INTEGRATED APPROACHES TO EARLY CHILDHOOD DEVELOPMENT: 0–3 YEARS

WHAT WE MEAN BY INTEGRATED EARLY CHILDHOOD DEVELOPMENT

Early childhood development, or ECD, is about the ‘whole child’ – the physical, social, emotional, cognitive thinking and language progression of each young individual. We now know that there is an early window of opportunity to provide the nourishment, stimulation, vaccinations and security that children need for their brains to develop fully and to help fulfil their own potential.

For optimal child development, especially in the first 1,000 days from conception, recent evidence suggests that each of the following is required from parents, caregivers and service providers to meet a child’s needs:

• Adequate maternal and child nutrition
• Psychosocial support for pregnant women and lactating mothers
• Early stimulation
• Protective, safe and caring environments
• Vaccinations
• Regular screening checks related to developmental milestones
• Early detection, and interventions for children with suspected developmental delay
• Services to support children at risk of violence, abuse or other social or family issues
• Access to social assistance for the economically poorest of children, who are particularly vulnerable to developmental delays. Referring children to appropriate social assistance may prevent suboptimal development and possibly the perpetuation of the poverty cycle.


FROM BIRTH TO 3 YEARS – WHAT THE LATEST SCIENCE TELLS US

The period of life from birth to 3 years is critical in the growth and development of a child.

• The brain develops rapidly in the first few years of life. Neurons form connections as fast as 1,000 per second. At 3 years of age, a child’s brain is twice as active as an adult brain. These connections are the building blocks of a child’s life.
• The environment shapes the brain. The brain relies on multiple experiences to develop. This has huge implications for how we approach that critical early period in life.
• Protection from violence, abuse and neglect buffers the brain from the impact of toxic stress.

UNICEF CHINA
What We Do and Why

The National Programme of Action for Child Development initiated by the State Council in 2015 for poverty-stricken areas includes, for the first time, a focus on child welfare and child protection. It targets the establishment of integrated early childhood development, health and protection services in 90% of China’s communities by 2020.

Much work to be done for the most disadvantaged young children

Nationally, there are no well-targeted interventions for children up to age 3 years. In rural areas, children are often left behind in the care of grandparents who may have little knowledge on effective child rearing. ‘Child rearing’ in China is typically defined as looking after a child’s physical needs and does not include attention to social, emotional and intellectual development.

The stunting prevalence remains at an alarming rate of 20.3% $^2$ for children younger than under 5 years in poor rural areas of China. Ranking fourth in the world, China has 7.7 million $^1$ children affected by stunting, which impacts children’s mental and physical development.

Exclusive breastfeeding, an important intervention to reduce child mortality and improve children’s cognitive development, remains persistently low in China, at about 27.6% $^4$.

HOW UNICEF CHINA IS RESPONDING

ECD for children up to 3 years requires multi-sector involvement. UNICEF China has four programme sections: Child Protection; Education and Child Development; Health, Nutrition and Water, Sanitation and Hygiene; and Social Policy and Inclusion.

These sections work together to help partner with ministries and national staff in providing integrated ECD services for the most disadvantaged children up to age 3 years across the country. These pilot models will inform government policies and practices.

Community-based models for children aged 0 – 3 years

UNICEF China is testing three community-based models using integrated approaches to ECD, each of varying complexity. Tools, guidelines and materials have been developed within each model, and all models now use the same tools.

Model 1: Community-based centres for integrated ECD

With UNICEF China assistance, particularly from its Education and Child Development section, the All-China Women’s Federation (the largest women’s

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$^3$ Center of Health Statistics and Information, Report on National Health Service Survey and Research, Ministry of Health, Beijing, 2008.
UNICEF China, in collaboration with local organizations, established 40 community-based integrated Early Childhood Development (ECD) centers in disadvantaged rural and urban areas in three provinces (six counties) on a trial basis. The centers were equipped with storybooks, games, toys, a parenting information kiosk, posters, furniture, and outdoor play equipment to train county volunteers to provide comprehensive support services to parents.

- The All-China Women’s Federation works with local health sector and government officials who are increasingly convinced of the benefits of the centers and are considering establishing them in other villages.

- The community volunteers and women’s cadre from the All-China Women’s Federation help identify developmental delays in children and provide referrals to nearby health facilities for check-ups, advising parents and caregivers on other services available to support children with developmental problems. In the future, the project will help the ECD centers to set up connections with village clinics, social assistance services, and other government services for children and their families.

**Model 2: Community-based outreach ECD services for children aged 0–3 years**

The model involves community ECD volunteers visiting parents and caregivers with children aged up to 3 years in their home to provide services for those unable to access an ECD center or who need more help than a center provides. In communities where no center can be set up, this model may include the use of homes as a makeshift ECD center for parents and caregivers living near each other. They can meet at each other’s homes with their children once or twice a week with an ECD worker. The outreach ECD service model is still in its early stages.

“I am so happy we have this centre in our community. It gives me a chance to meet and chat with other parents. I am a housewife and before the centre opened, I had to spend all the time at home with the baby, with no time for myself at all. Now I come here at least three times a week. I have made some friends and learned so much on how to play with my baby.”

*Mother of a 2-year-old boy in Jinlin community, Furong District, Hunan Province*
Model 3: Community-based integrated ECD services supported by mobile resource units

Initiated in 2013 and currently operating in 80 villages in poverty-stricken areas, the Integrated Early Childhood Development (IECD) Project is carried out with the use of cars as mobile resource units. The model is based on risk-factor reduction and integrates interventions targeting children’s health, development and welfare through a combination of outreach and community-based strategies.

Baseline surveys, using both quantitative and qualitative methods, were conducted to obtain a basic understanding of the child development situation in the 80 project villages. The survey revealed that about 39% of children aged up to 3 years had suspected delays in at least one development domain, suggesting urgent need to expand early childhood development services. It also found anaemia prevalence among children aged 6–11 months at 64% and stunting among children younger than under 3 years at 14%, much higher than the national average (at nearly 10% for stunting in 2010).

Community-based essential IECD services, including growth monitoring and promotion, anaemia prevention, micronutrient supplementation, child development screening and counselling, early stimulation activities, social welfare and protection services, are provided through village clinics, IECD centres, household visits and group sessions. By early 2015, services had reached 4,500 children and 180 pregnant women.

Mobile resource units transport a team of experts to villages every two months to provide onsite technical support for village workers in health and early stimulation as well as follow-up and referral services for children at risk of development delays and/or deprivation.

Identification, referral and services are provided for children at risk of development delay. At the community level, a village doctor and social worker apply a simple checklist and growth chart to identify children at high risk or children with suspected delays and, if required, refer them to the county maternal child health hospital or county social welfare centre to receive more advanced services. Two counties also have set up outpatient clinics with assigned professional staff. Anaemia treatments are provided at the county level to reduce the risk of development delay.

C4D activities encompassing a range of forms and methods are employed to conduct locally appropriate activities involving village workers, local committee members, folk song group members, journalists and government officers. Folk songs and public materials are also used to promote optimal child-rearing messages and appropriate parenting practices.

Government commitment has been strengthened. The National Health and Family Planning Commission has categorized early childhood development as a high priority and developed materials, including a Parents’ Booklet, for training health workers to address early childhood development in health facilities. County governments have shown increased interest in integrated ECD thanks to extensive training and field advocacy; county governments have designated it as a ‘minsheng’ project, which is a project to improve peoples’ well-being. Matching funding was also provided by project counties.

Multisector collaboration has been set up, including the mobile resource units, a project coordination mechanism established from the national to the village levels and coordination meetings to discuss joint project activities and future directions of the IECD Project.

TOOLS, GUIDELINES AND MATERIALS FOR INTEGRATED APPROACHES

The community-based ECD models for children up to age 3 have prompted the development of widely appreciated resources, which will be tested and further refined in the coming years.

Parenting information

Through a parenting portal and the Parents’ Booklet, parents and caregivers across China can access parenting advice and the child development information they might need to determine if a child is growing in line with accepted norms.
The Parent’s Booklet represents collaboration between UNICEF China and the National Health and Family Planning Commission, which has pledged to provide copies to every health facility in China and committed to training health workers on its use.

The parenting portal covers critical ECD issues from birth to age 6 years, grouped by age, including daily care, nutrition and feeding, disease prevention, immunization, development, education, safety and protection. For parents who cannot read, the messages are recorded and played when a specific picture is selected. The parenting portal has 269 ECD messages and 200 ‘micro videos’ and is available through:

- Online ECD website for accessing through the Internet (http://yuer.cbern.com.cn/), which has had 1.5 million hits.
- Offline version of the ECD website in a kiosk to accommodate the needs of parents who live in poor rural areas where there is no Internet connection located in all 80 community ECD centres and set up in 18 provinces and municipalities by the Ministry of Education, covering more than 100 kindergartens in the midwestern region of China and reaching more than 20,000 families.
- Mobile phone software application, downloaded 94,000 times as of early 2015. App: https://appstore.cn/OiKPZ.

The parenting portal was presented by the Ministry of Education and extremely well received as a best practice during the World Education Forum in the Republic of Korea in May 2015, with significant interest from many countries in learning about the parenting portal and how to replicate it.

A range of technical and C4D resources were developed, adapted and applied in project areas, including counselling materials, a guidebook on child development, the Parents’ Booklet, a service manual for community-based family support and a service guide for social workers in poverty areas. A logo, slogan and posters were also designed for the project.

A service manual on setting up and running a community ECD centre for children up to age 3 years and their families in resource-poor communities was developed to guide ECD workers to deliver quality services. It includes 10 booklets developed by the China National Council for Children. The All-China Women’s Federation is creating visual aids for the training of ECD centre volunteers who have limited skills and knowledge on ECD and parenting. The materials include games to play in the centres and at home, music, demonstrations on planning and managing an ECD centre and presentations from experts with advice on leading ECD activities.

Created by the Ministry of Education and UNICEF China, with funding from IKEA grants, the website, kiosk and mobile phone application were launched annually, one after the other, during three consecutive annual ECD Advocacy Months – in May of 2012, 2013 and 2014.
A dozen storybooks have been written by popular Chinese children's authors for use in the community ECD centres and for parents and caregivers to borrow to take home; volunteers provide training on how to use them with their children at home.

Resource package for training parents and caregivers was developed to help ECD centre teachers and volunteers learn how to provide parenting education and early stimulation activities.

Training ECD volunteers with materials developed by experts and local technical support teams, using participatory methods and covering nutrition, early stimulation, child protection and communication for development, and organizing and managing parent-child activities and managing parent-child story reading were conducted to improve the capacity of service providers at the county, township and village levels. A team of local experts has been set up in each project province to provide training and regular onsite technical support for the community ECD centres. By early 2015, the 820 service providers had participated in the training.

Early Learning Development Guidelines for children up to age 3 years, currently in initial stage of being devised in collaboration with the Ministry of Education and with a writing team composed of personnel from the education, health and child protection sectors, will be available for use in the future by parents, caregivers and all personnel involved in providing services to children.

“More children need to experience positive, responsive, sensitive and nurturing childrearing practices in safe and peaceful home environments. Families need to know about the importance of early nutrition, care and stimulation; when to bring a child to a doctor; to not physically punish a child; to recognize the significance of quality early learning programmes, and more,” explained Tim Sutton, Acting UNICEF Representative. “We are committed to working together with all partners to promote the holistic well-being of all young children here in China as well as around the world.”

UNICEF China and the Ministry of Education advocating for ECD globally

UNICEF China and the Government of China are advocating globally for ECD to be central to the post-2015 development agenda. China's participation at the World Education Forum in May in Incheon, the Republic of Korea (where participants approved the Declaration on Education 2030) highlighted the country’s contribution to ECD and affirmed its global commitment to reaching all children with this valuable child development practice.