

Fourth African International Conference on Early Childhood Development

IV^{eme} Conférence Africaine Internationale sur le Développement de la Petite Enfance



Guide to ECD Innovations in Africa

*Showcasing Innovative ECD Strategies,
Lessons Learned and Tools!*

Guide des Innovations relatives au DPE en Afrique

*Présentation des Stratégies Novatrices en DPE,
les Enseignements Tirés et les Outils!*

10–13 November 2009
Dakar, Senegal



**Association for the Development of Education in Africa (ADEA)
Working Group on Early Childhood Development**

**November 2009
Dakar, Senegal**

Photos: [top to bottom]

Mme Ernestine Zougabou, Chef de Circonscription des ecoles maternelles, Ministere d'Education, dans un village pres de Boda, Programme DIJE, Republique Centrafricaine (Photographe Emily Vargas-Baron).

Enfant de 7 ans. © Henrique NDR Martins, www.istockphoto.com

Bébé de 1 an. © Andreas Doppelmayr, www.istockphoto.com

Enfants d'un village pres de Boda, Programme DIJE, Republique Centrafricaine (Photographe Emily Vargas-Baron).

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Preface

The *Guide to ECD Innovations in Africa* celebrates the 10th Anniversary of African International ECD Conferences. The Guide showcases our collective ECD achievements.

The Guide is a collection of valuable and innovative African ECD experiences

- Programme and policy strategies
- Key lessons learned, and
- Tools, materials and bibliographies.

African creativity and achievements are featured throughout!

Objectives

1. Inform specialists throughout Africa about ECD innovations in countries other than their own;
2. Celebrate our ECD achievements; and
3. Inspire all of us to meet the needs of young children, parents, caregivers and communities throughout Africa.

The Process

African ECD organisations were invited to send submissions to the Programme Committee of the Fourth African International Conference. A simple format was provided. Organisations were requested to submit:

- A 1-page description of their organisation's most innovative policy or programme strategy and 2 key lessons learned.
- A 1 or 2-page copy or description of their most innovative programme tool (such as an intake form, evaluation form, training technique, etc.) or a bibliography of available writings or materials.

Copies of the Guide will be given to all Conference participants. After the Conference, the Guide will be placed on the websites of the ADEA ECD Working Group, the Consultative Group for Early Childhood Care and Development, and other organisations upon request.

Future Translation

This Guide will be translated to English and French as soon as possible and these versions will be placed on various websites.

I wish to express my personal gratitude to all of the organisations that contributed submissions for this first Guide to ECD Innovations in Africa.

May this “new tradition” be continued during the years to come!

Emily Vargas-Barón

Chair, Conference Programme Committee

Cameroon

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Headline

Production of Africa-centric Literature/Texts for context-sensitive ECD Programs and Tools

Most successful programme strategy or innovation

That the hub of transformative education and ECD is teachers and teacher education. Accordingly the HDRC works to produce and advocate the use of context-sensitive teacher education textbooks and assistive technologies for teachers and ECD practitioners. Thus, we undertake the production of Africa-sensitive materials that recognize and address how we can gain from Africa's triple-strand ECD heritages. The most recent achievement in this direction is a grant from the Jacobs Foundation in Zurich to support author completion chapters and publication of the first volume of a textbook and tools development initiative entitled *African Educational Theories and Practices: A Generative Teacher Education Textbook*. It will be on bookshelves in June 2010.

We have evidence that our publications serve tens of institutions and thousands of ECD researchers and practitioners across Africa and beyond.

Most valuable lessons learned

Realization that no previously published textbook seemed to have satisfied the May 1961 wish of UNESCO and the then Organization of African Unity (OAU) that "African educational authorities should revise and reform the content of education in the areas of the curriculum, textbooks, and methods, so as to take account of the African environment, child development, cultural heritage, and the demands of technological progress and economic development, especially industrialisation" (UNESCO, 1961, p. 23).

Community-based ECD programs are culture-sensitive, ensure community ownership, accessibility and affordability, and are in tune with Africa's centuries-old timeless traditions of childrearing in which the family and community participate.

Tools shared

Selected Bibliography

Nsamenang, A.B. (1992). *Human Development in Cultural Context: A Third World Perspective*. Newbury Park, CA: Sage. www.sagepublications.com

Lonner and Berry, the editors of Sage's Cross-Cultural Research Methodology Series, of which my book is Volume 16, describe it as the first "comprehensive, systematic account of human development [by a non-Western scholar] which is sensitive to the needs, interests, and ecologies of non-western cultures and individuals" (back cover). It is listed among "Some Milestones in the Cross-Cultural Study of Childhood and Adolescence (Gielen (2004, pp. 25–28). It is still in print.

Innovative Publications

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- Nsamenang, A.B. (2009). In E.L. Grigorenko (Ed.), *Multicultural Psychoeducational Assessment* (pp. 95–131). New York: Springer. www.springerpub.com
- Pence, A.R. & Nsamenang, A.B. (2008). *A Case for ECD in Sub-Saharan Africa*. The Hague, The Netherlands: BvLF. www.bernardvanleer.org
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- Nsamenang, A.B. (2008b). Agency in early childhood learning and development in Cameroon. *Contemporary Issues in Early Childhood Development*, 9(3), 211–223. www.wwwords.co.uk/CIEC
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The Mission of the Human Development Resource Centre (HDRC)

The HDRC is an equal opportunity facility committed to research and service. It strives to become a centre of excellence in human development in a continent in which such Centres are few and detached. We are keen on understanding and enhancing the development of Africa's next generations – children and youth – who constitute over 60% of the population of many African countries. Young citizens are tomorrow's leaders and competitors in a global community that is in rapid transition. The HDRC endeavours to generate evidence-based data and products on which to mount advocacy and interventions to advance the "well-becoming" and social competencies of Africa's young citizens in their families, schools, communities, peer cultures, etc. and to add value to Africa's timeless social capital. For example, in June 2009, the HDRC completed a small-scale study to identify the needs of children aged 4–8 years in nursery centres and primary schools, as baseline for intervention. In so doing, we are aware of the challenges from schisms of competitive market forces and local identities that stand in the face of countervailing global forces.

The HDRC triangulates the methodologies of the social, behavioural, health and educative sciences into understanding and intervening Africa's theory of the universe, its social capital, and the participative processes in which children are accredited partners in their developmental learning from an early age.

The HDRC works to produce and advocate the use of context-sensitive teacher education textbooks and tools for teacher trainees and ECD practitioners. Accordingly, having realized that teachers and teacher education are the hub of transformational ECD and education, the HDRC initiated teacher education textbooks and tools development that are tailored to Africa's social capital and positive practices. We believe that ECD, like education, should be culture-sensitive; it should guarantee community ownership, and its policy development and programmatic visions must emerge from community-based realities and 'where the beneficiaries are' at the onset of intervention.

The title of the first volume of our publication and tools development initiative, which the Jacobs Foundation in Switzerland has funded, is *African Educational Theories and Practices: A Generative Teacher Education Textbook*. At least 6 of this 26-chapter volume are on ECD. We are currently editing chapter drafts and plan to publish it with the Human Sciences Research Council of South Africa, that partners with CODERSIA, in June 2010. It will be available free on the internet and shall be presented as a special event at the Lusaka, Zambia, July 2010 international conference of the Society for the Study of Behavioral Development (ISSBD).

This volume will address a felt but largely unfulfilled need expressed by the then Organization of African Unity (OAU) and recently reiterated by the African Union (2006) that “African educational authorities should revise and reform the content of education in the areas of the curriculum, textbooks, and methods, so as to take account of the African environment, child development, cultural heritage, and the demands of technological progress and economic development, especially industrialization” (UNESCO, 1961, p. 23). This wish is consistent with the provisions of the UN CRC and HDRC’s mission. The volume in progress will examine all these issues and more in general terms, but subsequent volumes shall address more specific themes, such as *The Pedagogy of ECD*, *Science Education*, *ICTs and Technology Education*, *Language Education*, *Social Science Education*, and specific subject areas, in that order of priority.

République Centrafricaine

Nom du Programme ou de l'institution : Développement Intégral du Jeune Enfant (DIJE)

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Titre du document

L'approche du Développement Intégral du Jeune Enfant en République Centrafricaine (DIJE)

Connaissance de l'innovation

En effet, la République Centrafricaine, pays pauvre de l'Afrique Centrale, a connu une décennie de crises militaro politiques, à l'origine de clivages ethniques et de la paupérisation de la population. Devant l'ampleur de la pauvreté (67,2%, RGPG 2003), le Gouvernement centrafricain de concert avec ses partenaires au développement réunis au sein de l'UNDAF, a décidé d'expérimenter en 2004 dans la Sous-préfecture de Boda, une nouvelle approche intersectorielle et intégrée de prise en charge du jeune enfant de 0 à 8 ans. L'option du Gouvernement d'investir dans le Développement du Jeune Enfant (DIJE) était donc de rebâtir les liens sociaux relâchés et distendus après les multiples crises sociopolitiques d'une part et de lutter contre la pauvreté de l'autre. En substance, le DIJE a été conçu par le Gouvernement centrafricain comme une stratégie de consolidation de la paix naissante, un outil privilégié de bonne gouvernance (nationale et locale) et d'atteinte rapide des OMD d'ici à 2015. La mise en œuvre de cette approche a débuté en 2004, dans la Sous-préfecture de Boda, localité située au sud du pays et peuplée de 39667 habitants soit 1% de la population totale.

Avant la mise en œuvre, un cadre institutionnel de coordination des activités a été mis en place tant au niveau central que décentralisé à savoir :

- Un comité national DIJE comportant tous les experts des secteurs impliqués (santé, éducation, Affaires Sociales, Justice, Finances, Hydraulique) et coordonné par le Ministère du Plan ;
- Un comité sous-préfectoral présidé par le Sous-préfet et regroupant tous les secteurs sociaux.

Quarante villages ont été ciblés au début et ont signé une lettre d'engagement pour démarrer l'approche (voir copie de l'engagement villageois au niveau de la liste des outils). Au niveau de chaque village, une Association Villageoise de Développement (AVD) est mise en place et coordonne les autres associations villageoises existantes (groupement féminin, Association des Parents d'Elèves, Comité de Gestion des Points d'Eau, Comité de Gestion des formations sanitaires etc....)

Une mobilisation communautaire a été organisée autour de l'approche par l'organisation d'une enquête participative de base et des ateliers communautaires au niveau de chaque village. Des relais communautaires ont été identifiés par village DIJE à raison de six relais par village :

- deux animateurs endogènes chargés de collecter des informations dans le village dans les domaines de la santé, de l'hygiène et assainissement, de l'eau potable, de la nutrition (surveillance communautaire) etc. ;
- deux volontaires de la PCIME-Communautaire chargés de la prise en charge de la diarrhée, de la malnutrition, du paludisme et de la pneumonie au niveau communautaire ;
- deux encadreuses des Espaces Communautaires d'Eveil chargées d'encadrer les enfants âgés de 2 à 5 ans dans le domaine de l'éveil.

L'approche a bénéficié d'un appui initial de l'UNICEF, du PAM, de FAO, de l'OMS, de l'Union Européenne, du PNUD, de l'UNESCO et du secteur privé.

Fort du succès indéniable de cette expérience pilote, le pays a décidé de la mise à échelle de l'approche au niveau de tout le pays. Un document de politique a été élaboré afin de :

- Mettre en place un cadre consensuel et opérationnel d'application des traités, conventions et protocoles relatifs au jeune enfant, ratifiés par la RCA
- Assurer une relève générationnelle de qualité dans une optique de développement endogène et durable
- Faire de sorte que la jeune enfance relève des démarches scientifiquement renseignées en complément et en approfondissement des démarches parentales, familiales et communautaires qui relèvent du génie culturel national
- *Promouvoir une politique concertée, consensuelle et communautaire de développement de la jeune enfance.*

Résultats

- Dans la phase 1 (Sous-préfecture de Boda) : 2000 enfants ont été touchés par l'approche de 2004 à 2005 ;
- Dans la phase 2, l'approche a été étendue dans toute la préfecture de la Lobaye qui compte 214.137 habitants soit 7% de la population ;
- Dans la phase 3, l'approche a été mise à échelle et couvre les préfectures de la Lobaye, de la Nana-Gribizi, de l'Ouham, de l'Ouham-pendé et de la Kémo soit 32% de la population
- 80 communautés disposent des Espaces Communautaires d'Eveil fonctionnels ;
- 6000 enfants âgés de 2 à 5 ans dont 120 enfants des minorités ethniques (pygmées et peulhs) fréquentent des Espaces Communautaires d'Eveil et montrent des signes encourageants en terme d'éveil, santé et nutrition ;
- 80 Maisons de la femme construites en matériaux permanents servent de cadres pour l'Espace Communautaire d'Eveil
- L'alimentation des enfants dans les ECE est effective grâce aux produits des champs réalisés par les groupes féminins

Leçons apprises

- Le DIJE touche presque tous les aspects des droits de l'enfant et de la femme ;
- La forte implication et l'engagement des communautés est un gage de pérennisation ;
- L'usage de la langue sango (langue nationale parlée sur toute l'étendue du territoire nationale) dans les Espaces Communautaires d'Eveil permet une meilleure assimilation par les enfants.

Suivi-évaluation

La mise en œuvre du DIJE est fondé sur un dispositif éprouvé de suivi-évaluation autant au niveau central, déconcentré que décentralisé :

- Le niveau central en plus de la conception d'une base de données nationales, procède à des supervisions semestrielles des activités ;
- Le niveau régional supervise les activités de façon trimestrielle et les informations sont transmises au niveau national ;
- Le niveau préfectoral supervise des activités de façon bimensuelle et les informations sont transmises au niveau régional ;
- Le niveau sous-préfectoral supervise les activités de façon mensuelle.

Outils

- Manuel de formation des relais communautaires sur la prise en charge de la diarrhée, de la malnutrition, du paludisme et de la pneumonie au niveau communautaire ;
- Manuel de formation des encadreuses des Espaces Communautaires d'Eveil ;
- Cartes conseils des relais communautaires ;
- Le document d'engagement des villages pour le DIJE
- Politique Nationale de Développement Intégral du Jeune Enfant
- Plan d'action de la politique nationale du DIJE 2009–2013.

République du Congo-Brazzaville

Nom du programme ou de l'institution: Ministère de l'Enseignement Primaire et Secondaire chargé de l'Alphabétisation - Projet Eveil du Jeune Enfant

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Titre de l'innovation

Guide pour la création et le fonctionnement des espaces communautaires d'éveil

Connaissance de l'innovation

Objectifs principaux

- orienter le travail des responsables de communautés et des collectivités locales ainsi que celui des animatrices et éducatrices communautaires dans la création et le fonctionnement des espaces communautaires d'éveil dans les zones rurales ;
- offrir des structures d'éveil de proximité aux enfants pauvres des milieux ruraux et zones suburbaines des 6 départements d'intervention prioritaires sur les 12 que compte le pays.

Nombre d'enfants desservis chaque année

Plus de 800 (883 en 2008 contre moins de 500 l'année antérieure)

Activités essentielles

- plaider auprès des pouvoirs publics au niveau décentralisé sur le bien fondé de l'éveil des jeunes enfants ;
- recrutement des enfants et formation des éducatrices ;
- création des espaces d'éveil surtout pour les enfants des milieux ruraux et sub-urbains
- suivi et évaluation

Résultats

- plus de 300 animatrices et éducatrices ont été formées depuis 2008, année de lancement du guide ;
- chaque année, environ 800 enfants intègrent les espaces communautaires d'éveil ;
- assez bonne prestation des enfants réguliers (Taux de régularité : plus de 70%) ;
- prise en compte de l'éveil communautaire des enfants dans la stratégie sectorielle de l'éducation nationale.

Les 2 principales leçons tirées de l'expérience

1. le manque de structures d'accueil pour l'organisation des activités d'éveil de la petite enfance est un problème majeur à résoudre par une plus grande implication des collectivités locales et des élus locaux (décentralisation) ;
2. le gouvernement doit prendre toutes ses responsabilités et assurer la gratuité scolaire aux plus Petits en veillant à leur fournir le Paquet minimum de services (protection sociale des enfants).



République du Congo
Unité * Travail * Progrès

République du Congo

Guide pour la Création et le Fonctionnement des Espaces d'Eveil



Conçu par :

Angèle Matondot Babindamana
Chef du Projet Éveil du Jeune Enfant,

République Démocratique du Congo

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Localisation: Kinshasa

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Titre de l'innovation

Calendrier Intégré du Développement de la Petite Enfance

Connaissance de l'innovation

Objectif

Amener au moins 90% d'enfants de 0 à 59 mois à jouir de leurs droits à travers la mise en œuvre intégrée des interventions intra sectorielles et intersectorielles

Nombre d'enfant desservis

± 1.000.000 enfants

Activités

- Education parentale via les services de santé (CPN, CPoN, CPS, séances de vaccination) sur les droits inhérents au développement de la petite enfance
- Surveillance de la grossesse : vaccination (VAT), supplémentation en micronutriment (fer folate), nutrition de la femme, PTME
- Allaitement exclusif et continu à travers l'Initiative des Hôpitaux Amis de Bébé (IHAB), les Comités Communautaires de Soutien à l'allaitement
- Vaccination : BCG, Polio, DTC+HepB+HIB, VAR, VAA
- Promotion de l'alimentation de complément adéquate
- Supplémentation en micronutriments des enfants : vitamine A, iode, fer
- Moustiquaire Imprégnée d'Insecticide (MII)
- PCIME
- Traitement de la malnutrition aigue
- Accès à l'eau, à l'hygiène et à l'assainissement
- Enregistrement à l'état civil
- Eveil via familles, centres préscolaires (ECD, maternelles)

Résultats

- ± 250 000 femmes enceintes et allaitantes éduquées sur les pratiques favorables à la survie et au développement de la petite enfance
- ± 200000 femmes enceintes vaccinées contre le tétanos, supplémentées en fer folate et déparasitées
- ± 200000 femmes enceintes dorment dans la MII
- ± 200000 enfants mis au sein dans l'heure et ± 100000 enfants allaités exclusivement
- Au moins 80% enfants protégés contre les maladies évitables par la vaccination
- Au moins 80% enfants protégés contre le paludisme
- Au moins 90% d'enfants supplémentés en vitamine A et déparasité au mébendazole
- Au 50% d'enfants malades pris en charge de façon intégrée
- Au moins 80% d'enfants souffrants de la malnutrition aigues pris en charge sortent guéris
- Au moins 50% des nouveaux nés sont enregistrés à l'état civil
- Au moins 50% de mères pratiquent l'éveil au niveau familial
- 5000 enfants éveillés et préparés pour l'école

Les 2 principales leçons tirées de l'expérience :

- Le calendrier intégré du développement de la petite enfance permet de satisfaire de façon holistique les droits de l'enfant et lui assurer un développement harmonieux.
- Le calendrier intégré du développement de la petite enfance permet la bonne prise en charge de l'enfant par les parents, les communautés et les pouvoirs publics ainsi que les différents intervenants.

Le calendrier est a votre disposition.

Cote d'Ivoire

Nom du programme ou de l'institution: Ministère d'Etat, Ministère du Plan et du Développement (MEMPD)

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Titre de l'innovation

Elle consiste à permettre au Ministère du plan d'initier l'impulsion par une coordination qu'il assure

Connaissance de l'innovation

Notre stratégie est non seulement innovante mais elle est au début d'un processus qui commence par la mise sur pied officielle de la coordination ; qui se poursuivra par des consultations régionales en vue d'enrichir l'analyse de la situation faite en 2008, et s'achèvera par l'élaboration d'une stratégie nationale du DPE assortie d'un plan d'actions dont les activités seront conduites par les Ministères sectoriels (Education, Santé/ Nutrition, Protection, Assainissement, Justice).

Le développement de la Petite Enfance fait l'objet d'une attention grandissante en Côte-d'Ivoire de la part du gouvernement et des partenaires au développement. Mais depuis le déclenchement de la crise, le Pays a connu des tensions socio politiques sans précédent, avec des effets économiques et sociaux défavorables.

Ainsi la situation des enfants, des femmes et des familles s'est considérablement dégradée en laissant place à une situation de précarité. Cette précarité de la situation des familles, des femmes et des enfants reste liée à l'accessibilité encore faible des populations aux soins de santé, aux systèmes inappropriés d'évacuation des excréta, et au faible niveau d'alphabétisation des femmes et des communautés. En conséquence, la mortalité infantile et la mortalité maternelle se situent à des niveaux élevés. Aussi, un nombre important d'enfants sont ils infectés et affectés par le VIH/SIDA (orphelins et enfants rendus vulnérables du fait du VIH).

Malgré ce contexte difficile, il existe un cadre institutionnel et légal existe à travers un ensemble de textes de lois, des décrets et des conventions qui s'articulent autour des approches tels que le développement global et harmonieux de l'enfant en relation avec son environnement, aux plans intellectuel et moral; la socialisation permettant à l'enfant d'établir des relations avec les autres et enfin la préparation de l'enfant en vue d'aborder le cycle de l'enseignement primaire.

Des services sont offerts surtout le domaine de la santé et de la nutrition. En ce qui concerne l'éveil et la stimulation des enfants, des activités sont menées pour les enfants dans la période qui précède leur entrée à l'école primaire à travers des structures où les enfants sont regroupés. Dans la situation actuelle, les activités de pré scolarisation (écoles maternelles et jardins d'enfants) ne concernent qu'une proportion assez limitée de la population. Il est ainsi estimé, qu'en 2007, ces activités ont concerné environ 110 000 enfants représentant une couverture globale de l'ordre de 9,6 % de la population des enfants de 3 à 5 ans ou environ 9 % de ceux de 4 ou 5 ans.

De façon précise le domaine du préscolaire compte pour l'année scolaire 2007–2008, 913 écoles maternelles publiques et 411 privées, sous tutelle du Ministère de l'Education Nationale; L'effectif des enfants pré scolarisés au titre de l'Education Nationale est de 76 441, dont 52 272 au public et 24 169 au privé. On compte en outre 71 Centres de Protection de la Petite Enfance (CPPE) et 62 structures privées sous tutelle du Ministère de la Famille, de la Femme et des Affaires Sociales (MFFAS), avec un effectif total de 32 115 enfants en regroupant ceux du public et ceux du privé. L'encadrement de la Petite Enfance se fait aussi dans les structures à base communautaire que sont :

- Les Centres d'Accueil et d'Encadrement du Jeune Enfant (CAEJE) au nombre de 72, dont 53 fonctionnels, avec un effectif de 3 259 enfants (dont 1 536 filles) ;
- 85 Centres d'Action Communautaire pour l'Enfance (CACE) avec un effectif de 12.950 enfants dont 6.12 filles.
- Les écoles communautaires, au nombre de 82 pour 7 875 élèves (dont 3 420 filles). Structures légères, implantées au sein des communautés qui les gèrent, les CAEJE, CACE et les écoles communautaires ont pour mission d'assurer, par des activités de développement physique, sanitaire, moteur, intellectuel et socio-affectif, l'épanouissement et l'éveil des enfants de 0 à 6 ans.

On note que toutes ces réponses pour la prise en charge de la petite enfance manquent de coordination car les activités sont menées de façon isolée selon qu'on se trouve dans l'éducation, la santé ou la protection. C'est pourquoi notre innovation consiste désormais à apporter une réponse globale et intégrée voire intégrale pour le DPE . Ainsi pourrions nous apporter une réponse efficace et durable dans la prise en charge du Jeune Enfant tant au plan urbain que rural et communautaire.

Par ailleurs, l'autre innovation que nous apportons consiste à consacrer la problématique du DPE au domaine de la recherche afin que les résultats des recherches dans le domaine contribuent à une meilleure prise en charge du Jeune Enfant en Côte d'Ivoire.

Les 2 principales leçons tirées de l'expérience

1. Pour la situation avant l'avènement de la coordination qui travaille déjà en attendant son installation officielle, la prise en charge était sectaire ,éparse inappropriée et non intégrée.
2. La deuxième leçon c'est que les chiffres donnés et les indicateurs ne correspondaient pas totalement avec la réalité par conséquent les réponses apportées sont toujours insuffisantes.

Ethiopia

Name of programme or institution: Child to Child Initiative, a Road to School Readiness

Location: Addis Ababa, Implemented regions: Tigray, Harari, Oromiya

Name and title of contact person: Maekelech Gidey, National coordinator

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Headline

An innovative and cost-effective approach towards school readiness for 6 years old children by their older brothers and sisters

Most successful programme strategy or innovation

With a small budget, we reached more than 3,000 children in 3 different regions by using low-cost materials and we achieved an enormous impact on school readiness. The evaluation figures are strongly show the success of the program. In the second year, the number of participants is doubled.

Most valuable lessons learned

1. Young learners are very eager to learn.
2. Participation of parents is much more than expected, they allow their children to learn and to teach the younger ones and they are eager to learn themselves and to support their children in many ways! So awareness raising for the importance of school readiness is a side effect.

Tools Shared

We translated and adapted low cost materials especially developed for school readiness. The intervention included the translation and adaptation of materials that have been developed by the Child -to- Child Trust and UNICEF HQ. These materials are the *Children's Early Learning Pack*, *Young Facilitators' Guide to School Readiness and Teacher's Guides*. These materials were adapted and translated into three local languages of the three pilot regions and printed before the implementation started in September 2008. The phase two regions are SNNPR, enishangul-Gumuz and Addis Ababa where the pilot will be implemented in September 2009 will start with the material adaptation and translation in September 2009.

Children's Early Learning Pack: An all-inclusive learning pack to help young learners get ready for school. The older children participating in the approach received an early learning kit filled with activities to foster the skills of early literacy and numeracy in their local language. The activities include pictures, games, and stories etc that encourage children to experiment with common everyday objects, solve problems, and draw conclusions.

Young Facilitators' Guide to School Readiness: This is a step-by-step simple guide to accompany the activities contained in the learning kits and a more general guide has developed. These guides, designed specifically for use by older children in their role as young preschool facilitators explain the purpose of each learning activity, how it should be used and why it is important for children who are about to start school within a year. For each of the interactive learning sets, the guide will include workshop activities to help the older children use the early learning materials most effectively.

Teacher's Guide and Training Workshop: A teacher's guide (grade 6 teachers) highlighting how each activity supports early thinking, motor and language development of young children. Suggestions on how learning games can be used for children at different ages and stages is developed and will also be translated. In addition, teachers are able to integrate the methods and skills of early learning and development into their everyday classroom teaching to encourage pupils to follow these examples. Thus the approach will reinforce the early learning skills of both the school aged and younger children. Training workshops are organized for teachers.

Ghana: Innovation 1

Name of programme or institution: Child Health Promotion

Location: Nationwide

Name and title of contact person: Dr. Isabella Sagoe-Moses, Child Health Coordinator

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Telephone: 233–21 666101 or 233–244646065

Headline

The Child's Health Is Everybody's Business

Most successful programme strategy or innovation

With feedback from national assessments of the Demographic and Health Survey and global targets such as the MDGs to meet, it is becoming obvious that to ensure the effective implementation of child related programmes, interagency collaboration is crucial. From the premise that “it takes a village to raise a child” the health sector has intensified collaboration at national, regional and district levels in child health promotion. Since 2004 the Child health Promotion Week has been instituted in May every year to increase awareness on the essence of child health and access to services.

In doing so, inter-agency collaboration has been a strategy adopted in the planning, implementation, monitoring and evaluation of this programme. Activities usually include briefing interactions, community mobilization and sensitization, provision of a range of services and monitoring exercises. This intervention has played a significant role in increasing coverage and uptake of child health services.

In addition there is a close link between the child health promotion week and the Community Health Promotion Services which offers health services at the community level.

Most valuable lessons learned

1. Inter agency collaboration is very essential in the promotion of child health.
2. Provision of free services enhanced coverage of child health services especially to the hard to reach communities.

No tool was shared.

Ghana: Innovation 2

Name of programme or institution: Care Reform Initiative (CRI)

Location: Nationwide

Name and title of contact person: Mr. Stephen Adongo, Director, Department of Social Welfare

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Telephone: 233–21 684543 or 233–208172316

Headline

Care for the Young and Vulnerable Child

Most successful programme strategy or innovation

The family is the first point of socialization, as such should provide appropriate parental care for children to enhance their welfare and development in totality. The Government of Ghana believes that the home is the best place for children therefore; considering the alarming situation of institutionalization with poverty as its major factor has initiated a dynamic process called the Care Reform Initiative (CRI) through the Department of Social Welfare to provide support to families and foster parents to care for children without appropriate parental care.

The CRI seeks to de-emphasize over reliance on care systems for children based on institutions with the goal of establishing a more consistent and stable approach to caring for vulnerable children in Ghana so that each child will be assured of a permanent home in a supportive and loving family. An intervention area that supports the implementation of this initiative is the Livelihood Empowerment against Poverty (LEAP) Programme.

Most valuable lessons learned

1. Keeping children in Institutions should be discouraged.
2. The role of the family in the care of children must not be underestimated, as such Policy interventions and programmes to strengthen the extended family system must be considered.

No tool was shared.

Ghana: Innovation 3

Name of programme or institution: Coordination of ECD through Multisectoral Approach

Location (city/town): Nationwide

Name and title of contact person: Ruth Addison, National ECD Coordinator

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Headline

United We Stand, Divided We Fall

Most successful programme strategy or innovation

Following the launch of Ghana's ECD Policy, multisectoral committees have been established at the various levels of implementation to serve as the entry point of all issues concerning ECD in the country. This strategy fosters interagency collaboration for the welfare of children and promotes joint planning and implementation of ECD activities. These committees engage in advocacy activities on the essence of ECD and the need to invest in it.

Activities of the committees have resulted in improved budgeting for ECD and better understanding of key policy makers and implementers on ECD issues. Also, bureaucratic processes are reducing since cordial links have emerged. These multi-sector teams have facilitated annual regional review and planning interactions geared towards improving the quality of services.

Most valuable lessons learned

1. The multisectoral approach enhances collaboration and coordination of ECD and creates a good network on children's issues.
2. The Multi-sector Teams are not static and thus require constant re-orientation on the rudiments of ECD and the policy.

No tool was shared.

Ghana: Innovation 4

Name of programme or institution: Ghana National Association of Teachers

Location: Accra

Name and title of contact person: Kofi Nyiaye

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Headline

Train the Teacher to Train the Child

Most successful programme strategy or innovation

Touching the minds and hearts of children through the caregivers.

The main purpose of the project which is an international cooperation between the Danish Early Childhood Educators Association and the Ghana National Association of teachers, is to give adequate skills training to caregivers in both private and public early childhood centres as we unionise them and seek to improve their working and living conditions, in order to facilitate the work as they interact with the children. The work not only involves the use of government structures and processes, but also gives support to same to help improve the systems. The project is country wide covering six out of ten regions of Ghana. A series of workshops in early childhood education and materials development of varying durations are organised for the caregivers and their heads teachers. In addition several persons in government departments and agencies have benefited from advanced level training in ECDE. Some institutions have also been supplied with ICT equipment

Most valuable lessons learned

1. Effective North- south collaboration and networking adapted to local situations for the good of the child
2. The need to include the private sector in programs to ensure that both the public and private sectors harmonise to the good of the child.

Tools shared

Two lengthy handouts were provided. One abridged pamphlet on Child Rights for early childhood educators is presented below. The other on HIV/AIDS Policy is available from this programme.

Child Rights Collaboration

The issue of child rights is sometimes seen more as conflicting with some basic cultural practices in Ghana. It is therefore very difficult for some people to help implement them. Some people cannot bring themselves to believe that the child is a fellow human being and so needs to be respected. Child rights are also more difficult to implement because it is the responsibility of the adult to educate and guide the child to know and take these rights. This pamphlet has been developed as an information package for early childhood educators under the GNAT BUPL Early Childhood Development Project to help them understand the children they work with and to enable them appreciate the concerns of the child. It will serve as a guide for the early childhood educator and all who are concerned with the welfare of children.

The document on Child rights published by the UN can be found in many books, and magazines. But this one has specifically been prepared in simple language and to avoid the hard technical language in which conventions are normally written.

1. Introduction

Definition of child rights

- The rights of the child are the minimum standards necessary for the good of the child and to which every child is entitled.
- Child rights imply that the child is recognized as a fellow human being and should be respected. Therefore a child should be educated or guided to know and take her rights.
- In the Childs Rights convention there are 48 rights. In this document we have chosen four major rights of the child, that we see as basic.

Basic rights of the child

There are four basic child rights. These are:

- Non-discrimination
- Participation
- Best interest of the child
- Survival and development

Non-discrimination rights

Non-discrimination rights mean that there should be no selective or preferential treatment of the child on the basis of sex, color, language, age, race, opinion, nationality and disability (physically challenged).

Participation rights

Participation rights of the Child mean that the child should be allowed to express her views and be respected in all matters affecting her.

- Best interest of the child.
- Any decision taken should be in the best interest of the child such that she becomes useful in the society. Children should be encouraged to develop good habits.

Survival and Development rights

These rights seek to guarantee the fundamental right of development of the child.

A child should have the right to life and be protected against childhood killer diseases by immunization. A child should be well fed, clothed and housed to ensure proper development. Parents, families, educators and the state must do all they can to ensure the child is given these rights.

2. The Characteristics of the Child

A Child is a person aged between 0 and 18 years. By UN standards, early childhood refers to children from 0 to 8 years. Characteristics:

- Children are generally curious, and tend to ask a lot of questions.
- Children are born with learning potentials. However they need to be motivated to bring out the potentials in them.
- Children are very active, so they play a lot.
- Every child is unique and likes to have attention.
- Every child is also a social being and has feeling and capacity to love and feel for others but they need to be supported to develop these attitudes fully.

Some Challenges to Child Rights in Ghana

- High mortality rate due to inadequate medical care and poor nutrition.
- Inadequate access to education.
- Child labour is rampant. Children are made to do work that disrupts their health and education
- Children are not normally given the right to express their views
- Children do not have the right to talk about sex
- Physically challenged children do not have adequate protection
- Children are abused. Canning, pinching, kneeling and knocking among other forms of corporal punishment are used as common forms of punishments
- Some children are sexually abused
- Some girls are abused sexually
- There is gender bias in the assignments of roles.

The parent:

- The beliefs of some parents deny children of the right to make choices
- Some parents do not take good care of their children
- Some parents abandon their children
- Some parents do not register their children at birth

3. Major Challenges of Child Rights in Early Childhood Centres in Ghana***Non discrimination***

There is gender discrimination in the use of play materials and in assigning roles to the children in ECD centers. The boys are assigned roles that are robust and require physique; the girls are assigned more gentle roles. The socio-economic status of parents sometimes affects the relationships between educators and children. Some educators tend to give special attention to children who are known and whose parents are rich and tend to give them gifts. Children who are very active are normally not the favorites of the educators. Children are normally labeled by the educators according to their output. Educators tend to pass favorable comments on children who have done well and adverse comments on non-attractive work. The physical conditions of the children also affect the relationships between children and children and between educators and children. There is the tendency to ignore slow learners and isolate the physically challenged.

Participation

In general the educators take total control of most activities. Educators initiate and direct all the activities. The children do what the educators tell them to do with little room for children to initiate and participate in the activities. The educators use the rote method of learning. Educators dictate to children and the children imitate. The physically challenged in the centers are not given much opportunity for participation in class and play activities. The physical arrangement in most of the centers restricts the involvement of children in play activities. The size of the class determines to a large extent how far children can be involved in activities in the classroom. Parental attitude can also affect the participation level of children in the centers. Parents need to feed the children and cloth them well. Otherwise the children feel left out.

The Best Interest of the Child

- Some Proprietors and educators do not think of the child's best interest. Instead some Proprietors are more interested in monetary gains than the interests of the child.
- Some educators do not know how to treat a child well. Corrective measures are not appropriate. Most educators use physical punishment as a way of disciplining the child.
- Most educators do not give the children enough space and room for rest and sleep.

- Infrastructure and learning materials are not adequate for effective teaching and learning.
- Slow learners are most often ignored or labeled by the educators.

Survival and Development

The child's survival and development is best ensured if the educators and the parent talk with each other about the child. There is poor relationship between the centers and the parents. Little or no information flow between parents and the educators to the disadvantage of the children. To develop food is very important, but some children are not properly fed at the centers and some parents are not able to provide good and adequate food for their children. The environments of some centers are not neat and airy enough (no toilet, no rest room) so they pose health hazards to the children. Some centres do not make arrangements for health staff to visit the centres to take care of health needs of the children. Most centres do not provide adequate security and safety measures for the children. In some cases the centres are not walled and also no security staff are available to keep watch over the premises. Play and learning material support the development of the child, but most centres do not have appropriate and sufficient play and learning materials for the children. Untrained educators exhibit lack of affection, appreciation and love for the children

4. Best Practices in the Centres

These practices, contribute to the effective running of some of the good centres in Ghana. We should therefore learn from them and adapt them to help improve upon the early childhood services in Ghana.

- Trained educators are able to use materials in the environment to produce learning materials for children. Some centres have trained educators who engage the children in effective learning through use of appropriate materials and visits.
- Some of the centres organize continual education for educators to help them come abreast with new ideas
- Some centres have effective Parent Teachers Association which interacts effectively with the centres to ensure good services for the children.
- In some centres the physically challenged and normal children stay, play and learn together. This all-inclusive practice is very good for the development of the children especially the handicapped.
- Some centres operate in very hygienic conditions which promotes good health.
- Some centres ensure that the children are fed very well.
- Some centres have sick bays and rest rooms for children
- Some of the centres have good infrastructure like play ground, adequate rest rooms, play and learning materials and toilet facilities which are effectively used for the benefit of the children.
- Some of the centres have good transport services.
- Some centres have manageable class sizes for effective and learning by the children
- Supervision in some centres is very effective in both indoor and outdoor activities.
- In some of the centres they insist on birth certificates and growth monitoring cards before admitting the child.

5. Suggested Strategies for Improving upon Child Rights Practices in EC Centres

- Regular in-service training workshops should be organized for the educators with the issues raised on children rights as the central theme.
- Parents Teachers Association should be organized on children's rights.
- Reducing class sizes so that educators can pay individual attention to all children including physically challenged.
- All children have the right to be listened to irrespective of parental background. Educators should therefore make the effort to be open and try and give the children opportunity to express themselves and participate in all activities at the centers.

Strategies for Creating Positive Attitudes in Children

Educators should:

- touch children
- look into the children's eyes when talking to them
- listen to children when they talk to them
- let individual children feel that you are talking to them
- endeavour to answer all questions asked by children
- let individual children feel special and wanted
- let children know they have done something good and encourage them to do better.
- not label children as useless.
- use talking, body language and facial expression other than force and pain to correct children
- be seen by children as being fair minded
- explain everything they do to the children for them to appreciate their decisions

Kenya: Innovation 1

Ensuring children from poor households enter school ready to learn

Kenya: Innovation 1

Name of programme or institution: Ministry of Education and UNICEF Country Office

Location: Nairobi, Kenya

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Headline

Ensuring children from poor households enter school ready to learn

Most successful programme strategy or innovation

Programme Goal / Purpose

An innovative approach to ECD SERVICE delivery termed 'Rapid School Readiness Initiative' was formulated to enhance access to ECD amongst children from poor households in Arid and Semi Arid Lands (ASAL) districts of Kenya. The main goal was to inculcate basic school readiness skills through a two months of rapid preparation amongst the many children from the poor households who do not attend ECD but enrol in primary due to the Free Primary Education services begun by the government.

Programme Objectives

1. Equip children (5 years plus) with minimum basic school readiness competencies through a two month rapid preparation approach.
2. Increase access to ECD through creating awareness to parents and community on the importance of ECDE.
3. Mobilize communities in target areas to initiate and sustain ECDE programmes.
4. Link beneficiary children with primary school for standard one intake.

Programme Target Beneficiaries

The programme targets children five years and over. These children are chronologically ready for formal schooling but have not had an opportunity to attend any ECDE programme. The children were also not attending primary school in spite of the offer of Free Primary Education.

RSRI Components / Activities

The programme employs a multipronged approach that combines the following components and activities:

1. Development of a rapid school readiness initiative Module 1 guidebook for teachers
2. Identification of beneficiary poor households in target districts
3. Identification and orientation of teachers on the RSRI guidebook
4. Community awareness creation and mobilization involving discussions with beneficiary communities on the programme and mobilizing them to start and sustain the programme
5. 60 days of rapid preparation of children and establishing linkages with primary school
6. Follow-up monitoring and comparative outcome evaluation.

Key Results Achieved

- 5,000 children have been served through this innovative approach, with 80% transitioning to primary school where they are still retained. About 1,200 are reached annually.
- 2,000 parents have been mobilized.
- 150 ECD centres have been established, with 80% ongoing.
- 80 teachers and district field officers have been oriented and are actively involved in the programme.

Most valuable lessons learned

- The children who undergo this programme are better off in terms of school readiness and perform better in primary school than those who go to primary directly. However, children from the regular ECD programme perform the best.
- Mobilizing and building parents/local community capacity in terms of knowledge and basic resources would significantly improve and help to sustain ECD services.

Tools shared

We would wish to share the Kenya School readiness assessment tool. However, the document is awaiting final approval by the ministry senior management for printing and circulation. For this reason it is not possible to send it now. Contact Samuel Ngaruiya (samngaruiya@gmail.com) for this tool.

Kenya: Innovation 2

Name of programme or institution: Lower Ambira Community Child Development Programme (LACCDP), African Network for the Prevention and Protection Against Child Abuse and Neglect, Kenya Chapter

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Headline

Early Childhood Development Education – Education Beyond the Perceived Horizons!

Most successful programme strategy or innovation

LACCDP is a community based initiative that has been in existence for 6 years. The programme aims to promote Early Childhood Development (ECD) of children 0–8 years through community based ECD centres. There are two pre-primary school centres for children 4–7 years old and 9 Day care centres for children from six months to three years old.

The centres use the local language-dholuo for instruction while English and Kiswahili are taught as secondary languages in the pre-primary schools only. The day caregivers and ECD teachers come from within the community and can therefore be reached anytime by the parents and guardians of the children outside the learning hours and in case of emergencies.

The programme has four Thematic Committees, that is, ECD, Legal Aid which provides legal services to children in need, Lobbying and advocacy and Income Generating Activities for caregivers through provision of small grants and seeds. The committees deliberate on the progress of the programme and advise the Executive Committee on the best way of implementation. The Committees meet monthly and address issues raised at the village level. They also assess the project and are therefore instrumental in monitoring and Evaluation of the same. The committee is therefore the link between the community, the project and ANPPCAN Kenya head office.

The total number of children served annually is estimated to be 560(403 through the ECD centres and 157 through the child protection initiatives of the programme such as:

- The child help desk which receive and respond to cases of child abuse and enquiries made on children's issues.
- Provision of teaching and learning materials (Education)
- Growth monitoring and treatment exercise
- Supplementary feeding for the children in the ECD centres
- Training of ECD caregivers on Psycho-social support and memory book writing.
- Establishment of a network of caregivers who provide care and support for children aged 0–8.
- Quarterly camp meetings for children between 5–8 years.
- Advocacy for Laws Protective of Children's Welfare and Property Inheritance Rights.

The project also promotes food security at household levels through skills training for small scale business and improved farming techniques for better yields.

The success of the project includes access to education and general development of children aged 0–8 years and nurturing of their talent at a very tender age. There are higher numbers of children from the project areas accessing education compared to surrounding villages.

The establishment of day care centres has enabled parents and guardians of young children to secure time to venture into other activities that contribute towards enhancing their disposable income and therefore able to give better care and support to the children.

Linkages have been created and some services such as health (growth monitoring) brought closer to the people. Through this initiative, the project has been able to identify children experiencing difficulties such as children with impairments, children having health problems, orphaned children, children with terminally ill parents etc. This has enabled early intervention, through direct assistance or referral to other service providers.

To conclude, most parents now appreciate the role of ECD in the development of children and the programme has been instrumental in shifting the mind-frames of parents/guardians from looking at these centres as learning centres, but as centres for holistic, integrated development of children. Interestingly, the programme has facilitated the establishment of a Father's group which is committed to getting involved on issues affecting children. The group addresses the traditional perception of most African men about child upbringing which is left to mothers through sensitization of men on their role in the development of their children. This has improved the relationship between children & their fathers. Through the group, there has been reported increase in the number of men involved in meetings and activities of ECD and Day Care Centres and in growth monitoring outreach.

Most valuable lessons learned

1. Supplementary feeding and Growth monitoring and treatment exercise encourages school attendance, improves level of concentration and reduces Infant Mortality Rate and promotes the health in children in HIV/AIDS prevalent areas.
2. Parental (more so the fathers') involvement in ECD of their children is key to promotion of ECDE

Tool shared (see next page)

**LOWER AMBIRA COMMUNITY CHILD DEVELOPMENT PROGRAMME
THE ECD CENTRES MONTHLY STATISTICAL RETURNS**

NAME OF THE CENTRE: _____

NAME OF THE VILLAGE: _____

SPONSORS/MANAGEMENT: _____

MONTH: _____ YEAR: _____

NAME OF CARE GIVER (S)

1. _____

2. _____

1. GENERAL ENROLLMENT.

AGE	BOYS	GIRLS	TOTAL
UNDER 1 YEAR			
1 YEAR			
2 YEARS			
3 YEARS			
OVER 3 YEARS			
TOTAL			

2. PARENTAL STATUSES

AGE	WITH BOTH PARENTS		SEMI ORPHANS		TOTAL ORPHANS	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
UNDER 1 YEAR						
1–2 YEARS						
3 YEARS						
OVER 3 YRS						
TOTALS						

3. GROWTH MONITORING

		No.	AVERAGE WEIGHT
CHILDREN BENEFITED	BOYS		
	GIRLS		
COMMON AILMENTS DIAGNOSED	MALNUTRITION		X
	RESPIRATORY		
	SKIN DISEASES		
	ALLERGIES		
	HEART PROBLEMS		
	STOMACH PROBLEM		
	EYE PROBLEM		

4. STAFFING.

NAME	QUALIFICATION	COURSES/TRAINING
1.		
2.		

5. FEEDING PROGRAMME.

Source of food supplement provided:

1. Contribution from the village members
2. Contribution from Group Members
3. Individual contributions
4. Any other

(State) _____

Kenya: Innovation 2

Early Childhood Development Education – Education Beyond the Perceived Horizons!

6. PHYSICAL FACILITIES

FACILITY	NATURE	QUANTITY	REMARKS
ROOM	PERMANENT		
	TEMPORARY		
FURNITURE	CHAIRS		
	MATS		
	TABLES		
UTENSILS	CUPS		
	PLATES		
	SUFURIA		
PLAYING MATERIALS	DOLLS		
	SWINGS		
	BALLS		
	TOYS		
TEACHING AIDS	CHARTS		
FEEDING PROGRAMME	PORRIDGE		
TOILET			
FEES PER MONTH			

Name of the Head Care Giver _____

Signature _____ Date _____

7. LIST OF ORPHANS IN THE ECD CENTRES

No.	Name	Age	Sex	Guardian name
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Kenya: Innovation 3

Name of Programme and Institution: Integrated Early Childhood Care and Development Project
ChildFund-Kenya (with support from the Bernard van Leer Foundation)

Location: Kisumu-Kenya

Name and title of contact person: Elizabeth Oyugi (Programmes Director)

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Headline

Beyond Dependency: Voluntary Saving and Loaning Transforming the ECD Environment

Most successful programme strategy or innovation

The Integrated Early Childhood care and development modelled on a home based concept focuses on improving the well being of Pre School Orphans and Vulnerable Children (OVC) aged between 0–8 years in families affected by HIV/AIDS through a three-tier system of economic strengthening, capacity building, and enhancement of children rights. The project's most successful strategy is the Voluntary Saving and Loaning (VS&L) Initiative, whose purpose is to improve the targeted communities' holistic support and care for 2,400 children at home and in 64 ECCD centers.

VS&L is a community savings and lending model with the objective of bolstering income securities and needs of individuals or households by promoting a culture of 'saving for a rainy day'. Members contribute regularly to a fund that is owned and governed by the group itself. The accumulated money is applied to any purpose that the group or its members choose.

Key activities

1. Community sensitization and mobilization
2. Trainings
 - Areas of coverage/modules in the three-day training are:
 - Individual self selection (ISS)
 - Group formation and development
 - Constitution making and constitutionalism
 - Group fund development and record keeping
3. Set up of VS&L associations/groups for the trained parents/guardians:

This is a direct result of the training in VS&L methodology. The trained parents, guardians and community members join groups where they can practice learned skills to enable them transform their lives and provide effective care and support to children.

Results

Parents and guardians abilities have been increased with respect to raising fees for pre-school children, contributing to pre-school feeding programs, initiating small businesses, improving household diet, and buying seeds and basic drugs for children medication.

Kenya: Innovation 3

Beyond Dependency: Voluntary Saving and Loaning Transforming the ECD Environment

There has been an increased enrolment in school, high retention levels, and improved school regularity. VS&L transactions are held on a fortnight/ monthly basis. This has given the parents and the centers' administration a forum to share and give feedback on ECCD activities. An effective way of tracking challenges and advancing appropriate solutions has been developed. The regular meetings have generated desired interest, increased parent and guardian participation, and widened their involvement in the governance and management of the centers.

VS&L has tended to harmonize gender relations in the households, as women now depend less on men in the day to day management of their household budgets. This has created relative peace and harmony which provides a better environment for children's growth and development.

The incorporation of the VS&L approach in the project and the awareness efforts regarding child rights have invigorated the once glorified African communal approach to child upbringing. This is because VS&L rallies parents, local leaders and community at large, thus getting them engaged and involved, whether their children are enrolled in the centers or not.

Two most valuable lessons learnt

1. Contrary to the popular belief that savings are solely for the well to do or privileged members of a society, no one is actually too poor to save/ make a contribution towards the care and support of pre-school children, the establishment and the running of ECCD work.
2. With improved earnings, communities better appreciate and indeed remain keen on ensuring children gain access to basic education. Parents or caregivers now exhibit greater interest in the education of their children, pay closer attention to their development needs, and proactively respond to health and nutritional requirements as indicated by the growing number of parents who now promptly pay expected levies and make regular visits to the centers to check on the progress of their children.

No tool was shared.

Malawi

Name of programme or institution: Sub-Saharan Africa Family Enrichment (SAFE)

Location: Zomba, Malawi

Name and title of contact person: Mary Phiri, ECD/OVC National Coordinator

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Headline

Empowering vulnerable grandparents to care for their vulnerable grandchildren

Most successful programme strategy or innovation

The most successful strategy has been building the capacity of extended family members to better care for the orphans and other vulnerable children within their localities. We encourage them to start, or we support, an existing Community Based Childcare Centre (CBCC) in their communities. These CBCCs cater for approximately 2,000 children on a daily basis during the term time. The major purpose of the program is to help in the holistic development of children in poor communities to help them stay in school, in a bid to break the intergenerational poverty cycle, using their parents, grandparents, and other relatives as agents of change.

The activities include the training of caregivers and grandparents in ECD principles and, especially with respect to grieving, supporting poor households with food security through the provision of fertilizer for a better harvest in maize for them to feed their families, and contributing a pail of maize to the CBCC for feeding the children.

The results are that all the children who previously attended CBCCs are doing well in primary school, and parents have begun to value the CBCCs as a safe place to keep their children while they go to work in the gardens. This has led to increased enrolment in the centres that we work with. The feeding program that has been initiated also helps to motivate children to attend CBCCs and at the same time they get the necessary stimulation for their cognitive development.

Most valuable lessons learned

1. Orphaned children are best cared for by their extended families.
2. Allowing community members or families to define their core needs at the start of the children's programmes helps in the sustainability of the projects.

Tool shared (see next page)

SAFE ECD/OVC-Go Go Monitoring Guide SAFE ECD/OVC-GOGO MONITORING GUIDE

Program Activity: _____

Today's Date: _____

Village: _____

T/A: _____

District: _____

Name of CBCC: _____

Contact person: _____

Program Activity	Focus of the intervention	Beneficiaries	Activities	Expected Outcome
Early Childhood Care & Development (ECCD)	<ul style="list-style-type: none"> ■ Improved health, nutrition, safety & protection ■ Increased school readiness 	<ul style="list-style-type: none"> ■ children (0–3 years) ■ children (4–5 years) ■ families of young children 	<ul style="list-style-type: none"> ■ Under-five clinic services ■ Feeding ■ Children's learning 	<ul style="list-style-type: none"> ■ growth monitoring done ■ CBCC feeding done ■ Appropriate school readiness materials used
Building the capacity of CBCC caregivers	<ul style="list-style-type: none"> ■ Pre-service training ■ Training on the job 	<ul style="list-style-type: none"> ■ Caregivers ■ Children (2–5 year olds) 	<ul style="list-style-type: none"> ■ Provision of ECD basic training ■ On the job ongoing training 	<ul style="list-style-type: none"> ■ Good caregiver-child interaction ■ Correct use of play materials for children's learning
Grandmothers caring for orphaned grandchildren	<ul style="list-style-type: none"> ■ Small group formation for social support ■ Training on grieving children 	<ul style="list-style-type: none"> ■ Grandmothers ■ children ■ families 	<ul style="list-style-type: none"> ■ Provision of psychosocial support to grieving children ■ Increased support to children at a CBCCC 	<ul style="list-style-type: none"> ■ Involvement in children's learning through story telling ■ Provision of maize for centre feeding

République de Maurice

Nom du programme ou de l'institution: Le Collectif des Formateurs du Sud Ltée

Localisation: Quatre-Bornes

Nom et titre de la personne de contact: Jean-Claude Abel, Formateur et Responsable d'un Centre de Formation (Petite Enfance)

Adresse Email: jeanclaudeabel@intnet.mu

Téléphone: 787-2509

Headline

Parental empowerment to empowering communities

Connaissance de l'innovation

Suite à une analyse de la situation sociale à l'île Maurice, 229 poches de pauvreté ont été identifiées, 5000 familles vivent en dessous du seuil de pauvreté. La situation s'aggrave dans la mesure où le climat social devient de plus en plus intolérable. Le gouvernement mauricien depuis l'année dernière s'est donné comme objectif, « l'allègement et l'éradication de la pauvreté ». Les sociétés civiles ont été appelées à collaborer à ce programme. L'état avec le support de L'Union Européenne et Le « Trust Fund for the Social Integration of Vulnerable Groups », ont mis en marche toute une série d'aide financière pour venir en aide aux plus démunis. Dans le cadre de la politique du gouvernement mauricien vers les créations d'instances et des structures, visant l'éradication de la pauvreté dans 229 poches vulnérables à travers l'île, le Collectif des Formateurs du Sud Limitée (CDFDSL) se sentant concerné par ce projet a décidé de soutenir l'action gouvernementale dans cette direction.

Depuis octobre 2008, le CDFDSL a commencé un programme de formation, de soutien et d'encadrement dans quatre régions de l'île: Bois d'Oiseau (est), Anse Jonchée (sud), Le Morne (ouest), et La Tour Koenig (nord). Ce projet avait pour but de consolider les liens au niveau de la famille et la mise sur pied de microprojets familiaux, générateurs de revenus. 200 unités familiales bénéficient de ce programme et le projet prend fin en octobre 2009.

La famille est le lieu d'insertion de l'enfant dans la société et dans la culture, elle constitue le moyen par lequel il est introduit dans la vie humaine et le cadre dans lequel s'élabore sa personnalité. L'arrivée d'un enfant au sein d'une famille demande à chaque parent et au couple l'invention d'un nouveau mode de vie. De la réussite de cette organisation dépend la réussite de la suite du projet familial. Des enfants plus suivis, des parents plus présents c'est mathématiquement moins d'échec scolaire, moins d'enfants délinquants. Pour le Collectif des formateurs du sud Ltée. (CDFDSL), l'aide aux familles et notamment aux parents est une priorité pour que notre société se développe harmonieusement.

L'objectif de cette formation est d'amener les parents à prendre conscience des besoins de leurs enfants et comment y répondre. Ce sont les bases solides qui leur apporteront santé, confiance, joie et bonheur. Ces besoins satisfaits, l'enfant se sentira comblé et il fera face à son avenir avec assurance. Après ce premier semestre, cette formation nous permet de mieux cerner les besoins de ces familles. Nous ressentons que ces jeunes enfants ont besoin d'un lieu de rencontre tout en étant avec leurs parents. Ils ont besoin d'être écoutés, d'être acceptés tels qu'ils sont. Beaucoup de ces enfants souffrent d'une qualité de relation qui soit favorable à leur développement et leur épanouissement. Nous avons aussi des enfants qui souffrent à cause des problèmes familiaux, les parents se bagarrent et il y a cassure dans la famille. Notre travail auprès de ces parents est conséquent et nous pouvons constater l'apport bénéfique de cet accompagnement et l'encadrement continu.

La pauvreté est un facteur qui détermine l'exclusion et au sein de notre organisation nous essayons d'éliminer les facteurs à risques et d'inclure au mieux de nos possibilités ces enfants.

Nous avons donc décidé de poursuivre cette « mission », d'ou la deuxième phase de notre projet en apportant des éléments innovateurs à notre programme avec pour objectif d'apprendre aux enfants de vivre des valeurs afin de devenir demain un citoyen responsable.

Pour atteindre ces objectifs nous recherchons l'aide des différentes organisations qui ont à cœur le bien-être de la famille et de la communauté afin de nous aider à créer un centre multidimensionnel pour les jeunes, les personnes sans-emplois, les parents et les personnes âgées des régions défavorisées, dans une perspective de collaboration intergénérationnelle. et d'écoute qui aura pour but entre autres :

- d'encadrer les enfants, les adolescents et les personnes âgées, sous un même toit, dans le but de leur offrir le soutien nécessaire à leur épanouissement physique, cognitif, moral social, culturel et émotionnel
- de poursuivre et consolider la formation des parents sur l'éducation de leurs enfants, les sensibiliser à leur responsabilité et les aider dans leur mission de parents.

Le programme voudrait répondre à des besoins prioritaires des familles et des communautés vulnérables, victimes de pauvreté, et qui vise une approche globale du problème : alléger la pauvreté ; renforcer les capacités familiales afin de subvenir à leurs besoins et améliorer leurs revenus ; améliorer leur environnement et la malnutrition ; consolider la qualité de vie dans les foyers pour que l'île Maurice soit une île digne de ses enfants ; conscientiser les groupes vulnérables aux problèmes les concernant et les conseiller et les aider à les surmonter ; et assurer l'intégration sociale des groupes vulnérables

Nous avons choisi que deux régions : Bois d'Oiseau et Le Morne pour la réalisation de notre projet éducatif, pédagogique et social. Pour y arriver, le CDFDS Ltée s'est fixé deux axes de travail : 1) éducatif et 2) social. Ces deux axes vont favoriser le développement de la personnalité de l'enfant, de l'adolescent, des personnes sans-emploi et des personnes âgées en vivant des valeurs suivantes : l'autonomie ; la responsabilité ; les apprentissages ; la solidarité ; la tolérance ; et le respect.

Le vécu de ces valeurs est permanent et se retrouve dans des activités spécifiques telles que:

- Cours de soutien dans certaines matières (par exemple le français, l'anglais, les mathématiques)
- L'absentéisme à l'école et son impact négatif sur les études et le développement
- L'importance de l'éducation dans la vie
- Initiation à l'ordinateur
- Activités créatrices et activités sportives
- Cours sur la fabrication de jouets traditionnels de l'île Maurice
- Cours sur les valeurs
- Comment garder une bonne santé
- Comment participer à la vie communautaire
- Cours sur les dangers/fléaux de la société
- Cours d'alphabétisation pour ceux qui ne savent pas lire (Ex. écrire leurs noms, signer leurs noms, faire un numéro de téléphone, remplir une fiche, écrire les chiffres, reconnaître les chiffres, faire des calculs simple, etc).
- Initiation à l'informatique
- Cours de Yoga/tai chi/aérobic/danse/natation etc.
- les micros –projets familiales générateurs de revenus.
- Le respect de son environnement et à la sécurité routière,
- L'éduquer à la santé, prévenir le sida, informer sur les dangers des toxicomanies et bien d'autres choses encore.

Programme pour les personnes âgées :-

- Comment garder une bonne santé
- Les complications liées au vieillissement
- Activités sportives, Cours de Yoga/tai chi/aérobic/danse/natation etc.
- Cours d'alphabétisation pour ceux qui ne savent pas lire (Ex. écrire leurs noms, signer leurs noms, faire un numéro de téléphone, remplir une fiche, écrire et reconnaître les chiffres, faire des calculs simple, etc).

Dans le souci de développer l'enfant :

1. dans sa globalité, c'est-à-dire prendre en considération son développement intellectuel, social, physique, moral,
2. dans l'apprentissage de la vie en société : le sensibiliser aux règles de vie et aux règles d'hygiène, l'application et le respect des règles de vie.
3. dans la continuité des apprentissages scolaires
4. dans un groupe d'appartenance et lui permettant de s'y intégrer .

Le Centre veillera à de nouvelles ouvertures à la communication :

- les personnes seront amenées à se familiariser à l'utilisation de l'internet.
- des échanges de groupe avec la famille ainsi que d'autres personnes de la région.

Le Centre s'ouvrira sur le monde :

- nous accueillerons des personnes ressources (l'art, le théâtre, la musique)
- nous irons à la rencontre d'autres familles
- nous aménagerons une salle de lecture

Nos outils pour évaluer les actions : la concertation sera un moyen d'évaluer la progression de nos actions :

1. au niveau de l'équipe
2. au niveau des écoles (préscolaires, primaires, secondaires)
3. avec nos personnes ressources et nos parents médiateurs.
 - Les rencontres avec les parents seront des moments privilégiés de communication et d'évaluation
 - Le suivi/la mise en pratique des mini-projets

Notre but principal est d'aider les parents à améliorer leurs connaissances et d'acquérir une attitude positive et des idées innovatrices qui mèneront aussi à une adaptation plus aisée aux exigences de la société moderne,

Mettre en œuvre un programme aussi ambitieux, cela exige des professionnels solidement formés. Nous sommes convaincus que le CDFDS ainsi que les personnes ressources mèneront à bien ce projet qui sera établi sur une base pilote.

Ainsi se mettra en place une structure unique qui devrait permettre à tout un chacun de se retrouver ; aux enfants de s'investir pleinement pour réussir dans leur développement .Notre action tend aussi vers une autonomie sociale, verbale, motrice ainsi permettant à chacun de savoir se situer par rapport aux autres au moment opportun.

Niger

Nom du programme ou l'institution : Programme d'Education Parentale

Localisation : Ensemble du pays

Nom et titre de la personne de contact : Souleymane Issoufou DPE/MPF/PE

Adresse E-mail : sissoufam@yahoo.fr

Téléphone : 0022790326300

Titre de l'innovation

Stratégie d'Education Parentale

Connaissance de l'innovation

Objectif principal

Faire acquérir aux parents des notions sur l'hygiène, le droit de l'enfant, la santé, la nutrition, les groupes d'aliments, les maladies, les besoins de l'enfant par phase de développement, l'éducation à la paix, l'engagement de la communauté dans la prise en charge de la petite enfance.

Nombre d'enfants :

42 192, dont 11 550 parents

Activités :

- Formation des parents d'élèves et groupements féminins
- Elaboration et mise en œuvre d'un programme d'alphabétisation fonctionnelle

Résultats

Changement de comportement des parents par rapport aux droits, à la scolarisation, aux bonnes pratiques d'hygiène, à l'amélioration de l'état sanitaire et nutritionnel des enfants.

Les 2 principales leçons tirées de l'expérience :

1. L'engagement de la communauté dans la prise en charge des enfants (ouverture des jardins d'enfants communautaires (JEC), activités de protection (vaccination, prévention des maladies, salubrité, bonne alimentation, fréquentation de centres et cases de santé...), l'amélioration des résultats scolaires et les conditions de vie des enfants.
2. Prise de conscience sur la protection et le respect des droits de l'enfant.

Instruments

- Guide d'éducation parentale
- Programme d'alphabétisation fonctionnelle au profit des parents
- Evaluation des effets du projet d'éducation parentale dans 200 écoles des régions d'Agadez, Maradi, Tahoua et Zinder (contacter le programme)

1. Présentation du Guide d'Education Parentale

I. Introduction

Le guide d'Education Parentale est composé de fiches élaborées par la Direction de l'Enseignement de Base (DEB1) et la Direction de l'Enseignement Arabe (DEA) en collaboration avec l'UNICEF Niger. Il est destiné aux parents d'élèves dans le souci de leur faire acquérir les notions sur l'hygiène, le droit de l'enfant, la santé, la nutrition, les groupes d'aliments, les maladies, les besoins de l'enfant par phase, l'éducation à la paix et l'engagement de la communauté dans la prise en charge de la petite enfance.

II. Indications pédagogiques

Objectif :

Amener les parents à :

- connaître les besoins et les droits de l'enfant,
- développer l'esprit communautaire dans la prise en charge du jeune enfant,
- assurer pleinement leur rôle parental dans l'éducation et la prise en charge du jeune enfant
- améliorer les résultats scolaires et les conditions de vie des enfants

III. Groupes cibles

Parents issus de différentes structures participatives de l'école et personnes ayant en charge les enfants de la tranche d'âge de 3 à 6 ans.

IV. Comment utiliser les fiches

Pour chaque fiche, il est donné un référentiel qui permet de mesurer l'activité.

Le titre annonce l'activité du jour.

Le support indique le temps imparti pour mener l'activité.

Les objectifs annoncent les informations, les connaissances, l'analyse, l'application, la compréhension, la synthèse et l'évaluation que les participants acquièrent et devraient maîtriser pour un changement de comportements et une amélioration de la prise en charge du jeune enfant.

Les questions invitent les participants à observer, à décrire, à réfléchir, à utiliser leurs moyens pour résoudre les problèmes sociaux.

Le texte synthétise, les informations développées dans le questionnaire en relation avec le titre.

Les messages clés contiennent les informations, les connaissances et les pratiques que doit acquérir chaque participant.

V. Le rôle du facilitateur et la gestion du groupe

Le facilitateur est celui qui rend l'apprentissage plus facile pour les participants.

Il permet aux participants de mieux comprendre et apprendre en s'appuyant sur leurs capacités, leurs expériences, leurs compétences et leurs connaissances en les incitant à contribuer aux activités d'apprentissage en s'y investissant activement. Pour y parvenir, il faut un savoir faire en matière de facilitation, il doit être en mesure de :

- fournir des informations,
- gérer le temps,
- favoriser la compréhension,
- assurer une communication de qualité

2. Programme d'éducation Parentale en Alphabétisation

Le programme d'éducation parentale en alphabétisation fait suite au programme pilote d'alphabétisation des membres des comités de gestion des établissements scolaires initié par l'UNICEF et exécuté avec succès par le CECI en 2007–2008

Ce projet qui se veut être une entrée par le non formel pour développer le formel, repose sur des faits simples et connus de tous. En effet, plusieurs recherches ont largement démontré que l'enfant réussit mieux son apprentissage s'il a eu de nombreux contacts avec l'écrit au cours de sa petite enfance, et que la conscience de l'écrit se développe surtout au sein de la famille ; ii) les parents éduqués procurent une alimentation on ne peut plus saine à leurs enfants, font davantage recours aux services de santé et adoptent des comportements augmentant la survie de leurs progénitures.

Ces indicateurs montrent bien qu'il existe un lien étroit entre le niveau de scolarisation des enfants et le statut socio-professionnel des parents. Ce lien est essentiellement dû à l'amélioration des habiletés de communication qui favorisent la compréhension des messages écrits et verbaux, toutes choses auxquelles s'attelait, sous l'accompagnement technique du CECI-Niger, le projet d'éducation parentale depuis fin 2007 dans 400 écoles des régions de convergence de l'UNICEF : i) en cherchant à rendre le système scolaire plus lisible et transparent aux yeux des parents (enjeux de l'école, activités, résultats, réussites, échecs, cursus scolaires) ; ii) en organisant avec les parents toutes les complémentarités nécessaires ; iii) en augmentant les interactions entre les parents et les enseignants pour une progressive amélioration de la crédibilité de l'école ; iv) en construisant avec la famille et les structures participatives un dialogue constructif et permanent centré sur l'école ; v) en faisant en sorte que le préscolaire soit considéré comme un lieu d'apprentissage préparant aux autres ordres d'enseignement.

En créant une synergie donc, une relation toute fonctionnelle entre les sous-secteurs de l'éducation formelle et non formelle par la responsabilisation et l'implication directe de plusieurs acteurs et responsables (services centraux et déconcentrés du Ministère de l'Éducation Nationale du Niger, autorités administratives et coutumières, société civile à travers les opérateurs locaux, communautés...), ce projet vise essentiellement, à travers le développement des compétences instrumentales, fonctionnelles c'est-à-dire liées aux bonnes pratiques (pratiques familiales essentielles, santé, hygiène, droit de l'enfant, scolarisation de la jeune fille...) et de gestion chez les parents, l'amélioration des résultats scolaires et les conditions de vie des enfants.

Les groupes cibles du projet exercent déjà des rôles de parents dans la société et assument des responsabilités précises au sein des structures participatives de l'école.

Le projet a fait l'objet d'une évaluation d'effets en juillet 2009 qui s'est d'ailleurs avérée concluante (**voir en annexe, les résultats de l'évaluation d'effets du projet réalisée en juillet 2009 après deux années de mise en œuvre**).

Une stratégie nationale d'alphabétisation des structures participatives de l'école a été élaborée et validée à partir de l'expérience du programme d'éducation parentale.

Nigeria

Name of programme or institution: Universal Basic Education Programme and Mainstreaming of ECD Studies into Curriculum of Pre-service Teacher Training Institutions

Location: Abuja and the 36 States; 18 Federal Colleges of Education

Name and title of contact persons:

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Mrs. Adeline Ojogwu, Assistant Director, Child Right Information Bureau, Fed. Min. of Information and Communication, Abuja, Nigeria, +2348034613774

Headline

Mobilising to Give the Forgotten Children a Chance in Life

Most successful programme strategy or innovation

To increase access to ECD for children aged 3-5years and bring the service down to every child within this age cohort, a directive was given to the States by the Federal Government to establish at least one ECD class in every Public School in the country. This way, with 73,117 Public Primary schools, a phenomenal increase was achieved in enrolment. (National Directory of Schools, 2003).

Consequently, to meet the increased need for care givers and teachers, ECD studies is being mainstreamed into the curriculum of an initial 18 Pre- service teacher training institutions, (Colleges of Education) while plans are under way to scale this up to the other Colleges of Education nationwide. The National Teachers' Institute has also been re-training teachers and caregivers already within the system to build their capacities. The curriculum materials developed have also been translated into 13 local languages while plans are underway to mass produce these documents under a Public, Private, Partnership arrangement.

Most valuable lessons learned

1. A right balance between policy and implementation strategy is required in order to achieve the desired outcome.
2. Provision of ECD in Public Schools can lead to a phenomenal increase in enrolment and access to Primary.

Tools shared

Increasing Access to ECD through the Universal Basic Education Programme

The Universal Basic Education Act (2004) recognises Early Childhood Care and Education as an integral part and one of the three components of the UBE Programme. It identifies the following as services to be provided free of charge at this level: books, instructional materials, classrooms and furniture.

This programme is funded from 2% of the Federal Governments Consolidated Revenue fund, while the states contribute a counterpart fund of 50% of the cost of each project, as a condition for accessing this grant from government.

As a means of boosting enrolment into ECD, the Federal Government directed that at least one ECD class should be established in each Public Primary School. This is intended to increase enrolment and enable as many children as possible to benefit from a sound ECD programme and have an early start in life. It would also act as a feeder to Primary one. This

gave an immediate boost to enrolment at this level as ECD classes were established in the 73,117 public primary schools nationwide.

The resultant gap in teacher/caregiver provision led to a review of the pre-service teacher education programme and the introduction of ECD as an area of specialisation at the Colleges of Education that train teachers for the National Certificate in Education. (NCE). The following documents are in use for the implementation of the Integrated Early Childhood Development Policy.

- The Compulsory, Free Universal Basic Education Act, 2004
- The Federal Government Approved Guidelines for Accessing and Utilization of the FGN UBE Fund
- National Policy for Integrated Early Childhood Development in Nigeria (2007)
- National Minimum Standards for Early Childhood Care Centres in Nigeria. (2007)
- Charts on Play and Child Stimulation.
- National Early Childhood Curriculum for Ages 0-5years
- Promotion of Key Household and Community Practices for Child Survival, Growth and Development. (2005)
- Training Guide for Lead Trainers for ECCE Programme in Colleges of Education. (2008)
- NCE Minimum Standards for Pre- Service Teacher Training (2007)

A bibliography of the electronically available manuals and books is available.

Sénégal: Innovation 1

Nom du programme ou de l'institution: Agence Nationale de la Case des Tout-Petits

Localisation: Dakar

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Titre de l'innovation :

Intégration des Technologies de l'Information et de la Communication (TIC) dans les apprentissages au préscolaire

Connaissance de l'innovation

L'innovation la plus réussie demeure l'introduction de l'informatique dans les apprentissages. En effet, Depuis 2004, l'Agence Nationale de la Case des Tout-Petits (ANCTP) a lancé un programme d'initiation et de familiarisation aux Technologies de l'Information et de la Communication (TIC). Dans la stratégie d'intégration de l'outil informatique dans les activités d'apprentissage nous avons réussi :

- a. Le développement de la dextérité manuelle grâce à l'utilisation de la souris pour des enfants qui viennent de découvrir l'ordinateur à l'école (63% de ces enfants vivent en milieu rural et périurbain).
- b. L'acquisition rapide des notions de couleurs, de formes, de tailles et de sons dans les activités perceptivomotrices, logicomathématiques et langagières.
- c. Dans notre stratégie, nous avons également numérisé des activités issues du curriculum de l'éducation de base, notamment du préscolaire pour permettre aux enfants de la petite section d'utiliser l'ordinateur en reproduisant des activités du cahier de la petite section.

Nous signalons toutefois, que les enfants de la moyenne et de la grande section qui ont déjà une autonomie qui leur permet de créer et d'animer des objets dans le temps et dans l'espace.

Objectif principal

Permettre aux enfants, âgés de 2 à 6 ans, fréquentant les structures de prise en charge de la petite enfance de se familiariser avec l'outil informatique.

Nombre d'enfants desservis chaque année

L'Agence Nationale de la Case des Tout-Petits compte 150 structures équipées en ordinateurs et qui déroulent le programme informatique. Ce qui correspond à un total de 9000 enfants desservis par année, à raison de 60 enfants (en moyenne) formés par année et par structure.

Activités/Résultats

A.1 Mise en place d'un système d'enseignement de l'informatique au préscolaire;

R.1 une méthodologie intégrant à la fois des objectifs informatiques et des objectifs pédagogiques le tout dans une approche thématique est dégagé et sert de canevas à tout les programmes qui seront élaborés.

Sénégal: Innovation 1

Intégration des Technologies de l'Information et de la Communication (TIC) dans les apprentissages au préscolaire

- A.2 Conception de programmes intégrant des activités sur ordinateur adaptés aux différentes tranches d'âges : 2 ans, 3–4 ans et 5–6 ans.
- R.2 Disponibilité de deux (02) programmes :
- Un programme pour la découverte qui intéresse la petite, moyenne et grande section
 - Un programme pour l'autonomisation qui intéresse la moyenne et la grande section
- A.3 Formation des formateurs en informatique (bureautique, exploitation de supports multimédias et utilisation du guide de l'animateur sur l'introduction des TIC dans les structures DIPE) ;
- R.3 Deux cent soixante quinze (275) animateur polyvalents des 14 régions du Sénégal formés et qui mettent en œuvre correctement les programmes TIC dans les structures DIPE
- A.4 Familiarisation des enfants à l'utilisation de l'ordinateur à travers des activités numérisées, des fichiers électroniques et des CD-ROM éducatifs intégrant les activités psychomotrices, langagières, logicomathématiques, graphiques, de découverte etc. ;
- R.4 6000 enfants (3000 de la moyenne section, 3000 de la grande section) capables de mettre l'ordinateur en marche, de sélectionner l'icône d'un logiciel et de l'ouvrir, de dérouler une activité du logiciel, de terminer l'activité et d'arrêter l'ordinateur correctement.

Sénégal: Innovation 2

Nom du programme ou de l'institution: Projet de Renforcement des Capacités Locales pour la Promotion de la Petite Enfance/Plan Sénégal

Localisation: Louga

Nom et titre de la personne de contact: Ndahirou MBAYE , Coordonnateur Petite Enfance

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Titre de l'innovation

Le Groupe de jeu : Espace d'épanouissement pour les Jeunes Enfants

Connaissance de l'innovation

Le Projet de Renforcement des Capacités Locales pour la Promotion de la Petite Enfance (PROCAPE) appuyé par Plan Sénégal travaille depuis 2005 à la prise en charge communautaire des tout petits de 0 à 8 ans en se focalisant sur les 0-3ans et l'éducation parentale.

Il a été considéré que le village constitue l'espace communautaire le plus proche du jeune enfant. Ainsi la mise en place des groupes de jeu dans 50 villages du département de Louga a permis de fédérer les initiatives locales et les services offerts aux tout petits ont permis aux populations de constater les changements positifs intervenus dans leur état sanitaire, cognitif, nutritionnel, affectif et psychomoteur.

Objectif de l'innovation

Renforcer les capacités des membres de la famille et les leaders communautaires en DIPE pour une meilleure prise en charge du jeune enfant.

Activités de Développement Intégré de la Petite Enfance (DIPE) autour des groupes de jeu

Ils sont 2500 jeunes enfants âgés de 0 à 3 ans inscrits dans les groupes de jeu. Dans chaque village un local est aménagé par les populations pour accueillir les enfants. Les groupes de jeu abritent en moyenne 50 enfants âgés de 0 à 36 mois. Ils sont répartis en deux grands groupes :

- Les 0–23 mois viennent une fois par semaine au local amenés par leurs mères qui bénéficient de conseils sur l'Allaitement Maternel Exclusif, la planification familiale, la vaccination, les consultations pré et post natales, la prévention du paludisme, le traitement de la diarrhée à domicile, la stimulation précoce)
- Les 24–36 mois qui viennent 3 jours par semaine pendant 2 à 3 heures dans le local sont pris en charge par les Mères Volontaires dans le domaine de l'éveil, de l'apprentissage du langage à travers les chants, les comptines, les devinettes (tirés du patrimoine culturel local), les jeux d'encastrement, le coloriage. Chaque groupe de jeu dispose d'une gamme variée de jouets manufacturés ou fabriqués au niveau local. Ces Mères ont bénéficié de sessions de formation sur le DIPE. Les supports de formation sont en langues nationales. Ces sessions ont été animées par une Equipe Technique multisectorielle composée des Services de l'Education, de la Santé, du Développement Communautaire, de la Planification et de l'Agence Nationale de la Case des Tout Petits. Cette même Equipe assure le suivi sur le terrain avec des Facilitateurs DIPE.

Le suivi sanitaire concerne le respect du calendrier vaccinal des enfants, l'accès aux services pré et post natales, le planning familial, la prévention du paludisme et des maladies diarrhéiques.

Le suivi de la promotion de la croissance se fait régulièrement tous les mois, dans tous les villages ; les goûters à base de céréales locales enrichies sont servis, en moyenne trois fois par semaine dans chaque groupe de jeu.

Protection

Les comités de gestion font enregistrer les nouvelles naissances dans les cahiers de villages et travaillent avec le Conseil rural pour l'établissement de pièces d'état civil pour les enfants.

Résultats

Les groupes de jeu ont apporté d'importants changements dans les perceptions, attitudes et comportement des membres de la famille et des membres de la communauté dans le DIPE.

Les parents apprécient les nouveaux comportements de leurs enfants qui sont devenus « plus éveillés ».

Dans les villages, les mamans racontent comment les jeunes enfant fréquentant le groupe de jeu ont positivement changé les habitudes dans la maison ; le lavage des mains à l'eau et au savon est obligatoire avant le repas et à la sortie des latrines.

Les capacités des acteurs locaux sont renforcées. Dans chaque village existe un comité de gestion qui planifie les activités de DIPE et mobilise la participation des familles. Ainsi tous les locaux sont aménagés par les jeunes des villages et des stocks de vivres sont collectés pour le goûter des tout petits ; les familles prennent mieux soin des jeunes enfants. A titre d'exemple au poste de santé de Kelle Guèye, zone du projet, le taux de vaccination complète des enfants de 0–11 mois est passé de 62% en juin 2008 à 89% en juin 2009. Ce taux est largement au dessus du District Sanitaire de Louga (78%). Les cas de paludisme ont sensiblement baissé dans les villages comme l'ont confirmé les personnels de santé ; les taux de malnutrition ont aussi chuté dans ces mêmes zones.

Les 2 principales leçons tirées de l'expérience

1. Pour le DIPE la participation communautaire et la responsabilisation des acteurs locaux sont déterminantes. Elles permettent, entre autres, de mieux prendre en considération les aspects culturels, les valeurs sociales et les potentialités endogènes pour l'adhésion des populations.
2. La processus de maturation d'un programme DIPE est itératif et prend du temps compte tenu de sa nouveauté et de sa complexité : Il faut donner du temps aux communautés pour comprendre, expérimenter, afin de mieux s'engager. Dans ce sens, la sensibilisation, l'animation, l'organisation et la formation doivent occuper une place de choix dans ces programmes.

Instrument

Grille de Suivi du Groupe de jeu (voir page suivante)

GRILLE DE SUIVI DU GROUPE DE JEU

PROJET DE RENFORCEMENT DES CAPACITES LOCALES POUR LA
PROMOTION DE LA PETITE ENFANCE (PROCAPE)

GRILLE DE SUIVI DU GROUPE DE JEU

Communauté rurale de _____

Village de _____

Variables	Check-list	Apprécier ou indiquer le nombre s'il y a lieu			Commentaires
		+	-	+/-	
Le local	Le local est aéré				
	Le local est spacieux				
	Le local est propre				
	Le local est accessible aux jeunes enfants				
	Il dispose d'eau courante ou d'un système de stockage d'eau				
	Il dispose de latrines				
	Il existe des détergents pour l'assainissement et l'hygiène du milieu				
	Il y a des cuvettes bébés				
Matériel et équipements	Il y a suffisamment de nattes dans le local				
	Il y a suffisamment de chaises et de tables pour les enfants				
	Une balance est disponible pour la pesée des enfants				
	Chaque enfant dispose d'un bol et d'une cuillère				
	Les jouets traditionnels existent en quantité et qualité suffisante				
	Les jouets manufacturés existent en quantité et qualité suffisante				
Outils de gestion du groupe de jeu	La mère volontaire dispose des principaux documents de gestion du groupe de jeu (liste des enfants par âge et par sexe, cahier de planification, cahier- journal, cahier de visites, cahier de supervision, fiche de surveillance de croissance et état nutritionnel)				
	Les documents précités sont correctement remplis				

Sénégal: Innovation 2

Le Groupe de jeu : Espace d'épanouissement pour les Jeunes Enfants

Variables	Check-list	Apprécier ou indiquer le nombre s'il y a lieu			Commentaires
		+	-	+/-	
Fonctionnement	Nombre de jours d'ouverture dans le mois				
	Nombre de séances animées par les Mères Volontaires dans le mois				
	Nombre de visites à domicile faites par les Mères Volontaires dans le mois				
	Nombre de causeries faites par les Mères Volontaires dans le mois				
	Nombre de séances de pesées organisées dans le mois				
	Nombre de repas préparés pour les enfants dans le mois				
	Nombre et type de vaccinations effectuées dans le mois				
Suivi/ Supervision	Nombre de réunions organisées par le comité de gestion du groupe de jeu				
	Le comité de gestion dispose-t-il des principaux documents de gestion (planification mensuelle, PV de réunion, règlement intérieur)				
	Nombre de passages du Facilitateur Communautaire pour le DIPE				
	Nombre de naissances d'enfants dans le mois				
	Nombre de naissances déclarées par le comité de gestion				
	Nombre de naissances enregistrées à l'état civil dans le mois				

Principales difficultés durant le mois _____

Solutions tentes _____

Commentaires du Superviseur _____

Recommandations _____

Fait à Louga le _____ Nom du superviseur _____

Sénégal: Innovation 3

Nom du programme ou de l'institution: Agence Nationale de la Case des Tout-Petits

Localisation: Dakar

Nom et titre de la personne de contact: Sophie Gueye SOW, Projet Parrainage des Bébés

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Titre de l'innovation

Projet Parrainage des Bébés (PPBB)

Connaissance de l'innovation

Objectif Principal

Promouvoir un système de solidarité autour de l'enfant de la conception à l'âge de 6 ans pour une meilleure prise en charge, tel est le principal objectif de l'innovation « Parrainage des Bébés » mise en œuvre par l'Agence Nationale de la Case des Tout-Petits depuis 2006.

Stratégies mises en œuvre

- Parrainage de la femme enceinte pour une assistance régulière par une conseillère familiale « Bajen u cox » en vue de l'aider à faire ses Visites Prénatales Natales et à bénéficier d'un accouchement assisté.
- Parrainage de l'enfant de la conception à 6ans par l'ouverture d'un compte d'épargne alimenté par un parrain ou par un parent.
- Renforcement de capacité des mamans par l'utilisation d'un outil de formation très original appelé JW3 (Wure Wer Werle) pour les aider à détecter les facteurs de risques de la grossesse en vue de lutter contre la mortalité maternelle et infantile.
- Contribution à l'augmentation du taux d'enregistrement à l'état civil en exigeant aux parents la présentation de la pièce d'état civil pour bénéficier des dérivés du projet.
- Mise en place d'un dispositif de suivi de l'enfant de la naissance au cycle élémentaire par la création d'un ensemble de dossiers (dossier de suivi) concernant chaque enfant.
- Conception de supports didactiques et promotionnels accessibles aux populations ciblées et exploitables dans les visites de proximité et des séances de causeries.
- Recrutement et formation de conseillères familiales capables de mener des causeries sur (la santé-nutrition, l'hygiène, l'environnement et la protection) et des visites à domicile pour s'enquérir des problèmes des populations afin de les accompagner vers une solution appropriée.

Les 2 principales leçons tirées de l'expérience

1. Acceptation par la population de la constitution de l'épargne des tout-petits leur permettant d'avoir des ressources pour contribuer au financement de leur scolarisation ;
2. L'utilisation du JW3, jeu adapté aux femmes pour discuter de la grossesse dans la joie et la gaieté, dans le but de lutter contre la mortalité maternelle infantile ; Encadrement rapproché des populations, surtout en milieu rural et périurbain, grâce à l'existence de Conseillères Familiales Itinérantes.

Instrument

Le JW₃ Wuré Weur Werlé

Le JW₃ Wuré Weur Werlé a été créé par Mr Amadou DIALLO, un technicien supérieur de la santé voulant apporter sa contribution dans la lutte contre la mortalité maternelle et infantile.

Le JW₃ est un mini jeu structuré qui combine un jeu traditionnel sénégalais le Wuré et un jeu moderne les cartes.

Il est fondé sur la notion de facteur de risque qui est un caractère ou un événement sur lequel peut se fonder une prédiction donc la probabilité de survenu d'un événement et l'utilisation d'images symboles qui déterminent les facteurs de risques, les moyens de le détecter et les solutions à apporter pour éviter les conséquences.

Le JW₃ a pour objectif de donner aux communautés les capacités à :

- Identifier les facteurs de risque.
- Détecter les moyens de les rechercher.
- Appliquer la conduite à tenir.
- Développer les comportements favorables à la prévention des complications.

1. Présentation du jeu :

- Le JW₃ a quatre (4) composantes
- Le support de l'aire de jeu
- L'aire de jeu
- Un jeu de 81 cartes
- Les jetons (100).

Les cartes sont constituées de trois (3) catégories

- Les cartes qui symbolisent les facteurs de risque
- Les cartes qui symbolisent les moyens de les détecter
- Les cartes qui symbolisent les solutions à apporter ou la conduite à tenir.

Sur chaque carte est inscrit un certain nombre de points qui varient selon la gravité du risque.

Par exemple : une carte qui symbolise un saignement pendant la grossesse donne plus de point qu'une carte qui symbolise la grossesse d'une femme âgée.

2. Principes et règles du jeu

Les principes soutiennent les règles de JW₃.

Il s'agit de :

- La reconstitution correcte des séries
- L'annonce claire et audible de chaque carte jouée
- Le gain de points à partir de carte jouée et énoncée correctement
- La perte de points à partir de carte jouée et énoncée incorrectement.

Les joueurs sont au nombre de six (6).

Chaque joueur a 6 cartes et 20 billes au début du jeu.

Chaque joueur essaie de constituer une série correcte en énonçant clairement les cartes. Au cas où l'énoncé est juste, le joueur bénéficie du nombre de billes qui se trouve sur sa carte, au cas contraire, il perd ces nombres de billes.

Sort vainqueur le joueur qui a plus de billes à la fin de la partie.

Le JW₃ permet aux femmes de parler de grossesse, de sang, d'accouchement sans gêne dans la joie, la gaieté puisque c'est avant tout un jeu.

Il permet de sensibiliser les femmes sur les facteurs de risque liés à la grossesse qui peuvent apparaître avant, pendant ou après la grossesse.

Nous organisons des jeux libres, des jeux supervisés et des compétitions pour susciter l'engouement de la population.

South Africa: Innovation 1

Name of programme or institution: TREE (Training & Resources in Early Education)

Location: Head Office: Durban, KwaZulu-Natal; work throughout province of KwaZulu-Natal

Name and title of contact person: Mrs Pam Picken

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Headline

TREE's innovative, integrated ECD programme supports vulnerable young children and families

Most successful programme strategy or innovation

TREE's Siyafundisana (We Learn Together) Programme focuses on supporting communities to initiate and sustain informal playgroups, where parents or caregivers play WITH their children to encourage positive relationships and opportunities for stimulation through fun, active learning experiences. Parents and caregivers also participate in a non-didactic, interactive parenting programme that builds on local and traditional child-rearing practices, as well as stimulating discussion around other aspects of holistic child development.

TREE was a finalist for the international Oscar van Leer Award, through the Bernard van Leer Foundation, for this integrated ECD programme in 2005.

This TREE programme has evolved over 8 years and now reaches annually, approximately 3400 children under age 7, in 16 communities, in 4 distinct geographic areas of KwaZulu-Natal. The programme is facilitated by women leaders, chosen by their community, with training, capacity building and support from TREE staff. Siyafundisana Childcare Committees oversee the programme in each area.

TREE works from a child rights based approach, and other components have been included in the programme: home visiting support to households identified as particularly vulnerable by community childcare committees; support to households to access vital documentation, health care, social grants and nutrition; a buddy programme, through which older children (age 9 to 12) enjoy play workshops & then engage in play with younger children in the community; making toys from waste; psycho-social support for young children & families; C-IMCI (IMCI = Integrated Management of Childhood Illness – a World Health Organisation strategy adopted by South Africa's Department of Health) & a strong focus on information & strategies around HIV and AIDS; building capacity for community based management and long term sustainability for the programme. The programme is conducted throughout in mother-tongue, isiZulu language.

Internal monitoring & evaluation takes place at TREE, and annual evaluations have been carried out by a research team from the University of KwaZulu-Natal that indicate very positive results in terms of changes in parent/caregiver to child relationships; knowledge of child development and children's developmental rights and needs; knowledge of HIV and AIDS; opportunities for early stimulation & play amongst other results.

Two most valuable lessons learned

1. To meet young children's holistic rights and needs, one needs to see the child deeply rooted in family and community, and to work closely with the major role players in the child's life to effect meaningful change. An education focus is insufficient.
2. Integrated ECD programmes evolve out of integrated, participatory community development initiatives, whose entry point is meeting the rights and needs of the young child.

South Africa: Innovation 1

TREE's innovative, integrated ECD programme supports vulnerable young children and families

Tools shared

TREE's Parenting Programme and 16 Parenting Leaflets are available at TREE Head Office – email address: tree@worldonline.co.za. Postal address: P.O. Box 35173, Northway, DURBAN, 4065, KwaZulu-Natal, South Africa.

The TREE Parenting Programme covers the following broad areas:

- Introduction session – The Programme and Facilitation skills.
- Session One - Parenting and Parenthood.
- Session Two – Development of the Child – 0 – 2 years.
- Session Three - Development of the Child – 2 – 5 years.
- Session Four – Development of the Child – 5 – 7 years.
- Session Five - Health
- Session Six - Language and Cognitive Development
- Session Seven – Social and emotional development and discipline
- Session Eight – Moral and Spiritual development
- Session Nine – HIV/AIDS and Illness
- Session Ten - The Way Forward.

It is accompanied by Discussion Posters and 16 leaflets for parents/caregivers, beautifully illustrated, to draw attention to key messages on young children in English and Zulu. There is a very strong HIV and AIDS component. The programme fosters inclusion of children with special needs, and draws attention to the important role of the father or grandfather through subtle use of visual images.

Outline of TREE Parenting Programme:

This programme has been designed to enable mothers, fathers, grandparents and anyone else who is a caregiver to have confidence in themselves as the child's primary caregiver and educator. These caregivers will gain;

- An understanding of young children's rights and needs.
- An understanding of parents'/caregivers' roles and responsibilities
- A basic understanding of the importance of ECD
- A basic overview of child development
- An understanding of the basic principles of nutrition, health promotion, prevention of disease. Prevention of common accidents and the prevention of abuse and neglect.
- An understanding about the prevention of HIV/AIDS and support for the HIV/AIDS infected child.
- An understanding of the importance of play and active learning for young children.
- Ideas for play and active learning for young children
- An understanding of how to identify and support a vulnerable young child
- A forum where parents can exchange ideas, share experiences and solve problems.
- Confidence in their own knowledge, skills, values and attitudes towards children.

The programme is presented in 10 sessions and the content of these sessions is listed in the following table.

NO	SESSION NAME	NO	CONTENT ITEM
1	PARENTING AND PARENTHOOD	1	Parenting and Parenthood
		2	What a child needs from a parent/ caregiver
		3	How young children develop and grow
		4	Stages of development
		5	Basic rights and needs of young children
		6	Young children develop and learn in four interrelated areas
		7	What is Play?
2	EARLY DEVELOPMENT, 0 – 2 YEARS	1	Nutrition
		2	Health and Hygiene
		3	Protection and safety
		4	Self esteem
		5	Play
		6	Learning and Education
		7	Children with Special Needs
3	NEW ADVENTURES – 2 – 4 YEARS	A	Children grow and develop in a ‘whole’ way and growth is continuous
		1	Nutrition
		2	Health and Hygiene
		3	Protection and safety
		4	Self esteem
		5	Play
		6	Learning and Education
		7	Children with Special Needs
4	ADVENTUROUS LEARNING 4 – 6 YEARS	A	Development changes at this age
		1	Nutrition
		2	Health and Hygiene
		3	Protection and safety
		4	Self esteem
		5	Play
		6	Learning and Education
		7	Children with Special Needs
5	HEALTH AND THE CHILD	1	Health needs a healthy and safe environment
		2	Health includes keeping fit and well - Rehydration
		3	Health includes feeling good about oneself, having happy relationships and helping others.

South Africa: Innovation 1

TREE's innovative, integrated ECD programme supports vulnerable young children and families

6	TALKING AND LISTENING HAPPY TALK	1	Language is the basis of understanding and learning.
		2	Children learn by having adults respond to them – two-way.
		3	Children learn through observing real things or pictures, and by talking about them, playing with them, listening and discussing.
8	CHILDREN'S RELATIONSHIPS, FEELINGS AND VALUES	1	Children need a 'kraal' of safety – love, caring and security in a family
		2	The need to raise children who are emotionally strong.
		3	Preventing child abuse and neglect is our responsibility.
		4	The discipline of children
		5	Conflict management
		6	Family Values
9	HIV/AIDS and POSITIVE LIVING	1	Understand that HIV/AIDS is a disease that cannot be cured but that is not very infectious – know the facts about how it is transmitted between people and how the disease progresses.
		2	Living positively with HIV/AIDS – treatments and care of those ill
		3	Coping with illness and loss
10	SUPPORT IN THE COMMUNITY	1	Support is available
		2	Strengthening our support network
		3	Getting a child support grant

As the people who would be interested in doing this programme are not English speakers, a number of leaflets have been developed where the important facts are illustrated with short notes in isiZulu. The leaflets and their content are listed below.

TABLE OF MATERIALS CONTAINED IN THE PAMPHLETS

Module Reference		Leaflet number and content	
1	Parenting and Parenthood	A	Parents and caregivers and the most important people in a child's life. Safety, Supervision, Play, inclusion, participation
2	Early Development 0 – 2 years	B	Dependence of babies and toddlers on adults, nutrition, health and hygiene, clinic immunisation, safety – objects etc.
3	New Adventures 2 – 4 years	C	Development, independence and learning, play, supervision, outings, play is learning
4	Adventurous Learning 4 – 6 years	D	Answer children's questions, keep them busy under supervision, self esteem – do not ignore, do not hit – set examples.
5	Health and the Child		Alternative leaflets from Department of Health to be used.
6	Talking and Listening	E	Language, mother tongue, ways of learning language, books, more than one language, music, talk and listen to babies and children, answer questions, learn through fun and play.
7	Thinking and doing	F	Learning through play and activities, both small and large muscle.
8	Children's relationships – feelings and values	G	Don't exclude children, help them feel part of the family, don't be impatient with child, build confidence, encourage creative efforts, let them talk to you, help them find out new things, respect children and set a good example to them.
9	HIV/AIDS and positive living	I – O	8 leaflets focusing on – <ul style="list-style-type: none"> a. plan future of children. Make list of possessions and make a will. Protect children – talk openly – choose guardians – no expensive funeral. b. Memory box, allow sorrow to be expressed. c. Be a good neighbour – be a resource – community support group – do not discriminate – work with other groups. d. Let children choose play, act out own story, play games to soothe stress. e. Stories for healing – happy ending, empathy with others, funny stories and own stories of future. f. Loving adult – build trust, understand life cycle, let child ask questions and tell truth simply - Give children hope for future. g. Be kind and understanding to grieving child, how a child shows grief in different ways, stress of teenagers looking after small children – give them a break. h. Talk about Aids to prevent it – adults talk to youngsters - identify vulnerable children – blood spill – contacts for community.
10	Support in the Community	H	Grants for children – community support – Contact details.

South Africa: Innovation 2

Institution and Program: Lesedi Educare Association, Integrated ECD Care Package

Location: Tweespruit, Free State Province

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Headline

Brighter Future For Children Through Integrated ECD Care-Package

Most successful programme strategy or innovation

At the heart of Lesedi Educare's "Integrated ECD Care Package" is the firm belief that community ECD Centres are well placed to provide valuable nodes of care and support for young children and families living in difficult circumstances, due to the undermining effects of poverty and HIV and AIDS. Lesedi's Integrated ECD Care Package has 3 main components which jointly broaden and strengthen the care environment for young children and their families, both within the ECD Centre environment as well as in the broader community. These 3 components are:

- *The ECD Practitioner Training Programme*, focusing on quality of ECD provision for young children through the community ECD Centre;
- *The Community Development and Family Support Programme*: focusing on quality of childhood for young children and their well-being at home, in the family and in the broader community. This programme is at the core of Lesedi's community development approach to ECD, and involves the training of Community Development Practitioners who are attached to community ECD centres.
- *Mobile Toy Library buses*: Supporting both the ECD Practitioner Training Programme, as well as the Community Development and Family Support Programme, providing an especially valuable resource in reaching out to the many young children who are outside of any ECD provision. (It should be noted that the 2 mobile toy library buses were donated to Lesedi through an innovative partnership between Lesedi and a local commuter bus transport company, as part of their CSI outreach.)

Through the Lesedi "Integrated ECD Care Package" trained ECD Practitioners and Community Development Practitioners work together as a team through the ECD Centre, with key community stakeholders and relevant Government Departments, towards a sustainable, community owned and managed ECD outreach and a gentle just and stimulating childhood for all children.

At the end of 2008 and early in 2009, UNICEF reviewed the Community Development and Family Support component of Lesedi's Integrated ECD Care Package, as a best practice in South Africa.

Activities

- The training of ECD Practitioners and Community Development Practitioners by Lesedi leads to nationally recognised qualifications (All training is delivered in the home language of practitioners);
- ECD Practitioners are trained in the implementation of an effective child-centred Early Learning programme, with provision for baby-care and an Awareness Programme to encourage parental/caregiver support and involvement;
- Community Development Practitioners are trained in the foundations of community development practice, as well as in Lesedi's Family Support Programme with its strong psycho-social support component;

- ECD Practitioners are supported by ECD Centre Supervisors and Management
- Community Development Practitioners (CDP's) are supported by ECD Centre supervisors and elected Community Support Structures in their community interaction.
 - ▷ CDP Interventions with communities include:
 - ▷ Self Help Groups (income generation to improve household income)
 - ▷ Health and Nutrition (includes providing information on key issues of health and nutrition, working with primary health care clinics, monitoring immunisation and Road-to-Health Card records and establishing household food-gardens);
 - ▷ Informal Neighbourhood playgroups (reaching young children outside of ECD Centres.)
 - ▷ Support Groups for caregivers (including grandmothers and siblings looking after young children. Many of the self-help groups have also evolved into Support Groups.)
 - ▷ After school care programmes (providing a safe environment for children of varying ages each afternoon after school hours, with a variety of activities. This involves working closely with local primary schools.)
 - ▷ Home-visits to vulnerable households;
 - ▷ Referrals to relevant authorities (e.g. in cases of abuse, neglect, no birth registration / certificates and identity documents, no access to child support grants as well as other relevant social security grants. This involves e.g., working inter-alia with SA Police Services, Dept. Social Development, Dept. Home Affairs, Dept. Health.)
 - ▷ Advocacy (especially at local level to raise awareness in communities of Children's Rights, the importance of ECD, and the vital role which parents/primary care-givers play as the most important teachers of their young children.)

Number of children reached

At this stage not all ECD centres in Lesedi's training programmes have Community Development practitioners attached to them, but the numbers are growing steadily as the outcomes for children and families reached by Lesedi's Integrated ECD Care-package, "speak" for themselves. Of the 145 ECD centres reached by Lesedi (in Mid-2009), 41 ECD centres have CDP's. A total of 10,200 children are presently being reached by Lesedi, with 3750 children being reached through Lesedi's Integrated ECD Care Package.

Monitoring and Evaluation

The Programme Plan provides the basis for a practical M & E framework outlining objectives & targets, activities, time-frames, resources, outcomes for beneficiaries, performance indicators and PI measurement tools. There are also a number of continuous assessment and data collection forms, providing both quantitative and qualitative data for recording on our database.

Results

A strong core of ECD centres is emerging as nodes of care and support for vulnerable children and families both within the ECD centre environment and in the broader community:

- Improved quality of ECD provision in ECD centres participating in the programme;
- Many children (0–9 years) reached, who previously had no access to early learning opportunities;
- Increased access to child support grants;
- Improved household incomes;

South Africa: Innovation 2

Brighter Future For Children Through Integrated ECD Care-Package

- After-care programmes have evolved organically in response to the need for children to have a safe place to go after school hours;
- Support groups have evolved organically from a number of self-help groups;
- Referrals have assisted vulnerable families to access relevant services / assistance from Government Departments.
- Household visits have assisted children and families at risk to cope with various crisis situations faced by them;
- In addition to the informal neighbourhood playgroups, 3 playgroups are being facilitated by a CDP at the HIV-AIDS clinic at a large state hospital in Bloemfontein. This brightens the day for young children as they wait long hours for their ARV treatment. It has also opened up opportunities for informal discussion and support of parents (especially mothers) as they wait for their treatment.
- Through the training of ECD and Community Development practitioners, a career path is being opened up through the acquisition of nationally recognised qualifications.

Two most valuable lessons learned

1. As ECD centres are the entry point, those ECD centres with committed supervisors and good functional management structures to support the CDP, are ideal.
2. In-depth community consultation is crucial. Listen carefully to communities and be responsive to their real needs: focus on their strengths. Sometimes this might mean taking one step forward and then several steps backwards - perhaps even a change of direction. Go into communities with an “empty suitcase” and allow communities themselves to pack what they want into the “suitcase”. Communities know what they want for their children - our role is to strengthen and support.

Tools will be shared

We have a number of tools for the Integrated ECD Care Package which we are willing to share.

South Africa: Innovation 3

Name of programme or institution: Centre for Social Development (CSD)

Location: Grahamstown, Eastern Cape

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Headline

Preschool becomes multi-purpose centre that serves whole community

Most successful programme strategy or innovation

The Raglan Road Multi-Purpose Centre (RRMPCC) was established as a preschool in the early '90s together with the community of Fingo Village (a township area of Grahamstown). From these beginnings, and working on the premise that a holistic approach to ECD is needed, the community leadership were involved in identifying other projects that were necessary to complement the provision of an ECD service and gradually additions to the preschool took place. The RRMPCC currently serves 130 young children as well as 30 orphans and vulnerable children of primary school age, a group of 25 senior citizens, an HIV/AIDS support group, women's Self-Help Groups, young people wanting to do computer training, etc. Further facilities on the premises include a community library, an outdoor touch-screen computer facility for children, a herb garden and vegetable gardens.

To further boost this effort, the Centre for Social Development trained Community Development Practitioners that were then placed at preschools such as Raglan Road in order to facilitate greater outreach from the preschool to the surrounding community and families. This "model" or approach was shared with 11 other ECD agencies from around the country through a Training of Trainers programme. Aside from the RRMPCC example, other such multi-purpose centres have evolved from preschools, e.g. the Tyhilulwazi Centre in the small semi-rural town of Bathurst.

Two most valuable lessons learned

1. That preschools can serve as "anchor tenants" for multi-purpose centres and can evolve into nodes of care and concern for their community.
2. That Community Development Practitioners play an important role in broadening the work of a preschool and making the links with the community and families, but they need to form part of the team at an ECD centre. They must be identified by the community and their role must be understood and accepted by all the stakeholders, including the ECD practitioners.

No tool was shared.

South Africa: Innovation 4

Name of programme or institution: The Family Literacy Project (FLP)

Location: Durban

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Headline

Health message games help families to learn together at home

Most successful programme strategy or innovation

The Family Literacy Project in 2004 began a health programme for adult literacy groups, based on the household and community component of the Integrated Management of Childhood Illness strategy (HC-IMCI). These groups use the REFLECT approach to literacy development, which means the sessions are highly participatory, surface knowledge of local practices, introduce new information and encourage members to take action to improve their lives. Over time the adult literacy group members began visiting neighbours who were not members of the groups, in order to share information about how to promote the health and wellbeing of young children, and to play with and read to the children. The majority of the children visited do not attend formal ECD centres in the deep rural areas of KwaZulu-Natal, South Africa, where they live. When it was found that the home visitors tended to be didactic in their approach to promoting the 16 key family practices of the HC-IMCI strategy, the project developed an activity pack which contained a set of 13 games to use with parents/carers to stimulate discussion and extend learning about child health. Our aim was for the adults and children to have fun learning together during the home visits. Homes may be visited up to three times a school term, and visits typically last between 45 minutes and 1 hour. In 2009 over 600 children have been reached in 240 homesteads. FLP's 2008 evaluation report states that the following changes resulted from the home visit programme:

- The mother was making sure that the children were immunised and had a record of when to return to the clinic.
- The household was growing vegetables that contained Vitamin A.
- Children were able to tell their body parts in English and isiZulu.
- Water was purified by boiling.
- Use of the HIV/AIDS transmission chart game had increased the ability of a household to have and give accurate information around transmission of the HIV virus.
- Dangerous objects like open tins and broken bottles were now placed in a pit.
- The children call the home visitors to come and read and play with them.

Two most valuable lessons learned

1. That learning through fun is very effective.
2. That adults with low levels of literacy are able to share accurate information about health, and engage in meaningful play and interaction, including using story books, with young children.

Tool shared**IMCI Key Family Practice Activity Packs**

The Family Literacy Project developed a set of 13 attractive games to facilitate the dissemination of the Integrated Management of Child Illness (HC-IMCI) Key Family Practice (KFP) health messages for parents and carers of young children. The aim of the games is to stimulate discussion and extend learning about child health issues within a family. It also aims to simultaneously engage young children in fun learning activities.

The games are:

- KFP 01 Breast feeding Cube (*Highlights the benefits of exclusive breastfeeding*)
- KFP 02 Healthy nutrition puzzle (*Highlights the importance of proper nutrition, feeding methods, times for meals and quantities with relation to the age of the child*)
- KFP 03 Micro Nutrient game: (i) Snap and (ii) Memory game (*Stimulates discussion around micro nutrients and their benefit in our diets*)
- KFP 04 (i) Height Chart (ii) Hop Scotch (*stimulates discussion around child growth and developmental milestones*)
- KFP 05 Purifying Water, Faecal disposal, Hand Washing (*Stimulates discussion*)
- KFP 06 Malaria Game (*Stimulates discussion on how to avoid the disease*)
- KFP 07 Child Protection Puzzle (*Stimulates discussion on how to protect children*)
- KFP 08 HIV Board game (*Highlights how one can become infected by HIV*)
- KFP 11 Hazards Game (*Stimulates discussion on how to prevent injuries and accidents in the home*)
- KFP 12 Immunization (*Monitors immunization and vitamin A supplementation and encourages discussion*)
- KFP 13 Danger signs of Illness (*Stimulates discussion about when a child should be taken to the hospital or clinic*)
- KFP 15 Storyboard activity (*Highlights the roles and responsibilities of family members and the father during pregnancy*)

The games are best used with an adult facilitator and family members to ensure that the interaction is informative and enjoyable. The games can be used with FLP's HC-IMCI workshop manual and workbook (19 sessions) which simplifies the HC-IMCI strategy for adults who have low levels of literacy. UNICEF has produced a step-by-step instruction manual and CD for home-based production of the Key Family Practice Activity Pack.

For an electronic version of the manual please contact the author at stefanola@telkomsa.net

South Africa: Innovation 5

Name of programme or institution: LETCEE Family Based ECD Programme

Location: Greytown, Kwa Zulu Natal

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Headline

SIYABATHANDA ABANTWANA – Cherishing our children.

Most successful programme strategy or innovation

The Siyabathanda Abantwana model of ECD provision is a family based, dual component prevention and intervention model which consists of:

- **Family Facilitators** (Volunteers selected by the community and trained by LETCEE), who visit the homes of children not able to access ECD. ‘Learning through play’ activities are facilitated using toys and equipment borrowed from our toy library. These women use an integrated approach in their dual role and responsibilities to first provide playful learning experiences to children from birth to compulsory school going age and second to provide information, support for health, nutrition and sanitation to caregivers. Families are assisted to access relevant services and referred to specialist agencies where necessary. The visits provide respite periods for unwell and/or elderly caregivers.
- **Buddies** (Children aged 9–13) commit to playing more energetic games and are involved with reading stories and other early literacy activities with the younger children. These young people are supported and monitored by the Family Facilitators.

The delivery is overseen and monitored by qualified ECD Coordinators who oversee all ECD activities to ensure the holistic development of children and integrated services to the families. They compile and presenting monitoring and evaluation (M&E) reports to the community management committee and LETCEE. The management committee which comprises representatives of traditional leadership, educators, and recipient families is capacitated to sustain the programme delivery.

The programme began in 2000 to increase access to ECD and to build the resilience of young children in deep rural, impoverished communities with high rates of HIV/Aids infection. The community and traditional leaders were involved in decision making from the outset, which has ensured the programme meets the needs of both children and their caregivers. Currently LETCEE supports a cohort of 32 Family Facilitators who visit some 400 families with a total of more than 1000 children.

UNICEF commissioned and funded an evaluation of the project in 2008. The Siyabathanda Abantwana model was acknowledged as a best practice model. The model has also attracted the attention of international academics and researchers.

Two most valuable lessons learned

1. Involving communities from the beginning to ensure ownership is essential. This aids sustainability.
2. Change is best effected when there is respect for cultural and contextual circumstances and an empathetic approach is adopted.

Tool shared**Siyabathanda Abantwana Model Bibliography**

- Ebrahim, H.B.** (2009) *Advancing ECD through nurturing experiences in programmes*, Paper presented at the 2nd Pan-African Early Childhood Development Conference, organized by CECD in Johannesburg, South Africa (21–23 July)
- James, M.** (2007) Family-based ECD in a Rural community, Paper presented at the Relational Pedagogy in Early Childhood: Learning from International Experience Conference, organised by Anglia Ruskin University, Chelmsford, UK (19–21 April)
- Killian, B.J., Rule, P and Ebrahim, H.B.** (2008) *Key outcomes and benefits for vulnerable and disabled young and poor children: The Siyabathanda Abantwana Project and LETCEE*. Report commissioned by and submitted to UNICEF. Durban: University of Kwa Zulu Natal.
- Rule P., Ebrahim H.B, and Killian B.J** (2008) *Report on the practice, principles, cost drivers, interventions, methodologies and stakeholder analysis of the project based on the concept of ECD programmes as resources for the care and support of poor and vulnerable young children: LETCEE - Siyabathanda Abantwana and Sikhulakable Interventions*. Report commissioned by and submitted to UNICEF. Durban: University of Kwa Zulu Natal.
- Walker, C.** (2009) *Working with communities and through traditional leadership to ensure sustainable change in ECD provision*. Paper presented at the 2nd Pan-African Early Childhood Development Conference, organized by CECD in Johannesburg, South Africa (21–23 July)

All are available on our website: www.letcee.co.za

South Africa: Innovation 6

Name of programme or institution: The Early Learning Resource Unit (ELRU)

Location: Based in Cape Town, works nationally.

Name and title of contact person: Freda Brock, Director.

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Headline

Young children thrive when families can access good support systems

Most successful programme strategy or innovation

Purpose and Number of Children Served Annually

ELRU's Family and Community Motivator (FCM) Programme aims to increase access to young children in South Africa outside of formal ECD. Where there is little or no infrastructure around early childhood development, the FCM Programme offers a systemic way of including local people in the development of a comprehensive ECD programme. It brings child rights to the foreground at local level. It builds on existing assets and engages community members in strengthening support systems around young children and their families. ELRU aims to increase access to holistic ECD by building the capacity of other organisations to implement FCM.

Ideally an FCM works with 10 families at a time. ELRU advocates that an FCM should remain with a family for at least 1 year in order to ensure adequate support. ELRU trains and supports organisations that wish to adopt the strategy. Other organisations listed in the table below now operate independently of ELRU support. Current outreach:

Organisation	Families	Children
Masikhule ECD Centre (Eastern Cape)	166	309
Valley Development Trust (Western Cape)	190	736
ELRU (Western Cape and Eastern Cape)	320	480
TOTAL	676	1525

Activities

FCMs conduct a baseline survey to gather information about children and caregivers in an area. Families are then selected based on need and a programme of weekly home visiting begun with clusters of families, focusing on improving access to social grants, health, safety and nutrition (eg clinic attendance, immunisation, growth monitoring, support related to HIV and AIDS), caregiver involvement in age-appropriate stimulation of learning (talking, listening to children, identifying learning opportunities in and around the home, improvisation of toys). Basic tools used are the Masithethe series of handbooks and toy kits. FCMs run cluster workshops for caregivers on common topics, as well as playgroups for children. They link with clinics, giving talks to parents and supporting health campaigns - eg immunisation. They promote projects to supplement family income and feeding, linking to agricultural projects or small business enterprises. They link with primary schools to support home to school transition and identify children out of school and those with special needs.

Results

- Reports of children previously weakened by hunger and poor health are reported to be thriving – walking and talking whereas before they were not, increase in birth registrations, clinic attendance, access to grants, referrals for children with special needs
- Caregivers report more listening to, more engaging with children. Primary schools report children from the programme to be prepared for school. Improved local awareness of children's rights.

Two most valuable lessons learned

1. Ensure funding for long term support – at family level this makes for better child outcomes; at local level it builds stronger organisation and networks for sustainability.
2. Respect local culture, practices and beliefs, and be clear about what you can add, as well as about the boundaries of your role.

Tool shared

A Toolkit for Family and Community Motivators

The resource offers practical advice and a set of useful tools to help fieldworkers support children from birth to five years old. It is ideal for organisations wanting to set up a family and community motivator programme or wanting to strengthen their existing family outreach programmes.

Format: This resource is in the form of a ringbinder with a durable plastic cover. It has 2 sections containing a total of 16 removable booklets for specific areas of work that are easy and practical to use.

Contents

Part 1: Guidelines for Family and Community Motivators

This section looks at the FCM Programme and how it works. We have included guidelines for home visits, cluster workshops, playgroups, toy making and how to strengthen support services for children.

Part 2: Tools for Family and Community Motivators

This section provides what FCMs need to know to help children and their families, and includes

- a series of fact sheets to help FCMs access government services and to build children’s health, safety and self esteem
- simple checklists to keep track of children’s progress and a selection of play activities to help children learn and develop new skills.

NOTE: ELRU’s Masithethe series of tools is integral to the use of the FCM toolkit.



Tanzania: Innovation 1

Name of programme or institution: ECD Partners Group Tanzania

Location: Mwanza, Tanzania

Name and title of contact person: Arcard Rutajwaha, Coordinator

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Headline

Nurturing Partnerships for rights and needs of Tanzanian young children

Most successful programme strategy or innovation

Six like-minded organisations in Tanzania have established a partnership and worked together to develop a five year strategic plan and programme proposal for the realisation of rights and needs of infants and young children 0–8 years.

Objectives

Their overall objective was to achieve “Improved access and quality of early care and education for children of 0–8 years of age in partner districts by 2015.” In achieving this objectives five outcomes have been identified, which include:

1. Evidence based Policy engagement and advocacy
2. Economic empowerment for ECD
3. ECD Capacity Development and training
4. Partnership organisational Capacity Building
5. ECD Research, documentation and dissemination

The planning phase has been concluded and implementation will start in September 2009. The programme is expected to directly benefit 26,122 children in six partner districts and the whole country at large by improved programmes, policies and guidelines for young children. The Bernard van Leer Foundation is supporting the Programme. The Strategic Plan document will be shared to generate wider support.

Two most valuable lessons learned

1. Bringing together like-minded organisations to work in partnership to pursue a common goal for realisation of children’s rights and needs requires as much attention for partnership building as for the content of the programme. Partners need to see the advantages of working together, learning from each other and having more impact as a collective. They need to be determined and persistent in overcoming barriers, have the willingness to commit to common goals and be able to balance individual and collective interests.
2. Working together as a team assures success in any undertaking. Partners have all the time believed in the following “Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing in the world that ever has!” (Margaret Mead)

Tools shared (See next page)

Supportive Environment Flyer for Successful Transitions

The following is a graphical representation of the framework used in our analysis. The following analysis guidelines (tools) can be obtained from ecdpartners@gmail.com:

- SWOT Analysis Guide.
- Situation Analysis Guide.
- Stakeholder Analysis Guide.

Are our young disadvantaged children prepared for success in school & life? Are our schools prepared for supporting their early success?	
Links in the Chain of Children’s Early Development, Learning & Success	
Unsupportive Families + Unsupportive Communities + Unsupportive Early Childhood Services + Unsupportive Schools + Unsupportive Local & Central Government = More Disadvantaged Children Unsuccessful in School & Life ↓ <u>Continued Cycle of Poverty for Disadvantaged Children</u>	Supportive Families + Supportive Communities + Supportive Early Childhood Services + Supportive Schools + Supportive Local & Central Government = More Disadvantaged Children Successful in School & Life ↓ <u>Break the Cycle of Poverty for Disadvantaged Children</u>
So who’s responsible for our young disadvantaged children?	
1. Families and Communities on their own? ... or ... 2. Families, Communities and Government together?	
The Choice is OURS: What Collaborative Actions Can We Take?	
AMANI ECD, info@amani.co.tz	National Situation Analysis: Transitions & Early Care & Education in Tanzania. July –August 2008

Tanzania: Innovation 2

Name of Programme: Integrated Early Childhood Development Initiative

Location: Dar es Salaam and in other nine districts of Tanzania Mainland.

Name and Title of Contact Person: Clarence Mwinuka-ECD focal point.

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Headline

Implementation of Integrated Early Childhood Development Initiative: Experiences from Tanzania

Most successful programme strategy or innovation

This Initiative intends to gather lessons and experiences on how different sectors can provide quality services to the children (0–8).

Number of children served

Through this initiative 5000 children will be reached, and the following activities and results/outcomes will be expected.

Activity	Outcome/Results
■ Developing the Action Plan	A time specific action plan with clear tasks for key participants
■ Developing advocacy and Communication Strategy and Materials	Advocacy Strategy and Materials for use at National Council and Community level.
■ Develop Operational guidelines	Guidelines for ECD Service Delivery from National to Community Level.
■ Develop the Capacity of ECD Service Delivery Committee at national Level	A National Sub-Committee with the required Capacity.
■ Collect baseline data and Mapping of existing ECD activities	Availability of Information for Planning and running ECD Service Delivery.
■ Convene Consultative meetings at the respective Councils and Communities	Agreement reached an establishment of ECD Initiative at the Council and Community level.
■ Identify and Train Service Providers	Enough trained Service Providers for home and based models.

Two most valuable lessons learned

1. Decision makers at the Ministry Level from different Ministries responsible for children have started to work together.
2. It has been possible to develop/review different tools for working with different stakeholders working with children such as operational guidelines and minimum standards and other guidelines

The document used to implement the program is shared by all sectors.

No tool was shared.

Tanzania: Innovation 3

Name of programme or institution: Community Based ECD Initiatives

Location: Mwanza

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Headline

Sustaining Community Based ECD Programs in Tanzania

Most successful programme strategy or innovation

Strategy

Using Community Micro Finance Groups in supporting service provision to 4 Pre primary schools in Nyamagana and Ilemela districts.

Purpose

Improved access to pre primary school services among 1,039 rural children in Nyamagana and Ilemela districts by 2010.

Activities

- Recruitment of Para Teachers from the participating Communities to assist in pre-primary schools
- Capacity building of Community Para Teachers in child care and education
- Formation of community micro finance groups in the 4 participating communities.
- Operating saving and internal lending activities in 4 participating communities
- Establishing Education funds in the 4 participating communities.
- Development of community financing and management strategy for ECD services
- Follow-up Para Teachers classroom practices in the 4 targeted schools

Results

- 40 community micro finance groups have been formed and operating the saving and internal lending activities including education fund support.
- 385 (32%) children receive care and education at 4 pre primary schools established by the participating communities per year.
- 217 children access clean and safe water for drinking during school hours
- 152 children access school feeding program

Two most valuable lessons learned

1. Micro finance synergy in community based early childhood development initiatives paves the way to program sustainability.
2. Community based approach is the best option for ECD initiatives in rural settings if there are supportive mechanisms in place.

No tool was shared.

Tanzania: Innovation 4

Name of programme or institution: Ministry of Community Development, Gender and Children

Location: Dar- es-Salaam, Tanzania

Name and title of contact person: Benedict M. Missani Senior Community Development Officer
(ECD Focal Point)

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Headline

An Integrated National Early Childhood Development Policy Development Process: Tanzania experience

Most successful programme strategy or innovation

This is a multispectral Initiative that involves many stakeholders in order to come up with a National IECD Policy which will guide Ministries, Sectors, NGOS, FBOs, and Development partners towards provision of ECD services in a more holistic and integrated manner.

The process and approaches of developing this Policy has been systematically designed in such way that different groups have enough room to contribute, and above all the use of Media has made the process more participatory. So many people are giving their opinion through e-mails, radio and newspapers following the motion raised by journalist after receiving 3 days training on ECD matters.

Two most valuable lessons learned

1. The use of Mass Media to promote ECD is one of the advocacy strategies to reach communities and policy makers.
2. The use of formal structures such as Members of Parliament, Ministers, Steering Committee, Technical Committee and Secretariat has made the process much easier and go faster.

Tool shared (See next page)

Terms of Reference for Steering Committee

Background

Children of all ages have a right to quality basic services for decent living, growth and development. Tanzania, like any other country in the world, has a responsibility to ensure that such services are availed and accessed. For optimum development, young children (0–8 years) need food, health, education, good care and psycho-social supports, among other things, in a safe, emotionally secure and stress less environment. Therefore, socio-economic and political and policies at international, national and local levels must be based on the careful, realistic and verified analysis of their potential influence on family, community and institutional ability to provide for quality basic services.

The UN Convention on the Rights of the Child (CRC) declares that all children have a right to quality early childhood care and this should include access to health, nutrition, education, water and environmental sanitation in homes and communities, freedom from abuse and violence as well as enjoying growth and psychosocial development. Further the CRC declares that States are morally and legally obliged to fulfill these rights. States have to set up policies and strategies to have these basic services provided. The Millennium Development Goals and the National Strategy for Growth and Reduction of poverty give due attention to addressing the needs of children. This is in line with Tanzania Development vision 2025 that aims at attaining a high quality livelihood for all Tanzanians by 2025. In 2000, the Government of Tanzania committed herself to the Dakar frame work for Action, and thereby reconfirmed its commitment to Six Education for All goals (EFA) Goals, the first of which focuses on comprehensive early childhood care and education for children 0–8 years, at family and community levels as the foundation of all goals. The Ministry of Community Development Gender and Children has realized the need of establishing and strengthening inter-sectoral collaboration and coordination as an important strategy towards realization of holistic Early Childhood Development (ECD).

Overall objective

The overall objective of this committee will be;

- To establish and strengthen inter-sectoral collaboration in order to promote the health and welfare of infant and young children (0–8), by ensuring provision of quality health, nutrition, pre education services, adequate care and psychosocial support, towards realisation of the development of a child. The ECD strategy aims at reducing infant and under five mortality rate and combating HIV/AIDS.

Objectives

- To provide guidance to implementers of ECD in the country for effective implementation of the intersectoral ECD Strategy.
- To have in place a monitoring structure that will ensure smooth implementation and sustainability of ECD activities.

Functions

- To approve the components of the intersectoral policies and monitor their implementation.
- To receive and approve the work of the Technical committee.
- To recommend to the government any existing or proposed policies, legislation, regulations, or administrative provisions to ensure compliance with the norms and standards in the international and regional agreements/instruments that Tanzania has ratified.
- To consider legislative proposals relating to the strategy and recommend their enactment to the respective Ministries.
- To monitor activities that are being implemented by NGOs (including Tanzania ECD NETWORK) which deals with children issues and provide advise.
- To advise the Government and other stakeholders on specific issues relating to ECD.
- To provide guidance to the Technical Committee.

Composition

The Steering Committee shall consist of: A Chairperson - Permanent Secretary, MCDGC and a Vice-Chairperson – Permanent Secretary, MPEE.

Members: Permanent Secretary, MoHSW; Permanent Secretary, MoEVT; Permanent Secretary, MAFC; Permanent Secretary, PMORALG; Permanent Secretary, MOJCA; Executive Chairman, TACAIDS; Coordinator of programs, UNICEF; World Bank; WHO; TANGO

Proceedings

- The Steering Committee will meet quarterly unless the Chairperson decides otherwise.
- The quorum for a meeting of the Steering Committee shall be formed by the presence of more than half of the total number of members.
- The Steering Committee has the mandate to determine the venue for the meetings.
- The Steering Committee shall prepare an annual meeting plan on their first meeting.
- The steering Committee may invite any other person whenever there is a need to do so.

Uganda

Name of Institution: Action For Children

Location : Kampala

Name of Contact person: Jolly P. T. Nyeko, Chief Executive Officer/Founder

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Telephone: 256 414 541111

Headline

Vulnerable Elders Caring for Vulnerable Youngers: Grandparents in ECD

Most successful programme strategy or innovation

The Grandparents Programme's most successful strategy has been the use of Action Support circles as groups for both grandparents and young children under 8 years of age. The basic purpose of the programme is to encourage participation of grandparents in the growth and development of their young children.

Activities

- Creating and supporting grandparents' support systems called Action Support Groups.
- Establishment of community ECD Centers; managed by grandparents who are supported by community volunteer leaders to provide day care and nutritional support for children.
- Provision of health care for the grandparents and the entire community, in collaboration with the government health service. Clinic open two days a week and offers free medical care for children, but it is subsidised for adults.
- Immunizations and vitamin A supplements are provided to the children. Growth monitoring is conducted.
- Free psychosocial counseling is provided for children and grandparents.

Number of children served annually: 1340

Results

- Emotional support for the previously 'downcast' grandparents is transforming them into empowered grandparents. This is expressed through their courage to continue taking care of their grandchildren, most of whom are orphaned as a result of HIV/AIDS. The formerly vulnerable elders have become empowered caregivers of strong, healthy children, and they are no longer "vulnerable" children.
- The community ECD centers have become the community model centers where other government and community activities take place. Examples are immunisation, HIV/AIDS testing, hygiene and health training centers, agricultural extension service delivery and social gatherings.

Two most valuable lessons learned

1. It is not too late for grandparents to receive trainings in health care, nutrition for children, child growth and development, and in ECD general as it is usually very exciting for the elders that considered themselves "vulnerable" to be in a training.
2. Income generating activities, support groups, and participation in ECD learning, expedites the transformation from vulnerability to empowerment of the vulnerable.

No tool was shared.

Zambia

Name of Programme or Institution: Early Childhood Care, Development and Education in Zambia

Location: Lusaka

Name and title of contact person: Mr. Kadange Mvula

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Telephone: +260-211-254516 Cell:+260-977-854883

Headline

Early Childhood Care, Development and Education for Children in Zambia

Most successful programme strategy or innovation

Two strategies have been used: 1) Child Development Assessment in Zambia, and 2) Bi-annual Child Health Week held since 1999 by the Ministry of Health

Purposes

- Prevent childhood illnesses through immunisation
- Promote child growth and development
- Assess and monitor growth and development

Activities

Activities conducted during this period include:

- Immunisations of children under five
- Supplementation of Vitamin A
- De-worming
- Growth monitoring and promotion
- Prevention of malaria through promotion of the use of Insecticide Treated Nets (ITN)
- Promotion of hygiene and hand washing
- Provision of family planning services to parents especially mothers
- Giving health information, education and communication on topics that promote child growth
- Assessment of children in developmental domains using The Child's Development Assessment Tool

Result

Reduction of under five child mortality rate from 168 in 2001 to 119 in 2007 (Zambia Demographic Health Survey 2007)

Two most valuable lessons learned

1. It is an effective strategy in increasing coverage in immunisations and reduction of under-five child mortality rate in the country.
2. It is easy for the caregivers to assess the development of children because it is a simplified tool.

Tool shared

Two posters are described.

Poster 1. “The development of the nation begins with the development of every child.”

Objective

- To illustrate the national benefits of ECD intervention

Contents

The concept of Early Childhood Care Development and Education in Zambia starts with compulsory prenatal care for all expectant mothers. At delivery time the expectant mothers are encouraged to deliver at health care centres where trained midwives are found. In rural communities there are also trained traditional birth attendants. This ensures that infants are delivered safely and that they receive the first immunisation instantly. This initiative has led to reduced maternal and infant mortality rates in Zambia. In order for the child to grow and develop properly, the mother is encouraged to breast feed exclusively. Parents siblings and other relatives are also involved in the taking care of the child for example older children are encouraged to play with the infant, talking to him or her and caring the infant on the back. This ensures sound psychosocial, mental, physical, emotional and aesthetic development. As the child grows older and begins to interact with more people the skills and knowledge base increases. The parents are also encouraged to provide the child with a balanced diet which ensures that a child continues to receive the nutrients needed for the development of the brain and healthy body.

Poster Handout

- A healthy baby is born in a favourable environment provided before and at birth.
- After birth, the child comes into contact with a loving and caring environment of the family and community.
- A conducive ECCDE environment ensures child’s holistic development in all the domains.
- The result of this ECCDE investment is the all-round developed adult. An adult, who will live longer and contribute positively to the social, economic, and political demands of the country.

Poster 2. “Good health care, nutrition, early stimulation and education are vital for the development of children.”

Objective

- Improve health care, nutrition, early stimulation and education for child development.

Contents

Early Childhood Care, Development and Education in Zambia focuses on holistic child rearing practices. It centres on upholding core national values of democracy, peace, spirituality and cultural heritage. Children are raised by being oriented into family and community values which give them a strong sense of belonging. They gain confidence, feel secure and develop trust in people that surround them. These culminate in development of life-skills like self-esteem, self confidence, critical thinking, and effective communication. ECCDE in Zambia is implemented and strengthened through policies and plans that endeavour to achieve the provision of all services that require children to develop holistically. To achieve this, there are policies that ensure children good health care, proper nutrition, early stimulation, and education.

Poster Handout

The implementation involves all stakeholders such as government, parents, community members, faith-based organisations, politicians, international and local non-governmental organisations. Zambia has taken a multi-model implementation approach. Implementation is home, centre and community-based. There are also market and workplace concept where the ECCDE services are provided within the work environment of the children’s parents.

Zanzibar

Name of programme or institution: Education Development Centre, (EDC), Inc.

Location: Unguja and Pemba

Name and title of contact person: Emily Morris, Chief of Party

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Headline

Providing ECCDE through the radio: More than child's play

Most successful programme strategy or innovation

Purpose and Activities

The Radio Instruction to Strengthen Education (RISE) Project uses Interactive Radio Instruction (IRI), and benefits over 10,000 early learners annually through the radio. The 30-minute IRI programs are an integration of formal Zanzibar curricula (covering Kiswahili literacy, math, English and life skills) local games, songs, stories, physical activities and other active means of encouraging problem solving and self-directed exploration. A trained adult guides the early learners (pre-school through grade two) through the radio lessons and follow-up lessons and activities to reinforce the radio lessons.

Number of children served annually

The program commenced in 2006, and has so far reached the following number of children:

2007	1053 non-formal students
2008	5867 non-formal students, 3965 formal students
2009	4985 non-formal students, 7377 formal students

Results

- Over 150 of the hardest to reach communities mobilized, 126 non-formal IRI learning centers established and 120 formal classrooms receiving IRI.
- Over 130 out-of-school youth trained to facilitate IRI activities as mentors and 120 formal school teachers.
- Caregivers and adults' awareness on ECD raised.
- Supports government's policy development in ECD and informs communities of ECD policies.
- Reduces the entry age of learners through encouraging early enrolment in non-formal and formal classrooms.
- Uses low to no cost learning materials and training mentors and communities in local materials development.
- RISE grade one beneficiaries outperformed control group students in Kiswahili, math and English.

Two most valuable lessons learned

1. Communities are central to developing and sustaining ECD activities. Their participation and perspectives are critical to ensuring that ECD activities are both relevant and appropriate.
2. The RISE Project reaches more than just direct beneficiaries. Schools, preschools and home caregivers listen and benefit from the radio programs as well as adults seeking to develop their Kiswahili literacy skills.

No tool was shared.

Zimbabwe: Innovation 1

Name of programme or institution: The J.F. Kapnek Trust

Location: Harare

Name and title of contact person: Rufaro Huni Mrs.

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Headline

Utilizing ECD Centres To Implement Community-Based Interventions

Most successful programme strategy or innovation

Objective

Access to quality ECD services is the primary objective of the programme.

Activities

The J.F. Kapnek Trust has responded to the 2004 policy formulated by the Ministry of Education, Arts, Sports and Culture's (MOEASC) of introducing Early Childhood Development (ECD) classes in every primary school in Zimbabwe. This was in recognition that ECD programming would be a critical entry point for interventions to meet the needs of young children affected by HIV/AIDS as well as the entire community. Derelict classrooms in primary schools are identified and renovated. The centres are furnished and equipped. Paraprofessional ECD teachers and Teachers-in-Charge (TICs) of infant classes attend a monthly in-service training based on Ministry of Education, Arts, Sports and Culture's (MOEASC) preschool curricula. Workshops to orient supervisors are held to improve the services rendered to the ECD centres.

Number of children served: 12,768 children benefited from the programme in 2008.

Additional interventions utilising multi-sectoral approaches

Quarterly health and nutrition assessments are held at the ECD centres by nurses from the local clinics. ECD children receive supplementary meals of corn soya blend and mahewu daily. Facilitation of birth certification is incorporated in the ECD programme. These interventions ensure that the ECD children progress to the formal primary school fully immunised and in possession of birth certificates.

Interventions to support OVCs in the community

- Child Protection Committees (CPCs) of community members are trained in child protection issues.
- Monthly parenting support meetings provide a forum where parents and caregivers discuss issues which improve their knowledge of care and support of their children. The organisation is drafting a manual which contains parenting support modular topics.
- School assistance for fees and textbooks improve attendance and pass rates.

Two most valuable lessons learned

1. ECD centres provide an excellent entry point for holistic interventions to assist OVC while extending a sustained benefit to all children and adults in the community.
2. Establishment of new ECD centres within primary schools and their integration into the MOEASC administrative system permits continuous professional supervision and removes the need for an independent management structures.

No tool was shared.

Zimbabwe: Innovation 2

Name of programme or institution: Farm Orphan Support Trust

Location: Harare

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Headline

Expanding ECD Services to OVC in Zimbabwe Farming Communities

Most successful programme strategy or innovation

FOST is local NGO that works specifically in commercial and former commercial farming communities. It has a presence in 500 farms spread throughout 2 provinces and 7 districts of Zimbabwe. The FOST Programme, which has been running since 2000, aims to reach every aspect of children's lives from age zero onward, and through various means and groups of people. The programme is reaching 7281 very young children through 152 play centres. The FOST ECD project focuses on issues of nutrition, play, sharing of indigenous knowledge and community parenting.

Nutrition

FOST trains communities on the production and preparation of nutritious food. Emphasis is put on traditional and low cost types of food. The idea is to share existing knowledge and to keep production costs as low as possible.

Play

Children learn, exercise and socialise through play. Each farm community is encouraged to put up a low cost play area for very young children. FOST organises community based training for parents and caregivers, especially the males. FOST provides for some of the materials that must be purchased, while the community provides timber and non-bought items.

Sharing of Indigenous Knowledge

FOST encourages community members to use indigenous knowledge in caring for their children. Knowledge sharing occurs during monthly support groups. Minutes of these meeting are captured by a volunteer and members are encouraged to build their capacity to take minutes and appreciation for indigenous ways of doing things.

Community Parenting

The arrival of a newborn baby is celebrated by the whole community, and in the same vein, FOST encourages members to help each other in taking care of children within their community. This is discussed during support group meetings. Community parenting is the traditional way of looking after children, although this was being affected by Westernisation. FOST encourages its revival. Community members appreciate this approach although there are challenges, including the harsh economic conditions that exist.

Two most valuable lessons learned

1. Other social groups can play strategic roles in the socialisation process of the very young.
2. Indigenous knowledge is the starting point in interventions with very young children

No tool was shared.

Zimbabwe: Innovation 3

Name of programme or institution: Child Protection Society

Location: Harare

Name and title of contact person: Tomaida Banda - Director

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Headline

ECD: entry point for strengthening care environment for vulnerable children

Most successful programme strategy or innovation

The Child Protection Society (CPS), a non governmental child rights organization in Zimbabwe, provides an ECD programme in three of Harare's high density suburbs. The programme, which caters for 1309 children (669 girls and 640 boys) annually, has been a great success for the organization. The programme's most successful strategy has been the use of ECD as an entry point for strengthening families with vulnerable children. The children attend play centres which are manned by community volunteers who have received training on ECED from the Ministry of Education. Collaboration was done with the City Council to provide premises for the play centres for free and land for low input gardening demonstration gardens. Children attending the play centres are fed with corn soya blend porridge to improve their nutritional status.

To address issues of ill health a volunteer professional doctor and nurse have been engaged and visit the play centres twice a month to assess children and make the necessary prescriptions, referrals and recommendations. As a result, children's access to health care services has been improved. Children living with HIV and AIDS are identified and linked with other service providers including ART sites and organizations providing food packs. Forty two children are now accessing ART, and a total of 63 children have been tested. Support groups are facilitated for the children and their caregivers.

Caregivers of children attending the play centres are not left out. Community dialogues are held with them, and they are also involved in livelihood projects such as poultry, peanut butter making, candle making and hairdressing to boost household disposable incomes. The caregivers are also trained in low input gardening and provided with seed packs to start gardens so as to improve the family's nutrition. Issues discussed during the community dialogues include birth registration for children, child rights and indigenous knowledge on child rearing practices. To facilitate transition into formal school, places are secured for the children in primary schools. Education assistance in the form of school fees and uniforms is provided to the children. As a result of the ECD programme, the children's speech has improved because of interactions with other children. They can now easily open up and are more confident. They also have high self esteem. Their nutritional status has improved, and they also have increased access to health care services. The caregivers also have improved knowledge on issues that affect their children and their capacities to provide for their families have been improved.

Two most valuable lessons learned

1. Informal ECD centres that use locally available materials increase the access to ECD for vast numbers of children and also allow greater involvement of caregivers;
2. working in collaboration with key stakeholders in each geographical area is important as evidenced by the provision of premises by the local authorities and the training and monitoring of play centre facilitators by the Ministry of Education and Culture.

Tool shared

PLAYCENTRE ENROLLMENT FORM

Name of centre _____ Date enrolled _____

Child information

First name(s) _____ Surname _____

Date of birth _____ Sex _____

Weight at registration _____

Height at registration _____

ID/ Birth entry number _____

Residential address _____

Circumstance of child (double orphan, single orphan, vulnerable) _____

Physical challenges _____

Has the child been ill in the past 6 months? Yes _____ No _____

If yes explain the illness _____

Caregiver information

First name(s) _____ Surname _____

Date of birth _____ Sex _____

ID/ Birth entry number _____

Relationship to child _____

Notes

Notes

