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A woman with long brown hair in a ponytail, wearing glasses and a dark top, is smiling warmly at a baby. The baby, wearing a red shirt, is holding a clear plastic bottle with a blue and red cap. The woman's hands are gently holding the bottle for the baby. The background is a solid blue color.

# Care for Child Development Case study

The experience of Paraguay



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The experience of Paraguay

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## Acknowledgements

The preparation of this case study was led by the Early Childhood Development Section at UNICEF Headquarters, including Pia Britto, Ana Nieto and Radhika Mitter. Special acknowledgement is due to external consultant Audrey Kittredge, who was responsible for data collection and for writing the case study, and external consultant Adrián Cerezo, who provided visualizations and valuable advice on structure and design.

We are extremely grateful for the extensive information and feedback provided by colleagues from the UNICEF Paraguay Country Office, Cynthia Brizuela and Claudia Pacheco, during the drafting of this case study. We also gratefully acknowledge the contributions of UNICEF's Latin America and Caribbean Regional Office for providing valuable information on programmes and feedback on drafts: María Elena Úbeda Castillo, Maria Paula Reinbold and Adriana Valcarce. Other members of the UNICEF Paraguay Country Office team, as well as Paraguayan government stakeholders and non-profit and non-governmental organizations, provided helpful information and media.

We are grateful to Benussi&theFish for the design, and to Anastasia Warpinski for editing the work.

UNICEF warmly thanks the LEGO Foundation for generously supporting this case study and the work that it showcases, and for its strong partnership.

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A caregiver uses a home-made rattle to engage in a playful interaction with a child.

## Executive Summary

This case study describes how Paraguay, a middle-income country in the Latin America and Caribbean region, recently rolled out the Care for Child Development (CCD) package. CCD is a training approach that strengthens the knowledge and counselling skills of front-line workers in various sectors. This allows them to better support caregivers and parents in providing responsive care and playful learning opportunities for young children.

Paraguay significantly adapted the CCD training approach to respond to the country's cultural and contextual realities and needs. This effort was especially successful in three areas: (1) integration of CCD in a variety of sectors with diverse workforces; (2) providing relevant, high-quality services to the most vulnerable families; and (3) advocacy and communications to secure government commitment, promote inclusivity and enhance reach. Specific programmes and initiatives are described to illustrate each of these achievements.

Overall, interviews with participants and stakeholders suggest that front-line workers have enhanced their understanding of early childhood development and are gradually adopting the CCD counselling approach. There are also promising outcomes for caregivers and children, including increased opportunities for responsive care and playful learning. Important lessons emerged regarding success factors and challenges that arose. Stakeholders also shared their plans to work towards greater impact, sustainability, and scalability of CCD-infused programs.

The insights in this case study come from Paraguay, but they tell a story that can resonate strongly with global stakeholders. Paraguay's tailoring of CCD training and materials illustrates how CCD can be significantly adapted to fit different cultural realities to address the needs of the most vulnerable families and children.

## I. Introduction

### What supports optimal child development?

A child's brain is built, not simply born. Early life experiences powerfully shape a child's brain development and affect children's learning, behaviour and health for the rest of their lives. An important ingredient in this early experience is nurturing care, which promotes good health, adequate nutrition, protection from harm and responsive stimulation (including play, communication and early learning opportunities). When a child's parents and caregivers engage in nurturing care in the early years, this strengthens children's ability to develop and learn, with long-lasting positive consequences for brain development.

Unfortunately, many millions of children around the world are deprived of the conditions that foster optimal development. For example, an estimated 43 per cent of children younger than age 5 are at risk of poor development due to poverty and stunted growth. In countries with available data (mostly low- and middle-income countries), about 80 per cent of children aged 2 to 4 are violently disciplined regularly; and there are about 15.5 million 3- and 4-year-olds with whom an adult does not engage in any cognitive or socio-emotional caregiving activities (e.g., telling stories, singing songs, naming, reading books, counting or drawing and playing with the child).

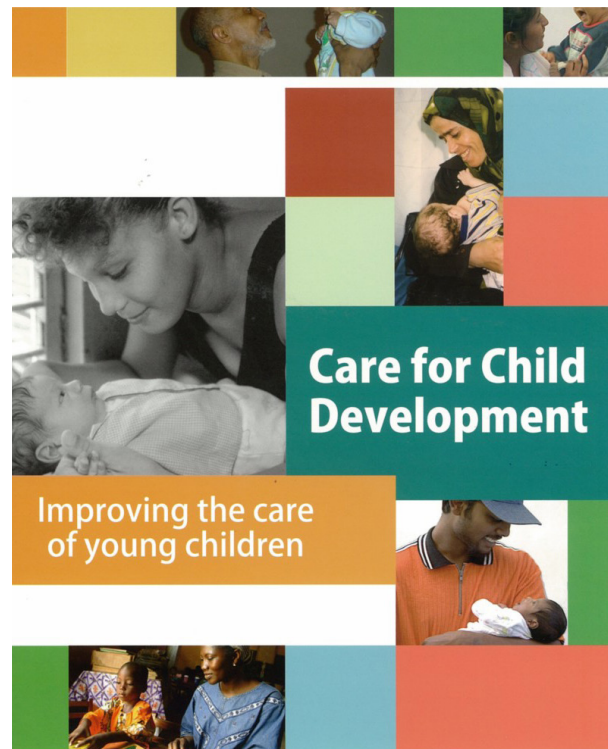
### What is CCD and how can it strengthen caregiving practices?

**Care for Child Development (CCD)** is an evidence-based approach that aims to strengthen parents' and caregivers' capacity to engage in play and communication activities with their young children, in order to support the development of children's motor, cognitive and socio-emotional skills. It has been instrumental in improving parenting programmes and child outcomes in several countries. The

CCD approach can be integrated into existing services in a variety of sectors, such as health, nutrition, education and child protection. UNICEF and the World Health Organization (WHO) originally developed the CCD approach in the late 1990s and updated it in 2012.

#### **CCD builds the capacity of front-line workers in multiple sectors so they can counsel and empower caregivers to communicate and play with their young children.**

Front-line workers acquire counselling skills through active participation in CCD training workshops and clinical practice. To work with caregivers, front-line workers observe caregiver-child interactions and ask questions, then give caregivers praise and provide them with advice to help solve problems concerning their children.



**CCD promotes responsive care** by encouraging caregivers to be **sensitive** (notice signals the child is sending) and **responsive** (act on those signals). **CCD also provides opportunities for playful learning**, especially when caregivers play with children in a way that is sensitive and responsive.<sup>1</sup> According to child development and education researchers, learning through play happens when activities are:

- **Joyful**  
Caregivers create opportunities for activities that produce enjoyment and thrill.
- **Actively engaging**  
Caregivers respect children's interests, promoting opportunities for fully engaged thinking.
- **Meaningful**  
New activities are related to children's current knowledge and abilities, so the child can find meaning in them.
- **Iterative**  
Caregivers respect children's need to learn through experimenting and trying out new possibilities.
- **Socially interactive**  
Children play and communicate with caregivers, building stronger relationships.

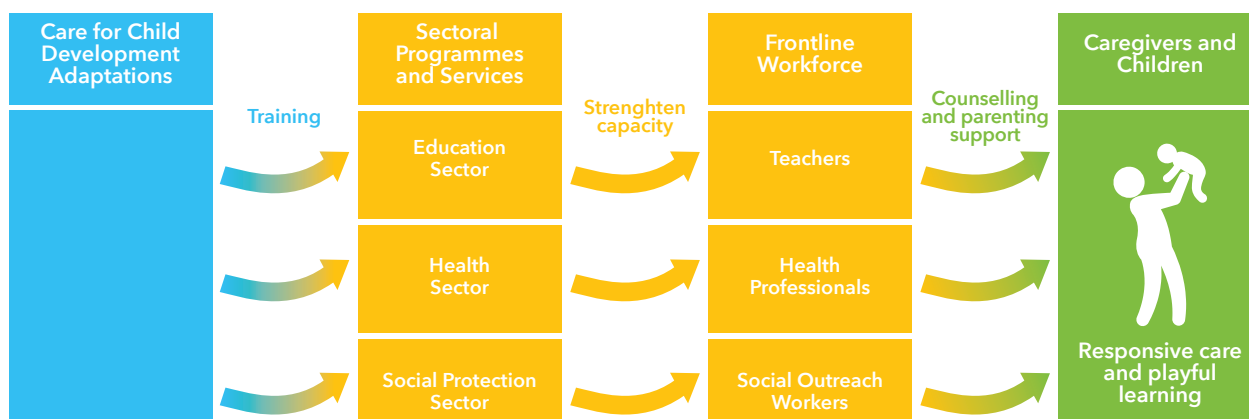
**CCD also supports the operationalization of the Nurturing Care Framework**, which WHO, UNICEF and the World Bank launched in 2018 in close collaboration with the Early Childhood Development Action Network and the

Partnership for Maternal, Newborn and Child Health. The framework provides a cross-sectoral vision for achieving nurturing care for all children so that they can develop to their full potential. The framework outlines strategic actions for achieving nurturing care and links these with specific national milestones for countries. As part of strategic action to strengthen services, the framework calls for interventions that help service providers support caregivers' ability to provide responsive care and early learning opportunities. The Nurturing Care Framework cites CCD as one such approach. CCD promotes the five multisectoral components of nurturing care: while focusing primarily on responsive caregiving and opportunities for early learning, it also supports good health, adequate nutrition and security and safety. CCD is versatile and can be integrated into a variety of existing government programmes and services in various sectors.

The figure below shows how integrating CCD into sectoral programmes strengthens workforce capacity, provides parents and caregivers with counselling and leads to more opportunities for responsive care and playful learning among caregivers and children. This whole process helps operationalize the Nurturing Care Framework.

CCD has been adapted and integrated into existing government and non-governmental services in more than 23 countries. It has been translated into 20 languages and has been tested (through trainings and workshops) in approximately 50 countries to meet context-specific needs. In 2012, the Latin America and Caribbean region began to adapt CCD to that regional context. Paraguay is one of the countries in the region that has significantly advanced in the adaptation and rolling out of CCD.

**Figure 1** CCD integration process supports responsive care and playful learning



<sup>1</sup> CCD generally encourages caregivers to provide children with play opportunities, either by themselves or with others. When caregivers have been counselled with CCD techniques to be sensitive and responsive, their play with children is more likely to be responsive.

## Why CCD for Paraguay?

Paraguay has made significant progress in the last 15 years towards supporting early childhood development (ECD). The Paraguayan government launched several programmes to support ECD in relevant sectors. The government also formed a National Commission for Early Childhood and adopted a cross-sectoral National Plan for Holistic ECD for 2010–2020. Paraguay also created policies to support the rights of vulnerable children (e.g., the National Plan of Action for the Rights of People with Disabilities) and passed a law against violence towards children.

Yet even with this progress in policies and programmes, good environments for ECD remain elusive for many vulnerable families. The country has many ethnolinguistic minority groups, such as Guaraní speakers (the language is spoken in 40 per cent of homes). Caregivers in these families are often functionally illiterate and living in poverty, which presents significant barriers to their access to ECD information and services. Female caregivers are another vulnerable group. Many suffer domestic violence<sup>2</sup>, as do 50 per cent of Paraguayan children. Adding to women's already difficult situation is the fact that they bear the large majority of childcare responsibilities. Not only are fathers less present than mothers (more than 35 per cent of children under 3 do not live with their biological fathers), there is also a strong chauvinist culture in traditional Paraguayan parenting practices, enhanced by poor education levels in low-middle income to very poor families, according to which women are responsible for raising children. A third vulnerable group in Paraguay – the more than 300,000 children living with disabilities – is growing because of the recent Zika epidemic. This crisis has left families struggling to provide children with adequate care, because Paraguay's services for children with disabilities are scarce and scattered across multiple sectors.

Over the last three years, the Paraguayan government, UNICEF and other partners collaborated to roll out the Latin American adaptation of the Care for Child Development approach. They focused, in particular, on the needs of marginalized groups (e.g., ethnolinguistic minorities, women and families affected by domestic violence and children with disabilities). In addition, they made special efforts to promote the engagement of fathers and other family members in caregiving activities. The CCD approach was integrated into relevant sectors: it went

beyond the health sector to incorporate entry points in the education and child protection sectors. This case study tells the story of this process through the eyes of Paraguayan stakeholders.

## What methodology is used to document Paraguay's experience?

Stakeholders at all levels participated in semi-structured interviews either individually, in small groups or in focus groups.<sup>3</sup> An independent consultant, together with UNICEF, led the interviews. Participants included government and UNICEF staff, trainers, front-line workers and families. Interviews consisted of pre-planned as well as spontaneous questions. The majority of the interviews were audio-recorded to accurately capture quotations. Interviews were analyzed to reveal common themes that emerged across different groups of stakeholders. Additional information was collected in a desk review of relevant documents, reports and research articles.<sup>4</sup>

This case study reflects the results of these interviews and research efforts. It presents the main achievements of the CCD roll-out, the main lessons learned and next steps for CCD in Paraguay.

## Summary Introduction

- Responsive care and playful learning are key for optimal child development.
- CCD promotes responsive care and playful learning in families by enhancing front-line workers' knowledge of child development and strengthening their counselling skills.
- This case study describes Paraguay's roll-out of CCD in multiple sectors.

<sup>2</sup> Paraguay's Ministry of Women reported more than 13,000 cases of domestic violence in 2017.

<sup>3</sup> An independent consultant conducted interviews with 46 adult stakeholders (UNICEF staff and consultants, government officials, CCD trainers, front-line workers, and caregivers) attended by six children, in the cities of Asunción and Atyra in November 2018. Telephone interviews were also conducted with four UNICEF regional staff.

<sup>4</sup> See Annex 1 for full details on interview methodology used to inform the case studies.

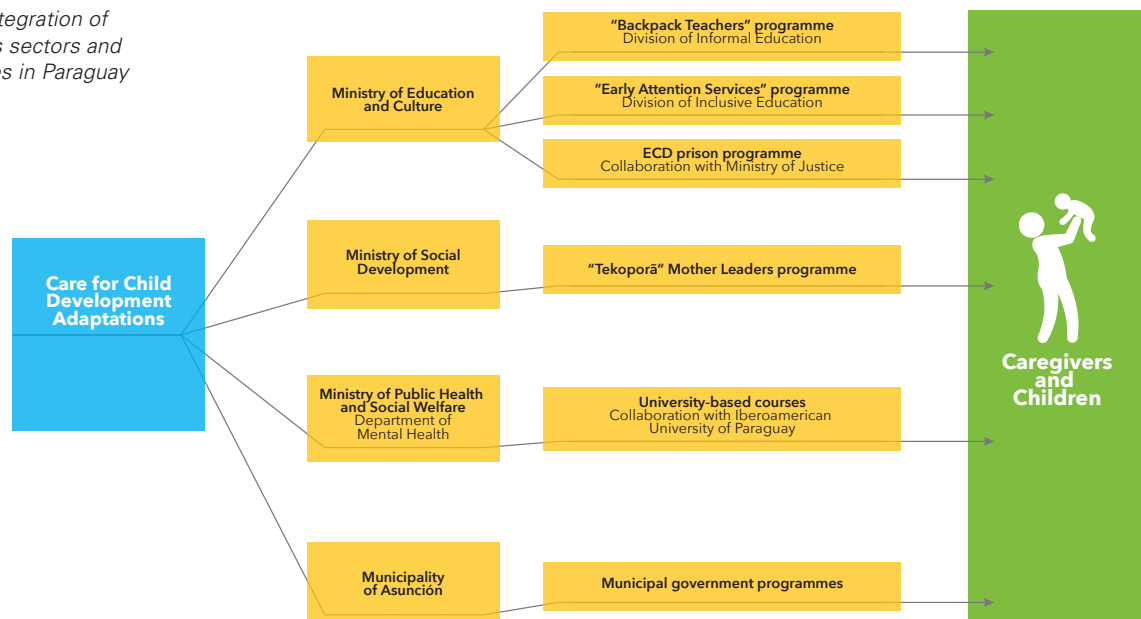
## II. Main achievements of the CCD roll-out in Paraguay

### 1. Integration of CCD in multiple sectors with diverse workforces

The Paraguayan government began discussions on CCD with UNICEF and other partners in 2016 and hosted a cross-sectoral training-of-trainers in 2017. CCD was then refined to reflect the country's contextual and cultural realities and implemented through existing sectoral programmes. Replication trainings were launched in 2017 for the education and social protection sectors, and in 2018 for the health sector. In 2017–2018, new media campaigns 'A Thousand Days of Love' and 'Toys for a Lifetime' were

implemented to maximize reach and amplify results. As a result of these efforts, Paraguay embedded CCD in six programmes in the education, social protection and health sectors, at the national and municipal levels (see Figure 2, below). A total of 362 master trainers, administrators and front-line workers were trained in CCD. More than 3,000 families were reached.<sup>5</sup> Further integration and scaling up of the CCD approach is ongoing.

**Figure 2** Integration of CCD across sectors and programmes in Paraguay



<sup>5</sup> This number combines the estimated number of families reached during CCD training clinical practice (five families per training participant) with the estimated number of families reached by training participants after they went out into communities to do their regular work (based on the average number of families reached by front-line workers in each programme). Although many of the programmes that received CCD training exist in the same communities (or have the potential to do so as coverage is expanded across the country), the number of families reached is based on separate calculations made for each programme. This number covers the period from May 2017 to September 2018.

Integrating CCD into existing services resulted in several key outcomes in these different programmes (mostly self-reported by caregivers, and sometimes reported by CCD trainers or front-line workers).<sup>6,7</sup> Taken together, these outcomes strongly suggest that CCD created more opportunities for responsive care and playful learning:

- Caregivers demonstrate more sensitivity and responsiveness and engage in more playful interactions and communication with children<sup>8</sup>;
- Caregivers engage in less behaviour that is violent<sup>9</sup>;
- Caregivers perceive children as happy and more active<sup>10</sup>, and
- Caregivers spread CCD messages to family or other community members<sup>11</sup>.

Strikingly, these reported outcomes were achieved through integration into programmes with workforces that were very diverse in terms of background and prior training. Three of the six programmes are described below, to showcase how CCD can strengthen the capacity of front-line workers as varied as teachers, health professionals and social outreach workers and thus lead to benefits for families.

## • CCD equips Backpack Teachers for work with families (education sector)

The Ministry of Education and Culture's 'Backpack Teachers' home-visiting programme, which was launched in 2017, promotes school readiness for children aged 0–3 years. The programme covers 3 of the country's 17 departments. It focuses on families that are vulnerable due

to low income, place of residence and lack of access to education and other services.

Local preschool and grade school teachers, who are usually from the same part of the country as the schools, staff the programme. At weekly visits to families in their homes, Backpack Teachers discuss health, nutrition and educational topics with parents and children and engage families in play-based activities. Backpack Teachers submit monthly administrative reports and are also supervised by monthly visits from department-level Ministry of Education and Culture staff. Ministry staff who supervise Backpack Teachers have approximately 3–4 years of experience in their supervisory role, and are also qualified teachers, with university degrees in various areas, such as psychology, pedagogy or education sciences.



In addition to their more than 3 years of previous teacher training, Backpack Teachers receive additional training from the Ministry of Education and Culture for their role in the programme. These trainings typically last a day and cover curriculum planning and administrative tasks (they are occasionally supplemented by week-long training on other topics, such as arts education). The country's first 'pioneer' cohort of Backpack Teachers was also trained in CCD in 2017.<sup>12</sup> As part of this training, Backpack Teachers received

6 Effects of CCD training on front-line workers may be overstated because of the recency of training and the fact that skills will decline over time after training. Effects of CCD counselling on families may be understated because some front-line workers may not have been working with caregivers long enough to see a change.

7 These outcomes were reported/self-reported by front-line workers and caregivers during group interviews. In the future, observational assessments are needed to confirm these initial reports.

8 At least one of these outcomes (sensitivity, responsiveness, playful interactions, communication) was reported in all five programmes for which CCD's effect on families could be assessed through interviews (that is, all programmes except the university-based courses). In three programmes, these outcomes were self-reported by at least one caregiver in each programmes (Backpack Teachers, Prison ECD and municipal government programmes), and in two programmes, they were reported by at least one front-line worker or CCD trainer in each programme (Early Attention Services and Tekoporã programmes).

9 This outcome (which referred mainly to violent verbal behaviour) was reported in three of five programmes for which CCD's effect on families could be assessed through interviews (Early Attention Services, Tekoporã and municipal government programmes). In two programmes, the outcome was self-reported by at least one caregiver (Early Attention Services and municipal government programmes). In one programme, it was reported by one CCD trainer (Tekoporã programme).

10 At least one of these outcomes (happy, more active) was reported in four of five programmes for which CCD's effect on families could be assessed through interviews (Backpack Teachers, Early Attention Services, Prison ECD and municipal government programmes). In all programmes, the outcomes were self-reported by at least one caregiver.

11 This outcome was reported in four of five programmes for which CCD's effect on families could be assessed through interviews (Backpack Teachers, Early Attention Services, Prison ECD and municipal government programmes). In all of these programmes, the outcomes were self-reported by at least one caregiver.

12 70 staff in three departments were trained in CCD.

a backpack filled with household objects to be used as toys and a CCD counselling card to support indigenous families. The card featured bilingual Spanish-Guaraní text and culturally sensitive pictures (Figure 3, next page).<sup>13</sup>

**Figure 3** CCD counselling card to support indigenous families



Because Backpack Teachers had no prior professional experience with infants and young toddlers, CCD was their first exposure to learning about the development of very young children and the importance of promoting responsive parent-child interaction. Before CCD, Backpack Teachers' professional experience consisted of teaching children in situations where the teacher directed the interaction. Yet counselling families through CCD involves a very different approach, one in which the central focus is on the caregiver-child relationship. This requires counselling skills such as listening and observing and requires the teachers to facilitate interactions between family members.

Interviews show that CCD training resulted in positive outcomes for Backpack Teachers, programme administrators and families.<sup>14</sup> After CCD training in counselling skills, there was a change in how Backpack Teachers

perceived their own ability to listen to others. Backpack Teachers also acquired skills in observing and facilitating caregiver-child interactions. For example, one Backpack Teacher explained that she first demonstrated how to play with children. After caregivers gained the confidence to play, the teacher stopped interacting and simply observed. Another Backpack Teacher explained that when she was able to create a link between a caregiver and child, the mother and child were so absorbed in their interaction that the teacher felt as if she "didn't exist".

CCD also showed success in shifting teachers' practice. In the city of Atyrá, two families were interviewed for this report in an effort to better understand CCD's benefits for caregivers and children. One of these families received visits from a Backpack Teacher who was trained in CCD (including in the skills of counselling families and facilitating caregiver-child interactions). The other family received visits from a new Backpack Teacher who had not been present for CCD training, and who therefore did not have training in family counselling skills. The father who worked with the CCD-trained teacher reported that he and his wife interacted with the teacher, together with their child, during the teacher's home visits. This father reported increases in his daughter's language abilities and social interactions, including more child-initiated play with her father. This family also passed on messages they learned from the Backpack Teacher to their extended family. In contrast, the parents who worked with the Backpack Teacher who was not trained in CCD reported that they as parents used the teacher's home visits to catch up on housework, while the teacher interacted with the child by herself. These parents reported that after the arrival of the Backpack Teacher, they paid more attention to their son and noted progress in his language development. However, they did not notice any change in his social interactions with family members, which is one of the key outcomes promoted by CCD.

CCD training also resulted in enhanced learning about the role of play in child development. Before CCD, parents often provided toys for their children but did not know how useful they were. CCD taught programme staff, caregivers and parents that play, even with simple everyday objects, was a key tool for promoting positive early childhood development outcomes.

Taken together, these findings show how CCD can help teachers acquire new skills for counselling families, which in turn can support caregivers to provide responsive care and playful learning opportunities.

<sup>13</sup> These materials were also provided to front-line workers in other programmes.

<sup>14</sup> The outcomes reported here are based on interviews with 11 people (Backpack Teachers, programme administrators, and family members), as well as findings reported in Paraguay's "Sistematización" report on CCD by Claudia Pacheco (see references) and in a Master's thesis by Patricia Misiego (see references).

*“I can stimulate my child with... a bottle that makes a sound! Such simple things, that we didn't understand were important for children's neural development.”*

– BackpackTeachers programme administrator



- **CCD strengthens knowledge of health professionals through university-based courses (health sector)**

In 2018, new CCD-infused ‘responsive care’ courses were created at the Iberoamerican University of Paraguay in the capital city of Asunción. These courses are a collaboration

between the university and the Department of Mental Health in the Ministry of Public Health and Social Welfare. They are part of an international global response to the Zika epidemic that includes UNICEF and other agencies. The courses provide in-service training on CCD, ECD and disabilities for mental health professionals and other health professionals in hospitals and health centres.

Doctors and other health professionals, clinical psychologists and government staff (e.g., from the National Secretariat on the Human Rights of Persons with Disabilities and from the Ministry of Public Health and Social Welfare) participated in the course.<sup>15</sup> These professionals came from 2 of the country's 17 departments. Although they had extensive medical education, their training and experience with people living with disabilities was highly variable. Moreover, those professionals who did provide services to children with disabilities had no training on how to support children aged 0–3 years. For all these course participants, CCD was not only their first introduction to disabilities in the context of ECD but also their first exposure to a different style of work: play-based, family-centred and focused on developing children's full potential.

The courses were very well received, and participants reported better understanding of the importance of responsive caregiver-child relationships and playful learning for optimal child development.<sup>16</sup> Participants also enthusiastically formed support networks with each other to support their work in different institutions and made plans to promote the new practices they had learned.

These outcomes suggest that CCD can also add value to services provided by highly trained medical professionals, thanks to its child- and family-centred approach, which is novel for the health sector.

- **CCD builds capacity for counselling skills in municipal-level workforces**

In Paraguay, municipal governments fund and manage many decentralized community programmes in a variety of sectors. For example, some programmes offer food to families and double as social protection platforms; they are staffed by community volunteers and managed by

<sup>15</sup> 50 participants took the CCD course at the University and 78 participants took the postgraduate University Early Stimulation course that includes CCD along with other topics.

<sup>16</sup> The outcomes reported here are based on interviews and written responses to questions from more than 30 people (participants in one of the courses, the rector of the university, UNICEF staff and one of the course instructors), as well as a report prepared by the university jointly with the government and UNICEF (see references).

municipal government staff. Others provide basic health services and are staffed by medical professionals, while still others provide day care services and are staffed by educators.

In the Municipality of Asunción, community surveys had revealed a huge demand for ECD services (such as child care centres) and for information on how to care for young children. Given the lack of resources to open new day care centres, the Municipality was eager to use CCD to build families' skills to provide responsive care and playful learning opportunities to young children. Throughout the municipality, cross-sectoral CCD trainings were organized for staff including administrators, educators, health professionals and social outreach workers.<sup>17</sup> For most participants, this was their very first training in anything related to ECD. These staff then held workshops on CCD for 'mother leaders'<sup>18</sup> and other caregivers at municipal government centres, day care centres and other community meeting places.<sup>19</sup>

Many positive outcomes emerged from the municipality's experience with CCD.<sup>20</sup> The municipal government demonstrated strong leadership and buy-in, because it independently organized CCD trainings that responded to community demand for ECD services. The municipal government also requested additional support from the national government for these trainings. This is a significant change from usual practice: for years, the municipality had not organized such in-depth trainings for staff in multiple sectors. Municipal programme staff also documented follow-up with mothers who attended CCD workshops twice (when they were pregnant and again after childbirth). Front-line workers reported applying their learning to their personal lives as well as to their professional activities. This front-line worker describes how she learned the importance of play, even for adults:

***“We learned that...when we are grown up we can play, we can sit down and take some time to play.”***

– Front-line worker, Municipality of Asunción

Importantly, the positive outcomes of CCD extended to families. Caregivers who attended CCD workshops encouraged other community members to participate and reported more sensitive and responsive interactions with children. In this example, a father expresses how he gained confidence from the experience:

***“My daughter communicates with me, and now I understand her... This course took away all the doubts I had, it made things clear.”***

–Father, Municipality of Asunción



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Taken together, these outcomes suggest that CCD adds value to community-based, municipal government services with diverse staff working in education, health and social protection.

17 Trainings were conducted with 33 staff members at two municipal centers.

18 For an explanation of mother leaders' role in communities, see the description of the Tekoporá programme in the social protection sector.

19 97 mother leaders and other caregivers attended CCD workshops in the Municipality of Asunción.

20 The outcomes reported here are based on interviews and written questionnaire responses from 14 people (municipal leadership, CCD trainers, municipal front-line workers, families and UNICEF staff).

## 2. Providing relevant, high-quality services to the most vulnerable families

The second main achievement in Paraguay was using CCD to enhance the quality and relevance of programmes that provide services to the most vulnerable families. Three programmes that show how CCD helped improve services for children with disabilities, incarcerated mothers and families living in extreme poverty are described below.

- **CCD enhances quality of services and support for children with disabilities in Early Attention Services (education sector)**

The Ministry of Education and Culture's 'Early Attention Services' programme, launched in 2012, is designed to detect disabilities in children aged 6 months to 4 years old and integrate these children into mainstream schools. This centre-based programme has 35 centres total covering the capital district of Asunción and 16 of the country's 17 departments. Each centre works with up to 25 children and is staffed by one or two front-line workers from the area.

Front-line workers schedule sessions with families (based on need and availability) to evaluate a child's condition and design intervention plans. Front-line workers in all departments are supervised by a single Ministry of Education and Culture staff person in Asunción. This supervisor specializes in inclusive education in early childhood and has a university degree in psychology with subsequent in-service training in responsive care. Virtual (telephone) supervisions take place for each front-line worker three times a year. Front-line workers also maintain an informal WhatsApp network among themselves.

Most front-line workers in this programme are former preschool or grade school teachers with more than three years of teacher training. A few front-line workers in this programme received in-depth training in clinical rehabilitation for disabilities, while many were mainly trained in

administrative tasks such as reporting. In 2017, all front-line workers in this programme were trained in CCD<sup>21</sup> and received a backpack with toys that featured designs to help visually impaired children, such as textured and high-contrast designs.



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CCD training led to positive outcomes for both front-line workers and families.<sup>22</sup> Front-line workers experienced a change in mindset, from a focus on deficits to a focus on possibilities. Given their minimal, clinical training in disabilities, front-line workers used to focus on diagnosing children with a disability and 'treating' them for it. As one front-line worker described, after CCD training, she saw her clients first and foremost as children, rather than people with disabilities. This front-line worker tried not to see the children's diagnosis as a deterministic label and focused instead on building a relationship with each child. Front-line workers also acquired new practices to support this new mindset, such as techniques for observing children to support intervention plans, coaching caregivers on integrating play and communication into family routines and explaining the importance of play activities for children's development.

After the CCD training, Early Attention Services centres saw their attendance rise (one centre's enrolment tripled),

21 33 staff from all the Early Attention Services centres existing at the time (27 centres in 11 departments of the country) were trained in CCD.

22 The outcomes reported here are based on interviews with six people (Early Attention Services staff, family members and a former Ministry of Education and Culture administrator), as well as findings reported in Paraguay's "Sistematización" report on CCD (see endnotes).

thanks in part to word-of-mouth referrals from satisfied caregivers. Most importantly, families saw improvement in their children's condition. One family reported a profound change in their child's behaviour after coming to the Early Attention Services. They attributed this change to the skill of the front-line worker. The child had delayed social and language skills and was formerly lost in her own world, but now she joyfully played with the front-line worker and her family.

Both the Early Attention Services and the above-mentioned Backpack Teachers programmes were recently strengthened with the help of technology. Front-line workers sent live updates from the field via an open-source platform for mobile phones, providing the Ministry of Education and Culture with an instantaneous profile of the communities and children being served.<sup>23</sup> The platform also gave front-line workers access to a 'library' of ECD (including CCD) messages to guide their work. This experience created a connection between the Ministry of Education and Culture and front-line workers and reduced front-line workers' isolation in the field.

These positive outcomes for administrators, front-line workers and families demonstrate that CCD has the potential to greatly enhance services for children with disabilities.

- **CCD helps inmates bond with their children in ECD prison programmes (education sector)**

In two of Paraguay's prisons that allow children aged 0–4 years to live with their mothers, an ECD programme provides group activities and individual counselling to a fluctuating population of incarcerated women. The programme is a collaboration between several branches of government: programme costs are funded by the Ministry of Education and Culture, while the space for ECD centres is funded by the Ministry of Justice. The programme was launched in 2013 at the Good Shepherd Prison for women in Asunción, and in 2016 at Coronel Oviedo Prison for women in the city of Coronel Oviedo.

Each prison's ECD programme has one staff member.



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These staff members are former early childhood and grade school teachers. They are supervised by prison staff with an education background (the supervisors are qualified teachers, who also have university degrees in various areas, such as psychology, pedagogy or education sciences). The ECD programme staff are invited to occasional trainings organized by the Ministry of Education and Culture. ECD staff maintain a room filled with toys and educational materials and conduct weekly group and individual counselling sessions on ECD topics with mothers and their children. Although ECD staff strive to include all mothers who have recently given birth, participation in the programme is optional and not all mothers choose to attend sessions.

For ECD programme staff in both prisons, CCD taught them for the first time to promote caregiver-child interaction rather than to interact directly with children. This training also led to incarcerated mothers self-reporting positive outcomes for themselves and their children.<sup>24</sup> Despite living in a prison with an atmosphere rife with violence, participating mothers reported engaging in more responsive care and playful interactions with their children and saw that their children were more awake and active than other children in the prison, whose mothers had not participated in the ECD programme.

These benefits suggest that CCD can also enhance programmes that support extremely vulnerable women and children in very challenging environments.

23 100 staff were enrolled in the mobile phone platform in late 2018. Due to technical difficulties (a limited number of text messages available in the free version of this phone software), complete information was only received from 20 of these staff members through the mobile phone platform.

24 The outcomes reported here are based on interviews with six people (ECD programme staff and incarcerated mothers).

- **CCD strengthens social services for families living in extreme poverty (social protection sector)**

Since 2005, the Ministry of Social Development's 'Tekoporá' programme has provided social services for families living in extreme poverty. This programme covers all 17 of the country's departments, as well as the capital district of Asunción. 'Mother leaders' are chosen by their communities to serve as links between the programme and the rest of the community. They typically have low levels of education (for instance incomplete primary schooling) and most of them are functionally literate. They are compensated for disseminating information about social services (e.g., health, basic nutrition, disabilities and education) to approximately 5–10 families in their neighbourhoods. They also visit each family once a month and lead biweekly community meetings attended by families. The Ministry of Social Development's community guides (community members with high school education and some experience with community work) supervise mother leaders in several neighbourhoods and are expected to conduct weekly follow-ups with them.

In 2017, CCD training was shortened and adapted for mother leaders to fit their needs and availability. Although the Tekoporá programme typically provides mother leaders with extensive vocational training (on topics like cooking and economics), CCD provided them with their first ex-

posure to ECD topics.<sup>25</sup> One CCD trainer reported that benefits of CCD could be felt during the training itself.<sup>26</sup> Mother leaders brought their own children with them to the training and were encouraged to play with the children to put the course concepts into practice. According to the CCD trainer, this experience with positive parenting practices inspired new realizations in the mother leaders about relationships with their own children:

***"The mother leaders were victims of violence, and they had a very strong personal experience. They were shocked that they could connect with their children by playing."***

– CCD trainer, NGO implementing partner

This example illustrates how CCD can be adapted to enhance family support services in contexts of extreme poverty and domestic violence.

### **3. Use of advocacy and communications to secure government commitment, promote inclusivity and enhance reach**

The third main achievement in Paraguay was CCD-related advocacy and communications. Extensive and continual advocacy with government stakeholders was a key part of Paraguay's CCD roll-out strategy and was conducted separately within each sector so that it could be carefully tailored to each ministry's agenda. Advocacy included

the presentation of evidence on the impact of CCD in other countries. This assured stakeholders of the low risk and high benefits of investing in the approach. Ultimately, these efforts resulted in commitment from multiple ministries and local governments to incorporate CCD into workforce training.

25 17 Mother leaders in 2 regions of the country were trained in CCD.

26 The outcomes reported here are based on interviews with 2 people (the CCD trainer who led the courses for mother leaders, and a third sector implementing partner).

UNICEF, in collaboration with the Paraguayan government, also produced novel communication campaigns. These aimed to create demand for optimal ECD environments in the general public. The 'A Thousand Days of Love' and 'Toys for a Lifetime' campaigns broadly disseminated key inclusive ECD and CCD messages. For instance, to support people with disabilities, videos featured Paraguayan sign language translation for the deaf, and campaign images featured children with disabilities. Radio guides and programmes were also developed to reach low-literacy families. Moreover, the 'Toys for a Lifetime' campaign launched a new 'line of toys'. These toys were just simple objects available in most households, such as blankets to play peek-a-boo, kitchen utensils to make music instruments, or ribbons to make a baby mobile (seen below). The line of toys aimed to convey this key message: 'Everything – that is safe – can be a toy, when caregivers are aware of how to play with children and understand the importance of play for optimal child development'.

The 'Toys for a Lifetime' campaign alone attracted over 6,000 new visitors to its web site and reached more than 200,000 people on Facebook and Instagram and more than 7,500 on WhatsApp.



Another important focus of the media campaigns was promoting the involvement of fathers and extended family members in caregiving. A consultancy firm conducted research on fathers' perspectives to inform development of the campaigns. Campaign images and videos featured fathers and other family members interacting with babies and small children. To further support the idea of fathers

as caregivers, male social influencers were recruited to promote the campaign on social media. All these media campaigns featured supporting fathers and were aligned with CCD programmatic interventions that aimed to promote fathers' engagement in caregiving activities. For example, CCD trainers encouraged front-line workers to involve fathers as much as possible during their sessions with families; the workers also received counselling cards with pictures of fathers and extended family.



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## Summary

### Main achievements

- CCD is embedded in six programmes in a number of sectors, with training completed for more than 350 administrators and front-line workers, reaching more than 3,000 families.
- CCD strengthens the capacity of diverse workforces (such as teachers, health professionals and social outreach workers) to provide support and counselling to caregivers and parents, and families report increased responsive care and playful learning practices as a result.
- CCD increases the quality and relevance of existing services for the most vulnerable families, including those living in extreme poverty, those who have children with disabilities and even incarcerated mothers and their children.
- Advocacy with government decision makers and communication campaigns featuring inclusive messages support CCD roll-out and enhance its reach.

### III. Lessons learned

## Success factors and challenges

Stakeholders reported learning the following lessons that reflect success factors and challenges of the CCD roll-out process.<sup>27</sup>

#### 1. Integration of CCD in various sectors with diverse workforces

**Teams need time to fully absorb new CCD content and skills.** High-level government stakeholders took time to analyse roll-out strategies and select master trainers before integrating CCD into existing services. CCD master trainers also had extensive hands-on practice with expert guidance.

**CCD can foster cross-sectoral connections, and can also be tailored to the needs of each sector.** Initial CCD workshops fostered cross-sectoral synergies by including participants from various government ministries, civil society organizations and the private sector. The training-of-trainers also created a national cross-sectoral team of master trainers who aligned basic courses in each sector to that sector's specific needs.

**CCD is not yet integrated into pre-service training, and there is frequent workforce turnover.** Given these conditions, there is broad consensus among stakeholders that the workforce needs systematic refresher trainings to continue strengthening their capacity.

**Mastering counselling skills is challenging, because it takes time and requires supervision.** Front-line workers' former roles often involved direct interaction with children, making it hard for them to step back and observe or facilitate caregiver-child interaction as called for by the CCD model. Families sometimes had trouble accepting this new style of support that required them to be active participants. A critical missing element in strengthening front-line workers' counselling capacity is monitoring their counselling in communities. Monitoring supported by CCD-trained professionals would ensure that counselling is aligned with the CCD approach in practice, not just during training.



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27 These lessons learned are based on interviews with all stakeholders consulted during the case study data collection process.

## 2. Relevant, high-quality services for vulnerable families<sup>28</sup>

**A combination of techniques can empower female caregivers and engage fathers.** Some women's own violent or troubled childhoods were obstacles to appropriate mother-child communication. Gradually, front-line workers rose to the challenge of empowering such women. Key techniques involved informing caregivers about the importance of relationships for child development, asking families to share negative experiences with each other, and demonstrating empathy and patience (for example, it took one mother four sessions just to look at her child). CCD also helped women by encouraging and supporting fathers' engagement and increasing fathers' awareness of the important role they play in the development of their young children.

**Increasing front-line workers' exposure to children with disabilities is critical for enhancing their capacity.** CCD course participants from various sectors visited rehabilitation centres for clinical practice. This exposed

many front-line workers to children with disabilities – and these children's potential for healthy development – for the first time.

**The CCD roll-out process needs to be informed by a solid understanding of local child-rearing practices,** in order to appropriately respond to cultural realities and needs, build on existing positive traditions and practices and mobilize key community influencers.

**Front-line workers lack support for their mental health,** especially when supporting communities with high rates of violence, and efforts should be made to address this.

**Changes in social norms and gender stereotypes require sustained and long-term action** (e.g., deep-seated cultural beliefs among front-line workers perpetuate inequalities, such as front-line workers unintentionally excluding fathers from counselling sessions).

## 3. Use of advocacy and communications to secure government commitment, promote inclusivity and enhance reach

**Capitalizing on political will and evidence helped obtain commitment from the government.** The Ministry of Education and Culture adopted CCD easily because it responded to an urgent need for training its workforce on family counselling. It took much longer to bring on board the Ministry of Public Health and Social Welfare, partly because CCD departs from traditional medical practice: it prioritizes relationships (rather than physical health) and positions caregivers (rather than medical professionals) as experts. International evidence on the impact of CCD, along with Paraguayan front-line workers' positive feedback on the approach, were both critical for mobilizing the health sector to invest in CCD.

**Working with high-level and mid-level technical staff in the government ensured that the CCD approach contin-**

**ued to be implemented despite changes in government.**

Constant advocacy with high-level officials, such as those on the National Commission for Early Childhood, was critical for maintaining support for CCD. Equally important was CCD training for permanent, mid-level technical staff who make programme decisions, because this helped them understand front-line workers' daily experiences, instilled a willingness to change and created a network of CCD advocates.

**Weak cross-sectoral communication hampers CCD roll-out.** Although programmes in different sectors often exist in the same communities (or have the potential to do so as coverage is expanded), there is currently limited collaboration among sectors. As a result, effective CCD roll-out requires extensive advocacy within each sector.

<sup>28</sup> Although Paraguay takes a broad view of equity that includes any vulnerability, success factors and challenges were most salient for promoting gender equity in caregiving, and for children with disabilities.

## 4. Laying the foundations for future scale-up of CCD

**The CCD approach provides the government with a concrete tool to achieve its policy goals and address programming gaps.** Paraguayan research had demonstrated poor social-emotional outcomes for young children, which was concerning to government programmes. For years policymakers discussed this problem without finding a solution. CCD finally provided government with a concrete tool to address this issue.

**CCD strengthens front-line worker capacity with government and university training, and requires monitoring to further strengthen capacity.** Government trainings for front-line workers in a variety of sectors strengthened the capacity of home-visiting and community-based programmes. A new collaboration with the Iberoamerican University of Paraguay created another modality for system strengthening and reached other kinds of service providers, health professionals based in hospitals. To promote sustainability of the effects of training, CCD indicators have also been integrated into supervision protocols for some programmes. More widespread supervision by CCD-trained professionals is critical for CCD to effectively strengthen front-line workforce capacity on a large scale.

**The Paraguayan government is working towards new data-gathering systems.** The trial of a mobile phone information-exchange platform allowed Ministry of Education and Culture front-line workers to send real-time information from the field. This was not only very useful for the Ministry but also served to reduce isolation among front-line workers. This platform has enormous potential to improve future monitoring, supervision and workers' professional development.<sup>29</sup>

**Paraguayan government is negotiating sustained financing for CCD-infused services.** Multi-year discussions within the Ministry of Public Health and Social Welfare ultimately resulted in financing for large-scale CCD workforce training. This served as an example to other sectors. The Early Infant Development Programme in the Ministry of Public Health and Social Welfare also includes CCD in its official package of tools, contributing to the sustainability of the CCD approach.

*“Monitoring is fundamental as a tool for sustainability, to guarantee what was learned, experienced and put into practice with families.”*

– NGO implementing partner

### Summary Lessons learned

- The CCD approach can provide governments with a concrete tool to achieve policy goals and address programming gaps in existing services and systems.
- Integrating CCD in a variety of sectors to strengthen the capacity of diverse workforces requires time and tailoring, as well as support from CCD-trained professionals to monitor counselling skills in communities. Given frequent workforce turnover, it also requires refresher trainings.
- Working towards sustained financing of CCD-infused services and data-gathering systems such as those offered by mobile technology are critical for scaling up the programme in the future.
- CCD can support equity goals by enhancing the quality and relevance of services for vulnerable families, including by helping victims of domestic violence, encouraging fathers' caregiving and raising awareness of disabilities.
- Working in vulnerable communities presents unique mental health challenges for front-line workers, and these need to be addressed.
- Evidence-based advocacy and work with multiple levels of government, including policymakers and technical staff, are critical for successful integration of CCD into government programmes.
- CCD must build on local child-rearing practices, engage community influencers and incorporate long-term action to address social norms and gender stereotypes.

<sup>29</sup> Although there are limitations to the free version of the software that was used for development (such as a fixed number of free text messages, which limited the number of front-line workers whose data were collected in the recent enhancement), this will not pose problems for scaling up using the paid version of the software.

## IV. Next steps for CCD in Paraguay

Political will to improve ECD is currently high in Paraguay. Government stakeholders, UNICEF and other partners have many ambitions to build on CCD's achievements.<sup>30</sup>

### 1. Increase the quality of CCD training with monitoring and evaluation

Paraguay is unique in the Latin America and Caribbean region for documenting its rapid expansion of CCD and the perspectives of participants. Now there are plans to increase monitoring of front-line workers' counselling in communities to assess whether and how they are actively using techniques from CCD in their practice. A study of front-line worker CCD practices is planned in the Backpack Teachers and Early Attention Services programmes. The goal is to identify challenges and propose sustainable solutions.

To further support monitoring and evaluation efforts, there are plans to extend CCD progress indicators (already developed for tracking tools in the Ministries of Education and Culture and in the Ministry of Social Development) to mobile phone technology monitoring platforms. Municipal governments have also requested support to incorporate CCD progress indicators. Government quality standards that include CCD indicators are also being developed so that programme quality can be assessed and improved more easily.

### 2. Create a customizable CCD approach for varied target audiences

The huge variety of populations served by CCD requires an even more tailored approach. New studies are planned to better understand cultural beliefs such as those around gender roles in parenting, a globally under-researched topic. There are seven different cultural groups and 20 different languages spoken in Paraguay, and it is important to document how parenting practices differ in the major ethnolinguistic minority groups. Focus groups with front-line workers will also be used to gather feedback on which strategies support positive outcomes for families, and under which conditions.

Front-line worker experiences with children who have disabilities are also helping to create a guidance document on how to adapt daily routines for children with Zika and cerebral palsy. Taken together, these efforts will continue to improve the quality and relevance of services for families and young children throughout the country.

30 The outcomes reported here are based on interviews with nine such stakeholders.

### 3. Institutionalize CCD throughout government sectors and programmes

Integration of CCD into government programmes is impressively broad. Additional efforts will be made to institutionalize CCD within these programmes and expand its geographical reach. The coverage of CCD-infused programmes will be increased, and more front-line workers in the education and social protection sectors will be trained. There are also plans for large-scale CCD training of the health workforce, as well as new CCD-infused child care and protection services in the municipal government.

Cross-sectoral disability support networks strengthened with CCD training are also being created to link service providers for children with disabilities, and NGO partners are following families of children with disabilities to assess whether these networks help families with referrals to specialized services. Innovations using technology (such as virtual CCD modules/pre-training to be completed before the in-person course) are also being explored to reduce the costs of scaling up CCD-infused programmes.

#### Summary

#### Next steps

- CCD outcomes for front-line workers and families will be assessed through monitoring, progress indicators, and quality standards.
- CCD will be further customized for widely varying target audiences through research, focus groups and specialized guidance documents.
- CCD will be scaled up by increasing programme coverage and integrating the approach into additional programmes, and by leveraging whole-workforce trainings, cross-sectoral networks and technology.

## V. Conclusion

By using a window of political opportunity, the Paraguayan government and UNICEF achieved broad roll-out of CCD to a degree that was unanticipated given the effort's modest funding. Paraguay's experience demonstrates three main achievements:

First, Paraguay integrated CCD into multiple sectors in three different ministries as well as local government. In the six programmes where CCD was introduced, the training strengthened counselling skills of a diverse workforce and taught front-line workers to position families as key agents in their children's development. This led to greater awareness among families about the benefits of responsive care and playful learning. Families then reported engaging in these positive caregiving practices. Taking time to absorb new content and tailoring the CCD approach to each sector were key to successfully integrating CCD into these programmes, with their diverse workforces. Frequent workforce turnover and counselling skill acquisition, however, remain challenging.

Second, CCD enhanced the quality and relevance of services for the most vulnerable families, including children with disabilities, families living in extreme poverty and incarcerated women and children. A variety of techniques that differed by programme was key to this success. Interviews revealed unique challenges in supporting these vulnerable populations, such as poor front-line worker mental health as well as social norms that created barriers to inclusivity. As plans for continued roll-out and scale up of CCD are being made by the government, there will be efforts to address these challenges.

Third, Paraguay engaged in extensive advocacy and communications to support CCD roll-out and enhance its reach. The government effectively secured commitment from government stakeholders in numerous sectors and

promoted key messages about inclusivity and the importance of responsive caregiving and playful learning through communications campaigns. Using evidence and working at multiple levels of government were critical for this success, especially given minimal cross-sectoral communication within the government.

Through these achievements, Paraguay has laid the groundwork to eventually scale up CCD. There are plans to customize, monitor, evaluate and institutionalize CCD training in the future. Larger-scale data could also be collected on CCD outcomes for government stakeholders, front-line workers and families, to see whether the initial findings of this case study are representative.

Taken together with findings from other countries, this case study suggests that CCD is a powerful approach for promoting responsive care and playful learning for young children. Results in Paraguay can serve as an inspiration to countries with similar contexts.



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## Annex 1: Case Study Methodology

### Interview participants

Stakeholders at all levels participated in interviews, including government decision-makers, UNICEF staff, programme administrators, CCD trainers, front-line workers and families. These participants were not randomly selected but chosen by UNICEF staff and consultants based on availability and geographic proximity. In some cases, participants were chosen to highlight the successes of CCD in a particular programme.

### Interview methodology

The interviews were conducted by an independent consultant, assisted by UNICEF staff. Stakeholders were mostly interviewed in small groups, although there were also some individual and focus group interviews. Interviews ranged in length from 15 minutes to just over two hours, depending on availability of participants and interviewers. Informed consent was obtained in writing from participants to allow audio-recording and photography (most interviews were audio-recorded to accurately capture quotations). Interviews were semi-structured, consisting of pre-planned as well as spontaneous questions. The interviewer referred to a list of prepared questions, rephrasing, omitting and adding questions as necessary to obtain needed information. During the interviews, the interviewer took detailed notes of participant responses to questions. Follow-up questions were sent afterwards via email or phone to several interview participants.

For several participants (e.g., staff at UNICEF regional offices), interviews consisted of informal conversations conducted by phone. These were not audio-recorded.

### Data analysis

Interviews were analysed to reveal common themes that emerged across different groups of stakeholders. First, interview notes were reviewed to identify major themes. A qualitative thematic coding software (NVivo) was then used to systematically note instances of each theme in the interview notes. Additional themes were also discovered and noted during this process. At times, interview audio recordings were consulted for more detail. Finally, a subset of themes was checked for frequency (e.g. how many programmes had stakeholders who mentioned the theme?). Key stakeholder quotations were transcribed from audio files. This case study presents themes that are especially frequent across programmes, as well as themes that emerged in specific programmes and are especially relevant to the goals of CCD integration into those programmes.

### Limitations of the methodology

Because of limited time, there was no piloting of the interview protocols. As selection of interview participants was not random, findings should not be generalized to the larger population. The interview context may create a bias towards positive responses (families were usually interviewed in the presence of front-line workers and UNICEF staff or consultants, and front-line workers and implementing partners were usually interviewed in the presence of UNICEF staff or consultants). Moreover, as participants were usually interviewed in groups, they may have been less likely to share very challenging or difficult experiences, and the opinions voiced do not necessarily reflect those of all in the group. As notes were only occasionally checked against audio-recordings, some loss of information is expected. Qualitative thematic analysis was not triangulated via consultation with others, as only one consultant analysed the data.





