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15

Divider Title: _____

Presentations of projects for inclusion in the Conference Agenda on the theme *"A Healthy Start: Investing in Children 0 to 6"*

Registration of Children Across the Americas

United Nations Children's Fund (UNICEF)

Organization: **United Nations Children's Fund (UNICEF)**

Project: **Registration of Children Across the Americas**

Presenter: **Dr. Gladys Acosta**

Description

The objective of the campaign is to begin a step-by-step process over the coming years to achieve the registration of all children by streamlining civil registration mechanisms, strengthening national registry offices and obtaining the commitment of all sectors of society to achieve this goal. The campaign will promote the reforms needed to facilitate registration, and will use posters, pamphlets and simple publications to raise public awareness on the importance of every child's right to an identity.

The following institutions are committed to the campaign:

- UNICEF — regional and national offices and national committees
- The Latin American Bishops' Conference — CELAM
- The International Foundation for Electoral Systems — IFES
- National civil registries

The following activities will be carried out:

- establishment of committees to promote the campaign in each country;
- conducting of massive population registration, especially of children in selected municipalities and towns; and
- organization of widespread publicity campaigns to inform the country of the progress made each day.

Expected Results

The project is expected to result in the registration of all children in Latin America and the Caribbean by 2005.

Dollar Value

US$1.6 million

Date of inception and duration

June 1999 to March 2000

Context/Background

To commemorate the 10th Anniversary of the Convention of the Rights of the Child, UNICEF's Regional Office for Latin America and the Caribbean proposes to carry out a campaign to register children in the region from November 15 to 20, 1999. A birth certificate is a document that enables its owner to exercise full citizenship rights. Put another way, the first right of a child is the right to have a formally recognized name, nationality and family. Furthermore, registration is the key to a child's access to vaccination programs, health services, and school. It is, therefore, a guarantee against discrimination. A child without an identity is a citizen who does not exist.

Each year in Latin America, one million children are not registered. Many countries are unaware of the importance of civil registration. In particular, there are large numbers of unregistered children from ethnic minorities, low-income groups and rural areas.

CHILDREN'S RIGHT TO A NAME AND NATIONALITY IN LATIN AMERICA AND THE CARIBBEAN

IX Conference of Spouses of Heads of State and Government of the Americas

Technical Meeting Proposal

July 6-9, 1999

unicef

REGIONAL OFFICE FOR LATIN AMERICA AND THE CARIBBEAN
CHILDREN'S RIGHT AREA

Contents

CHILDREN'S RIGHT TO A NAME AND NATIONALITY IN LATIN AMERICA AND THE CARIBBEAN

A. JUSTIFICATION

The right to full identity, including the right to a name, nationality and family, is an especially important children's right.

The right to a name is not limited to calling oneself and being called by a name, i.e. to be a subject of rights, it also entails the right to belong to the family to which the child is linked by name and to maintain those family ties. Every person in society has the right to be known and recognized by a name.

The right to nationality is important for preserving cultural identity and its violation has an irremediable impact on the daily existence of individuals, their language, and their world view.

A birth certificate is a document that enables its owner to exercise full citizenship rights. Put another way, the 'first' right of a child is the right to have a formally-recognized name, nationality and family. Furthermore, registration is the key for a child's access to vaccination programs, health services, and school. It is therefore a guarantee against discrimination.

According to *Progress of Nations 1998*, birth certificates are required in at least 20 countries around the world to enable children to be vaccinated; in 30 countries they must be shown to receive treatment at health centres; and almost all countries require them for school enrolment. However, one third of the children born each year (close to 40 million) are not registered.

The phenomenon is particularly critical in Latin America and the Caribbean. A recent study in Venezuela found close to 480,000 unregistered children in just five out of the country's 23 states.

When the right to a name is denied, the very essence of being a subject of law is denied, since children who have no legal status can hardly accede to other rights and the mechanisms for demanding them, since these children do not *exist* and cannot therefore exercise them if they are available.

The other consequences all stem from denial of this first right. These children do not have access to basic services, do not enter the education system or if they do so illegally, their studies are not officially recognized, they are not covered by social security, they do not have family status since their relationships are not acknowledged, and they do not have access to health services or encounter serious difficulties in gaining it. All of this translates into an unending chain of violations of elemental rights which, if perpetuated, will continue from generation to generation. In Venezuela, for example, up to four full generations of families have been found whose names have never been registered.

According to Article 3 of the International Convention on the Rights of the Child: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration". In this case, the first action whereby a country demonstrates interest in its children is their recognition as citizens.

A country that does not register its children does not know what its population is, which makes programming and planning difficult or impossible, affects vital and population statistics, destroys in advance any strategy for building social capital, and favours trafficking in children. In complex anonymous societies, the daily existence of individuals depends, to a large extent, on their legal existence. Without identity there is no health care or education. A child with no identity is a citizen who does not exist.

By denying a child identification, the State is generating an additional burden of people excluded from the formal production system and increasing the weight of marginality.

Therefore, all children should be registered at birth. The importance of birth registration is recognized in international treaties, including the Convention on the Rights of the Child and in almost all domestic laws and regulations. Civil codes and constitutions enshrine birth registration as a fundament for the right to identity, a name and a nationality.

The obligations of the State should be underlined, as pointed out in Articles 7 and 8 of the Convention on the Rights of the Child, which set forth government responsibilities with regard to civil registration and the protection or re-establishment of the right to a name and nationality if that right has been violated.

Undoubtedly, the figures suggesting that Latin America fails to register one million children at birth[1] point to a huge information gap, particularly if we look at the data in the UNICEF study on Venezuela. But regardless of the statistical reality, a qualitative analysis points to children not

[1] Brecha, Montevideo, 19-03-99. "Niños americanos. La violencia bajo la alfombra" [Children of the Americas. Violence under the Rug], Inter-American Children's Institute seminar on the sexual exploitation of boys and girls.

recognized by the State, children who are legally invisible. Their ages are unknown which, among many other consequences, could mean they are recruited into the army or enter the workforce before they turn 18.

Many countries are unaware of the importance of a birth certificate. In general, they do not realize the serious consequences and since there are no sanctions for failure to register a child or sufficient control mechanisms, the practise of not registering children continues. In particular, there are large numbers of unregistered children from ethnic minorities, low-income groups and rural areas. In this context, the existence of children without names or nationalities, is generally due to one of the following problems:

- Bureaucratic apathy and obstacles, such as having few civil registry offices, especially in areas that are remote from cities, complicated paperwork or the high cost of registration.

- The existence of political-cultural attitudes involving xenophobia and/or discrimination, often linked to strong and disorderly migration that leads to cultural and bureaucratic problems. Migration control policies in the countries should be designed to address this specific program, without adversely affecting the best interests of the child.

- Lack of awareness by society of the State's obligations in this field, which means that actions to solve the problem should go beyond the traditional increase in supply to encourage a general increase in overall social demand.

B. CURRENT SITUATION IN LATIN AMERICA AND THE CARIBBEAN

Almost all the constitutions of the countries of Latin America and the Caribbean, except for Haiti and some English-speaking countries, enshrine the principle of *Ius Soli*, which means that children born in a country automatically have the right to its citizenship.

Registration in almost all the countries of the region is over 90% of all children born each year, except for Bolivia and Nicaragua (50%) and Colombia, Panama, Paraguay, Peru and Venezuela (between 70% and 89%). No reliable data are available for Ecuador or Haiti.

However, in most of these countries the rates of registration vary internally. Rates generally tend to be higher in the cities. Also, the percentage is higher for children born in hospitals and much lower for the members of ethnic minorities.

Although rural countries and the poorest nations generally have low rates of birth registration (in Latin America, for example, one half of Bolivia's population does not appear in the civil register), there are other countries which, despite their economic and cultural conditions, are able to register most of their citizens. Honduras, where over 90% of the population has a birth certificate, is an example.

Some countries, encouraged by different United Nations agencies, have begin to improve their registration systems in the last six years and to include children born in rural areas and places that are remote from the large cities. Argentina and Ecuador have travelling registrars who issue birth certificates. Chile has a modern mobile registration unit that is linked by computer to the central registry in the capital.

In some countries, the process is begun in the health centres where children are born, by health or civil registry staff. They include Chile, Costa Rica, Cuba, the Dominican Republic, El Salvador and Uruguay.

In Peru, judges, lawyers, civil registry employees, educators and workers in grass-roots organizations have participated in seminars on the registration of births. Ecuador has organized mobile brigades to register children from poor neighbourhoods and efforts in Nicaragua have focussed on registering the children of country people who migrate to cities and children from indigenous localities.

The case of Venezuela merits special mention, where UNICEF's agencies have witnessed a significant and historic process of mobilization in support of children's right to nationality and a name. The process has involved all the pertinent agencies of government and civil society and led to the promulgation of a decree regulating the issuance of birth certificates which stipulates the principles of immediacy in identification by name and relationship. The decree establishes different mechanisms which together weave an institutional fabric for making progress in one of the key aspects for the general protection of children and adolescents.

Significant progress, promoted by UNICEF, has been made in Peru toward eliminating court registration procedures, with a view to addressing the problems of thousands of Peruvians whose births have not been registered and who, therefore, have no legal names or nationality. The procedure that has been eliminated was very slow and complicated, quite expensive, and impossible to carry out in many districts in the mountains and especially in the jungle.

In parallel with elimination of the court procedure, administrative registration of births directly in the civil registries (municipalities) was promoted and was made free of charge. Although municipalities still charge illegally for the procedure, it is more affordable for families that did not register their children at the proper time. Almost all the names omitted from the register come from low-income families and marginal groups.

Various national offices of UNICEF have included the subject of the right to a name and nationality in their objectives and strategic activities in the cooperation program for 1999. Programs to promote the registration of children and adolescents are being carried out in Bolivia, Honduras, Nicaragua and Peru, so that their rights can be recognized. Registration windows are also being opened in maternity hospitals. Nicaragua and Peru have begun to prepare indicators and systems for monitoring their effectiveness and operation. The UNICEF office in Guatemala, with support from the International Foundation for Electoral systems (IFES), will conduct a study to determine the true situation with respect to the right of children to an identity.

C. STRATEGIC PROPOSAL

To commemorate the Tenth Anniversary of the Convention of the Rights of the Child, UNICEF's Regional Office for Latin America and the Caribbean proposes to carry out a regional campaign on the right to identity (civil registration) as a first step toward the goal of universal registration, particularly for children.

Aware that this goal cannot feasibly be achieved in the coming months, the campaign will have to establish stages after November 20, 1999, based on a two- or three-year timetable for continuing the initial processes, perhaps less intensively, but with the goal of achieving universal registration prior to the year 2005.

1. Specific Objectives

- To make it compulsory to register births, through measures that facilitate compliance.
- To ensure that the registration process is free-of-charge and transparent.
- To eliminate bureaucratic red tape in civil registry systems and to make registration easier, particularly for ethnic groups and the rural population living in isolated areas.
- To mobilize all social sectors, providing different incentives to encourage them to register all children.

2. Proposed Activities

- Review current legislation and promote the changes necessary to mould it to the spirit of the Convention on the Rights of the Child.
- Promote the necessary reforms in institutions that provide protection for children to enable them to comply with the new legislation on the right to identity and a name.

- Promote institutional reforms to modernize registration systems (registry offices, hospital birth registration units, midwife registry, church registries).
- Support the decentralization of registration systems.
- Sensitize and train NGOs and employees of the registry system.
- Conduct large-scale campaigns in each country on the importance of the right to identity as the 'first' right of all citizens, without which there is no access to the other rights.
- Use all possible venues (educational, ecclesiastical, institutional, labour, etc.) to raise awareness of this right.
- Create demand by society for registration services and systems that are accessible to the entire population, particularly marginal sectors (rural, indigenous and African-American).
- Prepare posters and fold-outs to publicize the right to identity.
- Design special strategies for reaching selected municipalities.

D. PARTNERS

The following entities, some of which have already stated their intention to participate, could form part of the regional campaign on the right to identity:

UNICEF	Regional Office for Latin America and the Caribbean
	National offices
	National committees
CELAM	Latin American Bishops' Conference
IFES	International Foundation for Electoral Systems
FAO	
UNESCO	

National registry offices
National statistics offices
Ministries and national welfare and social development agencies
International NGOs:
Save the Children Alliance
Defence for Children International
Radda Barnen
Terre des Hommes (Germany)
World Vision
National NGOs
World Bank

E. STAGES AND TIMETABLE

The following stages and timetable are proposed:

1. Stage One. June to November 14, 1999

To work with a group of municipalities representing between 10% and 15% of all the municipalities in each country. They would be a pilot project for carrying out the campaign and demonstrating whether it is feasible to register 100% of the population, particularly newborns and unregistered children and adolescents.

Each country would have a committee to promote the campaign, composed of representatives of the partners, which would select the municipalities where the proposed actions would be carried out. The main criterion should be the extent of non-registration owing to isolation or other factors such as ethnic groups, poverty, etc.

2. Stage Two: November 15 to November 20, 1999

Carry out massive registration of the population, particularly children and adolescents, in the municipalities selected, with the assistance of the different partners in the regional campaign, government officials, NGOs, the media, teachers, young people, etc.

Focus, in particular, on children not attending school, children who work, hospitalized and/or institutionalized children, youths in detention, indigenous and African-American children.

Step up the activity of the civil registry office during that week in order to cover the entire unregistered population.

Publicity campaigns to inform the country of the progress made each day.

3. **Stage Three: December 1999 to February 2000**

Evaluate and monitor the actions of the campaigns on the national and regional levels.

Prepare and consolidate the groundwork for continuing the regional campaign until the goal of universal registration has been achieved.

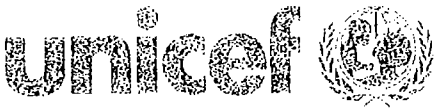
4. **Stage Four and Following Stages: March 2000 onward**

Each country will decide on these stages, based on progress in population registration in 1999.

By 2005, Latin America can achieve the goal of universal identity for the entire adult and child population.

The right of children in Latin America and the Caribbean to a name and a nationality

United Nations Children's Fund
Regional Office for Latin America and the Caribbean

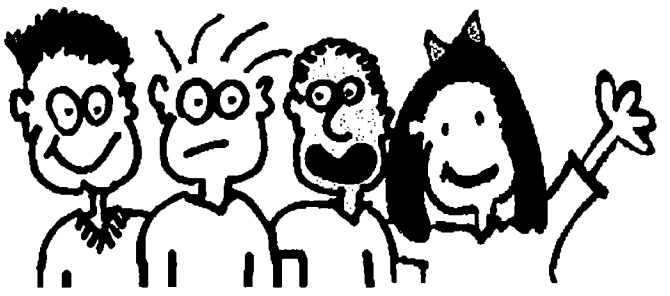


The right to a legal identity:

The right to a **name** Juan Gloria Ana

The right to a **nationality**

The right to a **family**



A birth record

- ☑ Is the document which enables a child to exercise full rights of citizenship
- ☑ Is a boy or girl's "first" right
- ☑ Is the formal recognition of full entitlement to a name and nationality
- ☑ Is the key to a child's access to vaccination programs, health services and education
- ☑ Is a guarantee against discrimination

Lack of birth registration:

Failure to register some births is a crucial problem in Latin America and the Caribbean

☞ **A State which fails to register all of its children does not know the actual size of its population, which:**

- ⇩ hinders or negates the efforts of planners;
- ⇩ makes vital statistics and population figures unreliable;
- ⇩ condemns to failure any strategy for building social capital;
- ⇩ encourages trafficking in children.

The births of at least one million children go unrecorded in Latin America each year.

⇩ Qualitative analysis reveals children not registered by the State, children who are officially invisible.

⇩ Their ages are not known which increases the likelihood that they will be recruited into the military forces or exploited as cheap labour before reaching 18.

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[1] Instituto Interamericano del Niño

- Over 90% of all live births are officially registered each year in almost all of the region's countries
- In Bolivia and Nicaragua the figure is 50%

  In Colombia, Panama, Paraguay, Peru and Venezuela, it is 70-89%
- Ecuador and Haiti lack reliable figures.

Strategic proposal:

Regional Campaign on the right to a legal identity

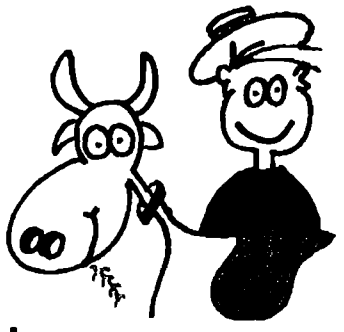
Specific objectives

- Make the issuance of birth certificates a universal requirement;
- Ensure that the registration process is both free and transparent;
- Eliminate red tape from Civil Registry systems and streamline the registration process, particularly for ethnic groups and those living in isolated areas;
- Mobilize individuals in all social sectors

Proposed activities:

- **Amend/adapt** existing legislation to the Convention on the Rights of the Child;
- **Reorganize** the institutions responsible for protecting children;
- **Modernize** registration systems (Civil Registry Offices, Hospital Units, Midwifery records, church registries);
- Encourage the **decentralization** of registration systems;
- **Raise awareness and provide training** for NGOs and officials of the Civil Registry;

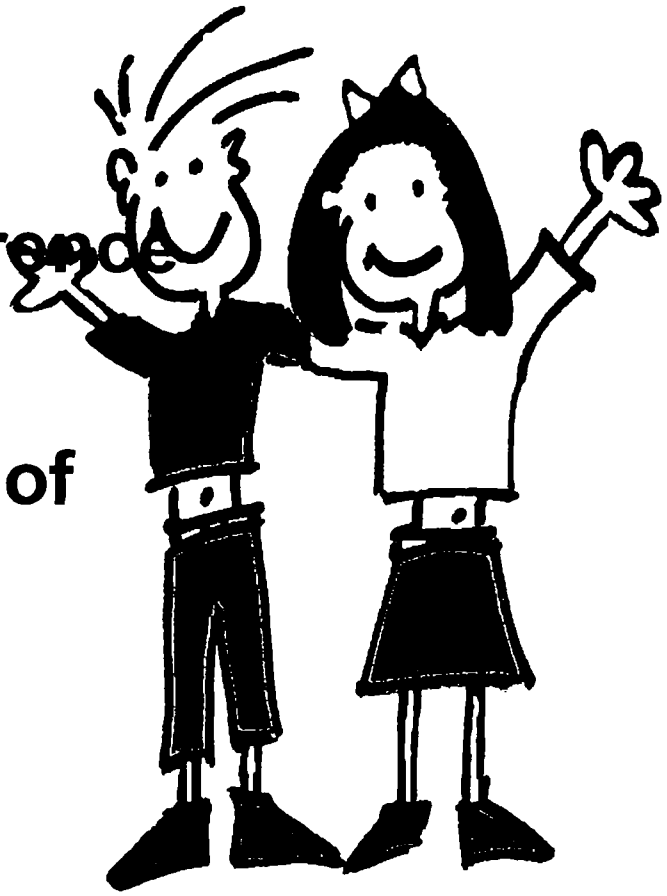
Proposed activities (continued):



- Conduct broad **education campaigns** in each country;
- **Use all possible sources** of help (educational system, churches, institutions, labour groups, etc.);
- **Create social pressure** for registration systems and services accessible to everyone, particularly to marginalized sectors (rural inhabitants, indigenous groups and persons of African descent);
- Prepare **teaching materials;**
- **Design special strategies** for selected municipalities.

Cooperating agencies

- ☑ UNICEF: Regional Office for Latin American and the Caribbean, Country Offices, National Committees
- ☑ CELAM: Latin American Conference of Bishops
- ☑ IFES: International Foundation of Election Systems
- ☑ National Civil Registry Offices
- ☑ National Statistics Bureaus



Stages and timetable:

Stage one

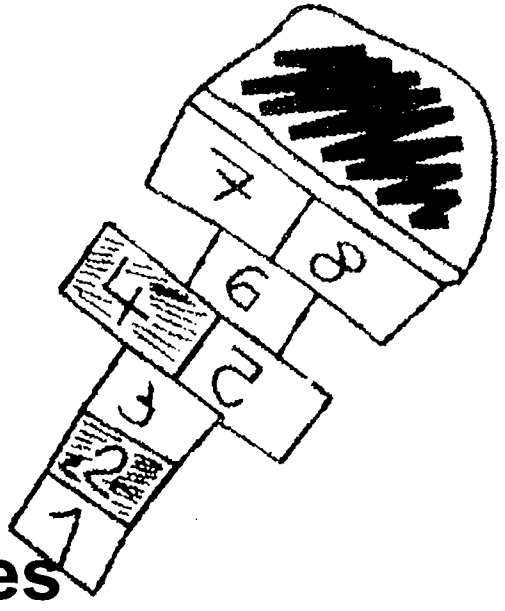
June 1999 - November 14, 1999

Stage two

November 15-20, 1999

Stage three

December 1999 - February 2000



Stage Four and Subsequent Stages

March 2000 and beyond

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Divider Title: _____

Presentations of projects for inclusion in the Conference agenda on the theme *"A Healthy Start: Investing in Children 0 to 6"*

Early Childhood Development in Latin America and the Caribbean

United Nations Children's Fund (UNICEF)

Organization: **United Nations Children's Fund (UNICEF)**

Project: **Early Childhood Development in Latin America and the Caribbean**

Presenter: **Dr. Gladys Acosta**

Description

The main objective of this project is to promote the development of policies, strategies and programs in line with the rights and gender approaches that favour increased coverage of and improvement in the quality of child care and early education services, to guarantee the integral development of children's potential during their early childhood.

The following activities have been organized to reach this objective:

- development of research or processes for "best practices on Eearly Childhood Care for Survival, Growth (ECCSGD)" for the region;
- development of audio-visuals on ECCSGD in order to achieve a greater impact on advocacy and resource mobilization; and
- organization of a ECCSGD network using a team of specialists and institutions from various countries in the region.

Dollar Value

US$7.77 million

Context/Background

Learning begins at birth. Indeed, it is the learning that takes place from the first hours of life, which continues as children enter formal education systems and beyond, that can provide them with the skills and values they need to make the most of their lives.

Early childhood should not only be seen as a period during which children need care to ensure their survival, their physical well-being and protection against illness. Care and education should also provide the cognitive and psychosocial development of all children without any sort of discrimination. They should guarantee the satisfaction of children's needs, and should give priority to the acquisition of skills and capacities that have been shown to be the keys to life. They should also encourage the development of such values as tolerance, respect, solidarity and autonomy, which determine the attitudes that children will have later about themselves, others and society in general.

EARLY CHILDHOOD CARE FOR SURVIVAL, GROWTH AND DEVELOPMENT IN LATIN AMERICA AND THE CARIBBEAN

IX Conference of Spouses of Heads of State and Government of the Americas
Proposal for Technical Meeting
6-9 July, 1999

REGIONAL OFFICE FOR LATIN AMERICA AND THE CARIBBEAN (TACRO)

EDUCATION AREA

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EARLY CHILDHOOD CARE FOR SURVIVAL, GROWTH AND DEVELOPMENT IN LATIN AMERICA AND THE CARIBBEAN

A. JUSTIFICATION

We have taken several centuries to recognize explicitly that learning begins at birth. It is precisely the learning that takes place from the first hours of life and continues until girls and boys enter the formal basic education systems, that can provide them with the skills and values necessary for each of them to become what she or he wants to be, and have a greater chance of living well. Thus education, which previously was understood to be a process that began at the age of six or seven and ended with the end of adolescence, now is recognized as a process that begins with life itself and never ends, and which should guarantee that every human being can make the most of himself or herself.

UNICEF is convinced that early childhood cannot only be seen as a period where the child needs care to ensure survival, physical growth and protection against illness. Care and education should provide the cognitive and psychosocial development of all children without any sort of discrimination. It should guarantee the satisfaction of his or her needs and give priority to the acquisition of skills and capacities that have been shown to be the keys to life. These include linguistic skills, the development of intelligence and socio-affective capacities that strengthen creativity, a critical attitude and the construction of knowledge as part of every child's development.

Care and education in the first years of life should contribute to the development of values that are learned from a very early age, such as tolerance, respect, solidarity and autonomy, and that determine the attitudes that children will have later on – about themselves, others and society in general. In synthesis, they should guarantee all children the necessary learning for them to be able to exercise their rights and become fundamental actors and builders of just, equitable and peaceful societies.

Therefore, UNICEF talks of **"Early Child Care for Survival, Growth and Development"** (referred to as ECCSGD in the rest of the document) as an integral approach that prepares children for life and learning, and trains teachers, parents and members of the community who care for children, to respect, protect, facilitate and made effective children's rights to survival, growth, protection, development and participation. From UNICEF's perspective, ECCSGD should be **centered on children, focused on the family, supported socially and promoted globally.**[1]

[1] **Taken from the draft document that was produced in the discussion held at the Innocenti Seminar in October 1998.**

There are several spheres where early development and education can occur, but the main ones are the family, the community and child-care and preschool programs and institutions. There is no ideal concept of child development and early education that should be considered universal. However the conceptual and operational models should be constructed using multidisciplinary principles that respond to the specific problems and opportunities of each child, each family and each culture, and that are oriented to achieve the maximum development in all the child's dimensions - physical, cognitive and affective.

Three types of arguments have been designed to show the importance and validity of actions related to Early Child Care for Survival, Growth and Development:

- **Because of their preventive nature, ECCSGD actions are seen as a medium- and long-term social investment, that is highly profitable in human, social and economic terms.**

Investment in ECCSGD pays off in quite varied ways, in both economic and human resources. It reduces primary school grade repetition and dropout rates, increases those children's productivity when they reach adulthood, helps parents and the community to learn, reinforces and stimulates social participation, and helps to reduce economic and social inequalities. To give an example, High/Scope Perry Preschool made a longitudinal study comparing children who participated in high quality preschool programs with children who did not, and the amount of return on each dollar invested was found to be US$ 7.16.

These arguments already have begun to be understood by governments. A concrete example of this is the explicit recognition given by the representatives of the governments of 32 nations that participated last November in the Fourth Ministerial Meeting on Children and Social Policy in the Americas. At this meeting, the governments of the hemisphere committed themselves, for the remainder of this century, to adopting and expanding activities for early stimulation that incorporate the family and the community as key elements in child development.

- **A synergistic effect of early child care and education activities, especially at the local level.**

Interventions in early child care and education have a high capacity to mobilize and involve multiple social actors and to generate actions and intersectorial plans with a high level of community participation.

Very frequently we have seen that the "simple" act of installing a daycare center or beginning a parent education project in a community generates a shock wave of mobilization and social participation involving public functionaries in the areas of health, education, social welfare, parents, the church, local social organization and political leaders.

Early child care and education programs' special capacity to generate "value added" is directly associated with integrality, which characterizes or should characterize ECCSGD proposals, and with their low level of "sectorialness" or institutionality. Institutionality is a trait that should be handled carefully when executing projects, in order to avoid the perception that they are the sort of "no-man's land" (or "everybody's land") that so confuses social investors and planners. The complex relationship between integrality and institutionality should be examined very carefully when formulating strategies.

For UNICEF, this synergistic potential of ECCSGD actions makes them an excellent way of planning and executing intersectorial coordination strategies aimed at reaching the health and education goals that form part of the commitments acquired in the World Summit for Children.

- **There is a third kind of argumentation – socio -psychological in nature – that concerns children and their right to life, to development, to being cared for and protected by their families and social institutions, to express themselves and communicate, to learn and be educated, whose spokesperson and champion *par excellence* has been and should continue to be UNICEF.**

There are various sources of information that give socio-psychological arguments in favor of ECCSGD as a basic strategy for the integral development of children.

One of these sources comes from experience and research in the field of child or evolutionary psychology, especially longitudinal or cohort studies, which clearly show that children who have participated in early child care and education programs have higher indices of development of their intellectual, linguistic and socio-affective capacities, greater capacity to adapt to new and socializing experiences, and greater success at school than children who do not attend educative programs.

Another contribution from evolutionary psychology and the neural sciences consists of having been able to prove that the **"windows of opportunity"** for developing intellectual, linguistic and psycho-motor capacities (in neural sciences they talk about the "wiring" of neuron tissues) have their apogee or **sensitive period** during the first three years of life, after which there begins a non-lineal decline of these windows or potentialities for development. From there we get the expression or concept of early and **opportune** stimulation.

The concept of opportunity in no way should lead to any fatalistic interpretation that what is not done before the age of three is not remediable afterwards. On the contrary, it has a purposeful meaning: let us act now, at the most opportune moment.

The other source of this kind of argument comes to us from the child rights approach, which establishes the concept of the child as a subject of rights, leaving behind the notion of the child as an "object" - a passive beneficiary or receiver of social action. Rights are constructed or won, not given.

The Convention on the Rights of the Child, in its Articles 6,18.1, 18.2, 18.3, 24,28 and 29, especially emphasizes those aspects that accompany the development of the child at an early age.

Furthermore, the rights approach postulates that care and attention to children through provision of quality social and educative services are not an option for more or less beneficence or greater or smaller political will on the part of governments. They are a right of children and, as such, an imperative condition. Similarly, we find the non-transferable and central role of the family in caring for and educating its children. These imperatives are rounded out with the notion of **the progressive exercise of rights**, based on the evolving development of the child.

It is not difficult to appreciate how the notion of the child as a subject that intervenes actively and progressively, to the limits of his or her evolving development, in acquiring the full exercise of his/her rights provides us with a broad frame of reference within which other kinds of arguments can and should become integrated and converge with the arguments for ECCSGD - each with its own validity, but incomplete if taken separately.

This is an important sphere for elaborating our discourse on EGGSGD: to integrate the child rights approach into the evolving life cycle perspective on children.

From this perspective, let us take a look at the region's panorama in the area of ECCSGD.

B. REGIONAL CONTEXT

1. The situation of programme coverage

There is a large problem of lack of consensus regarding the criteria of age and denomination of the program, which is reflected in the lack of uniformity in the sources of information. Each country, and within each country different institutions, speak of preschool education, nursery school education, early education, initial education and others that refer to different population

groups (0 to 5, 4 to 6, 5 to 6-or-7) and programs. For some, preschool education goes from 0 to 6 or 7; for others it only refers to the group that lacks one year before entering school (5-6 years); others consider the group between 4 and 6, or between 3 and 5. Something similar happens with the terms for initial, early and other kinds of education.

Therefore, the country data that we have only can help us understand the advances in the region's coverage in global terms; the relative inconsistency of the information won't let us go any further in terms of comparisons among countries or other kinds of analysis.
According to 1991 UNESCO figures (taken from Myers, 1995), coverage of pre-school education[2] in Latin America and the Caribbean reaches an average of 58.25%. There are, however, enormous disparities within the region. In the Caribbean, for example, the figure rises to 82% while in Central America it ranges around 27% and in South America it is 42%. These marked differences in coverage among groups of countries in the region indicate the need to construct diversified regional strategies in order for UNICEF to provide support for the broadening of delivery of integral ECCSGD services.

Several common traits can be found in the information:

- Coverage data tend to be strongly concentrated on children who are in the year just before entering the first grade of primary school (5-6). Many of them attend pre-primary, preschool or kindergarten in regular primary (basic education) schools; and others, possibly the minority, attend infant-care centers. In some countries, like Ecuador, the preschool grade has been assimilated as the first year of basic education, and therefore it is the responsibility of the Ministry of Education and Culture.

- When data on is available on exclusive coverage of early education programs without including the preschool level of primary schools, the numbers are incomparably lower. Let us look at a few examples. In 1990 Chile reported coverage of 69.3% for children under five, and coverage of 20.7% for children under four. Costa Rica reported coverage of 62% for the cohort of five-year-olds, and of only 14% for the cohort between three and five. Ecuador reports a 48% coverage for the five-year-olds, and 9% for children between zero and four.

- A survey carried out in the regional office[3] showed an estimated average coverage of 17% for the region, in the area of early education programmes.

- Virtually no country reports data for the population under the age of three.

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[2] Myers, R. "Preschool education in Latin America". Paper presented for the Inter-American Dialogue, Nov. 1995.
[3] UNICEF, "Rol Estratégico en el Area de Educación para América Latina y el Caribe". Bogotá: Regional Office, 1998.

From these two facts it is easy to infer that most of the data refer to preschool education programmes and services offered by primary schools, and less frequently include early education programmes that give integral services that stimulate the development of children's potentiality in their physical, affective and intellectual dimensions.

The other idea that is inferred is that, for the population under three, there is very little information available and/or few programmes for caring for this important segment of the child population.

Looking more closely at the countries the disparities are readily visible. A large percentage of the child population made up of girls and boys from low-income families is excluded from preschool programmes. In addition to the disparities linked to socio-economic factors, the geographic location (rural/urban), the type of household (single- or two-parent families), gender, and ethnicity affect the real possibilities for access to preschool education.

R. Myers (1995) stresses that an important factor in a country's progress or backwardness is closely related to political will and the differences in the design and implementation of policies. We find, for example, that countries like Jamaica, which in 1992 had a per-capita income of only US$ 1,390 – which is more than US$ 2,000 dollars below the average for Latin America –had an enrolment level of 83%, while in Colombia, with a similar income, only 44% of all boys and girls under five have access to a preschool education. Argentina, for its part, with a per-capita income that is four times higher – US$6,050 –enrolled 68% of the children between four and five.

Even in some of the countries with a high coverage, highly inequitable structures lead to children from the lowest socio-economic strata being excluded from access to preschool education. This is shown by data from Argentina, Uruguay and Chile, based on household surveys. In the case of Chile, for example, they indicated that, while the 1992 preschool coverage in "Nursery Schools" was 24% at the national level, it only reached 19% in the lowest-income quintile, but rose to 43% in the top quintile. (Myers, 1995). Although there are no reliable and disaggregated statistical data for other countries, it can be inferred that, very probably, in the majority of the region's countries there is a clear bias toward the highest-income groups.

Similarly, there is higher coverage in urban areas. Overall in the region, the rate of female coverage is similar to that of males; when there are differences they do not surpass 4% of the total. It would be very useful to get data about permanence in school, unemployment, and the general quality of the preschool education for girls.

Coverage of indigenous groups is presumably lower than that of non-indigenous groups. Even though there is little information available, the data for Mexico help support this affirmation. Official statistics show a coverage of 82% of all children in Mexico City, while in Chiapas coverage is only 38%.

According to OREALC (1992), private school care by subregion shows that in South America coverage is 29% of the population; in Central America and Panama it is 32%; in the Gulf of Mexico it is 11% and in the English-speaking Caribbean it is 80%.

Preschool programmes have increased persistently since 1980. However, the preschool enrolment rate seems to have been higher during the "lost decade" of the eighties than in the first five years of the nineties, when the region experienced a certain degree of economic recovery. This reaffirms the importance of political will for the development of programmes based on rights and in agreement with the goals.

2. Determinant factors and problems detected

Four factors have been selected that are shown by joint work experience to be determinants of the success of ECCSGD strategies and programmes. These should help us identify the most significant problems that are found in many countries in the region, and subsequently show some lessons learned and successful experiences in several countries.

These factors are:

a) National policies that give priority to early childcare and education.

b) Integrality of approach and action in ECCSGD-related strategies and programmes.

c) Family and community participation. Diversification of modes of child care.

d) Criteria and indicators of the quality of services provided and their adjustment to the different age groups. Monitoring and evaluation. Formation and training strategies for educators and social actors.

2.1 Problems found

Low priority assigned to ECCSGD in governments' policy and budget agendas

As we have shown in our analysis of the data on coverage, governments still dedicate a very small part of public spending on education to attending to the specific needs of early childhood. For example, the percentage of Jamaica's education budget spent on ECCSGD is 2%, while children of preschool age represent almost 20% of the total number of children in education programmes.

ECCSGD-related services cross many bureaucratic and budgetary lines, and no sector is directly responsible, thus diminishing the possibility for political and financial support. This is a possible consequence of the slight sectorial or institutional definition of programmes aimed at early childhood, a lack of definition that not only affects the priority given by national governments, but often complicates dialogue and negotiation of international cooperation with the many "counterparts" and actors involved - each of which has its own interests.

The countries have more or less well-defined health and education sectors, while ECCSGD does not have its own sectorial system. Many countries have incorporated their preschool programmes into the education system, in some cases with an age limit (starting at age 3 or 4). In others, the health sector is responsible for some of the programmes, while in yet others, the social welfare system takes them on. In several countries it is NGOs or autonomous or semi-autonomous national institutes that are in charge of the main programmes. Some countries have begun dialogues on the creation of a multisectorial early education system.
It is true that increased political will and national capacities can have a major effect on widening ECCSGD coverage, but there also are technical criteria that have been enriching institutions' vision of programme expansion. The principal one, **called "diversification of modes of attention for early childhood"**, has helped many countries to overcome the rigid and unworkable scheme of creating day care centers as the only method of attending the entire population of at-risk children, and expand their services by other means, such as family education.

Lack of integrality of approach to, and action on, early childhood

In early child care programmes in Latin America and the Caribbean, the dominant perspective is non-integral care, which does not adequately combine the elements of survival, growth and psycho-social and cognitive development. In only a very few programmes is nutrition dealt with in an integral way in programme design. Food assistance, in most programmes, does not consider the nutritional needs of children, is of low coverage and is characterized by problems of hygiene and poor preparation of the foods. Generally, neither nutritious diet nor related size and weight follow-up is considered.

In most programmes there is no articulation between health and child-care programmes, and health actions generally are not integrated into development and early education services.

Likewise, there is very little information on the type of interventions related to psycho-social and cognitive development, and what there is shows a lack of quality of educative actions.

There would seem to be **two predominant tendencies** in child institutions and programmes. In some cases, the **emphasis** is placed on **offering preschool education** to prepare children to enter school, and there is little attention to health and nutrition. In others, the educative component is given little or no priority, and the **emphasis is on "caring" for the child**, carrying out routines of rest, feeding and play until the parents come for them. There is not an abundance of programmes that provide integral care in the different aspects of child development.

Weak family and community participation

For a long time, and still today, an inadequate and schematic treatment of family and community participation predominates in the programmes, where these factors are included to reduce costs by using the parents' and community organizations' labour and other contributions to educative centers. This institution-centered approach is beginning to give way to a family and community approach that is centered on the child.

In various countries in the region, with Chile and Cuba at the lead, community participation and the involvement of the family have begun to be part of the strategies for an adequate early child formation, and not mere instruments for lowering programme costs and widening coverage.

The problem is that the way of conceiving of and using the family in ECCSGD programmes still is quite incipient, and in most programmes treatment still is inadequate and restricted. However, the new tendency being seen is heartening, and UNICEF should play a technical role of promoter and stimulator of projects, to establish the authentic role of the family and the community in early child development from a rights perspective.

Therefore, this is not a simple formula to help poor countries lower costs and widen coverage, although in fact it may contribute to such economies. The greatest development of family education programmes and projects for ECCSGD has taken place in the developed countries, especially in the United States. In this region, as has been pointed out, Chile, Cuba and some other countries like Mexico, Brazil and Ecuador have made significant advances in this area.

Absence of quality criteria and indicators on services delivered and their "fit" according to age. Poor monitoring and evaluation.

Another element that is noticed in the systematization is the lack of control, evaluation and follow-up of programmes - much less, evaluation and direct follow-up of the children receiving attention.

In these programmes, no curriculum or plan for learning and developing skills and capacities were found that might allow the establishment of goals other than the form of care that is understood in "daycare".

Weakness of policies and strategies for forming and training educators and community mothers

There is a marked weakness in policies and strategies for forming and training educators and community mothers, who are the ones who provide the care for children. Nonetheless, in various countries there are advances and achievements in personnel formation and training that should be known and disseminated, to overcome this difficulty that many consider to be the principal cause of low quality in non-formal programmes for children.

A marked scarcity of programmes for children under three

The majority of the cases documented make reference to children of preschool age, beginning at 4 or 5 years, and we found an absence of programmes that direct their attention to children between 0 and 3, which is disturbing, considering that these first years are critical for the formation of intelligence, personality and social behavior.

3. Lessons Learned from the Programmes in our Region

Among the most important aspects for guaranteeing a good development and outcome from the early child care programmes for development and learning, we find the following:

- **Strengthening of national capacities and political will to give priority to actions and care programmes for early childhood**

There is a need for a strengthening of the national resources and capacities to finance, organize, manage and supervise these programmes. Also, the demand for programmes of early education should be consolidated, and knowledge of its advantages should be extended - at the level of families, the community and the government. It is widely recognized that spending on early

education benefits the neediest socio-economic groups, and also constitutes a highly profitable investment. Achieving these advances in the area of education does not only call for greater resources; an efficient re-distribution of funds among the budgetary lines has an enormous potential and is a firm step toward construction of an equitable, pacific and just Latin America and Caribbean region. It is here, in the mobilization of governments, that we can make an effort and achieve an advance in the recognition of the importance of early child care for development and learning.

- **Integral strategies that guarantee the development of the child in all his or her facets, with equity between the genders**

The criterion of integrality does not have to be translated directly into a need for each institution responsible for a programme to offer the whole package of services in order to be integral, as sometimes happens. The programmes should manage and guarantee integrality of actions and services for children through strategies of coordination and articulation, with a group of institutions with different profiles, aimed at providing services to a common population.

Many countries, in the region and outside it, have promoted the creation of modalities of attention that enrich and extend the traditional modality of early childhood daycare centers with which the ECCSGD programmes began. The countries have learned to combine and selectively use diverse strategies according to needs and characteristics of the object population. The cases of Mexico and Costa Rica – among others – are examples of this.

- **Participation of the Family and Community to ensure the creation of appropriate environments for the healthy development of children**

The kind of parental and community participation is a determinant of quality. UNICEF takes the perspective that the family and the community are the environments closest to the child, that stimulate her growth and physical and mental development. It is there that the child finds, or doesn't find, the basic sanitary conditions for an environment that controls diseases; balanced, nutritious and well prepared meals; and a space where the risk of accidents is reduced. It is in the family and community environment that affective ties are created and where, through interaction, values for democracy can be constructed, rights can be lived, and an idea of a life project can be formed. These spaces also are the first places for learning and discovery, whose practices can stimulate and promote development of skills and capacities for learning and for life.

- **Monitoring and evaluation of the programmes to guarantee their follow-up and effectiveness**

Monitoring and Evaluation has shown that programmes can be adjusted to the real needs of children and offer quality attention. UNICEF wants monitoring to be effectively included in mechanisms for follow-up of growth and the age-specific achievements of each child in terms of size, weight – and motor, psycho-affective, cognitive, social and other kinds of development. These should permit the promotion of knowledge and practices in all environments, stimulate the child, reduce risks, prevent disabilities and achieve the development of all the children's capacities that strengthen all their opportunities for a life of well being.

We include in this theme the definition of adequate programme quality indicators that show us when a programme is producing good results and when it is not. Quality is a concept that is complex, culturally defined, and relative, but we should generate categories, standards and components of quality that we can use to measure programmes.

A list of factors to be taken into account for measuring quality should include the following:

- A curriculum that is appropriate for a development that includes learning activities for children in a supportive environment.

- A careful selection of personnel, with a strategy for service and training in the center itself. It is more effective when the training is practical and is carried out with the children.

- Attention to the ratio of personnel-to-children.

- Capacity to commit to and establish partnerships with the parents and the community, empowering them with access to information and an opportunity to internalize positive child-rearing practices.

- Strong administrative support, with direct provision of services like health and nutrition.

- Effective monitoring and evaluation processes, allowing personnel and caregivers like mothers and fathers to monitor and observe the children's progress. It also should be possible to have access to data for evaluation, which would allow us to improve strategies.

- Taking into account cultural child-rearing traditions and new pedagogical practices, in order to avoid the discarding of good cultural practices and importing centralist plans that do not attract the families.

- Incorporating gender into pedagogical materials for parent education, using statistics that are disaggregated by gender.

- Adopting the time schedule and school calendar to local circumstances, such as agricultural seasons in rural areas. Adopting the work plan to local needs.

- Placing schools or care centers near the children and their families.[4] When the child population is dispersed, such means as distance education with television, radio and roving teachers can be used.

Until now there has been an absence of monitoring and evaluation, owing to many factors, among them the lack of experts, lack of widely acceptable instruments and measures for ECCSGD, and lack of clearly conceived objectives. The need for strong and well-designed evaluations is underrated if one considers the potential effects of their results. It also is very useful to identify the factor that can be fundamental for achieving the objectives. Comparison among countries, and among the regions within a single country are necessary to be able to observe the effectiveness of the different programmatic strategies. The results can be used to guide a re-adaptation or refinement to achieve the objectives.

- **Strategies and mechanisms for promoting, disseminating, and educating through the communications media**

The use of the media can help to create political will and national consciousness, but the education of caregivers also can be benefited by a choosing a medium that reaches them with good format and contents.

Documentary programmes based on the following points could be implemented:

- Specific practices, policies and programmes, according to the country.

- Techniques for stimulating development, which are easily provided by parents and caregivers, with emphasis on the society's need for these activities and the benefits for the children.

[4] For every kilometer that a child has to walk to reach school, there is a 2.5% decline in the probability of his or her attending school.

- The offer of innovative services, either for organizations or for individual work with local or national personnel.

- Traditional child rearing practices and patterns that aid development, also indicating those that contribute negatively.

Various countries have had successful experiences in the use of radio for disseminating messages and educating families.

- **Valid strategies for forming and training educators and social actors**

Perhaps the most critical point for the quality of the services provided by early education programmes is the formation and training of their personnel. Authors like Cassie Landers consider it the principal factor for quality. The principal criticism that formal educative programmes, teachers and educative authorities make of non-formal programmes is that the care and early education of small children is left in the hands of persons without professional formation, with low academic levels and who are little or badly trained for this work.

In various countries, initiatives and strategies have been developed to improve the processes of progressive and on-going training for personnel through well structured plans and curricula, and to link training to the improvement of service quality.

Private preschool institutions in the region have developed a considerable technical level, and have highly trained professionals who could be an excellent resource for developing sustainable educative and training strategies for public-sector community educators – to the extent that the barriers that historically have separated the public and private sectors can be eliminated, including cooperation agencies' policies and norms.

C. THE STRATEGIC PROPOSAL

1. UNICEF's objectives for ECCSGD in the region, 1999-2001

1.1 General objective

To promote the development of policies, strategies and programmes in line with the rights and gender approaches that favor the increase of coverage and the improvement of the quality of child care and early education services, to guarantee the integral development of the children's potential during their early childhood.

In this way ECCSGD actions become an important vehicle for reaching goals of the World Summit for Children.

1.2 Specific objectives

- To promote the formulation of policies including legal and budgetary measures that give priority to ECCSGD strategies in the countries addressing working women and adolescent mothers, including regional actors like the church, the productive sector and other organizations.

- To promote and disseminate successful experiences and programmes from the region, especially those that contribute to motivate the role of the family and the community in providing attention for the smallest children, within the rights and gender approaches.

- To promote the integral approach and full coverage in ECCSGD programmes - including health, nutrition, growth, development of psycho-affective and cognitive capacities - that are being developed by the governments in every country of the region, with special emphasis on the child population between 0 and 3.

- To create regional mechanisms for supervision, follow-up, analysis and communication of the programmes implemented by the governments including the elaboration of criteria and basic quality indicators to orient follow-up and monitoring.

2. Activities proposed to achieve the objectives

- **Development of a research or documentation process on "Best practices on ECCSGD" for the region. We will start documenting the cases of those countries more relevant for different criteria such as the coverage of the attention, integrality of the programme, results achieved, etc. The first countries to analyze are: Colombia, Costa Rica, Brazil, Chile, Jamaica, Cuba, and Mexico.**

- **Development of audiovisual resources on ECCSGD successful to achieve a greater impact on advocacy and resource mobilization.**

  - Edition of a video tape with testimonies, interviews with ECCSGD program managers in the field, extracts of experts' positions on the topic and direct exhibition of some projects on the field and results observed by the families and communities. A long version of the video will be showed in specialized meetings. A short version will be showed to policymakers in the governments, and supranational organizations.

- **Organization of the ECCSGD network in the region using a team of specialists and institutions from various countries in the region.**

  - Contact with experts on the ECCSGD academy, experts on child mobilization, practitioners.
  - Organization of regional meetings to exchange ideas and knowledge and designing a regional strategy for the action.

- **Development of materials and tools for the improvement of the educative components of ECCSGD programmes, such as:**

  - Indicators of accomplishment of psychosocial development of children, well differentiated by age.

  - Strategies for forming and training educators, caregivers and parents

  - Curricula of educative activities, reinforcing the integrality and institutionality of the programmes

  - Development of alternative modes of attention, with emphasis on the participation of the family and the community.

  - Promotion of the development of models of sustainable management.

  - Incorporation of the rights and gender approaches from an evolutionary perspective.

- **Construction of systems of basic indicators of quality.**

  - Reinforce the monitoring and evaluation part of every program on ECCSGD.

- **Technical assistance to groups of countries in the design of projects to be financed by donor countries and other organisms.**

- **Influencing and advocacy to promote:**

  - Budgetary changes leading to social investment in early childhood within the framework of the 20/20 Initiative.

- Legislative changes that affect women and children, and facilitate ECCSGD services for all the children in the country.

- Laws that facilitate maternity for working women, with help for child rearing, in terms of both leaves and care services.

D. PROJECT MANAGEMENT

The management of the project will be located in the UNICEF Regional Office for Latin America and The Caribbean, with very close contact with the country office Representatives and Education Officers. Education officers in the region are connected via an e-mail network; therefore, communication is fluid and constant.

The Regional Office, Education section, will be responsible for:

1. Development of a research or documentation process on "Best practices on ECCSGD" for the region
2. Development of audiovisual resources on ECCSGD
3. Organization of the ECCSGD network in the region
4. Developing materials and tools linked to the improvement of the educative components of ECCSGD programs
5. Designing a monitoring system and selecting the basic indicators.
6. Technical assistance
7. Advocacy on behalf of the project to governments in the region.

E. GEOGRAPHIC AREA

We intent to cover the whole region of Latin America and the Caribbean. Regarding activity number 1 and 2 we would start with those countries more experienced in successful programs on ECCSGD, such as Costa Rica, Colombia, Brazil, Chile, Cuba, Jamaica and Mexico.

Once we have the systematization of those experiences we will expand our research to Peru, Bolivia, Paraguay, Guyana, Guatemala, El Salvador, Nicaragua and Barbados.

For activities number 3 to 7 the geographic area will be the entire region of Latin America and Caribbean.

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UNITED NATIONS CHILDREN'S FUND

Early Childhood Care for Survival, Growth, and Development (ECCSGD)

unicef

THE IMPORTANCE OF EARLY CHILDHOOD CARE

As social investment

For its synergistic effects

In terms of children's rights

PROBLEMS IDENTIFIED

IN TERMS OF PUBLIC POLICIES:

- **Unequal access and few places for 0-3 year-olds.**
- **ECCSGD cuts across jurisdictions.**

AT THE TECHNICAL LEVEL

- **No consensus on age brackets and titles for programs.**
- **Lack of comprehensive approach: emphasis on education rather than care for the whole child.**
- **Misconceptions and unsuitable practices in dealing with family and community.**
- **Inadequate monitoring and evaluation of personnel, and lack of training.**

WHAT HAVE THE EXPERIENCES OF OUR COUNTRIES TAUGHT US?

SOME KEYS TO SUCCESS:

WELL-DEFINED PUBLIC POLICIES ON ECCSGD IN RELATION TO:

- Coverage / Quality.
  Financing and alliances
- Coordination of institutional roles

KEYS TO SUCCESS (CONT.):

Diversified means for providing care, with emphasis on:

- **Family-community participation**
- **Programs for 0-3 year-olds**
- **Quality criteria. Monitoring and evaluation**
- **Educational strategies and training for personnel**

THE ACTION PROPOSAL AND ITS COMPONENTS

- **DETERMINING FACTORS**
- Public policies, laws, alliances, financing, coverage
- Quality: Criteria and indicadors, training, monitoring, comprehensive approach
- Diversified methods: emphasis on family/ community, programs for 0-3 year-olds.
- Publicity, communications media, technology

CHALLENGES AND PROSPECTS

PUBLIC POLICIES AIMED AT:

- Gradual standardization of ECCSGD methods.
- Development of appropriate ECCSGD methods for boys and girls in the 0-3 year-old bracket.
- Elimination of unequal access.

CHALLENGES AND PROSPECTS (CONT.)

- Interrelationships and coordination between ECCSGD and basic education.
- Effective integration of mother & child health services into ECCSGD programs.
- Integration of disabled persons into ECCSGD programs.
- Incorporating communications media and technologies into the ECCSGD.

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17

Divider Title: _____

Presentations of projects for inclusion in the Conference Agenda on the theme *"A Healthy Start: Investing in Children 0 to 6"*

Cooperation between Health and Education Sectors in Support of a Comprehensive Approach to Child Development

Unit of Social Development and Education (UDSE)
Organization of American States (OAS)

Organization: **Unit for Social Development and Education (USDE)**
Organization of American States (OAS)

Project: **Co-operation between the Health and Education Sectors in Support of a Comprehensive Approach to Child Development**

Presenter: **Dr. Gaby Fujimoto**

Description

This project intends to foster joint efforts between the Health and Education sectors to create healthy and educational environments that favour the comprehensive development of Latin American children. The project is divided into three major areas of action. The first pertains to early childhood development, targeting the family, community and personnel in the health and education sectors. The second is the design and implementation of programs with an approach to child development. Finally, the third involves political and social activities to disseminate information on the project, including the launching of public awareness campaigns. Six countries will participate in the first phase of the project, and an additional six will join annually until the third year, making a total of 18 participants.

Expected Results

The project will produce comprehensive education models for children, families and their communities, to increase awareness on child development through public campaigns. Eighteen trained national groups will develop, maintain, execute and evaluate comprehensive activities in early childhood education.

Dollar Value

$4.76 million, plus 10% overhead

Date of inception and duration

1999-2002 (four years)

Context/Background

In recent years, the governments of Latin America have made significant strides to combat poverty and infant mortality, and to provide universal access to education. However, despite efforts by health and education sectors to ensure the development of all children, services and progress devoted to childhood education remain inadequate in quality and coverage. This project has been developed using the experience of the OAS in working with governments, non-governmental organizations (NGOs) and international organizations in the field of early childhood education.

Organización de los Estados Americanos
Organização dos Estados Americanos
Organization des États Américains
Organization of American States

COOPERATION BETWEEN THE HEALTH AND EDUCATION SECTORS IN SUPPORT OF A COMPREHENSIVE APPROACH TO CHILD DEVELOPMENT

EXECUTIVE SUMMARY

Proposal submitted by: The Organization of American States
Unit for Social Development and Education and

Pan American Health Organization
Division of Health Promotion and Protection

Geographic location: Latin American Countries (18)

Proposed duration: Four years, starting in 1999. (1999/2002)

Description of Proposal

This project, prepared with the participation of six Latin America countries, is divided into three major action areas designed to promote a comprehensive approach to early childhood development through regional coordination and the use of new communications technologies. The first action area proposes the synthesis and dissemination of information on early child development; it targets the family, community agents, and technical personnel of both the health and education sectors. Through studies and regional meetings coordinated by an expert committee, the project seeks to contribute to the development of guidelines for a comprehensive approach to early child development: an approach that includes concern for the education, physical and mental health, nutrition and socioeconomic development of the child, the mother and the family.

The second action area addresses experiences in comprehensive education at the national level and will develop operational program guidelines. Implementation will include national and regional meetings to design service delivery systems, together with workshops to train technical personnel in program development and management, the use of radio and television in comprehensive education, and the development of community support networks.

The third action area will promote public awareness of the importance of a comprehensive approach to education and mobilize social and political support at all levels: from the grassroots to policy-makers. The project proposes to inform policy makers, educational administrators, technical staff, and community organizers about the effectiveness of the comprehensive approach through participation at summits, organization of regional symposia, and promotion of public awareness campaigns. Specifically, the project anticipates a major presence at the World Symposium to be convened in Chile in 2000.

Objective

To promote and consolidate cooperation between the health and education sectors in order to develop safe and stimulating spaces that support and foster early child development, using new communications technologies.

Potential Partners

Participating countries will seek links with existing local initiatives in early childhood stimulation, already financed by international organizations such as the IDB, UNESCO, World Bank, European Union, and UNICEF, as well as by local funding sources.

Cost

US $4,762,000 million plus 10% overhead.

Additional Information on the Project

COOPERATION BETWEEN THE HEALTH AND EDUCATION SECTORS IN SUPPORT OF A COMPREHENSIVE APPROACH TO CHILD DEVELOPMENT

Executive Summary

In recent decades, the governments of Latin America have made significant strides in terms of combatting poverty, and infant mortality and providing universal access to education. However, despite efforts by the health and education sectors to ensure the sound development of all children, services and programs devoted to early stimulation remain inadequate in terms of quality and coverage.

Recent studies show that it is critically important to offer healthy spaces and adequate health and nutritional conditions for children in their first 10 years of life, in order to facilitate the comprehensive development of their cognitive, social, emotional, and motor potential. In Latin America, however, the majority of young children live in poverty, in environments that are unhealthy and potentially harmful. Many of these children do not have access to basic health services, nutrition, and education services. Thus, there is an identified need to mobilize the political, financial, and technical resources necessary to promote investment in early childhood comprehensive development programs: programs that include concern for the education, physical and mental health, nutrition and socioeconomic development of the child, the mother and the family.

This project is intended to foster joint efforts between the health and education sectors to create healthy and educational environments that favour the comprehensive development of Latin America's children. Consistent with this objective, the project involves conducting and publishing research, designing and executing pilot programs based on a comprehensive approach, and mobilizing political will and public commitment.

The project is conceived within a four-year time frame and will include both national and international activities. Six countries will participate in the initial phase, and six additional countries will join annually, until the third year, when 18 countries of the Region will be involved.

The direct beneficiary population will be boys and girls from 0 to 10 years of age and their families in poor urban communities. The total cost of the project is US $4,762 million dollars over four years, among 18 countries. The greatest percentage of resources will be devoted to the development and implementation of integrated programs to promote early child development. Administrative costs have not been included, as they vary from one institution or country to another. However, these expenditures will represent approximately 10 percent of the total cost.

This project represents a joint effort among Bolivia, Chile, Colombia, Mexico, Peru, and; Venezuela. The Organization of American States (OAS) and the Pan American Health Organization (PAHO) are providing technical advice and multinational administration capability. The countries decided to create an international Steering Committee, comprised of the OAS, PAHO, one representative of the countries, and one of the donor institutions.

1. Participating Institutions (Year 1)

Bolivia: Rural Development Program (DIPRAD), Chile: National Board of Kindergarten Schools (JUNJI); Colombia: Ministry of Education; Mexico: the Secretary of Education; Peru: : Department of National Early and Primary Schooling, Ministry of Education; and; Venezuela: Ministry of Education.

2. Background

The project has been developed using the experience of the Organization of American States, as the only intergovernmental institution in the Americas currently working with governments, academics, NGOS and grassroots organizations in the field of early childhood education. In this capacity, the OAS has accumulated both on-site experience and administrative capability, while serving as the lead organization in training technical personnel for UNICEF and organizing hemispheric symposia on the theme for the World Bank.

At the same time, the OAS and PAHO have long cooperated on a number of initiatives relevant to comprehensive early childhood education, among them: infant development, prevention of drug abuse, and mental health for children and mothers.

Based on this experience, the OAS and PAHO are prepared to address the concerns expressed by the Heads of State and Government at the II Summit of the Americas when they directed both organizations to assign high priority to early childhood education, to the needs of the women of the Americas and to the family.

3. Brief Description of the Project

The project is divided into three major areas of action. The first pertains to the synthesis and dissemination of information on early child development, targeting the family, community agents, and technical personnel of the health and education sectors. To this end, the creation of an expert committee is proposed in order to design and lead studies and regional meetings of multidisciplinary teams, consolidate studies at the regional level, and hold workshops with technicians from the different sectors to design standards that will serve as the foundation and guidelines for an integrated approach to child development.

The second area of the project is the most complex and pertains to the design and implementation of programs with an integrated approach to child development. In this instance, national and regional meetings for the design and preparation of programs and services will be held, together with workshops for training technical personnel in the development and management of integrated programs, activities to create and produce radio and television programs, and to train community agents for the development of community support networks.

For the third area, political and social mobilization, activities to disseminate information on the project at the political, administrative, technical, and community levels are proposed. Among these activities are participation at summits, the organization of regional symposia, and the launching of public awareness campaigns. Appendix 2 contains the logical framework and the proposed work plan, with more detailed information on programmed activities and tasks.

This project contains has been prepared with the participation of six countries of the Region for the benefit of the Region as a whole A considerable percentage of the budget will be devoted to activities at the national level, with international support on a smaller scale. Implementation requires the use of international technical cooperation resources, which will increase with the use of horizontal cooperation and mutual support strategies among the countries. The countries will also attempt to link this project with existing local early childhood stimulation initiatives already financed by international organizations such as the IDB, UNESCO, World Bank, European Union, and UNICEF, or by local sources.

In order to facilitate technical financing operations, the regional project will have a Steering Committee, on which the sponsoring and financing institutions plus one representative of each country will serve. The Committee will draft regulations governing functions, responsibilities, and resource management.

Each country will have a multidisciplinary technical steering committee, which will serve as a link to the international Steering Committee. These national committees will submit their annual plans and requests for resources to the International Steering Committee. Other forms of organization can be used within each country to establish links with the technical steering committee. These alternatives will be subject only to national oversight in order to prevent the bureaucratization of the project.

Participating countries and institutions agreed that resources contributed to the project may be deposited with the OAS. The resources would governed by OAS Administrative Rules and Regulations, approved by PAHO, the countries, and the donor institutions.

4. Purpose of the Project

To promote and consolidate joint work by the health and education sectors for the development of healthy and educational spaces that support and foster early child development.

5. Objectives

- Strengthen the capacity of the countries to develop and implement intersectoral programs and services that support the early stimulation in marginal urban areas[1]

- Increase the political support for investment in early child development and strengthen the capacity of the family and community to participate in early stimulation to promote child development.

6. Project Strategy

In order to meet these objectives, three groups of strategies are proposed for the project:

a) Synthesis and dissemination of technical information concerned with comprehensive early childhood development in order to establish a frame of reference for the design of plans and models using this approach.

   - Studies and research (bibliographic, operational, and field).
   - Drafting and validation of standards for orienting and laying the foundations of early stimulation.

[1] Marginal urban areas are areas located on the outskirts of cities and capital cities, which are characterized by high population density, poverty, and insecurity.

- Use of the mass media and mass communication methods for disseminating information and mobilizing the different sectors of society to promote early stimulation.

- Sharing of local, regional, and international experiences.

b) Design, implementation, and validation of models of comprehensive early childcare[2] in order to promote integrated health care services.

c) Human resource training and development to increase the knowledge of professionals, technicians, and health, education, and community services workers about early child development and its importance in order to support and promote it.

- Setting of priorities and implementation of plans in support of early child development, through the use of a frame of reference for integrated child development.

- Search for innovative intervention methods that incorporate the use of the mass media and distance education in order to support and promote early child development.

- Development of validated models of integrated approaches in on-site facilities (in existing community spaces or through the establishment of recreational, educational, and health worker facilities), and distance models (through radio and television programs) directed at children, the family, community, and community agents.

d) Political mobilization and social participation to promote the political, financial, and social sustainability of actions to promote early child development

- International, interagency, and intersectoral coordination focus on early childhood development.

- Promotion of social participation—that is, of the community, family, and children—in the development of priorities, plans, and programs that lead to healthy children.

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[2] *Programs for the comprehensive care of children* are coordinated services and activities between the health and education sectors that promote and support the stimulation of early development. This concept involves the integration at all the different levels at which this can and must occur, that is the design, planning, organization, and implementation of these programs.

- Development and strengthening of community support and community networks and development of local capacity.

- Political mobilization to raise awareness among local and regional governments and institutions about the importance of supporting early child development.

7. Interested Parties

At the international level, the Social Development and Education Unit of the OAS and the Division of Health Promotion and Protection of PAHO will coordinate project activities. At the national level, the following six countries will participate through their respective institutions: Chile (National Board of Kindergartens and the Centre for Pedagogical Research, C.P.E.I.P), Colombia (General Bureau of Research and Pedagogical Development, Department of Education), Costa Rica (Ministry of Public Education), Mexico (University of Monterrey, Secretariat of Public Education of Nuevo León, SEP, and Integrated Family Development of Nuevo León, DIF), Peru (National Directorate of Initial and Primary Education, Ministry of Education), and Venezuela (General Sectoral Bureau of Planning and Budget, Ministry of Education).

In the different countries, various health, social welfare, family ministry, and other entities will participate, and national coordinating institutions will collaborate with them.

8. Geographical Area of the Project and Beneficiary Group

During the first year, the project will be carried out with the participation of the six countries mentioned above (Chile, Colombia, Costa Rica, Mexico, Peru, and Venezuela). During the second year, tentative plans include Bolivia, Argentina, Uruguay, Honduras, and Guatemala. During the third year, six additional Latin American countries will be incorporated.

The beneficiaries of the project activities can to be divided into two groups:

a) Children 0 to 4 years, 4 to 6 years, and 6 to 10 years, who live in marginal urban areas, and their parents and communities.

b) Educators, community workers, technicians, and administrators from the health, education, and other sectors involved in the project.

9. Current Status and Projected Status at the Conclusion of the Project

The health sector is playing a central and successful role in combatting infant mortality and morbidity. While it is true that the efforts geared toward the control, treatment, and prevention of diseases are crucial, and from a qualitative standpoint yield positive results, the education sector also plays an important role in promoting early child. It is in this regard, i.e. contributing early child development, that the health sector of the countries of the Region needs to define its role and responsibility, and to develop and strengthen its capacity. This is becoming increasingly important, given that the demands currently placed on the health sector go beyond combatting mortality and include issues related to equity and the quality of life.

Educational sectors, in turn, have expanded their coverage, but the sector requires more rigorous scientific information to orient policy decisions. This information is increasingly necessary to guide the implementation of formal and non-formal early childhood education programs, as well as to improve educational services for children up to 10 years of age.

10. Expected Results

Project activities will produce the following products and services:

- Comprehensive education models for children targeting boys and girls, families and communities, community agents, and technical personnel.
- Awareness and mobilization campaigns promoting comprehensive education for children, directed at political levels, technical personnel, and public, private, and community groups.
- Eighteen trained national groups, prepared to maintain the development, execution, and evaluation of activities in comprehensive early childhood education.

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Divider Title: _____

Presentations of projects for inclusion in the Conference Agenda on the theme *"A Healthy Start: Investing in Children 0 to 6"*

Integrated Management of Childhood Illness

Pan American Health Organization (PAHO)

Organization: **Pan American Health Organization (PAHO)**

Project: **Integrated Management of Childhood Illness**

Presenter: **Ms. Julia Wayand**

Description

The Integrated Management of Childhood Illness (IMCI) program hopes to reduce high mortality rates from preventable causes among children under five years of age. The program's goals are as follows:

- to improve the quality of health care for children at the first level of care, in the home and in the community; and
- to strengthen the application of preventive methods (vaccination), health promotion and nutrition measures (breastfeeding, etc.) in the population through education of parents during health service visits.

Expected Results

The provision of complete health care would help to reduce deaths among children aged five and under.

Dollar Value

The project has received funding totalling over $6 million from the Unites States Agency for International Development (USAID), the Government of Spain, the World Health Organization (WHO) and other international co-operation agencies. In 1999, PAHO allocated $331,000 to this project.

Date of inception and duration

This project began as part of the Peruvian National Health Plan in 1996.

Context/Background

Every year, more than 250 000 children under five years of age die in Latin America due to preventable illnesses. The IMCI program helps to reduce these deaths by educating parents, communities and health providers on health promotion and prevention. This project focusses on the complete health care of the child, from nutrition and preventive methods to the treatment of illnesses.

PAHO/HCP/HCT/IMCI/600.99/I

Integrated Management of Childhood Illness
Communicable Diseases Program
Division of Disease Prevention and Control

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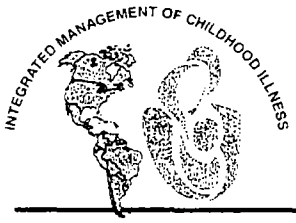
Basis of the IMCI Strategy

A Strategy Designed to Improve Child Health

Pan American Health Organization
Pan American Sanitary Bureau, Regional Office of the
World Health Organization

Basis of the IMCI Strategy



imci

The **IMCI strategy** is designed to improve the health status of children under 5 by preventing the occurrence of cases of disease and deaths from causes that can be avoided through prevention, early diagnosis, and treatment. The application of this strategy, both in health services and in the community, can help to prevent 25,000 deaths of children under 5 every year in the Region of the Americas. Concerted effort to support effective implementation of the IMCI strategy in the countries should receive high priority in order to reduce the burden of avoidable disease and death that continues to affect thousands of children in the Region.

Why the IMCI Strategy?

1. The strategy of integrated management of childhood illness (IMCI) was developed to address the principal child health problems and ensure children access to prevention and health promotion measures that make it possible to reduce the most frequent risks of illness and death.

2. Development of the strategy began with analysis and identification of:

   The leading causes of mortality among children under 5, as well as causes which, though they do not account for a high number of deaths, can be avoided through the use of available control strategies.

   The leading causes of illness among children under 5, also including those that are not of large magnitude but are avoidable.

   The principal strategies and interventions available for the prevention of disease and the promotion of healthy habits in the family, which can contribute to a better child health.

3. It was also taken into account that the care normally provided to children in health services has the following characteristics:

   Focus on the reason for the visit, as explained by the parents: The health care provider seldom looks for other health problems that may be affecting the child.

   Failure to systematically apply preventive and health promotion measures: The provider generally does not spend time during the visit to check the child's vaccination or nutritional status or take the opportunity to provide parents with information on disease prevention and proper care of the child in the home.

   Lack of monitoring and follow-up on the child's progress: The outcome of the prescribed treatment is not checked, and the parents do not receive incentives for completing the treatment or applying disease prevention and child health promotion measures.

4. The principal problems seen in health services were also taken into account, including:

   Deficiencies in the organization of health care: Lack of organization leads to overburdening of the health services, long waits for patients, lack of prioritization based on the severity of the illness, limited and difficult access to referral services, etc.

   Failure by parents to seek early attention: By the time many children are seen, they have been ill for several days and their condition has become serious because the parents do not know the warning signs that should prompt them to seek prompt attention from a health care provider or service.

   Failure of health personnel to recognize the signs of severe illness: As a result, classification and treatment of the child are delayed, and the risks of more severe illness, complications, and death increase.

   Excessive and inappropriate use of diagnostic technologies: Laboratory and radiology services are requested unnecessarily for many children who are seen in health services. Often, the results are never used for diagnosis or treatment.

   Excessive and improper use of drugs for treatment: Antibiotics are prescribed inappropriately and in excess for the treatment of many cases that do not require them. Many children receive contraindicated drugs, such as cough syrups and antidiarrheals for the treatment of acute respiratory infections (ARI) and diarrhea, respectively.

   Unnecessary hospitalization for the treatment of many children with ARI and diarrhea.

5. It was recognized that the foregoing problems are generally due to the following causes:

   The population's lack of access to health personnel or services: Lack of geographic, cultural, social, or economic access limits parents' ability to seek care for their children.

   Health workers' lack of capacity at the first level of care: Health workers are unable to provide appropriate care owing to lack of essential supplies for the diagnosis and treatment of children or lack of knowledge and skills in the correct management of the cases they are called on to treat.

   The community's failure to utilize trained health workers: The community may not seek care from health workers due to cultural constraints or lack of knowledge about the warning signs of serious illness.

What is the IMCI Strategy?

1. The IMCI strategy was conceived as a means of reducing high mortality from avoidable causes among children under 5, decreasing the number of cases of illness, and improving the quality of care for children. The strategy has the following features:

   Focus on care of the whole child, not just on the cause for the visit, which enables the health care provider to assess and detect other health problems and illnesses and evaluate the child's overall condition (vaccination status, nutritional status), apply preventive measures (vaccination, administration of vitamin A, etc.), and educate the parents on how to improve child care practices in the home.

   Early detection of all critically ill children through rapid assessment of nonspecific signs that may be associated with serious illness requiring hospital treatment so that the child can be referred immediately.

   Treatment of all diseases that may be affecting the child, not just the illness that prompted the parents to bring the child to the health service.

   Application of preventive measures together with treatment of the diseases and health problems detected, which helps increase vaccination coverage and monitoring of growth, development, and nutritional status, as well as application of other specific measures, such as administration of vitamin A.

   Activities aimed at improving parents' child care behaviors at home by systematically talking to them about better eating habits, care, and child stimulation in the home.

Adaptable to the local epidemiological situation through the incorporation of other health problems of local importance (dengue, Chagas' disease, parasitic disease, etc.) and the exclusion of others that do not occur in some places (malaria, measles).

2 The IMCI strategy has the following advantages:

Addresses the major child health problems, thus contributing to the child's recovery, which is the parents' primary concern.

Systematically incorporates currently available prevention and child health promotion measures, thus helping reduce the risk of disease and reinforcing healthy habits in the family.

Responds to the demands of the population by helping restore children to health and reducing the number of episodes of illness.

Has a significant impact on child health by reducing the probability of illness and death from the most common childhood diseases.

Is cost-effective, thus optimizing use of the resources that the population allocates to health protection and promotion and saving resources, which can then be devoted to the overall improvement of living conditions.

Improves equity by making available to all children a package of basic interventions that help to improve their health status and reduce the gap that separates children in the developing countries from those in the developed countries with regard to child mortality and morbidity rates.

3. The IMCI strategy was also considered the most appropriate vehicle for improving parents' knowledge and practices in caring for children, since the opportunity is taken to educate parents each time a child is brought to a health service for any cause.

Principal Objectives of the IMCI Strategy

1. The IMCI strategy has three essential objectives:

To reduce deaths among children under 5 due to communicable diseases and nutritional deficiencies for which effective interventions and prevention or treatment measures are available, especially deaths due to pneumonia, other infectious respiratory diseases, diarrhea, tuberculosis, malaria, dengue, measles, other vaccine-preventable diseases, and infectious complications such as meningitis and septicemia.

To reduce episodes of illness due to diarrheal diseases, measles and other vaccine-preventable diseases, tuberculosis, malaria, dengue, and Chagas' disease, as well as malnutrition in children under 5 and serious episodes of diseases such as pneumonia and other respiratory infections.

To improve the health status of children under 5 through better quality of care, both in health services and in the home, through community action.

Activities to Implement the IMCI Strategy in the Countries

1. In the Region of the Americas, priority in the implementation of the IMCI strategy is being given to countries or areas within countries that have a high infant mortality rate (IMR)—over 40 per 1,000 live births. The strategy can have the greatest impact in these areas, and it will help increase the population's access to basic disease prevention and treatment interventions and improve equity in the health conditions of children.

2. Because application of the IMCI strategy improves the quality of health care for children in health services and in the home, its implementation is also considered important in countries and areas with an IMR of less than 40 per 1,000. In these areas, application of the IMCI strategy can:

   Contribute to a rapid and sustained decline in mortality among children under 5 through control of the principal causes of illness and death in this age group.

   Improve the quality of health care for children in health services at the first level of care, in the home, and in the community.

   Strengthen the application of preventive interventions (vaccination) and health promotion measures (breastfeeding, growth monitoring, etc.) in the population through systematic education and guidance of parents during health service visits.

3. The process of implementing the IMCI strategy includes three complementary components, all of which are crucial:

   Improvement of health workers' capacity to provide care for childhood diseases and health problems, including their detection, treatment, and application of preventive and child health promotion measures.

   Strengthening of the organization of health service activities at the first level of care in order to optimize the use of available material and human resources to ensure better quality of care for the population and greater user satisfaction.

   Improvement of family and community child care practices in order to increase the use of available measures for disease prevention and improvement of children's living conditions.

4. The activities to be carried out to **improve health workers' capacity** to apply the IMCI strategy are:

   Training in the use and application of the strategy in order to provide health workers with the knowledge and skills necessary to assess, classify, and treat children using this approach, as well as the knowledge and skills necessary for health education and promotion.

   Support and monitoring after training to ensure that the IMCI strategy is being effectively applied in the normal reality of the health services, thus contributing to the identification of obstacles and problems and to the design and implementation of appropriate solutions at each level.

5. The activities to be carried out to **strengthen health services' capacity** to apply the IMCI strategy, are:

   Assurance of continuous availability of the supplies necessary for the care of children in accordance with the procedures established under the strategy, in particular the drugs for treatment of diseases.

   Design and implementation of efficient and effective mechanisms to guarantee children's access to the various levels of care, especially in order to avoid delays in referral of children to a hospital when the disease cannot be adequately treated at the first level of care.

   Implementation of appropriate mechanisms to reduce waiting times in health services, improve follow-up to assess whether children are responding to treatment, and incorporate systematic education and prevention activities.

6. The activities to be carried out to **improve family and community child care practices** using the IMCI strategy are:

   Education and interpersonal communication with the child's mother and family members during the health service visit with regard to treatment of the illness that prompted the visit and general care of the child in the home in order to prevent the recurrence of episodes or reduce their severity.

   Education and interpersonal communication in all childcare settings (schools, nursery schools, daycare centers, etc.) or areas in which mothers and families congregate (churches, clubs, fairs, etc.) in regard to prevention and child health promotion (vaccination, breastfeeding, diet, housing, stimulation, etc.).

   Mass dissemination of basic educational information on caring for children in the home and on prevention measures that will help to protect children from diseases and improve their overall health status.

7. In addition to the foregoing, the IMCI strategy also includes activities relating to monitoring, follow-up, and evaluation of the implementation process and the results obtained vis-à-vis the objectives. It can thus be confirmed that the effort made by all the countries represents progress in terms of a significant reduction in the number of deaths and cases of disease that can be prevented through the use and application of the IMCI strategy.

How Can we Support the Implementation of the IMCI Strategy in the Countries?

1. To achieve the benefits of the IMCI strategy in reducing the number of deaths and cases of preventable diseases and improving the quality of life of children under 5 in the countries of the Americas, it is fundamental to obtain the commitment of all sectors in support of the strategy's application. Political authorities, academic institutions, scientific societies, public and private health care providers, social security, businesses and other influential sectors of the economy, religious leaders, and in general all people and institutions with influence in society should support practical application of the strategy in the community and in all settings in which children are cared for.

2. To that end, it is necessary:

   To collaborate in publicizing the importance of the IMCI strategy among the key institutions and people in the community, on whom decision-making in support of better health conditions for children depends.

   To help ensure that health services and workers—especially in the areas that are most underdeveloped socially and economically—are in a position to apply the IMCI strategy. This means ensuring that they receive the information and training necessary to enable them to apply the strategy, as well as continuous availability of essential drugs for the treatment of diseases and support mechanisms to identify and resolve obstacles and problems, both in the provision of care (for example, referral to hospital) and in application of the strategy in daily practice (for example, supervision).

   To support the dissemination of educational information on disease prevention and child health promotion in the community, encouraging interpersonal communication activities in health services or other places in which children and families congregate and supporting dissemination to the population of basic information on preventive measures, such as vaccination, exclusive breast-feeding during the first four to six months of life, and proper feeding of children.

The persistence of preventable deaths and diseases among children under 5 in all countries of the Americas is a constant reminder of the lack of equity in access to knowledge and basic preventive, diagnostic, and treatment interventions.

The IMCI strategy provides the opportunity to put this knowledge and these interventions within reach of the entire population.
A concerted effort can help accelerate the achievement of universal access to the IMCI strategy, improving the quality of care for children and reducing

Progress in Implementing the IMCI Strategy in the Countries

1. The IMCI strategy has been adopted in 13 countries of the Americas (Table 1) as the principal intervention for reducing child mortality, decreasing the number and severity of episodes of illness that affect children under 5, and improving the quality of child health care in the community and in health services.

2. Twelve of these thirteen countries have already developed national plans for implementation of the IMCI strategy (Table 1), selecting the regions or areas of the country with the highest mortality for the initiation of the activities in order to achieve a rapid impact.

3. The 13 countries that have adopted the IMCI strategy have carried out national clinical training courses (Table 1) for the health workers who are responsible for applying the strategy in caring for children and transmitting to the community the knowledge and practices necessary to improve the health status of children under 5.

4. Hence, 13 countries now have health services with staff trained to provide the population access to the benefits of the IMCI strategy, thus improving the response to the illnesses that affect the health and threaten the lives of children.

5. As of May 1999, approximately 10,000 people in the countries of the Region had been trained and can now provide access to the IMCI strategy in the health services in which they serve. During 1999, continued support is to be given to the countries in order to increase the number of trained staff, the goal being to have 20,000 trained health care providers before January 2000.

6. An additional effort is expected to increase children's access to the IMCI strategy, especially in the areas that have the highest mortality figures and lack access to health services located within a reasonable distance. The training of community health agents (CHA), auxiliaries, and other technical personnel in these areas to serve as transmitters of knowledge and good child care practices will help improve the coverage of preventive and child health promotion measures.

Table 1
Progress in Implementing the IMCI Strategy in Countries of the Region of the Americas
1999

Country	Adoption of the Strategy by the Country	Development of a National Implementation Plan	Execution of the IMCI Clinical Course	Health Services with Staff Trained in IMCI
Argentina		x	x	x
Bolivia	x	x	x	x
Brazil	x	x	x	x
Colombia	x	x	x	x
Costa Rica				
Cuba				
Chile				
Dominican Republic	x	x	x	x
Ecuador	x	x	x	x
El Salvador	x	x	x	x
Guatemala	(*)			
Guyana	(**)			
Haiti	x	x	x	x
Honduras	x	x	x	x
Mexico	(*)			
Nicaragua	x	x	x	x
Panama				
Paraguay	x	x	x	x
Peru	x	x	x	x
Uruguay				
Venezuela	x	x	x	x
TOTAL	15	12	13	13

Note: Countries not mentioned in the table have not initiated activities for the implementation of the IMCI strategy
(*) Countries that have an integrated child health care model
(**) Countries in the process of introducing the IMCI strategy

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Divider Title: _____

Presentations of projects for inclusion in the Conference agenda on the theme *"Women's Health"*

Prevention of Domestic Violence through Children's Education

Inter-American Children's Institute (IACI)

Organization: **Inter-American Children's Institute (IACI)**

Project: **Prevention of Domestic Violence Through Children's Education**

Presenter: **Mr. Brian Ward**

Description

The project is based on violence prevention through family education, through schooling as an essential tool for teaching social values, and through the media. The main objective of the project is to educate society about violence. The project is conceived not only as a educational tool, but also as a means of transmitting values and principles and as a socialization process whereby children themselves are guarantors of public safety. In order to achieve this goal, the following activities will be carried out:

- organization of awareness campaigns in co-operation with local media;
- participation in the planning, development and promotion of national policies and legislation related to women, children, and the family;
- training of human resources personnel in the prevention of domestic violence; and
- inclusion of the subject of non-violence in primary and secondary school curricula.

Expected Results

The project is expected to result in the following:

- an increase in the social awareness of violence towards children, women, men and the most vulnerable groups in general by encouraging public participation and responsibility;
- co-operation with the media to change viewer attitudes toward violence;
- involvement of parents, educators, students and the community in violence-prevention programs;
- development of anti-domestic violence policies; and
- development of suitable laws that take all family members into consideration.

Dollar Value

US$123,000

Date of inception and duration

1998-2001 (three years)

Context/Background

Violence has been proven to have more than just physical, psychological and emotional effects; it diminishes the productivity of individuals and affects the development of countries. Domestic violence,

when witnessed or experienced by children, affects their scholastic performance and social adaptation in general, as well as their future development. A child who lives in a violent family, school, or social environment learns to be violent and to justify violence. Furthermore, since violence is inherent to human nature, it must be tamed if we are to live in a civilized society. Prevention is widely recognized as the best way to eliminate or reduce violence.

Inter-American Project on Prevention of Domestic Violence: Impact on Childhood

Inter-American Children`s Institute (IACI)

Ottawa, Canada, July 7, 1999

Instituto Interamericano del Niño
Inter-American Children's Institute
Instituto Interamericano da Criança
Institut Interaméricain de L'Enfant

Organismo Especializado de la OEA

PREVENTION OF DOMESTIC VIOLENCE THROUGH CHILDHOOD EDUCATION

BACKGROUND

Introduction

This project is based on close co-operation among the region's countries, and takes into account successful experiences in the effort to eliminate violence during childhood. Its purpose is to have a multiplier effect on activities and specific tasks that can be adapted to the needs of the countries that require them.

General Objective

The project's general objective is to prevent domestic violence through family education, schooling, and positive use of the media.

It aims at raising society's and government's awareness of the problem and strengthening their determination to solve it.

Childhood education should also be examined, emphasizing non-violent solutions to conflicts and assessing gender differences.

The project also aims to introduce a form of education that emphasizes non-violence; such a system would not only educate, but also help create values and principles in the socialization process whereby children themselves are the guarantors of public safety.

Specific Objectives

1. Participate, according to specific needs, in the planning, design, development, and promotion of national policies and legislation related to women, children and the family.

2. Train human resources in the prevention of domestic violence:

   i) Advise women about their rights and those of their families
   ii) Advise families about children's rights and non-violence
   iii) Prevent family crisis situations

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3. Help to change society's attitudes towards domestic violence, as is being done in current environmental and anti-smoking campaigns.

4. Organize awareness campaigns in cooperation with local media (radio, TV and newspaper) to inform the public about national laws and international agreements to combat domestic violence.

5. Work to have the subject of non-violence included in primary and secondary school curricula.

Expected Results

The following are the expected results of the studies and activities described in the attached project:

1. Short Term

   i) Increase social awareness of violence towards children, women, the elderly, the disabled and the most vulnerable groups in general by encouraging public participation and responsibility.

   ii) Involve parents, educators, students and the community in violence prevention programs.

2. Medium Term

   i) Develop anti-domestic violence policies.

   ii) Develop suitable laws that take all family members into consideration.

   iii) Include the subject of violence in the curricula of primary and secondary school.

   iv) Work with the media to change viewer attitudes toward violence.

Project Starting Date

The Project was drafted at the IACI and will begin once funding has been obtained.

Inter-American Project on Prevention of Domestic Violence: Impact on Childhood

Inter-American Children`s Institute
(IACI)

Ottawa, Canada, July 7, 1999

Presentation Overview

- Introduction to the IACI
- Children and development in the hemisphere
- Domestic Violence Prevention Program
- Questions and Comments

Inter-American Children`s Institute (IACI)

- Specialized Agency of the Organization of American States (OAS)
- Services to national governments, NGOs and inter-American system
- Founded in 1927
- Offices in Montevideo, Washington
- Programs in 30 American countries

Children and development in the hemisphere

- The rich potential:
  - near half the population under 18
  - near quarter are in most formative years
  - increasing numbers experiencing benefits of democracy and growth

Children and development in the hemisphere

- Opportunities missed when...
  - 10% do not receive civil registration
  - 1 in 3 born to poor families
  - 1 in 2 do not complete primary education
  - Violence is principal cause of death for urban youth
  - 1 in 5 are street children

Children and development in the hemisphere

- Investing today for tomorrow
- Supporting the systems and institutions of childhood
- Good programs and policies for children will define future

IACI Project on Prevention of Domestic Violence

- Two-year initiative: 1999-2000
- Participating countries: Paraguay, Chile, Uruguay
- Recipient country: Paraguay
- Government-NGO partnerships
- Innovative model easily replicated

IACI Project on Prevention of Domestic Violence: Approach

- Preventative intervention strategy through...
  - family
  - school
  - media, especially television

IACI Project on Prevention of Domestic Violence: Objectives

- To advise as to the modification of national policies on women, children and the family
- To encourage the introduction of non-violence as subject for primary and secondary school curricula
- To change the attitudes of children and family members as they interact with the media

IACI Project on Prevention of Domestic Violence: Objective #1

- To advise as to the modification of national policies on women, children and the family
  - Statistical analysis of reported cases of domestic violence
  - Review of current legislation, its application and reported cases of domestic violence
  - Advisory services for the creation of new laws

IACI Project on Prevention of Domestic Violence: Objective #2

- To encourage the introduction of non-violence as subject for primary and secondary school curricula
  - Professional development of teachers and education authorities
  - Development and distribution of material for schools
  - Strengthening ties between families, schools and community

IACI Project on Prevention of Domestic Violence: Objective #3

- To change the attitudes of children and family members as they interact with the media
  - Publicity campaigns in local media to provide information on local, national and international laws against violence
  - Awareness campaigns on the role of media
  - Training of relevant professionals

IACI Project on Prevention of Domestic Violence: Partners

- Paraguay: Secretariat of Women and Families, GLOBAL…Infancia
- Uruguay: National Bureau of Crime Prevention (DNPD), Assistance Centre for Victims of Domestic Violence, Ministry of Interior
- Chile: University of Chile, Chair on Domestic Violence

Review

- Children represent rich opportunity for future
- Good policies and programs help fulfill these opportunities
- IACI presents Program on Domestic Violence for your consideration

Inter-American Project on Prevention of Domestic Violence: Impact on Childhood

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