness, enrollment, progress, and performance. This review provides a critical examination of that evidence, within a framework positing an interactive effect between the readiness of children for schools and the readiness of schools for children. In this review, "readiness" refers to individual characteristics of children and schools as well as to family and community characteristics, values, expectations, structures, and organization. The review suggests that the most basic education of all begins during the preschool years and that attempts to strengthen primary schools must therefore include interventions developed for the preschool years.

This article is based on Chapter 8 of a manuscript in progress, The Twelve Who Survive, by Robert Myers, Consultative Group on Early Childhood Care and Development

The purpose of the Coordinators' Notebook is to strengthen and extend existing early childhood care and development networks used by practitioners, planners, policy-makers, researchers, and programme funders in the Third World. Using an "s" in the title reflects the fact that each Notebook reader sits at the centre of a personal knowledge network. In differing degrees we are all -- author and reader alike -- knowledge network "coordinators."

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Evidence supporting this perspective is drawn from evaluations of early childhood development programmes in Third World countries. Since readiness for school has health and nutritional as well as educational dimensions, programmes focusing on these components are also presented. The discussion raises and provides insights into a set of complex issues surrounding the impact of early child development programmes on primary school performance, including the following:

o Under what circumstances do programmes designed to improve early education and socialization have a positive and lasting effect on primary school enrollment, progress, and performance?

o How does the preparation of children for school interact with the preparation of schools for children, to ultimately influence primary school enrollment, progress, and performance?

o How do family and community characteristics, values, structures, and organization affect early learning and the successful movement of children between home and school?

o What operational mechanisms can bridge home and school, preschool and primary school, nutrition and education, so that basic education at home and in school can be fostered and the potential benefits of both early education and of primary schooling can be realized?

o What successful early education programmes can be found to serve as examples to be adapted to other settings?

An analytical model is presented to guide the interpretation of evidence gathered from two groups of longitudinal studies. The studies which compare primary school enrollment progress and performance of children who have received early childhood interventions with that of similar children who did not receive such interventions. Finally, a set of recommended actions are presented and, where possible, examples of such actions are provided.

An Analytical Framework

Figure 1 depicts an analytical framework in which the readiness of children for schools and the readiness of schools for children both affect the enrollment, progress, and performance of children in primary school.

As indicated in the Figure, a "child's readiness for school" is defined in terms of physical capabilities and activity level, cognitive ability, learning style, and knowledge base, and social and psychological competencies. These characteristics reflect the child's nutrition and health status as well as psychosocial development at the time of school entry. This psychosocial development results from the child's interaction within a number of environments, including the family; the immediate community of friends and neighbors; the institutional community of formal service programmes (which provide support through such channels as health centres, child care and preschool programmes); and the larger society with its predominant ethos, economic and political conditions, and social organization.

These environments affect a child's developmental progress in two interrelated ways. First, they determine the physical and social conditions of the child's interaction with the environment. Second, they operate indirectly through their influence on the assignment of childrearing responsibility and on the knowledge, beliefs, and expectations of caregivers as reflected in childrearing and child care practices.

Characteristics that define the "readiness of schools for children" considered in this framework include the school's availability, accessibility, quality, and most important, responsiveness to local needs and circumstances. These readiness characteristics of schools are influenced by the actions of families and communities as well as well as by the economic, social, and political conditions of the wider environment.

The following discussion describes the child's readiness for school and the school's readiness for children. It also describes the impact of the interaction between these two factors on a child's school enrollment, progress, and performance.

Readiness of Children for School

A growing body of research supports the idea that health, nutrition, and psychosocial processes interact to affect survival and development in the early years of life. The outcomes of these interactions conditions the readiness of the child for school, which in turn influences the child's chances of enrollment and success.

Poor health negatively affects the level and quality of a child's activity in school, and also the child's school-attendance patterns (Moock & Leslie, 1984; Popkin & Lim-Ybanez, 1982). Berg (1981) reports that in some Latin American countries, children miss as much as a third of scheduled school days a year because of illness and poor health. The result may be a need to repeat a school year and/or early drop-out. Thus, the child with a history of illness is not as ready for school as a healthy child is, and subsequent progress and performance in school is at risk.

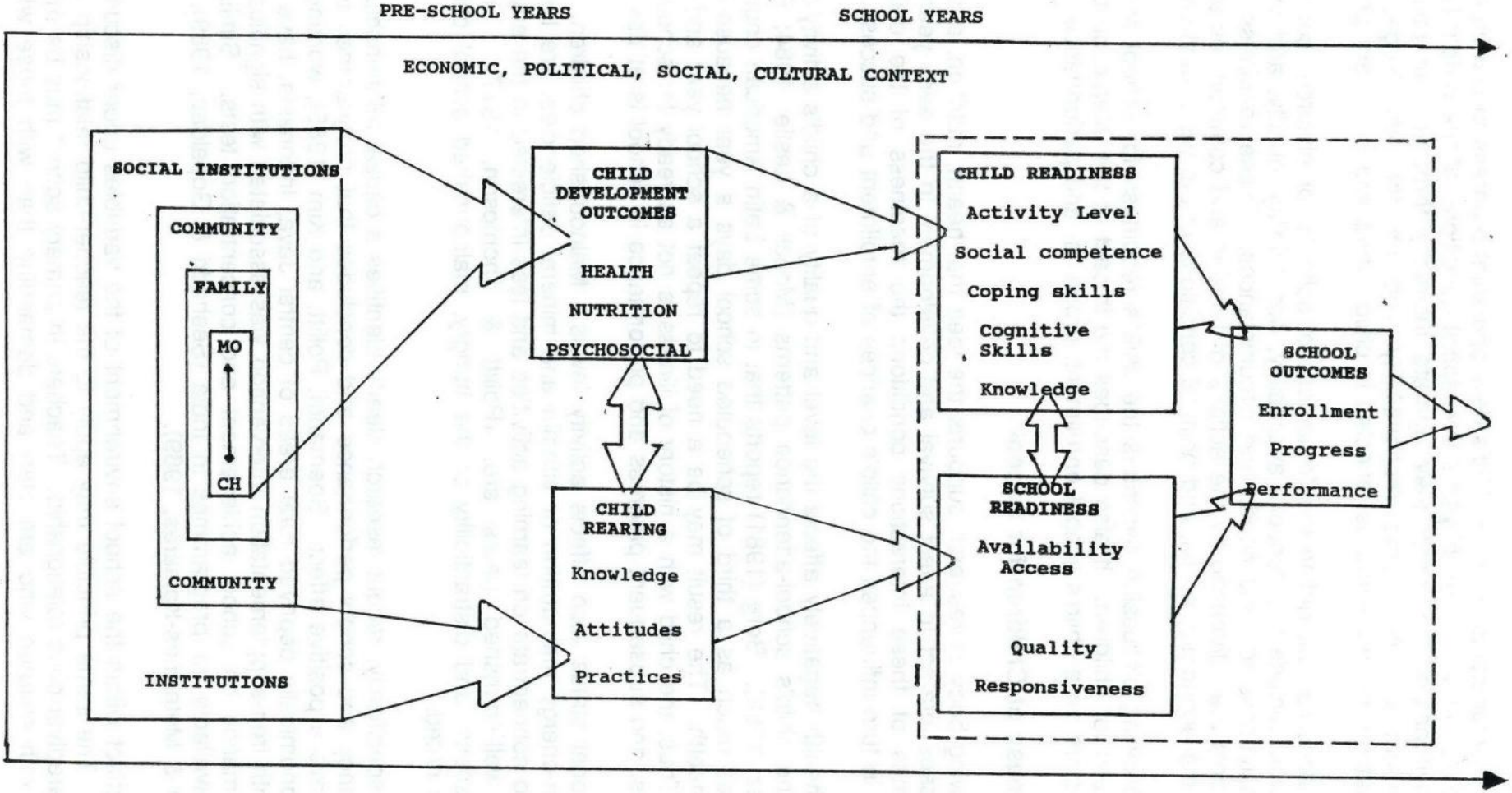
Nutritional status also affects activity levels. Malnourished children, suffering from protein-energy malnutrition or vitamin and mineral deficiencies, are less active, less able to concentrate on learning activities and less interested in the environment than their well-nourished peers are. (Pollitt & Thompson, 1977). The irritability, listlessness, and distractibility of the hungry, malnourished school child have been widely noted.

More specifically, recent research clearly identifies a causal relationship between iron deficiency and school performance and concludes that programmes to provide iron can have a positive effect. Soemantri, Pollitt, and Kim (1985), working with children in economically deprived rural areas of central Java, Indonesia, have shown that a 3-month iron-supplementation intervention was associated with significant changes in performance on school achievement and concentration tests. Similar results are now available for programmes in India (Seshadri & Gopaldas, 1989), and Thailand (Pollitt & Metallinos-Katsaras, 1989).

The effect within the school environment of the variables under discussion is not as clear. The same principle may apply to the teacher-child relationship that applies to the caregiver-child relationship. Teachers in primary school may be more inclined to work with children who are alert and demanding than with those who are listless

FIGURE I

AN ANALYTICAL FRAME WORK: CHILD READINESS FOR SCHOOL AND SCHOOL READINESS FOR CHILD



and socially withdrawn. However, there is a great deal of anecdotal evidence suggesting that teachers often perceive active, curious young students as behavior problems who cause difficulties rather than present opportunities. In such cases, the improved activity levels could have a negative effect. Here is a good example of the interaction between the readiness of children for school and the readiness of schools, in particular teachers, for children.

Readiness for school also includes the child's acquisition of social and cognitive competencies. The cognitive skills that parents and various preschool programmes inculcate in children are not always consonant with those skills required by schools. For example, parents may promote primarily concrete language and classification skills, whereas schools demand relatively more abstract and representational use of language and classification skills that are based on more abstract qualities of objects (Haglund, 1982). There is evidence that explicit literacy-nurturing activities are not a part of most poor children's early childhood experience in the developing countries (Pollitt, 1984). To the extent that this is true, the transition to abstract and disembodied learning, which typifies the majority of schools in Third World settings, is further complicated.

A family's knowledge, attitudes, beliefs, and practices will have important effects on the nutrition, health, and psychosocial condition of their children. Constricted by economic factors, parents make decisions about feeding and diet, about preventive and curative health care, and about the frequency and quality of psychosocial interactions they will have with their children. These decisions can lead to enhanced or impaired school readiness.

In summary, the readiness of children for school reflects the child's condition as well as the family's knowledge, attitudes, beliefs and practices.

The Readiness of Schools for Children

The readiness of schools for children is determined by a combination of factors, including availability and accessibility; quality; and recognition of and adaptation to local needs and circumstances. The mechanisms by which these factors influence the readiness of schools for children will be discussed.

Availability and Accessibility. When schools are unavailable because they have not been built, clearly they are not ready for children, no matter how alert and ready the children might be. However, the simple existence of schools is not always enough. Even when schools have been built and children are enrolled, the accessibility of schooling may be low because the schools are not open on a regular basis. Examples abound of teachers who have other jobs, who arrive on Tuesday and leave on Thursday, who are out because they are on strike, all of which leaves the child with a drastically reduced number of school days per year.

Timing, distance, and cost factors also affect a child's access to schooling. The school that operates during harvesting and sowing seasons curtails accessibility for children actively engaged in agricultural activities. Schools located at great distances or on the opposite side of streams that swell in rainy season may prohibit children from taking advantage of what is theoretically available. Although most primary schools do not require tuition or formal fees, there are many hidden costs,

including, for example, the need to purchase a slate or shoes and clothes. If a family cannot afford the hidden costs, for all practical purposes, the school is not accessible.

Quality. Regardless of the physical, cognitive, and social characteristics of a given child, little knowledge will be acquired in a classroom that has 50 children, no textbooks, a leaky roof, and an uninspired teacher with little more than basic literacy -- a situation found all too often in developing countries. To no one's surprise research indicates that the quality of schooling will also have a significant effect on children's primary school progress and performance (Heyneman & Loxey, 1983; Haddad, 1979: Schiefelbein & Farrell, 1978).

A primary factor associated with school quality is the teacher. The ability of the teacher to take advantage of existing materials and to create others, to respond to children's needs, and to maintain enthusiasm and hope in unfavorable conditions can create a high-quality learning environment. It would be a digression to enter into a discussion of the various factors affecting the quality of the teacher, but it is clear that the personal qualities, technical skills, and motivation of the teacher are central elements in determining the readiness of the school for the child. In addition to teachers, another important component of school quality is the availability of books and materials. Many children never have a book to call their own. Quality is, of course, a relative concept. What is considered quality schooling in one setting may not be so classified in another.

Responsiveness to Local Needs and Circumstances. A school may be available, accessible, reasonably well equipped, and staffed by certified teachers and yet remain unresponsive to local conditions. Potential problems result from such factors as poor scheduling or a language of instruction that differs from students' mother-tongue. Although some examples of curricula adjusted to local circumstances are available, examples abound of children using materials foreign to them.

Perhaps the most difficult task of all is to improve the responsiveness of teachers to the unique needs of children, families, and communities. The selection and assignment of teaching jobs often results in hiring people from outside the local area who are not familiar with local language, customs, and traditions. Moreover, the concept of the teacher as a "facilitator" who uses locally available experiences and materials to help children construct their own knowledge, is a foreign idea to many cultures. Rather, the accepted image of the teacher, an image that applies as much to the primary school as to the university level, is that of a custodian and dispenser of knowledge. Teacher-training programmes reflect this view and provide a centrally controlled curriculum, which in turn inhibits adjustments to local conditions and styles of learning. Moreover, low salaries provide little incentive for teachers to take responsibility for making needed curriculum adjustments. Under these circumstances, it is not surprising that teachers are not "ready" for the children they will receive.

Enrollment, Progress, and Performance

As indicated in Figure 1, the framework suggests that the readiness of children for schools and the readiness of schools for children interact to directly influence school

enrollment, progress, and performance. The mechanisms by which this occurs are suggested in the following discussion.

School enrollment is influenced by the availability and accessibility of schooling and by parental decision. The decision to enroll and keep a child in school involves balancing a complex set of variables including; non-school demands on time, perceptions of the child's readiness and ability, and parental beliefs and expectations about the value of schooling. Parental expectations may differ for boys and girls. Moreover, parental decisions may also be affected by their perception of the kind and quality of the schooling the child will receive.

In addition, parents make decisions about the age at which enrollment should occur. The child's age of entrance can be significant for three reasons. First, a child could enter school before the necessary learning competencies have been achieved exposing the child to failure, repetition, and early drop-out. Second, entrance at an older age is often correlated with increased drop-out rates. This occurs in part because of the inability of the older child to catch up and because the school competes with the potential contribution of the child to the economic survival of the family. Thirdly, variations in the age of school entrance results in classes of mixed age groupings, which create, in some ways less than optimal teaching environments.

"Progress" in school, as used in this framework, refers to promotion from one grade to the next. From the standpoint of the child and the family, many of the same factors that influence enrollment will influence progress including health, parental perceptions of perceived ability, and competing demands on time. Progress, however, also depends on enrollment quotas and promotion policies.

The ways in which school systems, schools, and individual teachers select some children for promotion and others for retention are not adequately understood. In some systems, children are routinely held back, even though automatic promotion is mandated. In others, the child's first year in first grade may be viewed as a preparatory year, and the second year in first grade as the "real" year, even though there are no changes in the curriculum content (Myers, 1985). This increases both repetition rates and the child's sense of incompetence and disinterest.

Apparently, neither parents nor teachers attribute high repetition rates or low achievement to the inability of schools to inspire and respond to the child's needs. (Toro & de Rosa, 1983). Teachers may point to large class sizes or lack of materials but not to deficiencies in their skills or teaching methods. Teachers also blame the home environment, and both teacher and parents blame the child's poor performance on the child's laziness or lack of interest (Pozner, 1983).

A child's performance as measured by formal testing presumably indicates how well the child has mastered the content of the school curriculum. The curriculum, however, may not have been adjusted to local circumstances, so grades may inadequately reflect the child's general knowledge or abilities. Moreover, as suggested with respect to promotion, a variety of factors can influence grading systems, further distorting their validity as an independent assessment of mastery. In spite of their inadequacies, these measures of performance are used to label the child's abilities and to determine likelihood of promotion. Unfortunately, little

attention is paid to measuring social skills, such as, the child's level of participation and cooperation.

The discussion will turn now to an examination of the evidence regarding the effects of various early child development programmes on readiness for school and on primary school enrollment, progress, and performance.

Effects of Early Childhood Programmes: A Review of the Evidence

The most broadly disseminated, systematic, and mature body of data regarding the effects of early childhood programmes on primary school progress and performance comes from longitudinal evaluations of "compensatory" programmes for children aged 3 to 5 from "disadvantaged" backgrounds in the United States, Europe, and Australia. As children in these studies moved through primary school, their progress and performance was evaluated. Data from the evaluations of children in early or late adolescence indicates that participation in well-implemented early childhood education programmes can have significant long-term effects on school progress as measured by increased promotion, decreased need for special education, and high school completion (Lazar, 1982, 1989; Halpern & Myers, 1985).

What are the implications of these findings from studies in industrialized countries for programming initiatives in Asia, Africa, and Latin America? The schools, families, and social institutions in Third World countries differ in many ways from and those in industrialized countries where the programmes and studies described above were carried out. Accordingly, a simple generalization of results would be inappropriate. The causal mechanisms that seem to be at work in the United States or Europe may or may not work in the varied and distinct countries of the Third World. Comparative findings may be weaker or stronger.

For instance, one is more likely in Sub-Saharan countries than in the United States to encounter large classes, scanty instructional resources, minimally-trained teachers, and an inadequate number of "places" in each grade. Because of such adverse conditions, the newly acquired skills preschool participants bring with them to primary school may be of less consequence than in the U.S. in shaping the course of children's school careers. When promotion policies are only loosely tied to children's abilities, when there is no special education to be "avoided," and when there are resources for only 10 to 20 percent of primary school participants to complete secondary school, the "positive long-term effects" found in the U.S. may not be relevant.

On the other hand, it is reasonable to expect that primary school systems in the Third World can be sensitive to the unique skills and characteristics of the children they inform and instruct. At the same time, it is reasonable to expect that children whose health and psychosocial development has improved will be better equipped to adapt to, cope with, and even change the realities of the school system that they confront.

One could argue that the severe nutritional and cognitive deficits characterizing the status of many children in the Third World raises the possibility that early

interventions can exert an even more-powerful effect than that found in the industrialized world. Thus, the results from industrialized countries do provide hope. Let us further explore that optimism, therefore, by turning to the research evidence available from early child development programmes implemented in the Third World.

Evidence from the Third World:

Nutrition Intervention Programmes

In the 1970's, academic interest in the relationship between malnutrition and behavioral development led to a series of widely quoted studies in Latin America. At the time, emphasis was placed on protein-energy malnutrition and on supplementation, with little or no attention being paid to the effect of vitamins or minerals on growth and development. Table 1 provides information on location, sample sizes, treatment, and design for 4 nutrition-related interventions as well as 13 education-related interventions which will be discussed in the next section. The following section describes the results from these two sets of investigations.

Guatemala. A team of researchers at the Nutrition Institute for Central America and Panama (INCAP) found that high supplemental intake had a significant effect on birth weight, physical growth up to age 7, and cognitive development up to age 3. The cognitive effects appeared to decrease in magnitude and generality beyond age 3.

Supplementation had no significant effect on the child's verbal performance at ages 5, 6, and 7 or on early school progress and performance. However, in three of the four participating villages in which parental education levels were moderately higher, the amount of supplemental intake predicted the likelihood of school enrollment (Klein, 1979; Balderston, et. al., 1981). Parent's perceptions of the children's early intellectual ability led to earlier enrollment for both boys and girls and to a greater likelihood of enrollment for girls.

Although nutritional supplementation seemed to have no effect on school performance, the quality of home stimulation during the early years was strongly associated with primary school performance, especially for boys (Irwin, et. al., 1978). It was found in these generally poor villages that even slight differences in economic status affected family ability to cope with the costs of children's education. For the same group, Barrett and Radke-Yarrow (1981) found effects of the nutritional supplementation on the social development of children as indicated by their adjustment and behavior in school. The results suggest that a more comprehensive assessment of the effects, rather than assesment by traditional IQ or cognitive tests, is required to determine the impact of early intervention programmes.

Cali, Colombia. An investigation in Colombia (McKay, 1982) found that children in all of the experimental groups when compared to a low-income comparison group, demonstrated significantly increased physical growth and enhanced cognitive ability during and immediately after the treatment periods. These cognitive gains were related to age of entry into the programme as well as to duration of treatment. Increases in IQ scores were maintained until at least 8 years of age when the last measurement was made.

Results of the follow-up study of these children into primary school were complicated by the fact that the children attended 93 different primary schools, many switching schools more than once. Thus, only some of the children in the treatment group received a special programme. In addition, many children, particularly the low-status control group children, attended private "backyard" or "bench" schools, and were unable to enroll or stay in the public system. Children in these settings, are more likely than those in public settings to be "promoted," regardless of academic ability.

In spite of these constraints, results indicate that the low-income children in the treatment-group were slightly more likely than low-income children in the control group to be promoted through the first three grades. Thus, at the beginning of the fourth year, the average grade-level for each of the groups improved, in accordance with the length of time spent in the preschool. Whereas for the control group, the average grade-level was 2.9 years, for those who were exposed to 4 years of preschool, the average grade level was 3.2 years, a 10 percent improvement.

Bogota, Colombia. In this investigation, maternal and child supplementation and maternal tutoring in different combinations were associated with improved cognitive abilities at 18 months and 3 years. The strongest effects, however, were found when the intervention consisted of maternal and child supplementation as well as home visiting. Maternal supplementation had a very modest (60 gram) effect on birth weight and was also associated with improved physical growth at 3 years. The home visiting programme had significant positive effects on the quality of mother-infant interaction in both supplemented and unsupplemented groups. Behavioral effects were greatest for supplemented infants.

A school readiness test including reading readiness, math, and basic knowledge was administered to 174 children, 5-9 years of age. Results indicated that nutritional supplementation had a significant positive effect on readiness test scores, with or without maternal tutoring. Effects were greater at low levels of father's education. Maternal tutoring had no independent effects on test scores.

However, maternal tutoring was found to have an important effect on age of initial primary school enrollment. Mean age of entry was 5 years for the maternal tutoring group; 5.6 years for the maternal-tutoring/nutritional-supplementation group; 5.9

years for the supplementation group; 6 years for the control group. There were also significant positive effects of supplementation and tutoring, alone and combined, on first grade repetition rates. Children in all three intervention groups repeated at about a 4 percent rate, compared with a control group repetition rate of 13 percent.

Reviewing the developmental pattern of results during the first 6 years, the investigators speculate that nutritional supplementation has long-term effects on such factors as children's level of activity, alertness and social cooperation. Maternal tutoring has indirect effects, perhaps through effects on maternal-child interaction, on children's "familiarity with a school-like learning paradigm of interaction with adults." The largest effects are greatest for the most disadvantaged children.

Puebla, Mexico. This follow-up study carried out over a 10-year period reported that supplemented children whose mothers received supplementation during

pregnancy walked at an earlier age, exerted early sphincter control and demonstrated language superiority when compared to an unsupplemented control group (Chavez & Martinez, 1983).

Using direct observation, open field tests, and time sampling to quantify behaviors, the authors found that after 6 months of age, the undernourished children had lower activity levels when compared with the supplemented children. This difference increased with time and was evident in the amount of time spent sleeping, number of steps per hour, and quantity of time playing. In the second year, supplemented children smiled significantly more and cried significantly less than did undernourished children in the control group.

Moreover, supplemented children were not only better nourished, they also received more attention. Mothers responded more readily to children's demands. Fathers were more likely to participate in feeding. These differences appeared in the early months, as supplemented children were given toys, clothing, and rewards for good behavior. It is suggested that in the sequence of events leading to these differences, the demand for care by the child is as important as the offer of care from the caregiver, since better-nourished children demand more. The investigators also indicate that these differences can be transitory and that stimulation of malnourished children can have a positive impact on developmental outcomes.

Early Childhood Education Programmes

The second group of studies focusses more directly on preschool and early education programmes and provides evidence regarding the potential effects of early interventions on enrollment, progress, and performance in primary schools. Table 1 summarizes the information on 13 studies carried out in Asia, Latin America, and the Middle East. These 13 studies differ along several dimensions, including rigor of experimental design setting and type of intervention. However, they all have attempted to compare, over time, children who have received the programme with those who have not. Several of the studies may be characterized as research projects; others, as evaluations of small-scale demonstration projects; and others, as

evaluations of larger-scale programmes. Generally, the designs of these 13 studies are weaker methodologically than those of the 4 nutrition studies described earlier. For instance, in only one study are children randomly assigned to treatment and control groups (Kagitcibasi, Sunar, & Bekman, 1987). Comparison groups comprised of children with similar characteristics are not always appropriately or effectively identified.

Several of the studies followed preschool aged-children with and without participation in specific preschool programmes into primary school. These children attend a variety of schools, meaning that criteria used to judge promotion and progress will vary, uncertainty into the comparisons. In other studies, preschool antecedents of selected primary school children are identified retrospectively in order to define the comparison groups. When working retrospectively, a possible bias is introduced by the nature of the particular primary schools chosen for study and by the possibility that some children will not have enrolled in primary school.

In spite of these limitations and in spite of some need for caution in interpreting the results, this group of studies sheds light on factors that influence children's early school careers in developing countries. As a whole, the studies clearly demonstrate the positive effects of early intervention on children's progress through the educational system.

Early Intervention Programmes: Impact on School Enrollment, Progress, and Performance

Tables 2 A and B present a summary of the evidence regarding the effects of both nutrition and education intervention programmes on enrollment, progress, and performance in school. As indicated in the Tables, the nutritional studies showed a definite advantage in terms of children's readiness for school. Better-nourished children had an advantage physically, mentally, and socially. A similar result emerges from the several studies of education interventions. Each study involved a different indicator or set of indicators defining school readiness, usually focussing on cognitive development as it had been affected by the particular intervention in which the child participated.

Of the studies summarized in Tables 2 A,B, 10 provide comparative information about children's enrollment; 12, about school progress; and 12, about performance. The following discussion summarizes the impact of these programmes on children's enrollment, progress, and performance in primary school. (Detailed programme descriptions can be found in Halpern and Myers, 1985, and Myers, 1988).

School Enrollment. Are children who participate in early childhood programmes more likely to enroll in primary school? Relatively little information could be found to answer this question. In one of the Indian studies, enrollment was higher for children who had passed through the Integrated Child Development Service programme than for those who did not. An interesting finding of this increased enrollment is that it was significant for girls, but not for boys, who already had a high percent enrollment rate. In Guatemala, the programme also showed an effect on enrollment for girls but not for boys. The early childhood programmes seemed to have an equalizing effect. The Colombian (PROMESA) study also showed a (slightly) higher enrollment level for children participating in the programme.

Can one assume that participation in an early childhood programme is associated with enrollment at an earlier age? In six of the studies reviewed, the average age of enrollment was younger for those who had been in an early childhood development programme. We do not know from the studies whether an earlier age of enrollment led to improved school progress and performance. It seems reasonable to assume that the earlier age of entry regularizes the child's passage through the system.

School Promotion, Repetition, and Drop-out. Of the 4 nutrition studies, 2 showed an improvement in school progress for programme children; 1 failed to find a difference. Of the 13 education studies 6 showed a difference in promotion rates, 3 showed no effect (one of these was carried out in a system with automatic promotion so no difference would be noted). Four studies did not contain information on repetition or drop-out.

In some cases, the differences in promotion were rather dramatic. For instance, in the Brazilian (PROAPE) the PROAPE children had a first-grade repetition rate of 9 percent as compared with a 33 percent rate for children who did not participate in the programme. The study from Fortaleza, Brazil found a first grade repetition rate of 36 percent for children who had received the intervention. This figure was significantly lower than the 66 percent first grade repetition rate reported for children who did not receive the intervention.

The four studies from Colombia all show significant differences in progress through the educational system. The strongest effect was associated with a programme in the extremely impoverished area of the Choco, where 60 percent of the programme children reached the fourth grade of primary school, compared with only 30 percent of the comparison group. In Argentina, 36 percent of the rural children from low socioeconomic backgrounds repeated if they had a preschool experience, as compared with 77 percent for those without preschool experience. Moreover, these results consistently suggest that differences are more pronounced for children from the most disadvantaged environments.

Performance. In two of the three nutrition studies for which information was available, no differences in academic performance were found between the programme children and the comparison children. In six of the ten education studies with available information, children from early intervention programmes performed better; in two, the effect was negligible; and in one, there was no difference between the two groups. In Morocco, positive effects were found in a rural but not in an urban context.

There was less information regarding differences in social behavior of school children as a result of their participation in an intervention during the preschool years. The Guatemalan nutrition study found that programme children who received high caloric supplementation from birth to age 2 years had higher levels of social involvement than unsupplemented children had. Both Indian studies indicated better behavior among ICDS than non-ICDS children. The Turkish study found that adjustment was better among children whose mothers had participated in a parental training programme, but there was no difference in adjustment according to whether or not a child had been in a preschool centre or not.

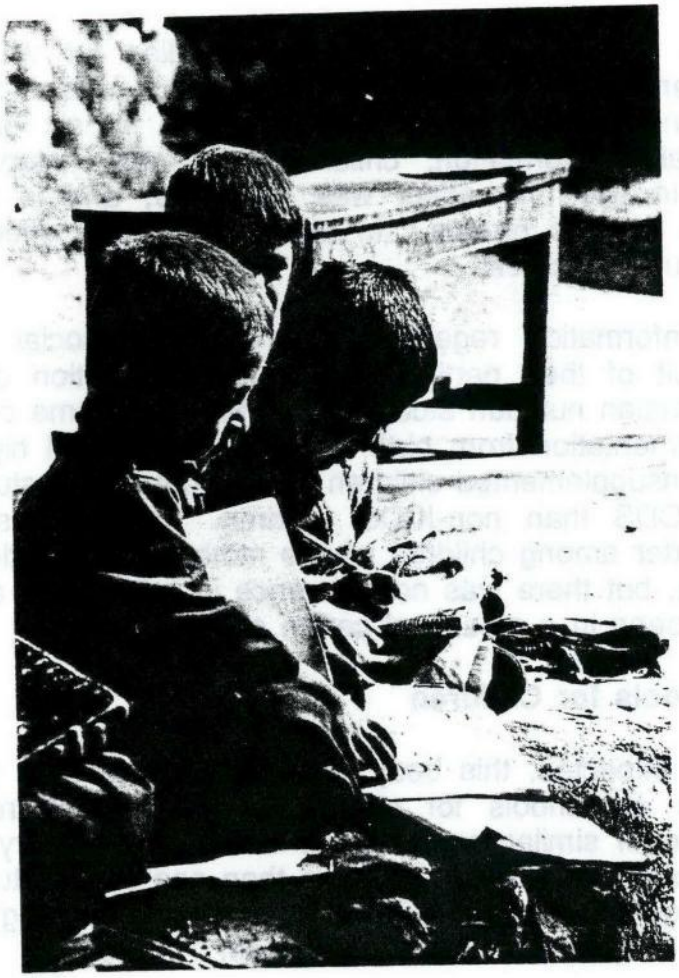
Readiness of Schools for Children

As one may have expected, this body of evaluation research provides little insight into the readiness of schools for children. No analyses are available of what happens to children of similar backgrounds who go to primary schools of different quality. The unspoken assumption, in more than one of the studies, is that children who go to poorer quality schools will not make the same progress in spite of their involvement in the early intervention programmes.

The affect of "availability" seems to come into play in the four-country Latin American study. In Colombia and Bolivia, no differences were found between preschool and non-preschool children in their readiness at the time of entry into first grade. In these two countries, there was often a lag of 1 to 3 years between preschool attendance and entry into primary school. In the Moroccan example, promotion quotas come into play. In the Peruvian study, the poor quality of the

primary schools was suggested as the reason why improved readiness for school did not seem to have an effect on progress or perormance.

It is interesting that only in the cases where school readiness did seem to improve as a result of being in an early childhood programme that the "readiness of the school" was looked to as a possible explanation why the preschool result did not continue. But it is logical to think that to some degree, the readiness of schools for children was operating in all cases, for good or for ill. What did not occur to researchers was the need to examine the interaction between early interventions in the preschool years (as they affect the readiness of children) and the differential availability and quality of primary schools.



PROGRAMME REVIEW

India

Integrated Child Development Services

Started by the Indian government in 1975, to improve the quality of life for poor children aged 0 to 6, and their mothers in urban-slum, rural, and tribal areas. In 1989, approximately 40 percent of the targeted areas were reached, accounting for approximately 11.2 million children.

The Service functions primarily through anganwadi centres (literally, courtyards) run by Anganwadi Workers (AWW) who gather together 20 to 40 children for approximately 3 hours each weekday for supplementary feeding and preschool educational activities. Anganwadi workers are selected according to uniform criteria by the Central Government, based on education and experience and are given pre-service training by existing academic institutions and non-governmental organizations. In addition to providing the early education and supervising the supplementary feeding, the AWW are responsible for a wider variety of tasks including growth monitoring, vitamin distribution, record keeping and maternal education.

Two relatively simple studies show effects of the ICDS programme on enrollment, progress, and performance of children in primary school. Each of these will be summarized.

Chaturvedi and colleagues (1987) randomly selected three villages from adjoining ICDS and non-ICDS areas, and studied all children aged 6 to 8 in those villages. These two groups of children were " well-matched according to the parental education and occupation, number of educated members in the household, socioeconomic status, period of parental company and some other bio-social characteristics which have an association with child's mental and social development."

The researchers found that children who had participated in the ICDS preschool programme scored significantly higher on the Ravens Progressive Color Matrices than those who did not. School attendance, academic performance, and general behavior in school were all significantly superior for ICDS participants.

Lal and Wati (1986) compared ICDS and non-ICDS children from 14 rural villages with respect to enrollment, drop-out, and school performance. When drop-out figures were examined by caste group, results indicate that drop-out was much higher by grade 3 for non-ICDS children than for ICDS children in the lower and middle castes. Such differences were not observed for children in the higher castes, as indicated below:

Drop-out Rates (grade 3)

	ICDS	non-ICDS
lower castes	19%	35%
middle castes	5%	25%
higher castes	7%	8%

PROGRAMME REVIEW

Peru

Programas No-Formal de Educacion Inicial

The Programas No-Formal de Educacion Inicial, is a centre-based program for 3-to 5-year-old children. Children attend the centre for 3 hours, four or five mornings per week. Education and care is provided by a minimally trained community volunteer. A snack and/or noontime meal is also provided by mothers, on a rotating basis. In some villages, this nonformal preschool programme was associated also with income-generating projects.

An evaluation by Myers, et. al., 1985, examined the impact of the programme on school readiness in terms of a criterion-referenced test that was linked specifically to the behaviors that the PRONOEI nonformal preschool curriculum guide defined as desireable. The test had intellectual, motor, and social sub-scales. Results differed among the 3 geographic regions in which the programme was applied. In Puno, which had the most extensive programme PRONOEI children performed significantly better than non-PRONOEI children did on all three of the sub-scales. This occurred in spite of evaluation reports indicating low quality of the PRONOEI programme -- quality as judged by "promoters" teaching skills, time devoted to educational activities, availability and use of materials, and quality of supervision.

Although school readiness seemed to be positively affected, no effects of PRONOEI participation were found on promotion from 1st to 2nd grade, or from 2nd to 3 rd grade. Effects favoring PRONOEI participants were found on age of enrollment. A high rate of repetition in the 1st grade (over 50 percent) seemed to be linked to structural conditions inherent in the local school situation, minimizing the role of individual characteristics or abilities in determining children's promotion.

Summary and Policy Recommendations

What are the implications of this evidence from programmes implemented in Third World settings? The following section highlights several conclusions which can be drawn from this review and suggests actions for programme implementation.

o The data clearly indicate that early intervention programmes can have a positive effect on the probability of enrollment, progress, and performance in the early years of primary school.

o The mechanisms that produce these improvements appear to reflect a combination of factors including earlier age of enrollment; improved school readiness related to enhanced health and nutritional condition; improved cognitive skills; and changes in parental expectations and perceptions of their child's potential.

o This review also suggests that structural conditions and the quality of primary schooling can moderate the potential effects of improved school readiness on school progress or performance.

o Poor children and children from socially discriminated groups may benefit more than their more privileged peers from multifaceted early intervention programmes. It is also apparent that in contexts where gender differences are operating, preschool programmes can raise the primary school entrance rates of girls making them more similar to those of boys. It is difficult to determine from the existing data, however, whether the gains achieved are maintained over time. Moreover, the durability of these effects and the conditions under which they persist or deteriorate remains to be documented.

In summary, these conclusions are encouraging and provide a sense of hope that should stimulate additional programme design, development and evaluation. When compared against results from the United States and Europe, these data reinforce the assumption that not only are similarly positive effects of early interventions possible but that the potential for bringing about improvements is greatest where social or economic conditions prejudice a child's entrance, continuation, or performance in primary school. When placed against the potential cost savings of reduced repetition rates, these results provide an important argument in support of investing in early childhood care and development programmes.

Implications for Policy and Programming

The personal and social costs of a poor transition from home to school are such that improving the transitions should be a central policy goal of developing countries' governments and of international donors, particularly in countries where primary school repetition and drop-out rates are still high. The evidence reviewed indicates that early childhood interventions can improve this transition.

Policy-makers need not wait, therefore, for more refined and detailed studies. On the basis of available evidence, this review suggests several important policy implications regarding programming integration, operations, and evaluation. The following are some recommendations for each of these three areas.

Programme Integration. The importance of combining health, nutrition, and education interventions is highlighted by the evidence presented in this review. It is clear that in Third World settings, programmes must place greater emphasis on the health and nutrition needs of children than is required in the industrialized world. That emphasis must go beyond simple "food supplementation" to incorporate solutions to the problems of micro-nutrient deficiencies.

To improve the transition, and thereby have a positive effect on schooling, programmes must focus jointly on improving children's readiness for school as well as on improving the school's readiness for children. There is a need, therefore, to integrate early childhood programmes within existing primary school systems.

Programming integration requires a reorientation of the programming process. It means bridging the artificial separation between preschool and primary school children which occurs when children enter school. Combining programmes requires accepting the responsibility that schools must also adjust to the needs of children rather than only requiring children to adapt to the system. As concluded by Halpern and Myers:

> An integrated early childhood-primary programme could serve as a vehicle for linking family and community interests and strengthen to the formal school system; for example, fusing the values and content of the local culture into the curriculum, at first at the pre-primary then, at the primary level; serving as a focus of community development energies that, once organized, could be focussed on other issues; involving teachers in the solution of community problems linked to child development but not obviously part of the formal schools system's mandate; reaching parents and their children with educational services before the perceived costs of children's participation in a process with ill-defined returns becomes too high (1985)."

Organization. An integrated programming approach raises a series of questions regarding the organizational structure and operational mechanisms required for its survival. If early childhood programmes become the exclusive responsibility of Education Ministries, there is the danger that the formal primary school system may be extended downward to children between the ages of 3 to 6. This would reinforce the apparent inflexibility of primary schools while also creating programmes for younger children that are inappropriate to their needs.

One organizational alternative would be to create a semiautonomous unit within the Ministry of Education with responsibility for programming related to children from age 3 to age 8 or even from birth to age 8. This multi-disciplinary Unit might include individuals with expertise in health, nutrition, education, psychology, and community development. Under the auspices of an inter-ministerial committee, this unit could be staffed with personnel "loaned" from other ministries, with the understanding that each of these persons would serve as a liaison with the loaning ministry. The activities of this unit could include for example:

o The development of "Parental Education" programmes that could be linked to preschool and/or primary school through parents' committees or other organizations.

o The integration of childrearing content in ongoing adult literacy and post-literacy programmes.

o The placement of preschools and primary schools near each other, enabling primary school children to bring siblings to the preschool and to return home with them at the end of the day. In addition, the primary school curriculum might incorporate a child-to-child component in which older primary school children were not only encouraged to take child care messages home but were also required to participate as helpers in the attached preschool, as part of their school activities.

o In communities that expect a preschool environment to provide formal learning, arrangements could be made to have a primary school teacher affiliated with each preschool to work in particular with the 4- and 5- year olds on formal learning activities. This arrangement could be facilitated through joint working groups of preschool and primary school teachers. These working groups could also discuss ways to ease and monitor the transition of preschool children into the primary school setting.

o Radio, television, and video programmes for both preschool centres and early primary grades could be created. The content could include health and nutrition and play activities relevant for children between 3 and 8 years of age. A series of booklets, with suggested activities to reinforce the concepts transmitted through the audiovisual channels, could also be developed.

Undoubtedly there will be reasons why the suggested activities will not be appropriate in a particular location and the need to adjust to local circumstances is obvious. The intention here is to provide examples of ways in which the programming process might be conceptualized to create and facilitate opportunities for integrating preschool activities into the primary school setting.

Evaluation. Another implication of this review is that evaluation designs should be built into early child programmes, with opportunities for longitudinal follow-up studies of these children into the early years of primary school. In carrying out these studies, more attention must be placed on the development of indicators and instruments for measuring the process of child development.

In line with the framework describe earlier, one could consider creating a Child Readiness Profile (CRP) and a School Readiness Profile (SRP). A Child Readiness Profile would provide a description of children at age 5 as they prepare to move beyond the confines of the family and face the new environment of the school.
It is known that involvement and success in school as well as in later life is affected by the child's health and nutritional status, language competence, learning skills and facilities, self-esteem and confidence, as well as by the expectations for success held by the family and community. On the basis of these and other variables, it would be possible to construct a "Readiness Profile" that incorporates health and nutrition as well as cognitive and social dimensions of development. This profile, which should be simply constructed for easy administration, could measure for instance, morbidity in terms of sickness during the last three months, nutritional status as indicated by iron deficiency, cognitive skills as indicated by the ability to manage pre-literacy and pre-numeric concepts and skills, and a social dimension as

indicated by family expectations for the child. The validity of the profile could be measured by comparisons with other indicators of culturally accepted social

behavior. The CRP could provide both programme developers and evaluators with an instrument to identify the school readiness of a population of children.

Finally, as the studies reviewed indicate, there is a need for systematic, well-designed longitudinal evaluation research that follows children exposed to an Early Child Development programme into primary school. In the Third World, there is an absence of the kind of rigorous longitudinal studies that apparently have had such an influence on policy development in the industrialized countries. If such studies were available, Third World decision-makers would not have to refer apologetically to research from the industrialized world to justify investing in Early Childhood Development interventions. Access to such a body of research, would support the development, implementation, and evaluation of integrated programmes of early childhood development that cross bureaucratic demarcations and consider, in a holistic fashion, the first eight years of a child's life.

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TABLE I. LONGITUDINAL STUDIES OF NUTRITION AND EDUCATION INTEVENTIONS AS RELATED TO SCHOOLING

Country/ Intervention	Urban/ Rural	Age of Children	Study Population	Intervention Components	Comparison Groups
			A. NUTRITION INTERVENTIONS		
Columbia, Bogota (Herrera, 1983)	Urban Marginal	pre-natal 3 months at outset followed to age 7	443 families	All groups recieved health care Nutrition supplementation, different ages Home visits for sub groups	Random assignment to treatment groups: 1. Suppl. nutr. - mother 2. Suppl. nutr. child - 3 mo. to 3 years 3. Early stim-birth to 3 years 4. Early stim and Nutrition Combine 2 + 3
Colombia, Cali (McKay,1982)	Urban Marginal	3-7	333 Children malnourished low income	Pre-schooled Nutrition suplementation Health surveillance/care H/N education	Random assignments to: 1. 4 yrs. begin. age 3 2. 3 yrs. begin. age 4 3. 2 yrs. begin. age 5 4. 1 yr. begin. age 6 also: 5. No treatment low income group with normal wt./ht. 6. No treatment, high income

TABLE I. LONGITUDINAL STUDIES OF NUTRITION AND EDUCATION INTEVENTIONS AS RELATED TO SCHOOLING

Country/ Intervention	Urban/ Rural	Age of Children	Study Population	Intervention Components	Comparison Groups
			B. EDUCATION INTERVENTION		
Turkey, Comprehensive Pre-school Education Research Project (Kagitcibasi, 1987)	Urban	3-5	251 Children	Maternal Education using Turkish adaption of HIPPY Pre-school Education vs custodial care vs home care	Children in same neighborhoods matched on age, economic and family criteria who did not attend preschool Trained vs untrained mothers
India, Integrated Child Development Service (ICDS): Dalmau Project (Chaturvedi, 1987)	Rural	0-6	Children ages 6-8 in primary school 214-ICDS 205-non ICDS	Nutrition supplementation, immunisation, health check-ups, health/ nutrition education, non formal pre-school education	Children in adjoining area not participating in ICDS but similar in socio-culture, geographic, anthropological features. Villages within area selected randomly
India, ICDS Haryana State (Lal & Wati, 1986)	Rural	0-6	Primary school 1,271 ICDS 436 non ICDS	Same as above	Children from same area who did not participate in ICDS

TABLE I. LONGITUDINAL STUDIES OF NUTRITION AND EDUCATION INTEVENTIONS AS RELATED TO SCHOOLING

Country/ Intervention	Urban/ Rural	Age of Children	Study Population	Intervention Components	Comparison Groups
A. NUTRITION INTERVENTIONS - Cont'd					
Guatemala INCAP (Klein, 1979)	Rural Four villages	pre-natal 6 mo. at outset	671 Children (450 followed longitudinally)	Nutrition supplementation (6mo. to 7 years)	Two villages: High protein and High Calarie supplementation. Two villages: No protein, modest calorie supplementation
Mexico (Chevez & Martinez, 1983)	Rural One Village	Pre-natal (followed for 10 years)	34 Children	Nutrition supplementation to mother during pregnancy and lactation. Supplementary feeding of baby from approximately 3rd month.	Control (N = 17): Pregnant women who were well, normal ht., and between 18-36; and selection of children born with 2.5 kg or more and APGAR or 8. Interv (N = 17): Matched group, a year later.

TABLE I. LONGITUDINAL STUDIES OF NUTRITION AND EDUCATION INTEVENTIONS AS RELATED TO SCHOOLING

Country/ Intervention	Urban/ Rural	Age of Children	Study Population	Intervention Components	Comparison Groups
			B. EDUCATION INTERVENTION - Cont'd		
Morocco, Literacy Acquisition Research (Wagner, 1984)	Urban and Rural	5-7	378 Children	Quranic or "modern" pre-schooling	Children in Quran pre-schools compared with children in "modern" pre-schools and non pre-school group. Samples constructed to control for social class
Latin America, 4-country study in Argentina, Bolivia, Chile, Colombia. (Filp, 1983)	Urban and Rural	4-7	2,545 Children	Pre School	First grade children who had participated in pre-school compared with those who had not (taken from same and other 1st grade classes, same schools) analysis within SES grouping
Brazil, Fortaleza Pre-school Research (Feigo, 1984) order, sibs	Urban	6-7	127 Children	Public Kindergarten participation	Children who tried to enroll in same kindergarten but could not for lack of space, matched by gender, birth

TABLE I. LONGITUDINAL STUDIES OF NUTRITION AND EDUCATION INTEVENTIONS AS RELATED TO SCHOOLING

Country/ Intervention	Urban/ Rural	Age of Children	Study Population	Intervention Components	Comparison Groups
Peru, Non-formal Programme of Initial Education (PRONCEI) (Myers, 1985)	Urban and Rural	3-5	334 Children	Non-formal pre-school Nutritional Supplementation Community improvement projects	Children in non-PRONCEI villages, with partial attempt to match on SES status
Chile, Osorno Parents and Children Project (PPH) (Richards, 1985)	Rural	4-6	Children in 52 communities	Health/nutrition education Child development education Community development	Children in same class who did not participate in PPH
Colombia PROMESA (Nimnicht, 1986)	Rural	0-7	4 Communities	Health/nutrition/child dev. education; early stimulation programme; community improvement projects	Children from same communities who did not participate in PROMESA
Brazil, Alosoas PROAPE (Min. Sande, 1983)	Urban	4-6	184-PROAPE 556-Casulo 320-Kinderg. 334-No pre-sch.	Health surveillance Nutrition supplementation Pre-school	Comparisons among children from different pre-school with non-preschoolers in first grade

TABLE 2A. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL ENROLLMENT AND PROGRESS

Country/ Programme	Enrollment	Progress
	A. NUTRITIONAL INTERVENTIONS	
Columbia, Bogota	Average age of enrollment 5.6 years for supplemented/home visit 6.0 yrs for control	Repetition Treatment Yes 4% No 13%
Colombia, Cali		Average grade level in 4th year 3.2 for experimental 2.9 for comparison
Guatemala	Earlier for supplemented	No effect
Mexico (Chavez)	All enrolled	Repetition (1st gr) Treatment Yes 0.0% No 35%

TABLE 2A. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL ENROLLMENT AND PROGRESS

Country/ Programme	Enrollment	Progress
	B. EDUCATIONAL STUDIES	
Turkey, Comp. Pre-School Research Project	--	
India, - (Dalman)	Entrance by ICDS at earlier age (85% vs. 74% by age 6). Only significant for girls.	Regular attendance higher for ICDS. (88% vs. 74% had average or above attendance record)
India, - (Maryana State)	Right age for grade: ICDS Yes / No: lower caste 80 / 56; middle caste 75 / 56; higher caste 82 / 59	Drop out by 3rd: ICDS Yes / No: 19% / 35%; 5 / 25; 7 / 8
Morocco	-	No difference in promotion rates.

TABLE 2A. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL ENROLLMENT AND PROGRESS (con't)

Country/ Programme	Enrollment	Progress
	B. EDUCATION STUDIES	
Argentina	Lower age of enrollment (all social classes, urban and rural, especially low SES/rural)	Repetition (1st year) Preschool Yes / No Low SES/Urban 12% / 27% low SES/rural 36% / 77%
Bolivia	Negligible difference	- -
Chile	Lower age of enrollment (all social classes)	No difference.
Columbia	Negligible difference	Repetition (1st year) low SES/urban Preschool Yes 10% / No 22%
Brazil	-	Repetition (1st year) (girls benefitted most) Kindergarten Yes 36% / No 66%

TABLE 2A. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL ENROLLMENT AND PROGRESS

Country/ Programme	Enrollment	Progress
	B. EDUCATIONAL STUDIES	
Peru	Lower age of enrollment	No difference in 1st or 2nd grade promotion rates
Chile	- -	- -
Colombia	Enrollment in 1st grade PROMESA Yes: 100% PROMESA No: 87%	PROMESA Yes / PROMESA No Reached 2nd grade: 83 / 77 Reached 3rd grade: 73 / 44 Reached 4th grade: 60 / 30
Brazil Alagoas	- -	- -

TABLE 2B. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL PERFORMANCE

Country/ Programme	Performance
	A. NUTRITION INTERVENTIONS
Columbia, Bogota	Teacher assigned grades No difference (1st grade) 6.0 yrs for control
Colombia, Cali	--
Guatemala	Academic Performance - No effect Social Interaction - Positive Effect
Mexico (Chavez)	Significant difference found in: - School exam - National Exam - Detroit-Engle Test - Behavior Observations

TABLE 2B. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL PERFORMANCE (con't)

Country/ Programme	Performance
	B. EDUCATIONAL STUDIES
Turkey Comp. Pre-School research Project	Performance in Grade 3 Maternal Custodial/ Home vs. Maternal Ed. vs. Non Maternal Ed. School Grades: + / + Behavior: / + Achieve Test: + / + General abilities: / +
India, ICDS - Dalman	Scholastic performance, based on teacher ratings favored ICDS (90% vs 76% rated average or above). Behavior: 93% vs 81% rated average or above.
India, ICDS - Maryana State	Teacher classifications: "Overwhelming majority of the children in top ten and 20% werew those who had 2-3 years of exposure...to Anganwadi...Attention span and retention power was superior."

TABLE 2B. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL PERFORMANCE

Country/ Programme	Performance
	B. EDUCATIONAL STUDIES
Morocco	1. Achievement test (1st grade) + for Quranic in rural areas + for "modern" in urban areas no difference for Quranic in urban areas 2. General abilities test
Argentina - 4-Country study	1. Reading/writing ability significantly higher for preschoolers of all SES levels.
Bolivia - 4-Country study	1. Reading/writing ability significantly higher for preschoolers (except for urban marginal children.
Chile - 4-Country study	1. Reading/writing ability negligible effect.
Colombia - 4-Country study	1. Reading/writing ability negligible effect.

TABLE 2B. IMPACT of EARLY CHILD DEVELOMENT PROGRAMS ON SCHOOL PERFORMANCE

Country/ Programme	Performance
	B. EDUCATIONAL STUDIES
Brazill (Fortaleza)	-
Peru (PRONOEI)	No difference in grades or on results of special math/language ability test (Aliaga)
Chile (Osorno, PPH	First grade: Teacher rating + (71 vs 37 rated as good) Draw-a-man + Parental assessment +
Colombia (PROMESA)	- -
Brazil (PROAPE) Alagoas	- -

INFORMATION FROM NETWORK COORDINATORS

PROGRAMME REVIEWS

1. Pakistan: Heights of Learning; The growth of self-help and participatory schools.

School conditions and teaching methods in the north of Pakistan used to be as harsh as its mountains. Now, new classrooms are going up and age-old rote learning is gradually being replaced by an approach to education based on self-help and participation. This is producing not only better exam results but also a greater sense of community and new opportunities for local people, particularly girls.

The first Aga Khan schools in Chitral and the Northern Areas of Pakistan were set up with funds raised by the Ismaili community in 1946, to celebrate the Diamond Jubilee of Sir Sultan Mahomed Shah Aga Khan, the 48th Imam and the present Aga Khan's grandfather. In those days, well before the Karakoram Highway and the start of daily flights from Islamabad to Gilgit and Chitral, the region was among the most isolated on earth. Its inhabitants, more than a third of them Ismailis, worked against the odds of climate and geography to coax a living out of the land.

There was scarcely any formal education, and schools that did exist were exclusively for boys. The Diamond Jubilee schools were set up to supplement the efforts of the government. As in other Aga Khan schools, the emphasis was on girls, who for centuries had been relegated to a life of unremitting, often back-breaking labor. Lack of instruction made it impossible for them to improve their situation or give their children new horizons.

There are now 154 Aga Khan schools in Chitral district and the Northern Areas, but parents in many villages have not yet overcome their reluctance to enroll their daughters. One reason is that many of the teachers are men (because few women are educated). Some parentsstill pull their girls out of school to get married at an early age or to work in the fields. All too often, parents are unconvinced that what is taught is useful. The result is that even today in many of the villages not a single woman can read or write.

These problems are far from solved. They are not improved by the low level of government spending on education and a rate of demographic increase likely to double the population of the region over the next 25 years. But some things are changing.

This report appeared in Development Network, quarterly publication of the Aga Kahn Foundation, Geneva, Switzerland.

2. Peru: Preschool Education Training Centres; A Process of Empowerment.

Transforming the educational activity in the classroom is the main objective of CNCD--Centro Nacional de Capacitacion Docente en Educacion Inicial No Escolarizada (National Preschool Education Training Centre--in Peru. CNCD operates two Bernard van Leer Foundation-supported projects in cooperation with the Ministry of Education. The first is concerned with the "transfer of preschool training methods" and the second with developing a "strategy for the transition between preschool and the early years of primary school." Both involve training people who train staff of preschools (animadores) and primary schools (teachers) and both use two working methods: action-reflection-action and investigation-action. CNCD estimates that it reaches 23,000 children in the marginalized urban and rural areas in Peru in which it works.

Action-reflection-action is a method that springs from people's own life experiences. Starting from this, a process of reflection develops according to the situation and what needs to be changed or improved. This reflection then leads to new action. In other words, each training activity concludes with a commitment to modify the situation or bring about personal change. This method is used in the training of teachers, in the work with animadores, and in work with parents. We want all these groups to use this method, to counteract the attitude of the professors who think that they have to say everything, to explain everything, rather than drawing on the real situation.

Trainers are trained to work with the community. When they begin a programme, they contact the community leaders to check what children's needs are; in other words, they make a diagnosis. Generally, the parents understand the needs, and teachers and animadores plan activities according to the wishes of the community, trying to develop a programme that will be serviced by a local person. The agreement of parents to participate actively is important; it is not simply an undertaking by the teacher or animadora to deal with the educational situation, but a joint venture involving parents, teachers, animadores, and community leaders.

The other method is investigation-action, which is practically the same. It is investigation as you go along. Staff are asked to record what happens with the children or with the work with the community, to keep a simple record that allows for evaluation. This allows them to consider if there are other methods that could be used and to collect information about what is happening and, on the basis of this, make an analysis.

A CNCD teacher comments about her work with the project. "countries that really want to have creative and healthy young people and adults have to take care of the needs of children. It has been proved that a child who does not receive adequate nutrition and health care in the first year of life is already disadvantaged by the time he or she gets to school. Because of malnutrition in our Third World countries we are destroying mankind."

Her work has much influence on her life: "I have learned to respect children, because they have great creativity, great potential. We parents generally think that

we have all the answers and that the children must do things in a certain way. On the contrary, we have to respect the child's world, understand and stimulate it, not reduce or limit it."

3. Indonesia: A Women's Income Generation and Literacy Programme

"Learning and Earning" opportunities are being offered by the Kejar Paket A and Kejar Usaha programmes for women in Indonesia. The programmes, supported by such facilities and activities as village reading courses, rural newspapers, and preparation for primary school equivalency examinations are aimed at eliminating illiteracy, especially among women; increasing participation of women in child-survival and development activities; and enabling women to increase their income through loans for small businesses.

According to Faesol Muslim, Project Officer for Education, UNICEF Jakarta, UNICEF's assistance in the programmes includes providing management expertise and training of volunteers at the subnational level and developing child-survival and development booklets to supplement Paket A textbooks distributed to learning groups.

Kejar Paket A learning groups are formed on a rotation basis, with the proposal originating from the village itself and passing through a supervisor to district and provincial nonformal education officers. Most learners are poor, illiterate girls and women between the ages of 13 and 44, with no fixed occupation. Tutors are selected from the community, which also provides a venue for classes. A village task force manages funds for the programme.

The 1987 midterm review found that Kejar Usaha group members have been able to increase their income by as much as 34 percent a year, and Kejar Paket A learners have been able to raise their income by 20 percent a year. The Kejar Paket A scheme has also become an alternative to formal schooling for primary school drop-outs, who form 46 percent of learners. A new innovation in the Kejar Usaha programme is that loans are being extended through the Bank Rakyat Indonesia (BRI) on collaterals furnished by UNICEF and the government. This offers group members a chance to learn to deal with banks; it allows task forces greater control of funds; and it frees civil servants from having to keep detailed accounts of payments and repayments. As UNICEF demonstrates the programmes' positive impact, Kejar Paket A and Kejar Usaha are being replicated in other areas in Indonesia. A total of 5.6 million illiterates will be reached during Repelita V, the country's next five-year development plan.

For more information contact Project Officer for Education, UNICEF, P.O. Box 202, Jakara, 10002, Indonesia.

4. Argentina: Cruz del Sur: A Constellation of Challenges

Two key ideas form the backbone of the Cruz del Sur project in Argentina. These include the belief in the great importance of the early years of life and in the need to attend to all aspects surrounding the child--health, nutrition, quality of the environment, and so on--with the active participation of the mother.

In San Luis, a city that as a consequence of internal migration, has doubled its population to 160,000 in the past 3 years, the Cruz del Sur project is being carried out as an initiative of the National University of San Luis with the support of the Bernard van Leer Foundation.

There are slums--barrios where there is absolutely nothing, no telephones, no lights, no police. There are areas where people arrive with five or six bricks and a pole with a flag, and where if in the space of a month they put up walls somehow and put a roof on it, they can remain. It is in one of these barrios, the most difficult, where they have begun work.

For the past year, six professionals have been working in one of the poorest barrios--barrio Tibiliti--where a Centre of Learning is functioning. The local people call the centre la escuelita (the little school). In a small building, which was renovated by a working group and the families of the barrio, the Tibiliti Learning Centre was developed. The mothers and their children meet there each afternoon. There a kindergarten teacher supervises a learning workshop for the children, and there is also a workshop in which the mothers participate in various activities. The centre is a place for reflection and action.

The project eventually hopes to develop a nonformal education model that can be applied in the region by transferring it later to the relevant government institution. The model will be varied, but the basis will be a Centre of Learning with a teacher and three animadoras. The objective is that the mother's who work with the teacher will take what they learn back to their homes and thus not only improve the quality of life of their families but also have a stimulating function in the barrio, which will help in the search for solutions to some of the larger problems.

The mothers who are selected for training as animadoras have to meet certain conditions. They must be from the barrio; they must like children; and they must have the time to dedicate to the work, because we hope they will become partners with the teacher. They are paid, since they are very poor. Some of them have to leave their work as domestic servants to work in the Centre. At the moment, the first mothers are being selected.

Interviews are underway to start a second Centre, and a third will be opened soon. The Cruz del Sur project is a constellation of challenges and experiences of mutual learning and constant evaluation. The project also hopes to influence the training of kindergarten teachers. Most University graduates are not trained to work with marginalized children, and therefore we must incorporate more information about the social context in their training, to change the attitudes they have about marginalized children.

Cruz del Sur foresees much work in the future, and the motivation and enthusiasm of everyone is immense. One of the teachers in the project has remarked, "The work in the project has changed my life and that of all the team. It is somewhat far-reaching. We are very motivated to do something for our children, from our province and our country. Marginalized children affect us a great deal, and for this reason we have much strength to get on with the project. Today we have a different perception of the world, of problems in general, of our work in the university, of everything. It is a very fulfilling job."

This project was reviewed in the Bernard van Leer Foundation's Newsletter, July, 1989. For more information please contact the Foundation, P.O. Box 823334, 2508EH, The Hague, The Netherlands.

5. Philippines: An Early Childhood Enrichment Programme.

This programme grew out of a research study launched in the early 1980s to determine parents and institutional workers knowledge of and attitudes towards child care. Based on the findings, a training curriculum for child care workers and teaching/learning materials for preschoolers were developed and tested on a regional scale. The positive results of the tests gave birth to a national project called Early Childhood Enrichment Program (ECEP). Four government agencies (Department of Social Welfare and Development, Department of Agriculture, University of the Philippines Child Development Center, and the Council for the Welfare of Children) and two nongovernment organizations (Children's Communication Center and Nutrition Center of the Philippines) collaborated in implementing the project. The National Economic and Development Authority and the United Nations Children's Fund (UNICEF) provided technical and financial assistance for manpower training, development and production of materials, and research and evaluation.
ECEP teachers are guided in their work by a weekly activity guide that consists of the following components:

Objectives for each session and the corresponding tasks of the day care worker for achieving these objectives

Learning situations that aim to develop the child's motor skills, language competencies, mental capacity, social behavior, and values

Exercises that allow each child to discover his body functions, to communicate, to accomplish simple tasks individually, to relate with other children, and to recognize positive values

Teachers are also guided by a checklist that details the expected characteristics of a child at a certain age and the corresponding activities to be undertaken to facilitate the child's development. Such an aid allows teachers to devote special attention to those children who exhibit problems in their physical and intellectual growth.

An ECEP kit is also given to those who have completed the training. The items include a child care manual for parents; a manual for child care workers; a collection of songs, poems, toys, and games for preschoolers; storybooks and a companion manual on storytelling; and a resource book of relevant information.

These materials emphasize the use of symbols and images that are familiar to the children, themes and representatives objects describing the children's environment. Information is readily available. Play materials can be constructed from available paper, boxes, bottles, cans, buttons, leaves, flowers, sea shells, seeds, stones, and other household or neighborhood items.
As of December 1987, a total of 5,213 day care workers (DCWs), 960 Rural Improvement Club (RIC) leaders, 287,514 parents, and 1,691 day care trainers were

trained and assigned to serve the children and promote early development. A total of 103,689 sets of learning materials were developed and produced for the use of various day care centers, RIC children's centers, and parent groups organized by the DSWD and the DA. The books, toys, and similar materials were evaluated to determine if they were useful and appropriate for early childhood development.

Evaluations of the programme indicate that on the whole, preschool children who participated in the program performed better in school than those who did not participate in any preschool program, as shown in the evaluation done in 1987.

In a country where only 3 million of the 11 million children have access to some form of early childhood learning and where preschool education is not officially part of the public school system, ECEP offers a distinct alternative. But the challenge remains. For every village that has been reached by child care services, a thousand others stagnate; for every child who benefits from these services, a million others languish.

Additional information about this programme is available from Council for the Welfare of Children (CWC), Molave Wing, DSWD South Building, South Superhighway, Nichols Interchange, Makati, Metro Manila.

6. Kenya: The Development of Early Childhood Eduction and Care in Kenya.

Early childhood education in Kenya gained momentum in 1972, when the Kenya Government and the Bernard van Leer Foundation started the Preschool Education Project.

During a 10-year period 1972-1982, the project carried out experimental work in training preschool teachers, developing culturally relevant materials for the preschool programmes, and encouraging community participation in pre-school programmes. These activities were carried out in the Nairobi, Murang's, Kiambu, Kilifi, and Keiyo Marakwet districts.

In 1984, the Bernard van Leer Foundation, in collaboration with the Kenya Government launched the National Centre for Early Childhood Education (NACECE) at the Kenya institute of Education (KIE) to coordinate preschool education in the country.

Today the NACECE plays a significant role in the design, development, and dissemination of professional ideas, educational materials, and services for early childhood education and care. Specifically, the NACECE provides the following:

Training for early childhood education personnel
Curriculum development and dissemination
Research in early childhood education and care

Another function of the NACECE is to coordinate and disseminate the work of the District Centres for Early Childhood Education (DICECEs). The District Centres are intended to facilitate the training of preschool teachers. The teachers, in turn, bring services closer to the preschool children and their families.

District Centres for Early Childhood Education are currently training 750 preschool teachers per year. The teachers undergo a 2 year inservice programme. Apart from training teachers, DICECE's also mobilize the local communities, so they can improve the quality of life for preschool children. This is accomplished by ensuring enriched educational provision, improved health services, better nutrition, and care of the children.

The activities of the NACECE and the DICECEs have had far-reaching effects on the early childhood education and care programme in the country. There is an increased awareness of and concern for the young child among the local leaders, the parents, and the community. Local authorities are providing sites for building DICECE's and improving physical facilities. Intake of teachers in the 2-year inservice programme has increased from 200 in 1984 to 750 teachers at this time. Currently the Kenya Government and the Bernard van Leer Foundation are funding a building at Kenya Institute of Education that will house the NACECE and facilitate Early Childhood Education activities in the region.

This report appeared in the first issue of the NACECE Newsletter For information, contact the Editor, Kenya Institute of Education, P.O. Box 30231, Nairobi, Kenya.

NOTES FROM NETWORK COORDINATORS

1. Kenya: Health Education Network (HEN).

The Health Education Network is an informal association of organizations and individuals involved and interested in the development, utilization, or promotion of health education concepts, materials, research, and techniques. The Network provides a forum for facilitating the exchange of information on progress and developments in health education in Kenya, as part of Primary Health Care. The Network's Secretariat is based at the Department of Health Behavior and Education (HBED) in the African Medical and Research Foundation.

The creation of the Network was motivated by the recognition of the following factors:

- o Lack of a forum for the various organizations involved in health education to exchange ideas, skills, information, experiences, and materials

- o Duplication of effort and resources in the development and promotion of health education activities

- o Utilization of available materials, experiences, skills, and information by a relatively small audience, thus calling for proper coordination and thorough collaboration through a network system

The Network aims at promoting positive health behavior through appropriate information, education and communication materials, and techniques. To achieve this goal, it is necessary to exchange information on current and proposed health education activities. In addition, the Network has potential to expand into a general "clearing-house."

The following activities will be undertaken to achieve its objectives:

- o Development of a documentation centre for all types of health education materials - print as well as audio-visual

- o Production of a newsletter forming link forum for discussion on areas of concern among the members

- o Publication of a biannual bulletin

- o Training through workshops and seminars

For more information on how to become a member of the Network, please contact Health Education Network, AMREF, P.O. Box 30125, Nairobi, Kenya.

2. El Salvador: Street Vendor's Children.

Work has started in a new project in El Salvador. The continuing civil war in El Salvador has led to more than 600,000 people being displaced, largely to urban

areas. A high proportion of the displaced are women and children, and in order to survive, many of the women try to make a meager living by selling fruit and vegetables in the street markets. The children who usually accompany their mothers to the market, have little chance to play or to learn. Most of the children do not attend primary school and start working themselves by the age of 7. The project will establish a Child Development Centre a short distance from the central market of Soyapango, a densely populated industrial suburb east of the capital, San Salvador. The Centre will operate a day care programme for the children together with an associated educational programme for the mothers.

3. Lesotho: Upgrading Programme.

More than 200 early childhood development centres have been set up in Lesotho by local communities. The Early Childhood Development Unit of the Ministry of Education and the Lesotho Distance Teaching Centre, with the support of the Bernard van Leer Foundation, have begun a programme of training, curriculum development, and parental education in three districts. Working with local leaders, parents, and communities, the programme sponsors hope to develop a training system for underqualified teachers, to produce locally relevant materials, and to create local and national awareness of the needs of young children. Emphasis will be given to child health and nutrition and to the prevention of child accidents and water-borne diseases.

4. Latin America: Comite Hispano Montessori.

The Comite is a nonprofit organization that provides a communication network and services for educators of Hispanic communities in Mexico, the United States, the Caribbean, Central America, and South America.

Some of the activities of the Comite include the development of teacher-education programs, distribution of Montessori books and articles in Spanish, information and resources for dissemination, and publication of a newsletter in both Spanish and English versions.

Comite has made Montessori more accessible in Latin America and has helped to bring early childhood education to some of the neediest children in North, Central, and South America.

For more information, please contact Comite Hispano Montessori, 2127 South 35th Avenue, Omaha, NB 68105, USA.

5. India: Radio Listener's Forums for Child Development.

Recognizing that radio is a powerful tool for communication in social development, the Government of India and the India Office of the United Nations children's Fund (UNICEF) have since 1982,jointly launched a series of Media Orientation Projects (MOP) in different parts of the country as media support to the Integrated Child Development Services (ICDS). These MOPs focused on the thematic subject of Mother and child Health with special reference to the first year of the child--from conception to the first birthday. The media-oriented projects are patterned after the Radio Rural Forums of the 1950s with one important difference.

The radio messages are targeted to the rural women, especially pregnant and lactating mothers, and use women as group animateurs. The MOPs are also tailored specifically to be integrated into the existing (ICDS) programmes, which now reaches approximately 11 million children under the age of 6.

THe broad objectives of the MOP's may be stated as follows:

o Sensitize and motivate media personnel to the problems of women and children, especially in the rural and tribal areas, so that they develop empathy for field-level workers and realize their roles in supporting them.

o Enable field-level workers to realize the importance of media as a support to their programmes.

o Orient state government planners and administrators to the use of media support, particularly the radio, in the delivery of basic services to women and children.

o Establish a team-mode approach to radio programme planning, conceptualizing, and production between radio and other forms of media.

Each "MOP" is area- and region- specific and involves decision- makers of various departments of the state governments in its development.

After seven years of running these projects, involving over 66 of the 96 AIR radio stations, spread across 16 states and establishing over 14,000 ICDS radio forums, time has come to take stock of the Project and analyze its usefulness and contribution to social development, particularly its contribution on the lives of rural women and children.

For more information, please contact Assistant Programme Communication Officer, UNICEF, Regional Office for South Central Asia, Lodi Estate, New Delhi, India.

6. India: The Indian Council for Child Welfare.

The Indian Council for Child Welfare (ICCW), which was established in 1952, is a major national-level organization with responsibility for the implementation of child development programmes through its 28 affilates located throughout the country. Its major objectives include implementation of child welfare services, child advocacy and legislation, development of training programmes, organizing conferences and seminars, and consultation to governments and other organizations providing service to young children.

In particular, the ICCW provides service to children through its Baladis, a programme of nutrition, preschool education and health care for children between the ages of 3 and 5. In addition, the ICCW has developed a programme of creches for low-income children with working mothers. At the present time, approximately 1,126 creche centres have been established throughout the country.

For more information, contact Indian Council for Child Welfare, 4, Deen Dayal Upadhyaya Marg, New Delhi 110002, India.

7. International Development Research Centre: World Conference on Education for All Review Papers.

The International Development Research Centre (IDRC) is preparing two review papers for the upcoming World Conference on Education for All, which will be held in Bangkok in March. One review, "Life-Skills Learning Within the Context of Community Based Information Programmes" will focus on the "unplanned" or "incidental" learning that occurs as a consequence of or in association with specific development intervention programmes such as health, family planning, or literacy programmes. For example, a health care program may have as its planned objective, that mothers learn how to monitor and record the nutrition and growth patterns of their children. Incidental to this learning, however, mothers may acquire numeracy and problem-solving skills; may become better decision-makers or negotiators; may develop new and positive understanding of the food-health connection; and, more negatively, may develop more cynical attitudes about the inability of outside interventions to address their real needs.

In this review, life skills will include the following: literacy and numeracy; attitude, knowledge, behaviors related to health, nutrition, and family planning; child development or parenting skills; and community mobilization and organization skills. The paper will explore the extent to which development programmes effectively use opportunities for incidental learning as well as the relationship of this learning to indigenous knowledge and culture. In addition, the paper will examine the extent to which this kind of learning should be made an explicit objective of the development programme.

The author is interested in obtaining information and materials on this topic. Please submit information, input and suggestions to Anne Bernard, c/o Sheldon Shaeffer, IDRC, Bon 8500, Ottawa, Canada K1G 3H9.

The IDRC second review paper, "The Use of Participatory, School-Based, and Community-Supported Innovations in Formal Basic Education," will consider the trend in developing nations to move away from centralized, governmental reforms in formal basic education to more decentralized innovations that emphasize community support and involvement.

The programmes to be examined will, for example, include: innovations in the decentralization of policy formulation, curriculum control and development, teacher training, and school management. The major issues addressed through this analysis include the following: contextual and educational factors motivating decentralization efforts; decentralized innovations; and the relationships between local structures and organizations and central agencies in these innovations. The outcomes of these innovations in such areas as educational improvement, teacher attitudes, community mobilization, individual participation, and costs will be addressed in this review. A synthesis of models from the innovations reviewed and the applicability of these models for developing countries will be presented.

The author is interested in obtaining information and materials on this topic. Please submit information, input and suggestions to the author as follows: Zainal Ghani, Project INSPIRE, University Sains Malaysia, Minden, Denang, Malaysia.

8. Madagascar: Child Development Initiatives and Primary School Performance.

During 1986-87 a collaborative study on the "Problems of Repetition and Drop-out in Basic Education in Madagascar," was carried out b UNICEF, UNESCO, and the Malagasy Ministry of Basic and Secondary Education.

The study revealed a significant correlation between preschool attendance and education wastage. Preschooling gave children a better chance to avoid the fatal cycle of grade repetition and early drop-out. The study also found out that the more pupils in primary schools had previously attended preschools the more successfully these schools were able to cope with problems caused by repetition and drop-outs. The authors conclude that every effort should be made to expand preschool services especially into the rural areas where almost no preschool opportunities exist.

To expand preschool opportunities in Madagascar, the Government Department for Preschool has agreed to provide initial inservice training to interested communities who will run their own preschool activities.

The training includes orientation for the physical setting up of a center; stimulation and care taking for children between 3 and 6 years; techniques of toy production with locally existing materials; and parental education to support the activities. It is understood that these preschool activities will be linked with community development and primary health care activities undertaken in these same communities.

The results of this study are reported in "The Problems of Repetition and Drop-out in Basic Education In Madagascar," Notes, Comments...180, UNESCO/UNICEF Cooperative Programme: Paris, January 1988.

9. Nepal: Rethinking Visual Literacy -- Research in Progress.

A study currently underway in Nepal aims to discover how quickly standards of visual literacy can be improved by teaching several key clues to picture interpretation. Among nonliterate populations, this could help to bring improvement to the effectiveness of extension workers in health and many other areas. It is noted that research in the visual literacy field has given clear indications of the type of illustration most likely to be understood by people with limited exposure to printed materials. Such research has led to emphasis on a particular style of simplistic illustration typical of health and other development programmes in many third world countries. However, it is hypothesized that increased exposure to illustrated materials affects response. Making illustrations merely "understandable" may not then be sufficient to challenge entrenched behavior patterns which require more creative and imaginative interpretations.

This study appeared in Health Education Research Theory and Practice, Vol. 3, No. 4., 1988. For more information contact UNICEF, P.O. Box 1187, Kathmandu, Nepal.

10. United States of America: "Ab Initio" An International Newsletter for Professionals Working With Infants and Their Families.

Ab Initio is a new newsletter produced twice a year through the University of Massachusetts at Amherst and the Children's Hospital, Boston. The Latin title was chosen to emphasize the universal and pan-cultural thrust of this newsletter on the one hand and the focus on infancy research on the other.

The newsletter's primary aim is to facilitate communication among researchers, educators, and clinicians working with infants and parents in different settings across the world. We hope to provide a forum not only for the dissemination and discussion of different cultural approaches but also for ideas and research from the wide range of disciplines now converging in the field of infancy.

Ab Initio has its origins in the Child Development Unit at The Children's Hospital in Boston, where over the years clinicians and researchers from all over the world have visited either to learn about the NBAS or to share aspects of their work with us. These mutually enriching contact have resulted in an informal network of infant specialists spread over many countries; this newsletter is designed to consolidate and expand that network.

For more information, contact Kevin Nugent, Ab Initio, 910 Massachusetts Avenue, Lexington, MA 02173, USA.

PUBLICATIONS

BOOKS/MANUSCRIPTS

1. Anderson, Mary B. "Improving Access to Schooling in the Third World: An Overview." BRIDGES Research Report Series. Issue No. 1, March 1988.

This document reviews the literature on access to education in Africa, Asia, and Latin America. "Access" is defined to include entry into school, retention in school and good-quality education.

Two rationales exist for government policies of access: (1) Education for all children is valued as a basic right (2) Education is a means for education is a means to achieving other goals, usually economic- and social-development and political, national-integration goals.

Although lack of access to education is basically a problem of insufficient resources, research clearly shows that distinct patterns of access to or exclusion from education exist in most societies. Eight factors that affect differential access are identified, including the following: remoteness of residence; poverty; gender; intrafamily composition and birth-order; race or ethnicity; religion; handicaps; and children in transition.

Policies that address access issues can focus either on increasing the supply of education or on changing the effective demand for education. The paper describes case studies revealing the impact of various problems. The research shows that when policies focus on a single factor affecting the demand for education, it improves access somewhat but often brings unintended consequences that reinforce existing patterns of access and exclusion.

This publication is available from the Publications Division, Project BRIDGES, Harvard University, Cambridge, MA, USA.

2. Bray, Mark. Multiple-Shift Schooling: Design and Operations for Cost-Effectiveness, Digest 27. Paris: UNESCO/UNICEF, Cooperative Programme, 1989.

This document pursues one of the main themes underlying the DIGEST series of the UNESCO-UNICEF Cooperative Programme, that is, how to extend basic learning opportunities and at the same time increase their quality and effectiveness.

Multiple-shift schooling is undoubtedly a good case in point. It is being practiced widely and in a variety of models, both in poorer countries and in better-off school systems, where demand for school places often outstrips available capacities. Raising enrollments while containing costs and maintaining quality of teaching and learning is indeed an overriding concern of educational practitioners the world over.

Mark Bray is probably amongst the first to have analyzed and compared multiple-shift schooling in a variety of settings and cultural contexts and to have explored their educational and economic implications. The contents of this DIGEST can

serve as useful course material in training programmes for educational administrators and school principals and as a basis for choosing the particular multiple-shift model best geared to a particular educational setting.

This publication is available in English and French from UNESCO, 7 Place de Fontenoy, 75700, Paris, France.

3. Courtault, Michel. Pre-literacy training: A useful concept? Notes, Comments... No. 185. Paris: UNESCO/UNICEF/WFP, Cooperative Programme, February, 1989.

The reading and writing of letters and figures requires a set of specific capabilities, some of which are related to the social environment of the future literate adult, for example, oral communication and communication by signs and symbols), and others of which are related to the abilities of the individual himself for example, vision, hearing, and fine-motor activity of the hand and fingers. These abilities are put into practice differently by the child and the adult. Much has been written on the conditions necessary for learning to read and write by children, thanks to the prevalence of primary education throughout the world. But little has been written about the learning process of illiterate adults. In these notes, only some experiences with adults are dealt with, without any attempt being made to compare the field of adult learning with that of child learning.

Available in a bilingual French/English format from UNESCO, 7 Place de Fontenoy, 75700, Paris, France.

4. Hawes, Hugh. Child-to-Child: Another Path to Learning. Hamburg, UNESCO Institute for Education, 1989.

A comprehensive but concise and readable response to the question "What is Child-to-Child?" has long been needed and Another Path to Learning provides just that. A policy-maker's and practitioner's guide to Child-to-Child, it encapsulates in 130 pages the philosophy underlying the Child-to-Child approach. It describes how the programme began, how it grew and developed from the idea of sibling care to child power.

Another Path to Learning is the story of Child-to-Child. And like all good stories it opens up imaginative possibilities for child-powered development in communities around the world.

It looks at the tremendous potential of the approach: how the role of children in improving their communities' life-style can be broadened and deepened to cover not just health issues but educational, environmental and other social issues.

Through three detailed case-studies and through fifty examples of Child-to-Child projects around the world, it shows the Child-to-Child approach as it operates at the field level.

Another Path to Learning is written by Hugh Hawes and draws extensively on the survey of Child-to-Child by Tony Somerset. It is produced by the UNESCO Institute

for Education in Hamburg. Policy-makers, project planners and implementers in health, education, and community development will find it stimulating reading.

This publication is available from Teaching Aids at Low Cost, P.O. Box 49, St. Albans, Herts, AK1 4AX, UK.

5. Mackenzie, F., and Ewasi, K. (Eds.). Research Issues in Child Health and Child Care. Proceedings of a workshop held in Accra, Ghana, 22-26 September, 1986. Ottawa, Canada: IDRC, 1988. Publication No. IDRC-266e.

This workshop brought together West African health scientists and social scientists to discuss methodological and conceptual issues in the study of infant and child health and mortality and to identify new research needs. Health and social scientists from Gambia, Ghana, Nigeria, and Sierra Leone attended the workshop. Emphasis was placed on evaluation of research design and techniques for analyzing the determinants of child health rather than on the presentation of findings.

Discussions and papers focused on four central themes: conceptual frameworks more appropriate to local contexts, questions of scale and measurement, the search for indicators of child health, and directions for future interdisciplinary research. This publication is intended to serve as a record of the proceedings of the workshop and to promote further communication and interaction among researchers working in the area of infant and child mortality and health.

This publication is available from Teaching Aids at Low Cost, P.O. Box 49, St. Albans, Herts, AK1 4AX, UK.

6. Olmsted, Patricia P., and Weikart, David P. (Eds.). How Nations Serve Young Children: Profiles of Child Care and Education in 14 Countries. Ypsilanti, Michigan: High/Scope Press, September 1989.

In this book for early childhood policy-makers, professionals, and practitioners, countries ranging from developed to developing describe their early childhood services. Topics covered in each nation's profile are its history of early childhood care and education, demographics, child and family policies, current care and education services (both formal and informal), and issues for the next decade.

A first-time collection of its type, the book summarizes present knowledge about children's services in each country to provide a starting point for a cross-national study now underway in Belgium, the Federal Republic of Germany, Finland, Hong Kong, Hungary, Italy, Kenya, Nigeria, the People's Republic of China, the Philippines, Portugal, Spain, Thailand, and the United States. The study, which aims at providing detailed and up-to-date information to help policymakers and professionals meet the growing worldwide demand for preprimary services, is sponsored by the International Association for the Evaluation of Educational Achievement (IEA).

How Nations Serve Young Children is published by the High/Scope Educational Research Foundation, a Michigan-based early childhood education, research, and training organization, which is serving as international coordinating center for the IEA preprimary study.

This publication is available from High/Scope Press, 600 N. River Street, Ypsilanti, MI 48198, USA. ISBN 0-929816-07-2.

7. Russell, James P. Graded Activities For Children with Motor Difficulties. England: Cambridge University Press, 1988.

Graded Activities is a series of "Graded Activities" for children with motor difficulties that can be used by primary school teachers who have little or no specialist training in physical education.

It provides an easy-to-understand and comprehensive introduction and outline of the difficulties children face and how these can be approached. It is not a book of great depth in this area but a short, clear, descriptive explanation of what is involved and how those involved can help.

The activities are useful for children in the 7-8 years old age and above, although they could be adapted for younger children. Simple diagrams help to explain activities and how they are undertaken.

The programme would best be integrated throughout a more complete and versatile physical education program, so as not to become repetitive, and it should also be tailored to suit the needs of individual children. It does not describe expectations of any particular age group's developmental level or what to use for specific difficulties of individual children.

Even though the authors suggest that the programme could be used by anyone working with children with motor difficulties, for the programme to be of real use in assisting these children, some specialist training for the user would appear to be necessary.

This publication is available from Cambridge University Press, Order Department, 110 Midland Avenue, Port Chester, NY 10573, USA.

8. Sanie, S., and Surjadi, C. Early Detection of High Risk Pregnancy. Kepada Bagian Administrasi, Indonesia, 1987.

Program planners who are turning their attention to safer motherhood will appreciate this report on an operations research project in Indonesia. The Atma Jaya General Hospital and the Atma Jaya Research Center combined their efforts to design and implement a project to teach mothers the signs of high-risk pregnancy and encourage behavior conducive to safer pregnancies. The report carefully outlines the development of a maternal health card used by mothers and community health workers as an educational and monitoring tool.

This publication is available from Kepada Bagian Administrasi, Pusant Penelitian Unika Atma Jaya, Jalan Jenderal Sudirman 49 A, P.O. Box 2639, Jakarta 10001, Indonesia.

9. Sinha, Dinesl. Children of the Caribbean 1945-1984: Progress in Child Survival, Its Determinants and Implications. Kingston, Jamaica: Caribbean Food and Nutrition Institute (PAHO/WHO) in collaboration with UNICEF, 1988.

This book is an attempt to document the progress made in reducing infant and child mortalities in the English-speaking Caribbean countries and to examine some of the factors as well as processes that may have influenced it. It is also an attempt to seek future directions for the developing world in general and the Caribbean in particular.

Part I of the book presents a historical overview of the global patterns of mortality and their determinants. Part II introduces briefly the geographic, cultural, and political background of the Caribbean and examines the sociocultural and economic determinants of the progress in child survival in the Caribbean. Part III analyses the proximate determinants that were responsible more directly, perhaps as a result of the socioeconomic changes, for reducing infant and child mortality dramatically. Part IV, the final part, presents briefly the recent attempts of the Caribbean institutions to go beyond mere survival and physical health of children to the social, psychological, emotional, and intellectual development in the early childhood period.

The conclusion drawn from the Caribbean experience is that in the lower-middle-income countries, where some degree of basic sociocultural and economic well-being has been reached, redistributitive efforts aimed at benefits such as increased years of schooling, provision of primary health care services, and perhaps low population pressure can markedly reduce infant and child mortalities. It is the improvement in human capital, rather than the increase in sheer volume of inputs, that appears critically important in child survival. Similar experiences have been recorded in the past in other parts of the developing world.

There are several implications of the experience of the Caribbean. For the countries of the developing world, where basic socioeconomic well-being has been achieved and infant and child mortalities are still unacceptably high, it would appear that distributional improvement in health care, provision of supplementary food to children at risk and improvement in the number of years of schooling is the route to pursue to improve child survival.

Countries of the Caribbean appear to be ready to go beyond survival to improve the quality of life of children. While there is still room for preventing a few more unnecessary deaths through improved peri-and post-natal care, stressing family planning, and reducing morbidity and mortality due to malnutrition and infectious diseases, it is time to develop a systematic programme for prevention, early detection, and management of disabilities and mental, social, and emotional development of children.

This publication is available from Caribbean Food and Nutrition Institute (PAHO/WHO), P.O. Box 140, Kingston 7, Jamaica. ISBN 976-626-010-9.

10. Smith, Peter L., and Cowie, Helen. Understanding Children's Development. Basil Blackwell Ltd.: New York, 1978.

Understanding Children's Development introduces the reader to some of the rudimentary principles and practices of psychology. The book is divided into three sections: Theories and Method; The Social World of the Child, and Children's Developing Minds.

Part One (Theories and Methods) briefly outlines the basic procedures employed in studying child development. This is followed by a description of a number of well-known studies that give an evolutionary perspective to child development. Part Two (The Social World of the Child) presents studies and theories on Parents and Children; Friends, School and Television; Play; Becoming Socially Aware; and Adolescence. Part Three (Children's Developing Minds) provides the reader with detailed information on: Perception; Language; Cognition; Intelligence and Attainment; and Disadvantage and Education.

Understanding Children's Development may be useful as an introductory book for those interested in studies in psychology. It may also be valuable as a reference or as background reading for students studying child development in their preservice teacher education. The use of well-known studies written in an-easy-to read format makes it a useful reference for such courses. The book presents, where possible, the alternative views found in the literature, thus giving the reader an unbiased representation.

The book is attractively presented, clearly and accurately indexed. It uses tables, photographs, and diagrams to illustrate points in the text. Nonsexist language is used throughout. The focus of the text and the studies reviewed relate specifically to the children aged 0-8.

This publication is available from Basil Blackwell Ltd., P.O. Box 1655, Hagerstown, MD 21741, USA.

11. Task Force for Child Survival, Protecting the World's Children: Agenda for the 1990's. Report of conference, 10-12 March, 1988, Tufts University Center, Talloires France, 1989.

This conference was the third in a series of global conferences on the subject of Protecting the World's Children. The first conference was sponsored by the Rockefeller Foundation at the Bellagio Conference Center in Bellagio, Italy, in March 1984. In March 1985, the second conference, held in Cartagena, Colombia, was organized and sponsored by the Task Force for Child Survival.

In March 1988, the third conference, "Protecting the World's Children: Agenda for the 1990s" was held in Talloires, France. The conference reviewed the considerable progress that has been made in worldwide immunization as well as in infant and child mortality, and reviewed health objectives for the year 2000. On the basis of these discussions, the Task Force evolved a vision of outcome objectives to be pursued in the 1990s: the "Declaration of Talloires."

This volume contains the technical papers and presentations listed on the formal agenda as well as many of the panel discussions. Progress in the past 4 years has been remarkable. As stated in the document, "the momentum as we enter the last decade of the century is encouraging, but suggested objectives will require even greater investments. However, it is now clear that the objectives are technically possible. If they are not attained, it will indicate a failure of social will."

This publication is available from UNICEF, Research, Programme Publications and Library Section, UNICEF House, 3 United Nations Plaza, New York, NY, USA.

12. UNICEF. Strategies for Children in the 1990s: A UNICEF Policy Review. New York: UNICEF, 1989.

This policy review presents the views and proposals of the United Nations Children's Fund (UNICEF) for development goals and strategies for the 1990s, the proposed Fourth United Nations Development Decade (DDIV). The proposals have been derived from an analysis of the experience of earlier development decades, of recommendations of several international commissions and conferences, and of the medium-and longer-term plans and perspectives of various United Nations agencies, including UNICEF. The proposed goals and strategies reflect the thinking of UNICEF regarding how an international development strategy should address the needs of children.

Following a brief review of the past development decades in section I, an overview of the evolution of the situation of children in the 1980s is presented in Section II. Section III summarizes the unmet needs of children, which sets the context for the goals for the year 2000 in Section IV. In Section VI the report goes on to suggest some strategies to achieve the goals, and in Section VI, it suggests how these goals and strategies should be adapted to the different national and regional realities.

The report proposes that the development of human capabilities and meeting basic human needs should be the underlying theme of the Fourth UN Development Decade. It is further suggested that the survival, development, and protection of children should be both a means and an end of a strategy of development with a human face. Several strategies are outlined to reach the ambitious goals proposed for the year 2000. These include a commitment to environmentally sound and sustainable development policies, building the necessary economic base for meeting human needs, reaching the heretofore unreached, advocacy and social mobilization, and empowerment of women in development.

This publication is available from UNICEF, Research, Programme Publications and Library Section, UNICEF House, 3 United Nations Plaza, New York, N.Y., U.S.A.

13. UNICEF, SIDA, IDRC. Improving Young Child Feeding in Eastern and Southern Africa, Household-Level Technology, Proceedings of a workshop held in Nairobi, Kenya, 12-16 October, 1987. IDRC, Ottawa, Ontario, Canada, 1988.

Food scientists, nutritionists, and health planners working in Africa and South Asia met in an international workshop to examine household-level food technologies that

hold promise for improving nutrition of infants and young children. After reviewing current knowledge of breastfeeding and weaning practices in eastern and southern Africa, participants discussed the use in weaning diets of fermented foods and germinated flour, for both improved nutrient intake by young children and decreased risk of food contamination. Research that should be conducted into the effectiveness of the food technology was identified and its diffusion at the community level discussed.

This publication contains the proceedings, conclusions, and recommendations of the workshop. It is directed at scientists and health planners who are involved in conducting nutrition research and developing programs to improve feeding of infants and young children in developing countries.

This publication is available from International Development Research Centre, P.O. Box 8500, Ottawa, Ontario, Canada K1G 3H9.

14. Whiting, B., Edwards, C.P., et al. Children of Different Worlds: The Formation of Social Behavior. Cambridge, Massachusetts: Harvard University Press, 1988.

Focusing on gender differences and using the dyad as the unit of study, this book considers the biological as well as the cultural aspects of behavioral dispositions. Anthropologists report findings from the in-depth study of 13 communities and from spot observations made in 6 communities. The communities included settings mainly in Africa, along with some in India, the Pacific Islands, Central and South America, and the United States. Collected during 1954-75, the data include aspects of the original six-cultures study reported by B.B. Whiting and J.W.M. Whiting (Children of Six Cultures: A Psychocultural Analysis, Cambridge, MA: Harvard University Press, 1975). The data and premises of this book are likely to generate lively discussions of the nature nurture issue.

This publication is available from Harvard University Press, 79 Garden Street, Cambridge, MA. 02138, USA.

TRAINING OPPORTUNITIES

1. Regional Training and Resource Centres, Bernard van Leer Foundation.

As part of its policy on training and dissemination the Foundation has decided to set up a number of Regional Training and Resource Centres (RTRCs) throughout the world. The first of these Centres, which began its work at the beginning of 1989, is in Singapore. There are plans to establish a second RTRC in Africa. In Singapore the Foundation has built on two successful projects, funded in partnership with the National Trade Union Congress, to establish an RTRC for Asia. The countries forming the Foundation network in Asia are Singapore, China, Japan, Malaysia (including Sabah and Sarawak), Pakistan, and Thailand.

The work of the RTRC will be to facilitate, rather than deliver training throughout the Foundation network in the region. The first task, therefore, will be to identify training expertise in the countries concerned, drawing especially upon Foundation-supported projects. This will lead to the establishment of a regional training team to be established, not by any means a rigid, static entity but a grouping of individuals who would be available to respond to the varied needs of projects.

Of equal importance is the RTRC's role in dissemination of the experience and learning from Foundation-supported projects to other organizations and statutory bodies outside the Foundation Network and to other countries in Asia. The training services offered to Foundation-supported projects will also be available to others who share the same concerns as the Foundation, in particular to those who share its focus on early childhood care and education.

The second RTRC will be established later this year in Africa. The National Centre for Early Childhood Education in Kenya will be the focus of this initiative.

For information about RTRC's, contact Training Unit, Bernard van Leer Foundation, P.O. Box 82334, 2508EH, The Hague, The Netherlands.

2. United Nations Development Program (UNDP): Asia and Pacific.

UNDP Asia and Pacific Programme for Development Training and Communication Planning (DTCP) short courses on communication, training, management, audiovisuals and evaluation, Manila, Philippines.

For more information, please contact Training Coordinator, DTCP/UNDP, 5th Floor, Bonifacio Bldg., University of Life Campus, Meralco Avenue, Pasig, Metro Manila, Philippines.

3. Institute of Child Health, London England: Short-Term Courses.

The Tropical Child Health Unit (TCHU) at the Institute of Child Health, University of London, provides several short courses on child health and primary health care. The courses are available to all trained workers in the health care field who work or are intending to work in a developing country. The courses are designed to provide

an introduction and review of priority issues in primary health care and maternal and child health.

Application details can be obtained by writing to the TCHU Short-Course Secretary, Tropical Child Health Unit, Institute of Child Health, University of London, 30 Guilford Street, London WC1N 1EH, UK.

For further information on training institutions that conduct courses in European Countries, write to the Centre de Documentation, Institute Universitaire D'Estudes du Develo Preat, Case Postale 136, 24 Rue Rothschild, CH-1211, Geneva 21, Switzerland.

4. International Agricultural Centre (IAC), The Netherlands: International Course in Food Science and Nutrition.

Ensuring sufficient food and proper nutrition to all population groups in developing countries is a basic development objective. The aim of the course is to train students in identifying human food and nutrition problems and to provide them with adequate knowledge to formulate, implement, and evaluate programmes directed towards alleviating these problems. The general objective of the course is that participants, on returning to their home countries, will be able to work efficiently in multidisciplinary teams to appraise and solve problems concerning food and nutrition.

To reach this objective, the course provides its participants with the basic and applied knowledge of food science and nutrition particularly in relation to the theme of the course. This will be done through a practical and multidisciplinary approach.

Those wishing to participate are invited to communicate with The Director, International Agricultural Centre (IAC), P.O. Box 88, 6700 AB Wageningen, The Netherlands.

REVIEW OF RECENT MEETINGS

1. Seminar on Situation and Perspectives of Infant and Child Mortality in Latin America. Cocoyoc, Mexico, 23-26 October, 1988.

The Mexican resort of Cocoyoc played host to the first regional seminar on Situation and Perspectives of Infant and Child Mortality in Latin America. The dual purpose of this event, organized by the Pan-American Health Organization, the Health Secretariat of the United Mexican States, and the United Nations Children's Fund (UNICEF), was to develop an understanding of infant mortality in the region today and to promote a variety of activities to reduce it. The results of this encounter were summarized in the Cocoyoc Declaration, a document that contains a brief diagnosis of the extent of mortality in the region, a series of commitments by those who participated in the Seminar, and a description of the actions needed to protect Latin American children from the risk of death and to guarantee improved physical and mental development for the mothers and children of the continent.

The 50 Latin American experts participating in the seminar (who came from Brazil, the Southern Cone, the Andean Region, Mexico, Central America and the Caribbean) discussed the results of their research and exchanged views on the most appropriate strategies for dealing with mortality among Latin American Children. Seminar participants agreed to promote greater participation by society as a whole and by the agencies responsible for children's affairs in Latin America in providing "technical and financial resources in defense of the children and women of the Continent." Participants also expressed their intent to enlist "the cooperation of the communications media to disseminate information and knowledge about the practices that will lead to an improvement in the health of the population and encourage its participation."

Seminar participants agreed to work towards reducing the infant mortality rate to 30 per 1,000 and the child mortality rate to 2.3 per 1,000 by the year 2000. In the same vein, they will strive to eradicate polio and ensure the universal vaccination of children against tetanus, diphtheria, whooping cough, measles, tuberculosis, and poliomyelitis by the end of 1990. The Cocoyoc Declaration also aims at reducing maternal mortality by at least 50 percent by 1995 in countries were the rate is over 50 per 10,000.

In addition to these objectives, which are stated in international agreements endorsed by the governments, the Declaration includes other actions whose promotion was considered important. They are the following: a reduction in disparities in mortality rates for mothers and children under age 5, the allocation of adequate resources to permit mothers and children to satisfy their basic health needs and obtain better primary care, and the prevention of malnutrition and the major causes of infant and preschool mortality. The Declaration also urges access by the population to fertility regulation services and a renewed effort to safeguard children's development.

For more information contact UNICEF, Paseo De La Reforma #645, Lomas De Chapultepec, C.P. 11000 Mexico D.F.

2. Interagency meeting on Action-Oriented School Health Curriculum. Cairo, Egypt, February 1989.

This intercountry meeting was organized by the Eastern Mediterranean Regional Office of the World Health Organization (WHO/EMRO) in cooperation with both UNICEF and Unesco. It was attended not only by representatives of those international organizations but also by "activists" in School Health programmes in Bahrain, Jordan, Sudan, Egypt and Morocco.

The purpose of this meeting was to review progress at both the national and international level in the "Action-oriented School Health Curriculum" in the East Mediterranean region. Such a curriculum is being introduced through the distribution of resource books and other materials, which are now available in Arabic, English and French. The approach and much of the content of these books and materials are based on the ideas of Child-to-Child and the meeting warmly recognized the inspiration and contribution of Child-to-Child to its work.

For more information, contact Dr. O. Sueliman, WHO Eastern Mediterranean Regional Office.

3. Regional Conference on Basic Education for HEALTH (BEH). Nazareth, Ethiopia, 16-19 April, 1989.

This fourth regional conference was attended by over 40 experts on all aspects of education for health. Participants were drawn from Botswana, Ethiopia, Malawi, Kenya, Somalia, Tanzania, Uganda, Zambia and Zimbabwe. While the first three conferences focussed on promotion of health education and its inclusion in the school curriculum, the participants at the 1989 Nazareth conference resolved to develop operational mechanisms for networking and information sharing among countries and renewed commitment to further action on BEH at the country level.

The following recommendations were made by the Kenyan delegation to this conference:

o Research on the relationship between knowledge and behavior must be conducted to identify the weaknesses and strengths of teachers, prior to mobilizing them in BEH activities.

o In preparing BEH materials, intersectoral cooperation should be encouraged, to avoid duplication and to encourage efficient manpower and resource utilization.

o The Ministries of Education and of Health in consultation with AMREF/UNICEF will initiate the formation of a task force to implement the BEH Programmes in Kenya.

o There is a need to evaluate the existing approaches and activities on BEH at all levels, including: preschool, primary, and adult literacy programs.

4. Childhood in the 21st Century: International Conference on Early Education and Development. Hong Kong, 31 July-4 August, 1989.

This first-of-its-kind conference attracted approximately 500 participants from 32 countries. Most came from Southeast Asia and China, but present as well were participants from Mozambique, Sudan, Nepal, and other countries outside the region. The programme featured plenary presentations by 20 major speakers, beginning with the opening address by James Grant, Executive Director of UNICEF. In addition, 120 discussion papers were presented, in parallel sessions, on a wide range of topics related to early childhood education and development. The diversity of early childhood topics that were suggested by the following four plenary presentations made on a typical day of the conference are:

"Socio-Dramatic Plan for Cognitive, Social, and Emotional Development of Children" (Sara Smilansky, Tel Aviv University, Israel)

"Global Socio-Economic Changes and Child Welfare" (Giovanni Andrea Cornia, International Child Development Centre, Italy)

"Looking Back and Looking Forward for Better Quality of Life for Young Children in China" (Zhao Jishi, Nanjing Normal University, China)

"Music in Early Childhood" (Ann Boyd, Hong Kong University)

Other principal papers dealt with "Community Mobilization"; "Health, Nutrition, and Early Child Development"; "Monitoring and Evaluating Programmes"; "Teachers Initiating Change Toward More Flexible Curriculum Practice"; and "Peer Interactions and the Long Term Effects of Early Education".

These principal papers and the many discussion papers were grouped under ten main topics addressed during the conference:

Changing Socioeconomic Contexts
Trends and Issues in Child Development
Special Needs of Infants
Training of Early Childhood Personnel
Health, Nutrition, and Early Childhood Education and Development
Education Content, Materials Methods and Resources
Family and Parent Education and Support
Moral and Social Education and Child Development
Community Participation and Mobilization
Issues in Policy Development and Implementation

The conference was organized by Dr. Betty Chan Po-King of the Yew Chung Foundation in Hong Kong, with the help of an International Council and a local committee. Further information can be obtained by writing to "Childhood in the 21st Century," c/o International Conference Consultants Ltd., 57 Wyndam Street, 1st Floor, Central, Hong Kong.

5. Innocenti Global Seminar: Early Childhood Development. UNICEF, International Child Development Centre, Florence, Italy, June 1989.

Whether early childhood development (ECD) activities benefit children is no longer a question. This basic point was a key element of the background understanding among participants in the UNICEF Global Seminar on Early Childhood Development held the last three weeks of June at the Innocenti Centre. This Seminar brought together 24 participants from throughout the developing world, including UNICEF staff and representatives from government ministries and nongovernmental organizations involved in ECD programmes.

The principal objective of the seminar was to present the most recent scientific knowledge and conceptual approaches in the child development field and to review and evaluate ECD programmes supported by UNICEF and other organizations, with a view to drawing policy and programming lessons from these experiences. The Seminar was organized by the Consultative Group on Early Childhood Care and Development, the Innocenti Centre, and Training Section, UNICEF, New York.

A summary report of this seminar will be available from UNICEF C.D.C, Spedale degli Innocenti, Piazza SS. Annunziata, 12, 50122 Florence, Italy.

UPCOMING MEETINGS

1. International Society for the Study of Behavioral Development: Latin America Conference on Applied Developmental Psychology. Recife, Brazil, 6-10 November, 1989.

The conference will focus on socially significant problems related to the study of child and adolescent development in Latin American countries. The conference will bring together researchers and professionals concerned specifically with theory and research on the following three themes: school success and failure of lower class children; malnutrition and cognitive development; and social development during infancy and adolescence in Latin America.

For application and information contact, Coordenacao, Mestrado de Psicologia da UFPE, 80 Andar, CFCH, Cidade Universitaria, 50739, Recife/PE, Brazil.

2. WHO Inter-Country Workshop on Problem-Solving Education. Harare, Zimbabwe, 20-30 November, 1989.

Eleven countries from Eastern and Southern Africa will participate in this WHO Inter-Country Workshop. They include; Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Tanzania, Uganda, Zambia, and Zimbabwe. The major directives of this workshop are as follows:

To provide course planners, course organizers, teachers, and district health managers with a basic understanding of the advantages and constraints of a training activity based on the problem-solving approach

To assist teachers in planning a training activity on the basis of a list of community health problems that health personnel will have to face and to solve at the district level

To assist teachers in applying the problem-solving approach in the development of learning modules and materials, which will be of immediate relevance for learners in basic as well as in continuing education programs.

For additional information, please contact Dr. Charles Boelen, Division of Health Manpower Development, World Health Organization, 1211 Geneva 27, Switzerland.

3. Child-to-Child Workshops. Delhi, India, November 1989; Nairobi, Kenya, December 1989.

Among the many Child-to-Child Workshops planned for 1989 these two upcoming meetings will be of special interest:

All-India Workshop on Innovative Approaches to Health Education for Children.
Scheduled for Delhi in November, this workshop will review Child-to-Child activities alongside parallel initiatives and discuss how government and voluntary agencies can collaborate in introducing these new approaches widely throughout the nation.

Seminar on Child-to-Child and Growth and Development of Young Children. This workshop, scheduled for Nairobi in November/December 1989, is being held in association with the Bernard van Leer Foundation. A small international group will review worldwide experience of approaches to child development and discuss future possibilities.

For more information on these and other workshops please contact Child-to-Child Coordinating Office, Room 633, Institute of Education, 20 Bidford Way, London WC1H OAL, UK.

4. Inter-Agency Commission: World Conference on Education for All: Meeting Basic Learning Needs. Bangkok, Thailand, 5-9 March, 1990.

In February 1989 a world-wide initiative was launched by UNDP, UNESCO, UNICEF, and the World Bank to explore realistic means of rapidly extending the coverage and quality of basic education.

The Bangkok meeting aims to (1) mobilize commitment, support, and resources for extending good-quality primary education to all children and (2) to promote literacy and essential knowledge and life skills among adults, so that they can cope with demands of the modern world. Particular attention will focus on ensuring access for the most disadvantaged groups and on improving basic knowledge and skills for life.

Among countries and agencies, there is a growing international recognition, among countries and agencies, of the need for concerted efforts to address serious problems related to quality, coverage, and costs in education systems. The conference is intended to build on and benefit from that concern.

For more information, contact Hilda Paqui, Information Officer, World Conference on Education for All, UNICEF House, 3 United Nations Plaza, New York, NY 10017, USA.

5. 1990 Association for Childhood Education International Study Conference: The Golden Triangle: School, Home and Community. Pennsylvania, USA., 19-22 April, 1990.

More than 100 workshops and concurrent sessions will explore the relationships among the child's home, school, and community environments. In addition, symposia on the following topics will be presented: support systems for children, parents and educators; children at risk, literacy, and peaceful solutions to conflict.

For more information, please contact Jerry Odland, Association for Childhood Education International, 11141 Georgia Avenue, Suite 200, Wheaton, MD 20902, USA.

6. XII World Congress: Young People in Conflict: Building their Tomorrows Together. New York, NY, USA., 2-6 July, 1990.

The mission of the XII World Congress is to promote dialogue that facilitates international awareness and understanding of young people's needs and to

encourage constructive activities that improve the well-being of young people in conflict throughout the world.

The XII World Congress of the International Association of workers for Troubled Children and Youth has been designed so that it can be of value to all those working with troubled young people. The World Congress will focus on the multiple needs of children and provide an opportunity for dialogue between practitioners from around the world. This international cooperation will continue in 1994 at the XIII World Congress at the University of Freiburg, Freiburg im Breisgau, West Germany.

For more information contact XII World Congress, c/o Starr Commonwealth, Starr Commonwealth Road, Albion, MI 49224, U.S.A.

7. The 1990 Third Annual International Portage Conference: A Symposium on Family Focused Intervention: Exploring National and International Practices and Perspectives. Portage, Wisconsin, USA, 2-5 August, 1990.

This Conference will include sessions by nationally recognized experts in early intervention for children with special needs as well as international perspectives on the application of the Portage materials. In addition, workshops will be conducted on a variety of topics including; enabling and empowering families, identifying effective components of home-based service delivery systems, and current early intervention research.

For more information, contact Portage International Conference Committee, Portage Project, CESA 5, 626 East Slifer Street, Portage, WI 53901, USA.

RESPONSE FORM

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September, 1989

To keep the mailing-list up to date, we ask that you please make any necessary corrections in your name or address in the space provided below.

Please send us any information regarding a research project, training programme, publications, or upcoming meetings that you would like to include in future issues of the notebook. It would be a pleasure to learn about your work.

For Further Information please write to:

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