

UNICEF submission to the Committee on the Rights of the Child
Day of General Discussion on "Implementing Child Rights in Early Childhood"
17 September 2004

At four years of age, Ikasha is thin, fearful, and hides when others come to the house. He lives in fear of the older children in the family taking things from him; he came to his aunt's house when his mother died two years ago of an unknown ailment.

Sylvia, age 5, is never taken from her house; her legs don't work, and her grandfather is convinced that it was her mother's fault that Sylvia is "this way" since she wasn't married to the child's father. Sylvia tries to be of whatever help she can, but she is given little attention or opportunity to do more.

Roland was abandoned by his family in the hospital, and was raised in an overloaded orphanage along with hundreds of other children. At five, he has almost no language skills, and tends to be indiscriminately friendly to everyone who comes, hanging on to their arms. But his moods change rapidly, and he shows frequent bouts of anger and irritability.

Introduction

The best start in life

1. At the Special Session of the United Nations General Assembly on Children in May 2002, 180 nations adopted the outcome document 'A World Fit for Children', in which they recognised that "*A world fit for children is one in which all children get the best possible start in life*". The outcome document echoed the first underlying principle of the Convention on the Rights of the Child: the child's right to life, survival and development.
2. During the first years of life the trajectory of a child's future begins to be set. This includes not only whether or not the child will survive, but also the child's eventual height, learning ability, willingness to trust people around him/her, self-esteem, and risk of disease later in life. Poverty, frequent illness, unsanitary and polluted environments, poor nutrition and violence steal a child's potential. Overburdened families may not have the information, time, or safe places to support the stimulating play and learning opportunities that are necessary for their children to learn and develop. Young girls may miss out on opportunities to learn, and not have the time to play that boys do. Emergencies place children at great additional risk, and it is usually those who can ill afford another threat who suffer most. In every part of the world, children are facing these threats. However, when they occur in the earliest years, as in the case of *Ishaka, Sylvia* and *Roland* - the consequences are more likely to be long-lasting and devastating.

3. A good start in life means that each and every child, from infancy forward, has the right to live in a nurturing, caring and a safe environment that enables him/her to survive and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn. While physical growth is well known and widely measured in health and nutrition programmes, psychomotor/psychosocial development receives less attention. Yet in the last 50 years, research and programmes clearly illustrate that interventions such as early childhood education, good family interaction, and play and learning opportunities promote psychosocial development and can reduce exposure to violence and discrimination¹.
4. UNICEF welcomes the theme of this day of discussion, “Implementing Child Rights in Early Childhood”, particularly as Early Childhood Development is also one of the five organizational priorities in UNICEF’s Medium-Term Strategic Plan for 2002-2005. It is UNICEF’s hope that this discussion will result in a better understanding of the importance of investing in the earliest years for the fulfilment of the Convention, and of including a holistic approach to early childhood development in national policies, plans, and poverty reduction strategies.

Principles for intervention in Early Childhood Development

Human rights principles

5. Human rights principles apply to all areas of early childhood development. With regard to children and their rights, these principles are reinforced by the four general principles of the CRC: non-discrimination, best interest of the child, right to life, survival and development, and respect for the views of the child.
6. *Universality and non-discrimination*: Discrimination can occur between families, as when only some members of the community have access to these services, as well as within the family structure. Families may give preference on the basis of gender, birth order, disability, and sometimes even on physical attractiveness. Principles of universality and non-discrimination should guide the selection of priorities and strategies in all areas of ECD: health care, stimulation, emotional support, nutrition, and hygiene practices.
7. *Indivisibility and interdependence*. For the child to develop, all rights must be met. The basis of early childhood development as a priority for UNICEF is the indivisibility and interdependence of child rights.
8. *The best interest of the child* should guide decisions made by families and by States when families are not available. Research has shown that the most cost-effective interventions

¹ “From Neurons to Neighborhoods: The Science of Early Childhood Development,” National Research Council, Institute of Medicine, National Academy Press, 2000.

occur during early childhood. Thus to support a child's rights, funds should be concentrated in the early years, particularly for the disadvantaged. This group has been shown in a number of studies to benefit most from early childhood interventions.

9. *Participation of children/expressing of views according to their evolving capacity.* From birth children communicate their needs and preferences; by the age of 3, most children can communicate ideas and thoughts in words. The spirit of this right should be met by making sure that care providers (families, schools) are able to listen to children's views and take them into account. Communication between parent and child then becomes a dialogue rather than a one-way communication.

An Integrated and Holistic Approach

10. UNICEF advocates an *integrated* approach to early childhood development – an approach that looks at the “whole” child, from birth registration, protection from violence, exploitation and discrimination to the development of self-esteem and the desire to learn. This approach focuses on good health care and nutrition for children and mothers, as well as a clean and safe environment for them. It involves strengthening bonds between parents and children and evaluating the effectiveness of institutions and services for young children. An integrated approach that protects and fulfils the multiple rights of individual children is the only way to ensure the best possible start in life for a child. In developing countries and countries in transition, UNICEF regards building the capacity of families and providing good quality basic services, supported and realized by appropriate policy commitments, as necessary conditions to ensure the health and development of children everywhere. ECD is child-centred, family-focused, community-based, society-supported, and globally advocated.
11. This paper argues that protecting the rights of young children to survive and thrive - to development - in the first years of life is crucial for the next generation and for the future. It demonstrates that for the child to develop, all rights must be met, and that a holistic concept is the basis of ECD. The paper highlights the importance of supporting young children to be actors in their own development. It identifies key responsibilities of families, caregivers, and communities to support children's rights, and the responsibilities of States parties to provide support to families in fulfilling these duties. It recommends ways in which families and governments can help ensure the fulfilment of children's rights, particularly those of young children.

PART I: Starting Sound Practices Early

Promoting the survival, protection and development of the child

12. Young children face many risks. Over 10 million children die before their fifth birthday each year from preventable illnesses. At least 18 million low-birth weight babies are born each year. Over 50 million children's births are not registered annually. More than 150 million children under five suffer from malnutrition in developing countries, which contributes to half of all deaths of children under five. Iodine deficiency threatens the learning abilities of 41

million infants each year. More than 40% of children aged 0-4 in developing countries suffer from anaemia². Severe malnutrition in early childhood often leads to deficits in cognitive development. Malnourished children score more poorly on tests of cognitive function, have poor psychomotor development and fine motor skills, have lower activity levels, interact less frequently in their environments and fail to acquire skills at normal rates. Malnourished children have more illnesses, are less ready for school and have difficulty learning. At least 10% of children experience some form of disability, and a much higher percent will not be raised in environment adequate to support their potential for learning. Although the percent of children aged 3-5 years in organised early learning programmes is increasing, in most developing countries less than 20% of 3-5 year olds participate, and these are often urban and wealthier children.³

13. Research clearly demonstrates the importance of the first three years for children's growth and development. The child's experience in the first three years of life, including his/her mother's nutrition and health, have a lasting impact on the child's cognitive and emotional development, survival and physical growth. For instance, about 80% of a child's brain development occurs by age two⁴. Pregnancy and early childhood therefore represent a critical period in a child's development, with long-term consequences for individuals and societies.
14. States are responsible for available, accessible and quality services - health, nutrition, water and sanitation, and education or early learning, protection as well as assistance in supporting parents and caregivers' knowledge, skills, and confidence in child-rearing. The most important component of this effort may be to build on what parents already know and do that supports ECD.

The Central Role of the Family for Early Childhood Development

Importance of the family environment

15. In the earliest years of his/her life, a child's survival and growth, as well as his/her intellectual, social and emotional development, depend on the care and nurturing he/she receives within the family or community. In addition to providing sustenance and shelter, the family enables access to health care services – all essential components to secure the child's physical health. When children are brought up in a loving and supportive family environment they are likely to manifest high levels of self-confidence and self-esteem, curiosity and the desire to learn – preconditions for success during school. In short, the role of the family is crucial not only in laying the foundations for the future development of individual children, but for determining the development of whole societies and reducing poverty.
16. Parents usually know how to fulfil the needs and rights of young children; and cultures often equip them with beliefs and practices that are supportive of the young child's development.

² UNICEF Childinfo - <http://www.childinfo.org/>

³ EFA Global Monitoring Report 2003/4: Gender and Education for All - The Leap to Equality, UNESCO, 2003

⁴ Karoly, L.A., et al, 1998. "Investing in our children: What we know and don't know about costs and benefits of early childhood interventions". Rand Publications.

Research shows that building the self-confidence of parents – or other caregivers – has a direct impact on the quality of caregiving. However, there are numerous instances where parents lack modern scientific knowledge about child care and rearing. In other situations, social and economic circumstances, especially widespread poverty, weaken the family’s ability to care for children in the earliest formative years. Thus, respect for and support to the family are important components of any State’s actions aimed at helping the family to prepare the child for lifelong learning. This includes raising awareness of the importance of the involvement of both parents in the child’s care and upbringing.

17. Yet, due to the low level of awareness on the importance of early childhood among the population, programmes of parenting education to promote good parenting practices are largely absent in many developing countries. There is also little acknowledgement of the fact that investment in early childhood is probably the most cost-effective input for human development. Indifference to the early years amounts to a valuable opportunity lost. Where State actions exist, they are under-resourced and sporadic rather than systematic, sectoral rather than integrated; and there are few if any articulated responses that address the rights of young children in a holistic way.

Children deprived of a family environment

18. A growing number of children are deprived of a family environment. They may be orphaned by the HIV/AIDS pandemic, separated from their families in an armed conflict, abandoned or rejected by their parents, or separated from their parents in their own best interests. Children deprived of a family environment are “entitled to special protection and assistance provided by the State” (Article 20 of the CRC). The State is responsible for ensuring that these children, especially young children, grow and develop in a safe and nurturing environment that is able to provide for all their needs.
19. A child’s separation from families should be averted through enhanced access to social services. If separation is unavoidable, it is essential to ensure that children be cared for in an environment that provides some sense of continuity in upbringing methods and cultural background. For this reason, it is highly preferable that the child be cared for in the wider family, or as relevant, community. This is a key strategy in many countries in Africa used to cope with the overwhelming number of orphans and children made vulnerable by HIV/AIDS. States should support these efforts by improving access to basic services, decentralizing social welfare structures such that resources reach the most vulnerable, and providing psychosocial support at community level. If the child cannot be cared for by the extended family, placement in non-institutional alternative care settings can offer the child a safe and supportive environment. The State is responsible for supporting the development of appropriate alternative care systems, and ensuring that the child is not discriminated against, abused, or exploited, and receives the care he/she needs. Institutional care should be used only as a last resort. This is especially true in the first years of life, when constant interaction with, and age appropriate care by caregivers is crucial for a child’s development. Despite increasing awareness of the devastating impact of institutional care for young children, many States still do not commit adequate resources towards preventing unwarranted removal from parental

care. It is important that the State ensure reintegration with parents or provide an alternative permanent family-based solution, offering sufficient care options, with appropriate decision-making on their use, acceptable conditions of care and adequate protection of children's rights in care situations.

20. A growing number of recommendations from international and regional fora suggest the need for universally accepted standards to enhance guidance for, and monitoring of, alternative care for children who do not or cannot live with their parents. UNICEF and International Social Service (ISS)⁵ are currently facilitating an initiative to develop such standards.

Violence within the family

21. The physical, sexual and psychological abuse of young children is a phenomenon that crosses all borders and occurs in the richest and poorest communities. It has a dramatic impact on the life and development of the child and many societies demonstrate high rates of child deaths due to maltreatment.⁶ Young children are particularly at risk, both as a consequence of their vulnerability and inability to protest, and as a result of the pressures and responsibilities young parents often face. In rich nations, it has been found that for children below 1 year of age, the risk of death from maltreatment is 3 times greater than that for children between the ages of 1 and 4. In turn, this latter group has twice the risk of death from maltreatment as children aged 5 to 14.⁷
22. In many cases, girls are more vulnerable to violence and maltreatment than boys. In some communities there is explicit gender discrimination that manifests itself in female infanticide or that sees girls receiving less nourishment than boys. As a result, they are more likely to develop physical or mental disabilities, or even die. The higher mortality rate among girls is exacerbated by their lower access to health care. Moreover, in certain countries where female genital mutilation/cutting is practiced, the age at which girls are forced to submit to this procedure is dropping.
23. Children who have experienced violence are more likely to exhibit health and behavioural problems, including problems with their weight, their eating and their sleep, as they grow older. They may also have difficulty at school, or find it hard to develop close and positive friendships. The same is often true for young children who have witnessed violence.
24. One of the first steps to protecting children from violence is recognizing those at risk. Risk factors in families include poverty and socio-economic stress, often compounded by drug and alcohol abuse. Those most likely to come into contact with young children, including medical staff and health workers, must be sensitive to the symptoms of violence. More broadly, violence against children and, in particular, violence within the family, must be generally recognized by society as a serious rights abuse and a significant obstacle to the harmonious development of the child.

⁵ ISS is a well-established non-governmental organisation, whose network covers some 160 countries

⁶ See Innocenti Report Card No. 5 "A League Table of Child Maltreatment Deaths in Rich Nations", UNICEF 2003

⁷ *ibid.*

The importance of sound policies and services for Early Childhood Development

Birth registration

25. Birth registration, a fundamental right under article 7 of the Convention on the Rights of the Child, is crucial for the recognition of every child as a legal subject and a rights bearer. It establishes his/her official identity, including a recognized name, nationality and family ties. When children are unregistered, their enjoyment of a range of other rights, including education and health care, participation and protection, is jeopardized. Birth registration must be available and free to all.⁸
26. Birth registration can be promoted through synergetic initiatives fully consistent with an integrated approach to early childhood development. In countries where a large proportion of births take place in medical facilities, birth registration can be successfully tied to the maternal health care system. In other cases, registration services can be integrated with ongoing basic service programmes such as immunization and primary health care. An efficient and cost-effective means to reach unregistered infants in remote communities involves civil registrars travelling with mobile immunisation teams or health visitors.
27. Birth registration services can also promote other key elements for early childhood development: Registration is a moment when key health and development information can be given to parents, and birth certificates can carry important health information regarding a child's development, vaccinations and required medical visits. This strategy has been adopted, for example, under Uganda's revitalized civil registration system.

Health and nutrition

28. The Convention on the Rights of the Child recognizes the right of all children to the highest attainable standard of health, and specifically the right to good nutrition. Children's health, nutrition and well-being are the foundation of a healthy, productive society.
29. The Global Strategy for Infant and Young Child Feeding adopted in 2002 by the World Health Assembly recognises that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants and has positive implications for the health of mothers. By expanding the number of women who exclusively breastfeed during their child's first six months, at least 1.3 million infant lives could be saved this year. As a global public health recommendation, *infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.*

⁸ For a full discussion of the significance of birth registration, see Innocenti Digest No. 9, "Birth Registration. Right from the Start", UNICEF, 2002

30. A first step to achieving the objectives of the Strategy is to reaffirm the relevance and urgency of the four operational targets of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, adopted in 1990⁹.
31. States should support proven and cost effective micronutrient interventions to prevent and combat the deaths, illnesses and disabilities associated with iodine deficiency disorders (IDD), iron deficiency anaemia and vitamin A deficiency (VAD). Salt iodization is the most logical and effective solution to IDD, while iron deficiency and anaemia can be addressed on numerous fronts. For pregnant women, who have greater iron needs, iron/folate supplements can prevent maternal and infant deaths. Educational campaigns clarify the important role of iron in the diet. When iron-rich foods are not widely available or affordable, fortifying staple foods such as flour is an alternative for reaching a large portion of the population. Finally, in malaria-endemic countries, anti-malarial interventions such as bednets are critical for preventing anaemia because malaria is often a major underlying factor. Giving vitamin A supplements to children over six months who need them increases their resistance to disease and improves their chances of survival, growth and development, while breastfeeding support is key to reducing VAD among young children. In some countries, where there is adequate industrial and commercial infrastructure, fortifying food staples such as flour, sugar and margarine can help end VAD.
32. Health services should pay particular attention to young children with disabilities. The majority of impairments are preventable, and good maternal care and nutrition and safe childbirth are key elements in this prevention. While some impairments may not become evident until a child is older, others can be identified soon after birth. For children with disabilities, very early intervention, with a lot of interaction with the parent or caregiver, promotes healthy development and reduces the need for costly programmes of rehabilitation and remediation in later life. In this respect, primary health care workers have a key role to play in identifying infants and young children with developmental delays and impairments, and in supporting families to help their child learn and develop.
33. In the majority of developing countries, and especially in rural areas, specialised medical rehabilitation services remain limited. All the same, relatively simple interventions, such as advice on breastfeeding, play activities, and activities to promote self-sufficiency and limit dependence are both effective and inexpensive. There is enormous scope for increasing support to mothers and families as regards early detection of impairments and advice on early stimulation through alternative health services, and especially through mother and child health

⁹ Those targets are:

1. Appointing a national breastfeeding coordinator with appropriate authority and establishing a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
2. Ensuring that every facility providing maternity services fully practices all the “Ten steps to successful breastfeeding” set out in the WHO/UNICEF statement on breastfeeding and maternity services;
3. Giving effect to the principles and aims of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;
4. Enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement.

programmes and by means of personnel involved in vaccination activities. In Jordan, for example, a new approach to early detection of childhood disabilities has been implemented in all maternal and child health centres.¹⁰

34. States should also support community-based health care mechanisms. For instance, indigenous health workers and local leaders have a key role to play in ensuring indigenous children's healthy development, for example, raising awareness of the importance of immunization programmes to protect their community's children from transmittable diseases. UNICEF has worked with indigenous groups in Brazil on cultural aspects of early childcare. Projects have included Tukano communities living in the Amazon basin, on the border between Brazil and Colombia, who participated in a survey to identify and systematise traditional indigenous practices of early childcare, with the aim of both strengthening and disseminating their traditional knowledge.

Early learning

35. Article 29 of the Convention on the Rights of the Child establishes the child's right to education. However, learning and education do not begin with primary school. They begin with responsive and stimulating adult-infant interaction.¹¹ Parents are children's first teachers. Information about early learning and development should be made widely available so that families do not miss these early opportunities. Research shows that children profit from organized early learning experiences, particularly the poorest children. In many countries, early childhood education only occurs in private pre-schools mainly in urban areas. States should support early learning programmes, particularly for the most disadvantaged.
36. The Convention specifically enjoins states to support working parents in their needs for child care. Article 18 suggests that States should "take all appropriate measures to ensure that children of working parents have the right to benefit from childcare services and facilities for which they are eligible." States should support childcare services but ensure that they have a strong educational component.
37. Early learning can take several forms. In some cases, communities have the capacity to care for their young children. Community-based learning experiences should be promoted. Where formal pre-school institutions are created, they should serve informal as well as formal workers, placed close to the home rather than the workplace and be affordable. Children should be divided into small groups and have a consistent caregiver. These centres should have multiple services attached, including health care, nutrition, hygiene information, and support to families. When children under 3 are placed in these centres, accommodations must be made to ensure a high-quality standard for younger children. Yet there must be awareness of the need for a reasonable standard, with sufficient funds to provide to maintain quality and have adequate coverage.

¹⁰ Examples from UNICEF (2002), "UNICEF's action for children with disabilities", background paper, p 6

¹¹ Myers, Robert, "Atención y desarrollo de la primera infancia en Latinoamérica y el Caribe. Una revisión de los diez últimos años y una mirada hacia el futuro", *Revista Iberoamericana de Educación*. OEI, No. 22, Enero-Abril del 2000, Madrid, España. Torres, Rosa María.

PART II: Young Children as Full Actors of their own Development

An interactive relationship at home

38. Caregivers of all kinds should be fully aware of children’s needs during early childhood, and know how to fulfil these needs. This should include not only caregivers’ empowerment to interact in the best interest of children, but also inherent socio-cultural values and practices that embrace young children as full actors in their own development. In practical terms, this would imply that parents of young children and society in general are viewing and interacting with each and every child as an individual. These children have a yet unfulfilled potential to develop into a whole individual who contributes to the livelihood of his/her family, and in time his/her own children.
39. With such an understanding comes a new responsibility as a caregiver – the responsibility of interacting with children’s as actors in their own development, and balancing this with the right kind of stimulating guidance. For while children are indeed actors and should be treated as such, they are constantly learning, and therefore need clear guidance in terms of quality caregiving in that process. In that perspective, there are three guiding principles that are of particular importance:
- **Participation** – Caregivers need to listen to children and encourage them to participate.
 - **Multiple ways of learning** – Children should be encouraged to be curious, explore, play and discover the world using all of their senses.
 - **Modelling** – Caregivers need to set a good example to children regarding behaviour and morals.
40. Promoting two-way communication between parents and children is an important aspect of children’s active participation in their development. This approach is illustrated in the “eight guiding principles for good interaction” developed by the Institute for Child Development at the University of Oslo, and endorsed by WHO. One of these principles guides families into responsive care with the recommendation to “follow the child’s lead”.
41. National governments can support parents in their responsibility to provide for the young child in several ways. They can implement maternity legislation to increase mothers’ ability to spend time with and care for their child. The state can support and monitor holistic parent education programmes to provide parents with child development information and knowledge. Such programmes might provide counselling to mothers and families on breastfeeding, for example. Policy can protect parents from misinformation about and commercial pressures to use breastmilk substitutes, while radio and television messages can emphasise the link between cognitive stimulation and future developmental outcomes in young children. Government investment in early care and learning centres can spread the usage of such facilities. Governments could invest in more accessible and co-ordinated services that serve families rather than sectors.

Importance of play and interactive learning

Play and recreational activities

42. Play is one of the main ways in which young children learn and develop cognitive and motor skills. It also provides children with opportunities to form social relationships and learn how to interact with and treat others, skills essential in the classroom. The more a family is able to provide play materials and safe play spaces for a young child, the greater are the opportunities for learning. Families also need to support play between adults and the child. They should encourage games, dancing, and singing both in the home and among children at a community level. Children learn from play with each other, and child participation can be important.
43. Governments can support families via media messages that encourage parent involvement in play, emphasising the common responsibilities of both parents. Funding for public play spaces, such as playgrounds, can facilitate play in communities, especially in those where safe play spaces are scarce. Some could be made specific for younger children. Lending libraries with toys and books for young children make play materials more available to families with limited resources. In emergency and conflict situations, nutritional rehabilitation centres and temporary shelters should incorporate play as children recover from trauma. This is, important both for the child and the mother's well-being, as well as a stimulant of growth. Play in conflict situations may be even more important than under normal circumstances. Governments can also help care facilities in promoting play by establishing guidelines for care centres and ECD centres. These guidelines might specify teacher-child ratios for different age groups, establishment of safe play spaces, and types of play materials that centres should include.

Interactive learning

44. Learning environments for young children should be child-centred. That means that there should be ample opportunity for children to learn through active engagement with learning materials and people rather than being only teacher-directed, a common model in many parts of the world. One of the strengths of early learning centres is that children learn the basics of democracy: how to express their desires, how to make plans and carry them through, and how to make simple decisions.
45. This 'democratic approach' to learning would help create pre-schools where teachers/caregivers internalise and practise interactive early childhood care. This will bring about multiple benefits for the nations' children, caregivers and society as a whole. The children will be better prepared for school and better in improving their knowledge and use of various life skills, leading to improved livelihood skills. Consequently more children will be able to complete and benefit from primary and secondary school education, ultimately strengthening their capacity and capabilities to make well informed choices and contribute to the building of a society for all.

An interactive relationship in health facilities

46. With respect to service providers for young children, primarily health personnel, a similar approach should be adopted. In many countries, UNICEF supports capacity development of various levels of personnel. In **Moldova**, the role of health personnel who come into contact with the family is being enriched. Based on the fact that primary health services are widespread and that they constitute the most trusted source of information for parents, paediatricians, PHC workers and home visiting nurses, personnel are being trained to provide families with the knowledge and skills needed to effectively meet the survival, growth, development and protection rights of their young children.
47. This represents a significant departure from the traditional “health only” approach. Information exchanges occur during routine health contacts. Priority areas of discussion include infant and young child feeding and nutrition, hygiene, recognition of danger signs, immunisation, emotional security and the importance of communication and play to stimulate cognitive and psycho-social development. To ensure sustainability, training materials are being integrated into the pre-service training of medical personnel. In **Kazakhstan** social patronage nurses discuss similar subjects with parents and families during home visits. There are also the examples Parent Schools in **Georgia** and Parent Support Groups established in health centres in **Bosnia and Herzegovina**. In **Serbia and Montenegro**, phone counselling reached 95% of families with newborns in Belgrade during 2002-2003.

Recommendations

- **All interventions regarding early childhood development should adopt a holistic approach. The development of a national policy on ECD is one of the effective ways to improve the implementation of the Convention of the Rights of the Child in early childhood. Governments should be encouraged to make parents and communities aware of the importance of ECD and ensure that the ensuing demand can be adequately met. They should also take into account the situation of young children deprived of a family environment and provide for their needs. In this regard, States should adopt universally accepted standards to enhance guidance for, and monitoring of, alternative care for children who do not or cannot live with their parents. In all cases, States should sensitize families, child care providers, teachers, health and social workers on the importance of having an interactive dialogue with young children and ensures that they fully participate in their own development. An emphasis should be placed on the importance of the involvement of both parents in a child's care and upbringing.**
- **Governments should ensure that adequate child care facilities that meet standards of quality and access are available for working parents.**
- **Governments should commit a significant percent of budget support for investments in early child development - not only for health, nutrition, and water and sanitation services, but also for parenting education and support, child protection, and making services family-friendly.**
- **States should take measures in order to prevent violence against young children. The introduction of national legislation outlawing all forms of violence against children is an important message in this respect and, if enforced, an effective deterrent. Awareness-raising initiatives also have a role to play. The most effective preventive measure, however, is to ensure that young children grow up in a protective environment. UNICEF recommends that the Committee on the Rights of the Child encourage States to report thoroughly on measures taken to prevent violence against children and adopt a General Comment on Article 19 of the Convention.**
- **States parties should be encouraged to improve the quality and coverage of early learning opportunities for young children. They should shift from the centre-based formulation of pre-school education to innovative, flexible, low-cost and community-based alternatives (using wherever possible existing infrastructures and resources). Young children's participation should be supported through the negotiation of discipline and child-centred learning programmes that are less rigid and teacher-directed.**

- **The Global Strategy for Infant and Young Child Feeding represents an appropriate measure that all States parties must adopt and implement if they are to fulfil their obligations under Article 24 of the Convention. More specifically, Governments should be working towards the implementation of the specific targets contained in the Strategy. UNICEF and a variety of NGO partners, such as the International Baby-Food Action Network (IBFAN) and the World Alliance for Breastfeeding Action (WABA) can provide Governments with assistance in achieving this. This can be achieved for example by:**
- **developing, implementing, monitoring and evaluating a comprehensive policy on infant and young child feeding, in the context of national policies and programmes for nutrition, child and reproductive health, and poverty reduction;**
 - **ensuring that the health and other relevant sectors protect, promote and support exclusive breastfeeding for six months and continued breastfeeding up to two years of age or beyond, while providing women access to the support they require – in the family, community and workplace – to achieve this goal;**
 - **promoting timely, adequate, safe and appropriate complementary feeding with continued breastfeeding;**
 - **providing guidance on feeding infants and young children in exceptionally difficult circumstances, and on the related support required by mothers, families and other caregivers; and**
 - **considering what new legislation or other suitable measures may be required, as part of a comprehensive policy on infant and young child feeding, to give effect to the principles and aims of the International Code of Marketing of Breast-milk Substitutes and to subsequent relevant Health Assembly resolutions.**
- **Given the importance of early childhood period, and the lack of clear guidance on early childhood development, UNICEF would encourage the adoption of a General comment on this topic.**

ANNEX: Examples of good practices

- **Brazil**
Strategy to strengthen the capacity of families

In supporting and strengthening the capacity of families to provide holistic care to their young children, core family competencies applicable to all Brazilian families were identified in a collaborative process that took 18 months. The 28 identified competencies were validated through existing international research on family care practices that promote children's survival, development, protection and participation. In addition to family competencies, a core "Municipal Competencies" has been developed to support families' access to information and quality services.

The 28 competencies were then translated into an interactive Kit for families entitled: "Strengthening Brazilian Families: A united action for integrated early childhood development". This kit was developed in 2003 in collaboration with 28 key partners (government, NGOs, and UN agencies). The kit contains five modules/flipcharts that cover the life cycle (see pictures below): 1) pregnancy and pre-natal care; 2) caring for 1-month-old child; 3) the 2- to 12-month-old child; 4) 1- to 3-year-olds; 5) 4- to 6-year-olds. Each flip chart addresses the rights of the child and her/his health, nutrition, psychosocial and protection needs. The five modules were extensively tested in selected municipalities and with indigenous, Afro-descendent populations and in rural, urban and semi-arid areas. The Kit will be used by community health agents in home visits, crèche and pre-school teachers, paediatricians and other groups who work with families.

The key implementation strategy for the IECD programme is partnership with the government and NGOs to build and strengthen the capacity of 300,000 Community Health Workers (CHWs) and leaders, and 120,000 pre-school teachers in the use of the kit and the rights-based approach to child development. Through their home visits and meeting with families, CHWs and leaders will monitor and support families' health and well being and strengthen their competencies while focusing on children aged 0-6. For phase one, 11,000 kits were produced. In April 2004, President Lula and UNICEF Executive Director Carol Bellamy launched the IECD kit in Brazil.

The State-level Training of Trainers started in 2004, when the human rights-based approach was introduced to trainers as the foundation of their work with families. So far 122 top-level trainers from 16 States from the Ministries of Health and Education, have been trained on the use of the Kit. These trainers will train the municipal level trainers who in turn will train the CHWs, Community Leaders and early educators.

The "Family and Municipal Competencies" have created the platform for a truly integrated approach to early childhood development and have responded to the diversity of Brazilian families by ensuring an inter-sectoral collaboration to address such issues as the rights of the mother to prenatal care, pregnancy issues, the role of the family in supporting the expectant mother, nutrition, hygiene, protection issues facing the mother and the young child, care of

the environment, child participation and rights, child abuse, gender equality, HIV/AIDS, birth registration procedures, and early stimulation and learning.

- **Burkina Faso**
Experimentation of the community-based IECD centres

UNICEF and the Ministry of Social Action and National Solidarity (MASSN) took initiative in 1997 to create Bisongo, an experimental integrated village-based IECD institution for children of three to six years old. It is designed as child-centered, and focuses on child rights and protection by assuring the birth registration, safety, and other basic needs.

The process of experimentation started slowly, because it took time to convince people of the benefits of establishing the IECD centers in the villages. Early childhood development is often perceived as a luxury for wealthy people and is not attributed a high value by the rural communities. The government officials did not perceive the IECD centers as among the basic needs of the poor in rural areas, and they were at first confused of the difference between the holistic approach advocated in early childhood development and the traditional pre-school program. It was true that the existing structure of pre-school, requiring a high fee from parents, is not conceivable in villages, where the majority of families are poor. It was under this context that Bisongo was designed; namely, a community-based model to suit the reality of rural Burkina Faso.

The community-based management is the core of this model. The management committee formed by the community oversees the community's input of local materials and manual labor in constructing the building. The community chooses the persons whom they can trust as the caregivers, called the *petites mamans*. In return, the *petites mamans* take pride in their assigned responsibilities. Neither the government nor UNICEF pays them; they only receive a small remuneration collected from the contribution of parents. Despite this, they continue to carry on their work: the training and recognition of their role by the community members gives them a sense of mission and motivates them to work for the village.

By visiting a Bisongo site, one can see how a holistic approach to early childhood development operates. Around the small classroom building are latrines, a tubewell, and a water tank for washing hands. With kitchen facilities, snacks and lunch are provided to supplement the nutrition of young children. The *petites mamans* are trained to provide basic education on health, hygiene, sanitation, by teaching educational songs or poems and using picture stories.

Village people observed the visible impacts as soon as Bisongo was established. While young children are taken care of at Bisongo, mothers are able to engage in housework as well as economic activities. The primary-school-age girl can drop off her younger siblings and go to school, freeing her from child-care responsibilities during school hours. Parents are pleased to see that their children enjoy going to Bisongo and have become very active.

This model did not design early childhood intervention in isolation. Bisongo is generally located next to the primary school, often a UNICEF-supported Satellite School (ES). Those who have completed the final year of Bisongo are automatically registered in primary school. It should be noted that over 50% of children enrolled in Bisongo are girls; subsequently, the

enrolment of primary school has increased, particularly for girls. The UNICEF-supported ES adopts a bilingual approach, whereby children can learn in their mother tongue while they gradually acquire the necessary French skills by the end of the three-year cycle of schooling, after which they are transferred to regular primary school. Thus, the gradual approach facilitated by the Bisongo-ES-primary school linkage helps pupils overcome the language barriers to go to school.

- **Indonesia**
The Tanjungsari Approach

The Tanjungsari Integrated Women and Child Care and Development pilot project started in October 1999, in 14 of the 28 villages in the Tanjungsari sub-district in Sumedang, West Java, with the primary objective of testing an integrated community-based model for ECD. The Suryakanti Foundation, the WHO Collaborating Centre for Perinatal Care, Maternal and Child Health, and UNICEF are partners in the project.

The project delivers integrated services in health, nutrition, early stimulation and learning to children under 6 years of age, all through the existing *posyandu*. Initiatives for mothers are delivered through the local health centres. Project components comprise the following:

- Early child education through the *Taman Posyandu*, a neighbourhood playgroup meeting 2-3 times a week, which provides 3- to 5-year-old children with experiences in socialisation, gross and fine motor skills, and language development;
- Promotion of partnerships between the community midwife and the traditional birth attendant to assist mothers through pregnancy and childbirth;
- Growth monitoring, followed by home visits by cadres to children showing growth faltering, and parental education on nine key messages; and
- Monitoring of children's developmental stages, which aids in early detection of developmental delays, and enables caregivers to intervene with early stimulation.

Activities are organised by trained community volunteers (cadres), and parents contribute to the maintenance of the activities, including transport costs. This development indicates that communities are willing to contribute to such ECD initiatives, whereas mere growth monitoring through the normal *posyandu* system does not attract such community support.

In nearly 2 years of field testing, the 14 *Taman Posyandus* reached some 701 children ages 2-6. Anecdotal reports indicate that children who participated in the programme were adjusting and performing better in the first grade of primary school. A range of training and parental education materials have been developed. The eastern provinces of Papua, West Nusa Tenggara and East Nusa Tenggara requested support for similar initiatives. The initiative has taken off successfully in Papua, and by early 2004, the local government there was running *Taman Posyandu* from its own budget.

Anchoring the programme within the health system and relying on the health system for supervision has proved to be a drawback, due mainly to the frequent rotation of health staff and the fact that ECD requires an intersectoral approach. UNICEF is exploring the use of other community-based channels as project anchors, such as the village-based family planning worker (PLKB). However the PLKBs are reluctant to take on such a role without clear directives from central level, and UNICEF is working with appropriate national authorities towards this end.

- **Uzbekistan**
The Makhalla Kindergartens

Success in influencing social practices and behaviour is most likely when you build on the familiar. “Makhalla” literally means neighbourhood. Uzbekistan has an old tradition of neighbourhood childcare centres or Makhalla Kindergartens – which with the participation of parents and families provide comprehensive services to the young children of the community. The Makhalla Kindergarten is an institution unique to Uzbekistan. It is a home-based kindergarten supported by the State, the likes of which are not found in any country in the Central Asia Region and Kazakhstan (CARK). It is an accessible alternative to the regular State-run pre-school. State-run pre-schools are usually located in the centre of town, out of the reach of families in far-off areas. Of late the number of MKs had declined steeply. Taking advantage of the National Year of the Makhalla in Uzbekistan, wherein community-level organizations and institutions are to be revived and revitalized, UNICEF is promoting Makhalla Kindergartens as a unique channel to meet the needs of young children through community-based services.

Thanks to the initiative of local communities and the response of the State, about 250 Makhalla Kindergartens all over the country have been established. Parents generally find them very satisfactory because of their proximity and the informal home atmosphere they offer. Children have good opportunities for learning in a home environment.

Makhalla Kindergarten teachers are among the frontline workers being trained to participate in the Uzbekistan’s Family Empowerment Programme which, starting with the most vulnerable communities, aims to reach critical information on child rearing to families all over the country.