UNICEF/WHO Care for Child Development Training Workshop in the Caribbean

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To UNICEF Caribbean ECD focal points (Guyana, Suriname and Belize) thank you for their support and collaboration, especially to Shelly Ann Harper (UNICEF Eastern Caribbean) for all her assistance in coordinating efforts as well as facilitating some of the workshop sessions.

This report has been prepared by Maite Onochie Quintanilla, co-facilitator of the workshop, and reviewed by the workshop technical team: Maria Elena Ubeda, Garren Lumpkin, Janet Lennox, Shelly Ann Harper and Charlene Coore Desai.
I. Executive Summary

The WHO/UNICEF Care for Child Development (CCD) approach seeks to provide the necessary skills to a wide variety of frontline workers, from different disciplines and sectors, to be better equipped to counsel parents and caregivers of children under 3 years of age as to how best to promote their healthy wellbeing, growth and holistic development. The CCD Intervention has been proven to have high impact results for both families with young children and children themselves, and its meant to be integrated into existing programmes and services rather than as a “stand-alone” initiative.

In 2012, through a joint effort between PAHO/WHO (Pan American Health Organization) and the Regional UNICEF Office, the CCD was introduced to Latin America and Caribbean (LAC) and later on, based on the recommendations made by ECD experts from throughout the region, the CCD training package was translated into Spanish and adapted to the regional context. First, the Spanish CCD-LAC version was trialled in a national training workshop in Panama in November 2013, and then in September 2014 the English CCD LAC version was presented in a sub-regional training workshop in St. John’s, Antigua.

The Regional UNICEF Office together with the UNICEF Eastern Caribbean Office, led the first training workshop of its kind in the sub region, bringing together a diverse array of partners and professionals from 8 different countries (Belize, Guyana, Suriname, Grenada, Montserrat, Antigua & Barbuda, St. Kitts & Nevis, and St. Vincent & the Grenadines) to familiarise themselves with the approach and explore possibilities for implementation in their respective countries. This initiative responds to the need to build capacity in the Caribbean region and to scale up and ensure quality early learning opportunities are offered to children 0 to 3 years, and that parenting/caregiving skills are similarly strengthened.

In total, 21 people participated in the four-day workshop, from a variety of organizations and sectors - 03 UNICEF focal points and 18 national counterparts from the health (7 participants), education (7 participants) and social services ministries (4 participants). A representative of PAHO in Antigua also attended some parts of the training.

The CCD training is characterised by having a strong hands-on practical component, whereby trainees can gradually put into practice the approach. Thus, given the practical nature of the workshop, all participants visited and worked in a variety of settings, from the national main Hospital, to health clinics and ECD centres, both in urban and rural contexts of Antigua. The CCD LAC approach was very well received by all participants and seen as a relevant complement to ECD efforts in their respective countries.
All countries identified the following next steps:

**Country level**

- Report to home Ministries and support decision-making process based on more detailed analysis of existing programmes and services as well as associated tools, instruments and norms.
- Arrangements to conduct Training of Trainers to establish a core group of national trainers in situ.
- Develop national action plans to support rollout and identify necessary resources. These plans will need to address the specific preparatory steps necessary in each specific country context, including undertaking the necessary translations as in the case of Guyana and Suriname, and any other country specific adaptations (e.g., inclusion of a reference to the specific tool already used in the country when working with children 0-3 years, such as a health passport; inclusion of images that reflect the local population, etc.).

**Regional Level**

- Continue to include and strengthen commitment to CCD-LAC in UNICEF-WHO/PAHO joint work plans.
- Facilitate a networking process between countries as part of LAC roll-out CCD process.
- Hold training of Master Trainers in early 2015, in which at least two trainers from the Caribbean region will participate.
- Provide Regional Office technical assistance to support country level roll-out in LAC.
- Document and share LAC experiences to support global rollout.

**Lessons Learnt for roll-out and implementation of CCD LAC package**

At this point, it is important to highlight some lessons learned based on the two LAC experiences so far (Antigua and Panama), for future training workshops as part of the regional roll-out of the adapted CCD version.

As noted earlier, the CCD materials have been designed to train frontline workers with contact with children aged 0-3 years. This skips too far ahead, missing the initial decision-making stage and country/regional level preparation/adaptation. Seen from this perspective, there are gaps in both methodology and content, which need to be addressed before implementing in either a country setting and/or for a multi-country regional/sub-regional initiative.

In terms of methodology, it would be helpful to acknowledge explicitly that different workshops will require the following:

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1 For specific reporting by each country see Annex III
- There will need to be an introductory/orientation workshop with a mix of policy-makers, professional training centres and potential frontline implementers to familiarize themselves with the CCD approach and to gain a buy-in for utilization of this strategy as part of existing ECD initiatives. This workshop and/or series of meeting must allow time for policy discussions related to potential implementation, including a review of existing programmes and tools, key partnerships, capacity building strategies and required resources.

- Once national/regional policy-makers and other key actors have been introduced to the model and have agreed to move forward, this would be followed by a workshop to delve into country-level implementation in more detail and then a country-level Training of Trainers (ToT).

In terms of expanded content, it would be helpful to have an:

- ToT Facilitator Guide that addresses training master trainers and maps out the required follow-up strategies, given that a four-day workshop will not be enough to prepare master trainers. Consideration should be given to a series of training actions and on-going support from the leading regional or sub-regional master training team.

- Implementation Strategies Manual to guide the country-level implementation workshop. A specific Manual should be consider for organizing a workshop that focuses on more in-depth information and steps on how to go about an in-country implementation process and the necessary steps to do so (i.e. translation and adaptation of materials, capacity development - and all necessary stages that this entails in addition to Training of Trainers (ToT) such as accreditation of trainers, supervision, continuing education, etc. – formative research about cultural child rearing and caregiving practices, mapping of interventions and materials - tools and instruments -, and last but not least Monitoring & Evaluation).
II. Introduction to the Care for Child Development and the Caribbean Context

The Care for Child Development (CCD) approach seeks to provide the necessary skills to a wide variety of frontline workers, from different disciplines and sectors, to be better equipped to counsel parents and caregivers of children under 3 years of age as to how best to promote their healthy wellbeing, growth and holistic development (social, emotional, cognitive, and physical/motor development). The utilization of this approach aims to assist the strengthening of an ECD system, by focusing on strengthening parenting practices. Evidence demonstrates time and time again, that parents and other family members do a lot during this stage of the life cycle to get their children’s overall development off to the best possible start. However, they are not always equipped to do so in the most effective manner.

The CCD focuses on promoting sensitive and responsive caregiving, as this is considered to be a requirement for the healthy, neurophysiological, physical and psychological development of a child. For those children with developmental delays and disabilities, these caregiving skills can also promote a more inclusive and caring environment. It offers mothers, fathers and other significant adults in the lives of young children with information and recommendations about play and communication activities that would enable them to be more sensitive and respond more appropriately to the developmental needs of their children. It considers sensitivity to be the awareness of the infant, and the infant’s acts and vocalizations as communicative signals that indicate the needs and wants of the child. Conversely, responsiveness is the capacity of the caregiver to respond appropriately to the infant’s signals and in a timely way -meaning promptly enough for the child to feel that his or her signals caused a response (WHO, 2004). The latter is a basic skill in effective care, and it will enable the caregiver to breastfeed on demand, recognise any signs of illness, respond to feeding needs, know whether the child is in danger and take quick action, and help the child learn new skills.

This approach offers the potential to scale up appropriate support and counselling to
families, by incorporating it into health services, but also under other ongoing ECD initiatives, social protection and/or parenting programmes at country level. This initiative should not be implemented as a “stand alone” action.

Caribbean evidence shows that limited adult support for learning is offered to young children within the household, and at the same time there is little service delivery for this age group. For example, according to Samms-Vaughan (2005) poor households in Jamaica are characterized by a lack of parent-child interaction and few materials (i.e. books, toys and other playthings) that may support children’s learning. Qualitative research in Dominica and Trinidad and Tobago, and a baseline study for the Roving Caregiver programme in St Lucia, reflect similar concerns (Barrow, 2005). Furthermore, regarding the involvement of fathers, the situation is more stark, for instance according to recent results from the fourth round of MICS (Multi Cluster Indicator Survey) in Suriname, only 26% of fathers support their young children’s learning in some way (for further information see http://data.unicef.org/ecd/home-environment/).

In terms of service provision for this age group, most children spend some time in non-parental care, in informal arrangements with neighbours or with relatives. The quality of these care arrangements is not known, nor is the extent of their use. It could be as high as 50-70% based on women’s participation in the workforce and the lack of formal early childcare services available for the 0-3 age group (UNESCO, 2007).

These findings have significant implications for the development of Caribbean children in general and vulnerable children in particular, given that the region as a whole has performed poorly on deliberate targeting of the most vulnerable and disadvantaged for ensuring equitable access to resources, interventions, supports and services. While some programmes exist, they are not at the scale needed to tackle comprehensively the needs in families of young children (UNESCO, 2010, 100). Thus, the intention of this workshop was to bring the Care for Child Development to the region, familiarise government counterparts with its tools and methodological approach and explore ways in which this intervention could serve as an opportunity to add value to the efforts led by the health, early education, social services and social protection sectors.

The Regional UNICEF Office together with the UNICEF Eastern Caribbean Office, led the first training workshop of its kind in the sub region, bringing together a diverse array of partners and professionals from 8 different countries to familiarise themselves with the approach and explore possibilities for implementation in their respective countries. This initiative responds to the need to build capacity in the Caribbean region and to scale up and ensure quality early learning opportunities are offered to children 0 to 3 years, and that parenting/caregiving skills are similarly strengthened.

In total, 21 people participated in the four-day workshop, from a variety of organizations, and sectors - 03 UNICEF focal points and 18 national counterparts from the health (7

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2 Belize, Guyana, Suriname, Grenada, Montserrat, Antigua & Barbuda, St. Kitts & Nevis, and St. Vincent & the Grenadines
participants), education (7 participants) and social services ministries (4 participants). A representative of PAHO in Antigua also attended some parts of the training (See Annex II).

The event was facilitated by UNICEF LACRO consultants Garren Lumpkin and Maite Onochie; and supported by a technical team comprised of Charlene Coore Desai from the University of the West Indies in Jamaica, UNICEF ECD Specialist Shelly Ann Harper from Barbados, Janet Lennox UNICEF LACRO Education and ECD Consultant, under the leadership and guidance of UNICEF Regional ECD Specialist, María Elena Ubeda.

Two ECD Coordinators,Earla Esdaille and Embler Spencer, of the Antiguan Ministry of Education gave their continuous logistical and administrative support, as well as technical assistance throughout the workshop sessions and during the practical field visits. Given the practical nature of the workshop, all participants visited and worked in a variety of settings in which to put the CCD approach into practice, from the national main Hospital, to health clinics and ECD centres, both in urban and rural contexts of Antigua. The CCD LAC approach was very well received by all participants and seen as a relevant complement to ECD efforts in their respective countries.

III. Historical Background

UNICEF and WHO have long recognised the critical role the health care system plays in ensuring every child’s right to survival, development and participation. Given the capacity of the health sector through health workers, nurses and community based personnel to reach children under 3 years of age in a systematic manner (although limited in time) during the most critical moment in a child’s developmental trajectory, these organizations together developed, the Care for Development Module to be part of the Integrated Management of Childhood Illnesses (IMCI) strategy during the late 1990s. This module was the result of series of research findings, which made the strong link between nutrition and development. One being the publication: A Critical Link: Interventions for Physical Growth and Psychological Development (WHO, 1999). The Care for Development Module of IMCI provided information and recommendations for families to help them provide cognitive stimulation and social support to young children as part of the child health visit specified in IMCI.

After several trials in Brazil, China, South Africa and Turkey, changes were gradually made to improving the approach, as well as achieving a clear consensus about the importance of
scaling up these efforts given its success in all applied contexts (improvement in the quality of caregiver/child interaction, quality home environment, and overall change in attitudes and behaviours of both health workers and families). The new module was designed to be implemented beyond the exclusivity of IMCI, but in any primary health care service or community-based package aiming to reach families and communities, especially those most at risk.

The newly revised module became known as Care for Child Development (CCD) Package and it was launched globally in 2011, as a joint UNICEF/WHO flagship parenting intervention, sensitizing partners and government counterparts worldwide on the effectiveness of the intervention in improving child development (http://www.unicef.org/earlychildhood/index_68195.html). Similarly the Lancet edition, that same year, highlighted the CCD as a successful strategy to promote healthy child developmental outcomes, particularly for the most vulnerable and disadvantaged children.

With initial support from UNICEF and WHO, the implementation of CCD is on going in Kazakhstan, Tajikistan, Kyrgyzstan, Moldova, Pakistan and Mali. It is important to share at this point some of the successes of the approach, revealed by the longitudinal evaluation study conducted in Pakistan. The Pakistan Early Development and Stimulation (PEDS) has been the most comprehensive of its kind. Between 2009 and 2012 PEDS tested the effects of the intervention in southern rural Pakistan through the Lady Health Workers programme and found that the intervention is effective in:

- Improving cognitive, language and motor development outcomes at 12 and 24 months of age;
- Increasing support for maternal psychosocial wellbeing;
- Providing better quality of the home environment for child rearing;
- Higher-quality mother-child interaction;
- Increasing knowledge and practices pertaining to care for health, feeding and development.

To date the CCD package has been officially translated into French and Portuguese in its 2011 version, and into Spanish following a Latin American and Caribbean version. Below a more detail description of what the adaptation process entailed.

The Latin American and Caribbean adaptation process

Through a joint effort between PAHO/WHO (Pan American Health Organization) and the Regional UNICEF Office, the CCD was also introduced to the Latin American and Caribbean (LAC) region following a series of events for its adaptation and future roll out as outlined in the figure below.
First it was translated into Spanish in early 2012. Then, in November 2012 a meeting was held in Panama that brought together high-level ECD experts from Latin America and the Caribbean to conduct a detailed review to learn about the approach and ensure its relevance and pertinence to the region. Participants were invited from a wide variety of disciplines (paediatricians, family doctors, educators, parenting experts, and ECD specialists), institutions (health ministries, academia, NGOs, UNICEF and PAHO representatives, policy makers) and sectors. In order to familiarise themselves with the intervention they all underwent the hands-on training, working directly with families and their children.

The group concluded that the approach was relevant for the region; however, the Spanish translation needed an additional revision. In terms of content, suggestions were made to improve and expand the content of CCD materials and to be implemented in the region as an adapted version, in line with latest evidence and characteristics of LAC. It is important to note that all members of the workshop technical team in Antigua, either organized and/or participated in the 2012 experts’ meeting, therefore they were deeply familiarised with the LAC version and its drafting process.

See figure below for key changes made, based on ECD expert observations and inputs:
The recommendations of the experts were taken into consideration, into both the English and Spanish versions. Thus, a newly revised version of the CCD for the LAC region was developed in 2013, with the intention of conducting at least two pilots: one in Spanish-speaking Latin America and one in the English-speaking Caribbean in order to validate the regionally adapted Care for Child Development training package for Latin America and the Caribbean (CCD-LAC) through a wider consensus on the key modifications made to the CCD.

In November 2013, following the leadership of the Panama UNICEF Country Office, in collaboration with sister agency, PAHO, and with the support of the UNICEF Regional Office, the first use of the regional adaptation in Spanish took place in Santiago de Veraguas, Panama. Again, a wide array of professionals, beyond the health sector participated in the workshop, initiating the national process, whereby participants reviewed, familiarised themselves with the approach, improved their understanding and provided initial inputs for implementation nationwide. The diversity of the group enabled participants to explore mechanisms as to how best to work in an inter-sectorial manner, especially at municipal level. An important step was made to include as part of this training initiative, the main university institution in Panama (UDELAS), responsible for preparing ECD and early intervention workers.

In September 2014, the sub-regional training workshop was held in Antigua for 8 Caribbean countries, using the English CCD-LAC.
IV. Care for Child Development Training Workshop in Antigua (September 2014)

The workshop was designed to present the CCD-LAC package to the Caribbean region and enabled them to be familiarised with the approach, its tools and methodologies; and explore ways in which to support in-country implementation. During the course of four days, 21 participants from 8 countries (Belize, Guyana, Suriname, Grenada, Montserrat, Antigua & Barbuda, St. Kitts & Nevis, and St. Vincent & the Grenadines) actively participated and shared their specific experiences. As stated above, participants came from diverse professional backgrounds, from chief community health nurses, ECD national directors, social services counsellors, to education curriculum officers and covered at least three different kinds of ministries: health, education and social transformation. ECD focal points from UNICEF offices and a national PAHO representative also participated.

The following were the expected outcomes:

- A core group of key actors at the national level (in participating countries) with increased awareness of the role of different (multiple) sectors in the provision of comprehensive services to enhance early child development and family competencies.
- An expanded core group of actors with increased understanding of appropriate methodologies for strengthening parenting skills for families with children aged 0 to 3 years
- Revision of the CCD LAC package and agreements reached for final modifications of English version to be implemented in the Caribbean region.
- Selected health, education, and social sector personnel trained as future trainers in the approach of CCD

The workshop was delivered following a combination of teaching methodologies:

- Technical presentations on the theoretical foundation and evidence for the interventions included in CCD.
- Presentations and skill practice using group discussion, role-plays, and video exercises.
- Practice using recommended play and communication activities with newborns and toddlers in a hospital setting (paediatric unit and maternity ward) to stimulate their levels of activity and cognitive development.
- Practical advice for mothers/fathers/other caregivers with young children using play activities and communication recommended to stimulate children’s development and enhance sensitive and responsive care from adults in different contexts (i.e. child health clinics and ECD and day care centres, both in rural and urban contexts)
- Open discussions and planning sessions by country delegations to identify adaptations needed for regional and national use of the CCD

Mapping of Country Initiatives

The workshop started with a brief historical background of the CCD, followed by information about the regional adaptation process for the Latin America and Caribbean region (based on the above-mentioned expert meeting) as well as an update of the scientific evidence and rationale behind the importance of working with families and children from conception to 3 years of age, of sensitive and responsive caregiving, as well as the link between the qualities of the caregiving relationship and the child’s survival, health and psychosocial development. Despite the professional background of all participants, it was important to establish a common ground and understanding, starting with the child rights discourse, with particular attention to the need to realise children’s rights from the start and strengthening family competencies.

Before undertaking the initial workshop session, as indicated in the original workshop agenda, an introductory period was dedicated to quickly mapping ECD interventions in each country. All delegations presented one programme, giving the opportunity to participants to share information about the initiatives underway in their respective national contexts with a focus on children under 3, and the types of support given to families. This enabled countries to learn from each other and more importantly, from an early start begin to identify existing practices as potential entry points for the CCD intervention. Some participants brought with them some of the materials that support their work, for example national growth and development charts, to share and compare.

The variety of national proposals was evident; from programmes such as ECHO (Early Child and Health Outreach programme) in St. Vincent, Reaching the Unreached in St Kitts, or RISE (Restore, Inspire, Secure, Empower) as part of Nevis’ Conditional Cash Transfer Programme, where ECD is a component.

Two issues worth mentioning that were recurrent and stood out in a number of presentations were:

ii. Concerns regarding the low rate of exclusive breastfeeding practices. Though most countries have in place some kind of strategy to address this challenge, like for instance Suriname where UNICEF together with the Ministry of Health has designed a communication strategy to reverse the 2.9% rate, still more needs to be done. CCD was seen as an approach that could aid in this situation, by highlighting
in addition to the importance the child’s nutrition, the bonding and attachment that is often “hidden” behind the feeding practice. Further research may be needed in regards to the knowledge, attitude and practices regarding breastfeeding and potential sub regional work that could support different countries.

iii. Concerns regarding the limited involvement of fathers as well as the limited initiatives actively seeking their participation in ECD programmes. This was discussed further throughout the workshop.

**Introduction and Recommendations of Care for Child Development**

CCD was introduced, as traditionally outlined in both the Participant Manual and the Facilitator Guide. Participants were introduced to the materials, highlighting the new modifications and additions, both in the Checklist and the Counselling Cards (as an example of a regional document added to the original material see the figure on the right).

The fact that young children need consistent loving care from at least one adult was continuously stressed; as well as how the caregiver’s overall pattern of behaviour towards the child will strongly influence the kind of attachment the child will develop. Sensitive responses and caregiving will enable secure strong attachment. When caregivers’ responses are inappropriate or inconsistent, children learn to distrust leading to insecure attachment.

Some special considerations were made in regards to the Caribbean context. In this case, facilitator Charlene Coore Desai, given her academic background as developmental psychologist, researcher at the University of the West Indies and expert in parenting, added some contextualization to the workshop and presented some sociological findings regarding the caregiving situation in the region.

- **Family Structure & Relationships**

  o Family structures in the Caribbean are quite diverse. Along with nuclear family structures, many children live in homes with a single parent or in extended family units incorporating in-laws, stepchildren and non-relatives, or sibling families (Ramkissoon, 2005).
A 2006 UNICEF report stated that grandparents were the main secondary caregivers of children in the Caribbean especially if parents themselves are very young and unable to care for their children.

- **Child-care Arrangements**

There are a variety of informal child-care arrangements for young children in the Caribbean, given the fact that there is a large proportion of female headed households (St. Bernard, 2003) and also due to migration, sometimes within and among islands, either short or long-term (Lim Ah Ken, 2007); either way, children are cared for often, by others, beyond the biological mother or father. A relatively common practice is one known as “child-shifting” whereby a young child starts their life in one place, then they move to a different home, sometimes with a distant relative they have never met or with a non-relative. This living pattern can happen more than once in a child’s life and can be quite disruptive. This is also due to teenage pregnancy and/or economic migration.

- **Engaging Fathers**

Lastly, engaging fathers was an ongoing discussed issue. It was recognized as a trend that fathers might be coming in and out of children’s lives. Even as soon as a few months after birth, the father may not be involved in the child’s life. Also, there can be series of men involved in a young child’s life. On the other hand, there was some discussion as to changes in this trend, and the need not to make assumptions about the lack of involvement on the fathers’ side.

Conversely, programmes are not always good at actively seeking fathers and going where fathers may be. The facilitator stressed the need to go where parents are (“going to the “spaces” where fathers meet”), for programmes to make them feel comfortable, “speak their language”, and start from what fathers do well, and any intervention follow from there. Interestingly enough, in many of the practice sessions during the training workshop, fathers were the ones that came along to the activity, and participants were able to interact, praise and reinforce some of their good parenting practices. More can be done along these lines.

- **Cultural considerations**

Another important aspect explored was the need to take into account cultural considerations of the context in which we work, in terms of indigenous populations, but like colleagues from Suriname reminded the group, also in terms of variety of ethnicities. In the Caribbean context, where many cultural groups due historical background and past and present migrations, many cultures co-exist in a single territory and with that diversity come different child rearing practices that programmes must take into consideration when conducting counselling and working with families.
**Context, learning spaces and transitioning**

This new addition to the training gave participants the opportunity to explore the range of actors (parents and extended family, pre-school staff, health care workers, etc), spaces (home, services, programmes) and contexts for working with families, recognising the wide variety there is beyond the centre-based approach. The fact that the health service is fundamental in the first year or 18 months of a child was stressed. However, the contact time with the child and his/her family at this point is limited if considered that it's reduced to less than an hour a month. Hence, other services and spaces/contexts where young children and their families spend large amounts of the time are important to be considered for supporting children’s development and inclusion, across all stages of the early life cycle. How sectors and institutions will establish strategies to reach families and their children, especially the most vulnerable and disadvantaged, is of paramount importance.

Similarly, the multiple aspects of transitioning were introduced and discussed, going beyond the traditional focus on vertical transitioning (moving from one stage to another based on age) to include the understanding of horizontal transitioning. This expanded vision recognizes that young children and their families often transit between a wide range of services and experience transitioning in their daily movement, from one caregiver to the next, in one same day (horizontal transition). Therefore, the need to unify family-based messages and counseling across all the spaces, services and sites in which young children transit every day is key, especially for those with disability and/or with special health needs.

The aim of this session was precisely destined to question the variety of options and possibilities in terms of supporting families. Given the workshop gathered different professionals, with different levels of influence and decision-making, sessions like this one allowed discussions for preparing for the planning and implementation of the approach.

Also, in terms of resources, the facilitator, Garren Lumpkin, expert in disability issues, offered the range of opportunities available for families to strengthen a wide range of learning activities in daily routines. He also presented other resources that can be utilized in addition to what is found in the CCD materials.

**Strengthening learning spaces for children at-risk and with disability**

As part of strengthening early family involvement, additional information was given about developmental delays and disabilities, following the added expansion of related content in the Counselling Card. Given that many frontline workers will encounter concerns from parents/caregivers about potential developmental delays or identify them during a counseling session, it is important to discuss how to provide initial orientation. Children with disabilities are particularly at risk of being excluded, which can start in the home or
community environment during the early years. Thus, it is important to prepare the family to identify a delay/disability, prepare them as to how to continue to provide significant and meaningful learning opportunities and know how/where to refer, if necessary.

International data shows that around 15% of populations have a disability. Recognition is also given to the fact that the impact of the disability is not just on the individual, if we consider the more wide reaching impact on the family members. This figure is actually higher, possibly closer to 25%.

Many children with disabilities need family, caregiver and other ECD staff support so that they can interact with their surrounding learning environment, and have greater opportunities to participate. The session showed how many of the solutions are not inevitably expensive and that appropriate technology can be low cost, but not necessarily of low quality. Given that this is an additional session in the workshop, time was limited, and in many of the evaluations, participants expressed the need to go deeper on this issue as it is a concern in their countries and not enough training is provided.

**CCD Field Practical Sessions**

As stated above, the CCD training is characterised by having a strong hands-on practical component, whereby trainees can gradually put into practice the approach. Traditionally, the training workshop contemplates three practices: one described as clinical practice in a hospital setting where trainees conduct play and communication activities directly with young children who are in a paediatric ward, and two additional practices in a health clinic where the counselling skills are practiced directly with caregivers. The LAC version expands upon this and promotes other additional settings for the CCD field practices, including ECD centre, and community/home-based settings.

In the Antiguan workshop, all participants visited and worked in a variety of settings in which to put their newly acquired skills into practice, first in the Paediatric and Maternity Wards in the Mount Saint John’s Medical Centre (Hospital), and then in 3 different health clinics and 6 ECD/day care centres, both in urban and rural contexts of the Antiguan island.

<table>
<thead>
<tr>
<th>Practice #1 (Day 2)</th>
<th>Site #1</th>
<th>Site #2</th>
<th>Site #3</th>
<th>Site #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Centre (child health clinic)</td>
<td>Pediatrics Ward, Hospital</td>
<td>Maternity Ward, Hospital</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Practice #2 (Day 3)</td>
<td>Health Centre (child ECD centre #1)</td>
<td>ECD centre #2</td>
<td>ECD centre #3</td>
<td>ECD centre #3</td>
</tr>
</tbody>
</table>
i. **Preparation**: at the end of each day, 30 minutes of agenda were dedicated to preparing logistical and content outline of the practical sessions (to be undertaken the following day). This was part of the lessons learnt in the national workshop in Panama, where it became clear that it was a paradigm shift to focus on working with the families and not directly with children. These sessions assisted in clarifying the intention of the approach, attempting to reverse the tendency of workshop participants from providing direct “stimulation” and/or assessing/evaluating the child, while focusing instead on empowering caregivers in their parenting role and strengthening their caregiving skills. Emphasis was placed on encouraging caregiver to demonstrate skills, based on the CCD methodology of “look, ask, and listen”.

ii. **Parental informed consent forms** – this was the first time in use in LAC. The forms included information regarding the intention behind the practice and sought consent for the use of images and videos for the same training process and for future training actions and/or CCD material preparation (See Annex IV).

The experience, although positive, raised further issues, including:

- The care that needs to be taken with parents with limited literacy skills;
- Consider telephone consent in situations where parents are not present;
- Consent forms were distributed to most practice sites in advance, but in certain cases these were not signed. In future, it’s advisable to guarantee in advance that forms have been signed in situations where it’s likely that the parent will not be present during the practice.

iii. **Diverse and greater number of practical sites** (3-4 sites per day). This enabled smaller groups per field practice which in turn allowed for: better observation by facilitators, less disruption to the day-to-day activity of the centre/service, and greater chance of putting into practice learnt skills with a greater number of caregivers. In addition, it enable the possibility for working with caregivers, considering that in some cases it was difficult to have enough parents coming for the practice session. It must be highlighted that even though care was taken in providing multiple sites, in some cases not enough caregivers were present, limiting the chance of participants to practice. In the LAC experience so far, precisely because there is limited programmes and services that work directly
with parents, it has been difficult to ensure consistent opportunities for working directly with parents during the CCD training workshops.

It also allowed participants to be exposed to different settings, whenever possible educators were sent to health clinics, and vice versa as a way to also promote a holistic, multi-disciplinary experience. Care was also taken to ensure workshop participants went to sites in the city centre in addition to sites in the periphery of the city or in more rural settings. It is important to note that participants were divided into pairs, and whilst one “counselled” the caregiver the other one observed the interaction as part of the learning process and work on constructive feedback at the end of the field sessions. This also provided the opportunity to prepare for the end of session feedback process.

All practical sites were supervised by at least one of the facilitators, which liaised with each centre, guided the practical session, and provided immediate feedback when needed as well as took photos and video footage for the follow-up and feedback sessions afterwards.

iv. Feedback sessions: As stated above, the facilitator working team filmed all field practices, for which consent was obtained, and later videos were shared during the feedback session as a tool to illustrate learning points throughout the training. Feedback was also dedicated to exploring how CCD could be specifically contextualised in the participating Caribbean countries.

v. Toys/Plays things. As indicated in the Facilitators Guide, all participant pairs were given a bag with a variety of toys and home utensils to be used as play or educational materials. The attached picture illustrates the contents of each bag. In order to avoid errors experienced in previous workshops, participants were encouraged during the preparatory session to familiarize themselves with the range of materials. Emphasis was given to follow the child’s interest and lead with a particular toy and to explore ways to use materials for communication activities, in addition to actions to stimulate play.

V. Participants Evaluation of the Workshop

The following information was drawn from the evaluation forms, prepared by the 21 participants at the end of the workshop. Overall, participants expressed contentment with the approach, the methodology of the workshop and how the facilitator team delivered it.
When asked to grade the extent to which the objectives of the course had been met, 33% expressed full satisfaction (5 out of 5) and 66% said to be very satisfied (4 out of 5). As for whether the workshop had met their expectations 47% expressed full satisfaction and 52% were very satisfied. So overall feedback was very positive.

The practical aspect of the training methodology was also indicated as the most helpful aspect of the workshop. The mix between role-playing in the “classroom setting”, group discussions, and the opportunity to apply the taught material in the field and receive constructed feedback in follow up sessions was welcomed by participants.

As with the two previous CCD training sessions held in LAC, the group acknowledged the wide range of participants (UNICEF, health, education/ECD and social services) and expressed how this enriched both the learning opportunities and the policy discussions. This diversity also served to promote the development of a holistic approach to ECD policy and programming by bringing together key national stakeholders.

Participants highlighted the following aspects needing improvement:

- No opportunity to delve into the Monitoring and Evaluation aspect of the approach. The training as it is laid out now, has no time allocated to this important topic, neither are there guidelines as to how to address it. There is comprehensive information in the package but so far, in none of the LAC workshops time has been assigned to this important component.
- Participants also would have liked more time to deal with solving problems, helping parents with conflict resolution and go deeper into how to develop counselling skills.
- Overall participants mention that time was a factor: either days were too long (often training ended after 5.30 pm) or conversely, some sessions did not receive enough time to go deeper into the topics, such as “context and learning spaces” and “strengthening learning spaces for children at risk”.

VI. Summary of country and regional next steps

As expressed earlier, time was built into the agenda to discuss examples of existing programmes and services aimed at children 0-3 years of age (and associated tools and instruments) as well as 2-3 hours on the final day of the workshop to discuss policy issues related to implementation, such as level of interest in applying the CCD approach in a given country, identification of potential entry points for mainstreaming CCD into existing services/programmes/national services, coordination mechanisms, and any support that would be required.
All participating country delegations expressed significant interest in applying the CCD approach to their national context and listed various arguments as to why this would be feasible to do so (see Annex III for more information). Outlined below are the general considerations taken and the steps to implement them:

- **Country level (CCD Caribbean Region Country Planning)**
  
  i. Participants will report to respective Ministries and support decision-making process based on a more detailed analysis of existing programmes and services as well as associated tools, instruments and norms. 
  
  ii. Undertake translation (Suriname and Guyana) and adaptation of CCD materials
  
  iii. Make arrangements for Training of Trainers to establish core group of national trainers (in the case of Belize, interest and urgency were expressed to conduct this training during 2014). Countries were encouraged to explore alliances from the onset with training institutions already in charge of building national capacity in early childhood development and/or health/nutrition. It is important to make strategic alliances with partners that will guarantee sustainability to the ongoing training process.
  
  iv. Develop national action plans to support rollout and identify resources needed for implementation.

- **Regional**
  
  i. Continue to include and strengthen commitment to CCD-LAC in UNICEF-WHO/PAHO joint work plans. As part of this work:
     - Make last changes to CCD-LAC regional adaptations (in English and Spanish)
     - Review final drafts with an editor and a graphic designer
     - Undertake a “finalization” process internally within UNICEF and WHO/PAHO for publishing and disseminating of CCD-LAC version
  
  ii. Facilitate a networking process between countries as part of LAC roll-out CCD process.
  
  iii. Hold training of Master Trainers in early 2015, in which at least two trainers from the Caribbean region will participate.
  
  iv. Provide Regional Office technical assistance to support country level roll-out in LAC.
  
  v. Document and share LAC experiences to support global rollout.

**VII. Lessons Learnt and Recommendations for roll-out of LAC CCD package**
Lastly, it is important to highlight some lessons learned from both Antigua and Panama workshops, representing the two LAC CCD training workshop experiences, and to share a selection of final recommendations for future training workshops as part of the regional roll-out of the LAC CCD version.

- **Advance preparation for field practices**

A member of the facilitator team travelled in advance to coordinate with the ECD Coordinators in Antigua and to visit some of the field practice sites, enabling key staff in the health clinics, day care centres and the Maternity and Paediatric wards in the Mount Saint John’s Medical Centre (hospital) to be familiarised with the practical activities of the training. In addition, several conversations took place by phone with the National ECD Coordinators, and a Field Practice Strategy was drafted in addition to the materials in the CCD package (see Annex IV for further details).

As previously mentioned, the facilitator guide provides information on how to conduct the session during the workshop but the corresponding logistical support is not fully covered. The practical session is one of the strengths of the course, but is one of the potential aspects that could have a negative impact on the training, if not prepared accordingly. Thus, this aspect requires special attention and should be prepared as efficiently as possible. Lessons learned from the 2014 Caribbean CCD training workshop included the following:

i. It is key to prepare the sites (settings) where the practice sessions will take place, in order to have enough space for interactions and to avoid disturbing ongoing activities of the centre/service/programme and, at the same time, guarantee privacy for the interactions to take place in a confidential and non-disruptive manner.

ii. It is recommended that, for future workshops, a half-day preparatory session with the directors of centres/sites/initiatives (in case of home visiting and/or parenting programmes) is held, as a way to ensure that all participating sites and staff are fully aware of the intention of the workshop and field practice, and what is required of them and the participating families. It is felt that this will encourage a buy-in to take part in the activity and for future roll out actions. In addition, high-level personnel will become familiarised with the approach, focus of action and methodology, with the potential to encourage them in the future to mainstream the CCD approach as part of their ongoing work.

iii. Based on workshop experiences, it is recommended that the order of the practice site session be changed. As stated above, the paediatric ward in a main Hospital is
programmed for the first practice day. However, the workshop technical team indicated that it would be more appropriate to undertake the first practice session in early education and care centres. This may be more suitable for conducting the play and communication activities directly with young children and scheduling the hospital for the second day’s practice as it is more appropriate for working with parents/caregivers of sick children and still promote play as part of the speedy recovery process of young sick/ill children. Working directly with young sick children, or newborns is a challenging task for a first practice. It is also difficult to find enough children from the 0 to 3-age range in the hospital ward for all participants to get an opportunity to practice.

Secondly, for conducting practices in ECD/day care centres, it may be more appropriate to schedule the field practice at the end of the working day (not in the morning), as it is more likely that parents/caregivers will be available for taking part in the activity, when they traditionally pick up their children.

- **Considerations for adjustments to the training and package materials/content**

Based on experiences gained through the implementation of three CCD workshops in the region, the facilitator team recommends that when undertaking the first CCD training in a country setting and/or for a multi-country regional/sub-regional initiative, a different type of training model is required, especially when a more in-depth understanding of the approach is needed. Hence, when a policy decision has not yet been reached, it may be helpful to organize the training session differently in order to explore whether the CCD is relevant and feasible to be implemented in the country/sub-region.

As was the case for the first Panama regional event, one option to consider could be to invite high-level policy and decision-makers along with managers of front line services and conduct a slightly different type of workshop. The inclusion or not, of practice sessions for these participants should be reviewed (based on specific country situation), but more in-depth policy discussions and implementation plans (and requirements) should be considered.

It is for this reason that additional materials and workshop sessions are suggested, including new or expanded modules to complement the existing package:

- **Orientation Module – for corresponding workshop (priority for country level, with potential sub-regional use)**

- Module (and material) for the organization of an introductory workshop (with multiple sessions) for relevant stakeholders to familiarize participants to the CCD approach and to gain a buy-in for utilization of this strategy as part of existing
ECD initiatives. Priority should be given to consider key decision/policy makers, academic/training institutions and potential sector implementers.

- This workshop and meeting sessions should also consider a range of background information, with specific priority given to focus on: discussions of potential entry points, development of key partnerships, and identification of potential strategies for building capacity for sustainable implementation.

- The introduction to monitoring and evaluation strategies could be incorporated in this module/workshop as well, to illustrate how M&E actions for CCD can be linked to existing national ECD monitoring strategies.

ii. Implementation Strategies Manual (priority for country level, with potential sub-regional use)

- A specific Strategic Manual should be consider for organizing a workshop that focuses on more in-depth information and steps on how to go about an in-country implementation process and the necessary steps to do so (i.e. translation and adaptation of materials, capacity development - and all necessary stages that this entails in addition to Training of Trainers (ToT) - accreditation of trainers, supervision, continuing education, etc. – formative research about cultural child rearing and caregiving practices, mapping of interventions and materials - tools and instruments -, M&E)

iii. Training of Trainers (ToT) Facilitators Guide (priority for country level, with potential sub-regional use)

- The existing Facilitator Guide focuses on the preparation of frontline practitioners/service providers, but does not include information or orientation to organize and conduct a Trainer of Trainers (ToT) workshop or process. This proposed guide should also contemplate two different scenarios, considering the projected LAC roll-out process: 1) a ToT at country level (for national implementation) and 2) a ToT for the Regional/Subregional level (multi-country) given the different implications in the region.

- Workshop length and session times were a recurrent factor. Therefore, the ToT Manual could explore a variety of options as to how to organize and deliver the training process, depending on the specific audience and context. These factors would play in to the decision of different workshop lengths, with four days being the minimum.

- The ToT Guide should also map out the required follow-up strategies, given that a four-day workshop will not be enough to prepare master trainers.
Consideration should be given to a series of training actions and on-going support from the leading regional or sub-regional master training team.

iv. Other

- New Regional /Updated pictures and videos (for advocacy and training) need to be developed - not just in terms of adapting the visuals to represent more the ethnic and cultural diversity in the region, but also seeking to illustrate content with better examples.

- A Glossary of Terms at the end of Participant and Facilitator Manuals need to be developed to unify terminology and avoid misinterpretations. For example, in the Caribbean, the term "caregivers" led to confusion from the onset, due to the fact that the term often refers to ECD practitioners. Therefore, a glossary explaining specific terms may be useful for clarifying key terminology.

And last, in terms of content there are some final suggestions for adjustments / modifications3:

i. Expanded Focus on Communication

As the CCD points out, language acquisition is related to the maturity level of the child, but also influenced by the stimulating social environment. Young children worldwide are experiencing increased delays in this area of their development. This is due to a variety of factors that are namely limiting the frequency and quality of parent/child interactions, such as poverty, low levels of education of caregivers, lack of appropriate maternity/parental leaves, pressures from the labour market, and greater use of technology (TV, computers, phones and tablets) which combined are contributing to less opportunities to interact effectively with young children. Given the current state of affairs, the author of this report suggests a greater focus on how to address delays in language development. More recommendations could be made in the course (including the provision of additional information) as to how to address this concern. For instance:

- More actions accompanying speech and interactive language; for example, asking open questions, reacting to the child’s experiences, initiating conversations with the children, inquiring about the opinions and intentions of the children and encouraging language exchanges between them

- How to create richer verbal stimulating environments

3 Note that the expanded focus on Communications and Play is an additional suggestion by the author of report and Coordinating Facilitator of the workshop, based on personal analysis of the materials
- Recommendations as to how to increase frequency of verbal interactions between adult and child as well as high quality (complexity and richness of vocabulary, etc.).

ii. Expanded Reasoning on the Importance of Play

Although the focus of the material is precisely on the importance of play on the developmental process of the young child, an introductory session could delve deeper into the intentionality behind play, and share a few of the developmental theories behind it, as well as provide more examples of the types of activities that can be done with household utensils and other materials, and how this can impact positively in young children’s development.

VIII. Bibliography


UNESCO (2007) *Education for All Global Monitoring Report*


### IX. Annex I

#### Care for Child Development (C4CD) Workshop: Antigua, September 16-19, 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, Sept. 16</th>
<th>Time</th>
<th>Wednesday, Sept. 17</th>
<th>Time</th>
<th>Thursday, Sept. 18</th>
<th>Time</th>
<th>Friday, Sept. 19</th>
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<tbody>
<tr>
<td>08:30 - 09:30</td>
<td>Registration</td>
<td></td>
<td>Field practice #1 - Playing and community with children</td>
<td>Field practice #2 - Counsel the family</td>
<td>Field practice #3 - Counseling the family and helping to solve problems</td>
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<tr>
<td>09:30 - 10:15</td>
<td>Opening</td>
<td></td>
<td>Practice Sites: Hospital and Health Centre(s)</td>
<td>Practice Sites: Health Centre(s), ECD Centre(s):</td>
<td>Practice Sites: Health Centre(s), ECD Centre(s):</td>
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<tr>
<td>10:15 - 10:30</td>
<td>Coffee Break</td>
<td></td>
<td>• Apply C4CD in different health-related contexts</td>
<td>• Counselling the family in different health and ECD environments.</td>
<td>• Counselling the family and helping to solve problems, including children with delays and disabilities</td>
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<tr>
<td>10:30 - 12:00</td>
<td>Initial exchange: exploration of country initiatives where C4CD can fit</td>
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<td>• Share team experiences on practice with children</td>
<td>• Share team experiences on counselling families</td>
<td>• Share team experiences on counselling families</td>
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<td>1 example per country (10&quot; for each)</td>
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<td>• How to use C4CD in different contexts (country level).</td>
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<td>LUNCH</td>
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<td>Feedback on field practice #2:</td>
<td>Feedback on field practice #3:</td>
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<tr>
<td>13:00 - 14:15</td>
<td>Initial details about C4CD</td>
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<td>Counselling the family on C4CD</td>
<td>• Exercise: Identify the child and the caregivers</td>
<td>• Exercise: Identify and help solve problems.</td>
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<td>Who are the caregivers?</td>
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<td>• Role play exercise</td>
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<td>Care for the child's development</td>
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<td>• Praise and advise: Improve care practices</td>
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<td>o Discussion on Care for Child Development</td>
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<td>• Role play: Advise the caregivers</td>
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<td>LUNCH</td>
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<td>Review, planning and next steps for implementation</td>
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<td>14:15 - 14:30</td>
<td>Coffee Break</td>
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<td>Recommendations for Care for Development</td>
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<td>• Individual country discussions on key issues (based on discussion guide)</td>
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<td>Basic concepts and domains of early child development</td>
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<td>Plenary feedback and discussions</td>
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<td>Recommendations for play and communication</td>
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<td>• Conclusions on the C4CD approach and its application</td>
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<td>Discussion: Use of the counselling card</td>
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<td>• Next steps for countries and their initial thoughts on support and modifications required.</td>
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<td>14:30 - 15:45</td>
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<td>• Next steps regionally. Discuss ideas and networking.</td>
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<td>TOYS and other C4CD materials</td>
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<td>Evaluation of the workshop</td>
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<td>15:45 - 16:30</td>
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<td>• Video (review of recommendations for play and communication)</td>
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<td>Discussion about toys</td>
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<td>Internal discussions, including UNICEF and PAHO staff.</td>
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<td>16:30 - 17:00</td>
<td>Group Work – Preparation for 1st field practice</td>
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<td>Contexts and learning spaces</td>
<td>Strengthening learning spaces for children at-risk</td>
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<td>• Explore the range of spaces and contexts for working with families</td>
<td>• Counselling families with children at-risk, including those with delays and disabilities</td>
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<td>16:30 - 17:00</td>
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<td>Group Work – Preparation for 3rd field practice</td>
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<tr>
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<td>Community Nurse Manager</td>
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<td>Gwenette Cambridge</td>
<td>Ministry of Education St. Vincent &amp; the Grenadines</td>
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<td>784-457-1466</td>
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<tr>
<td>Jacquelyn Morris</td>
<td>Ministry of Education St. Kitts/Nevis</td>
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<td>465-2369/664-6075</td>
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<tr>
<td>Paulette Browne</td>
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<td>Learning &amp; Development</td>
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<td>Bureau of Public Health Ministry of Health Suriname</td>
<td>Deputy Director Programme Development</td>
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<td>597-721-9074</td>
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<td>21. Elly van Kanten</td>
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<td>1-246-467-8185</td>
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<td>25. Janet Lennox</td>
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<td>Consultant</td>
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<td>27. Maite Onochie</td>
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<td>28. Maria Elena Ubeda Castillo</td>
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<td>30. Edward Emmanuel</td>
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ANNEX III

Country Planning

INFORMATION GATHERING
CARE FOR CHILD DEVELOPMENT CARIBBEAN WORKSHOP (ANTIGUA, SEPTEMBER 16-19, 2014)

Objective of the Session Exercise: To construct an initial understanding of each participating country’s interest in and feasibility of the application of the C4CD approach as part of existing programs, along with identifying possible next steps and requirements.

Country: Antigua Designated Contact Person: Earla Esdaille Email: _________________________________

<table>
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<tr>
<th>Level of country/program interest to pursue/advance the possible application of the C4CD (or specific institution), as part of existing programs and/or services</th>
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- On a scale of 1 to 5 our interest is at a 4 because there are no legislations to support early childhood programs presently.
- It will be beneficial to our children now and in the future.
- It is feasible given the existing programs available for this age group.
- Community Health Centers (MCH)
- Day Care Centers
- Home Day Care
- Hospital
- School of nursing.
- Initially we will submit a report to the various ministries (Ministry of Education, Health and Social Transformation)
- Dialogue with key stakeholders regarding strategies to roll out programs (plan)
- Technical assistance
- Training materials
- Media support
- Finance
- Stakeholders support
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<tr>
<th>Country: <strong>Belize</strong></th>
<th>Designated Contact Person: Denise Robateau</th>
<th>Email: <a href="mailto:drobateau@unicef.org">drobateau@unicef.org</a></th>
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### UNICEF - Outcome 1: By the end of 2016, most excluded boys and girls in Toledo, Stann Creek, and Belize South Side are reached by policies and programmes with a gender perspective that increase protection, early childhood development, culturally-appropriate and child-friendly education and learning opportunities, across the lifecycle 0-18, including during periods of emergencies.

#### Output 3.1.b ECD
Improved access to Early Childhood Development in Toledo, Stann Creek and Belize City Southside

Indicators:
- Age 36-59 mths currently attending ECE
  - Total: 31.7%; Toledo: 12.8%; SC: 45%; South Side Belize City: 50%

The C4CD is a strong communication for development

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| Summer Early Childhood Stimulation Experience (led by ECEDC, MoE)
  - The program will help to indicate past increase and awareness in relations to ECD and greater enrolment in pre-schools countrywide.
  - The program will offer ECD access to vulnerable children mainly in the rural areas.
| **Special Education Officers (MoE)**
  - Provide support services to parents, students and families |
| **2 RCP Supervisors; 21 Rovers**
  - Work with mothers and children 0-3 |
| **6 Social Mobilisers facilitate parenting sessions for social services; interact with parents who are referred for parenting classes** |

(Initial Comprehensive Training of Trainers necessary in Belize: target will be those who can impact 3 most vulnerable populations.)

1. **Training of ECE/Education Officers from the DEC (15) and Preschool Head teachers**
2. **Training of officers supervised by NaRCIE (10)**
3. **RCP supervisors and rovers**
4. **Social Mobilisers**
5. **10 Health Educators**
6. **Parent Leaders**

Indicators such as:
- Baseline data of 0-3 aged children
- BESS output strategy on increased preschool access 3-4 yrs
- Further work on national parenting curriculum to include C4CD objectives
- Comprehensive training is necessary in Child Development which includes aspect in health, nutrition etc.
- Communication materials: gather key messages from C4Cd package and key messages from MoH, MoE, and MHD to develop communication materials (check NCFC)
- Develop two weeks training; 1-week focus
**Country:** **Grenada**  
**Designated Contact Person:** Lydia Francis  
**Email:** debbiefrancs@yahoo.com

### Level of country/program interest to pursue/advance the possible application of the C4CD (or specific institution), as part of existing programs and/or services

| Maternal and Child Health and Early Childhood Development Program are priority areas in the strategic plan for both the Ministries of Health, Education and Social Development. | Maternal and Child Health & Early Childhood Program;  
- Obstetric Unit  
- Health Centres & Medical Station  
- Early Childhood Facilities  
- School of Nursing | Submit report on the C4CD Training to PS, CMO & CNO  
Hold discussion with PS, CMO on application/adoption of C4CD recommendation.  
Hold meetings with key persons in the Ministry of Health (Chief Planner, Chief Nursing Officer, Director Nursing Services, Financial and technical support |

### Feasibility of C4CD application at country level as part of existing programs and/or services

*10 Health Educators; 261 trained CHW’s; 30 untrained CHW’s*  
- Stationed in most communities to do health promotion and offer basic health services.  
*About 25 Traditional Birth Attendants*  
*Parent Leaders Program (a focus on nutrition; role can be expanded to do C4CD)*

### Next steps and possible strategies to rollout and implement C4CD in your country.

- on theory with practice; 1 week to hone practice.  

- Submit report on the C4CD Training to PS, CMO & CNO  
- Hold discussion with PS, CMO on application/adoption of C4CD recommendation.  
- Hold meetings with key persons in the Ministry of Health (Chief Planner, Chief Nursing Officer, Director Nursing Services, Financial and technical support
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<tr>
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<th>Senior Public Health Nurse) Rep. Ministry of Social Development and Education, Director School of Nursing) to sensitize team on the C4CD, obtain support and buy in</th>
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<tr>
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<td>• Committee to review C4CD recommendation for possible incorporation in existing Early Childhood Development program.</td>
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<td>• Identify target group for training</td>
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<td>• Identify facilitators</td>
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<td>• Budget; venue, stationeries, refreshment, transportation for staff of mainland.</td>
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<td>• Plan and implement training</td>
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<td>• Implement incorporated C4CD recommendations in MCH Program and ECD.</td>
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</table>
Guyana has keen interest in pursuing various components of the C4CD training package. While the country has begun its own trainings in ECD in various spaces and for various levels of practitioners, the C4CD package offers many good practices that can enhance and reinforce current programmes and service delivery. These spaces exist in various sectors such as Health, Education, Child Care and Protection Agency, Human Services.

Moreover, the ECD messages inherent in the C4CD programme offer much scope for the development and introduction of the Public sensitization on ECD via radio through the use of disc

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<table>
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<tr>
<th>Ministry of Health:</th>
<th>1. Integrate activity exercise (true/false) of the C4CD in current training programme for CHWS and Certificate Programme for ECD Practitioners</th>
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<tbody>
<tr>
<td>a) ECD in the Maternal Health Programme targeting the families in the indigenous communities and implemented through the CHWs, MEDEXes: Midwives</td>
<td>2. Enforce practicum as experienced in the C4CD rather than using role play method</td>
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<td>b) In the General Nurses and Public Health Nurses training programs</td>
<td>3. Review and update counseling cards; create user friendly poster for permanent display in health clinics;</td>
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<td>Child Care and Protection Agency:</td>
<td>4. Review ECD messages in C4CD to utilize in public sensitization/awareness programme.</td>
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<tr>
<td>For ECD Practitioners in Day Care Centres and Play Groups through two programmes</td>
<td>5. Ensure messages are put in indigenous language where necessary</td>
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<tr>
<td>a) ECD upgrading courses for Practitioners who entered the system without secondary education.</td>
<td>1. Knowledge dissemination on C4CD and its usefulness to current programme and services and gain consensus from the key decision makers in the various Ministries to complete the review of programmes and integrate components of C4CD.</td>
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<td>b)</td>
<td>2. Fund raise for production of IEC materials</td>
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<td>3. Identify the competencies within indigenous communities to do art work and translations for posters and messages</td>
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<td>4. Accelerate ECD discussions with the private sector.</td>
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jockeys. These messages simplify information for developing the knowledge base and strategies for families.

**b)** The Certificate Programme for ECD Practitioners at the University of Guyana. Participants in this programme have at least 3CXC and one-year experience in child care facility.

**c)** Programming/ECD messages in the Adolescent Friendly Youth Spaces

**Ministry of Education**

**a)** The ECD Field Officers Programme whose participants must be trained ECD graduates who are trained to coach, guide, supervise untrained teachers in nursery schools and in Grades 1 and 2

**b)** Parent Education programme targeting the population in the Nursery school

**Public Sensitization ECD Programme** sets out to give information on benefits of early stimulation; active involvement of fathers; importance of safe and secure environment. The target group for training comprises radio announcers and disc jockeys.

6. Review and integrate ECD into MCH for urban and rural areas

7. Identify Male ECD Champions for spreading the ECD message

8. Use the introductory session of the C4CD (research findings) as foundation for presentations to the Private Sector/Corporate Guyana for support to ECD

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**Country: Montserrat**

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<tr>
<th>Level of country/program interest</th>
<th>Feasibility of C4CD application at country</th>
<th>Next steps and possible strategies</th>
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<tr>
<th>to pursue/advance the possible application of the C4CD (or specific institution), as part of existing programs and/or services</th>
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<th>to rollout and implement C4CD in your country.</th>
<th>the C4CD (initial considerations)</th>
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<tr>
<td>High on the political agenda  The 2008-2020 Sustainable Development Plan agreed by the Government of Montserrat and the British Government Strategic Goal #2 speaks to enhance human development and improve quality of life for all people on Montserrat  The medium term objectives include:  ✓ Increase access to and improve the quality of formal and informal education  ✓ Develop and implement policies and programmes to enhance the well-being of the population with emphasis on the vulnerable  ✓ Establish programmes which will support the building of strong and caring family units and a God-fearing society  ✓ To strengthen the existing maternal and child health programme as it relates to early childhood care and</td>
<td>The 2008/2020 Strategic Development Plan includes parenting skills as a national objective.  <strong>Entry Points:</strong>  ✓ Obstetric &amp;Paediatric Wards  ✓ Health Centres  ✓ Early Childhood Centres  ✓ Maternal &amp; Child Health (MCH)  ✓ School Health Programme  ✓ Ministry of Health (MOH) to launch Baby Friendly Hospital Initiative</td>
<td>✓ Prepare &amp; submit report to PS, Health &amp; Education  ✓ Presentation of Initiative to the Minister of Education, Health &amp; Social Services  ✓ Training of stakeholders – Health &amp; Education Staff  ✓ Customize/modify the recommendations for C4CD Form specific to parents – form part of take home card  ✓ Initiate early simulation as part of plan for care for newborn infants.</td>
<td>✓ Technical Support  ✓ Financial Support  ✓ Materials</td>
</tr>
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### Country: Nevis  
**Designated Contact Person:** Ivoria Hanley-Browne  
**Email:** ivhanley@gmail.com

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| **Department of Social Services**  
Introduction of C4CD into this department will serve as a means of equipping at-risk populations with skills necessary to promote cognitive, physical, communication and social emotional development of infants and toddlers within these families. These populations often do not have the necessary skills/information on how to effectively stimulate their children.  
**Department of Social Services**  
“Second-Chance”-Teen Mothers Program usually equips teen mothers with life-skills for their survival however C4CD application will add to parenting training to equip teens with skills for child’s survival/holistic development.  
Single Parents Group  
Provide single parents with skills to build them financially, educationally, socially and emotionally. C4CD will assist parents with caring for children 0-3yrs  
RISE Program  
New Social Assistance Pilot Program: C4CD would engage parents with infants and toddlers. | - Sensitize public about the C4CD through media presentations (Radio & Television Programs)  
- Training will be needed for Social Services staff in collaboration with Health and Education Departments  
- Need to engage health care workers and ECD workers for reinforcement | 1) Need for meetings with stakeholders/ various department heads  
2) Will need training material:  
a) Information from participant manual  
b) Supply to materials for illustrative materials (toys)  
c) Funds to have supply of kits available for training of workers. |
Country: **St Kitts and Nevis**  
Designated Contact Person: **Jacquelyn Morris**  
Email: [jacqris2@gmail.com](mailto:jacqris2@gmail.com); ecduskn@moeskn.org

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| Very high probability for the application of the C4CD | The Effective Early Childhood Health Outreach Stimulation (EECHOS) programme  
The EECHOS programme is a “holistic approach to early stimulation that ensures that children’s rights to health, protection, nutrition, cognitive and psychosocial development are all met. The EECHOS programme aims to address the persistent problem that exists in our nation as it relates to families and parenting and thereby increase the capacity of parents to provide care and stimulate their young children  
It incorporates a collaborative approach between the Ministry of Health, Education and Social Development and other sectors in providing direct support to the development of children from zero to three (0-3) years, particularly to those in poor and vulnerable situations. The buy-in of the ministries has been secured.  
1. Orientation training organized annually for new nursery workers  
2. Orientation training organized annually for new nursery workers | 1. To sensitize the EECHOS Project Coordinators to the C4CD  
2. To modify the training component of the EECHOS to include the C4CD strategies  
3. To sensitize key stakeholders from Ministries of Health, Social Services and Education to the C4CD and the implementation plans for the various programmes – EECHOS, Orientation and RTU  
- Sensitize parents and the public in general  
- Plan and implement training | - Stakeholder meetings  
- Finance for training and public sensitivation  
- Training materials  
- Training of stakeholders |
3. Reaching the Unreached (RTU) programme conducted annually for childcare providers in home-based nursery settings.

Country: **St. Vincent and the Grenadines**  
Designated Contact Person: Gwenette Cambridge  
Email: gcambridge.ece@gmail.com

<table>
<thead>
<tr>
<th>Level of country/program interest to pursue/advance the possible application of the C4CD (or specific institution), as part of existing programs and/or services</th>
<th>Feasibility of C4CD application at country level as part of existing programs and/or services</th>
<th>Next steps and possible strategies to rollout and implement C4CD in your country.</th>
<th>Requirements to implement the C4CD (initial considerations)</th>
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<td><strong>Outline initial thoughts of the processes for setting the stage for potential application and implementation</strong></td>
<td><strong>Indicate initial ideas of possible requirements for setting the stage and implementation</strong></td>
</tr>
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</table>
| - On a scale of 1-5, interest is at 4.5  
- Retooling exercise for the CHAs  
- Training possibilities for the early childhood practitioners  
- Improving parental practices | It can be introduced through the Ministry of Education by training of Early Childhood Practitioners in their response to parents. This is mainly because the Ministry of Health has a similar programme being done and this can be a collaborative effort | - Report to the Minister of Education and the Ministry of Health.  
- Engaging in discussion with the Ministry of National Mobilization, Social Development et al. | A visit by the core team to hold discussion with Ministers in the three core areas – Education, Health, Social Development |
Country: **SURINAME**  Designated Contact Person: Maureen Wijngaarde-van Dijk  Email: doc2dijk@gmail.com

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“Counseling for Child Development (0-3yrs)” approach should be complimentary to existing activities in several sectors: Health, Social Affairs, and Education. Government and NGO’s.

- In Well-Baby Clinic setting: Monitoring of child growth and development, and in Day-Care Centers setting. Also in training institutions of doctors, nurses, midwives, day care workers, pre-school educators. In (learning) disabilities setting

1. Report to UNICEF Suriname, MoH, Presidential Task Force
2. Translate applicable material for toolkit
3. Incorporate in Safe Motherhood Action Plan, and in IYCF plus (Infant and Young Child Feeding and Essential Newborn Care) Communication Strategy
4. Incorporate in the plan of action of the integrated policy for children and adolescents of the Presidential Task Force

- Video material
- Training schedule
- Training material in Dutch
- Policy document, iterating monitoring of child development
- Referral system!!!!!
ANNEX IV

Other Documents

Click on the links below to view the remaining of the documents.

- Extended Agenda for Facilitators
- Field Practices Methodology
- Evaluation Form
- Templates for collecting information for the adjustments and country plans for implementation
- Informed Consent Form