

With the support from

The LEGO Foundation

unicef 
for every child



Care for Child Development

CASE STUDY

The experience of Dominican Republic

Care for Child Development Case Study

The experience of Dominican Republic

Contents

Abbreviations	5
Executive summary	6
1. Introduction	9
1.1. What are the necessary components for child development?	9
1.2. What is Care for Child Development and how does it strengthen parenting practices?	9
1.3. Why CCD in the Dominican Republic?	11
2. Achievements of CCD implementation in the Dominican Republic	16
2.1. CCD has enabled the strengthening and transformation of KMC programme staff work practices	19
2.2. Adaptation and inclusion of the CCD approach in PMI services has improved care for families and children..	22
3. Conclusions and recommendations	29
3.1. Conclusions.....	29
3.2. Recommendations to ensure continuity of the CCD approach in the Dominican Republic.....	30
3.2.1. Recommendations at the public policy level	30
3.2.2. Recommendations at the programme and service level	30
3.2.3. Recommendations for UNICEF	30
Appendix	32
Bibliography	33
Final Notes	35

Abbreviations

CCD	Care for Child Development
CZS	congenital Zika syndrome
ECD	early childhood development
KMC	Kangaroo Mother Care
MICS	Multiple Indicator Cluster Surveys
MMC	Kangaroo Mother Method (Método Mamá Canguro)
NGO	non-governmental organization
PAHO	Pan American Health Organization
PMI	Mother and Child Pastoral (Pastoral Materno Infantil)
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

This case study describes the integration of the Care for Child Development (CCD) approach into the early care services for children and families delivered by two initiatives in the Dominican Republic: Mother and Child Pastoral (Pastoral Materno Infantil; PMI) and the Kangaroo Mother Care (KMC) programme at San Lorenzo de Los Mina Maternity and Children's Hospital (Hospital Materno-Infantil San Lorenzo de Los Mina).

CCD is an evidence-based approach that enhances and strengthens existing services for young children and their caregivers. It does so by strengthening the knowledge and capacities of decision makers, public managers and service providers to guide families on parenting practices within a framework of 'nurturing care'. This type of care fosters young children's health, nutrition and protection, and offers them sufficient and appropriate opportunities to learn through play and communication in safe, caring and stimulating environments.

In the case of the Dominican Republic, this approach offers conceptual and practical elements, based on the latest scientific evidence, to improve the provision of early childhood care, with an emphasis on the most vulnerable and excluded children and families. Moreover, it has helped to expand the understanding of the initiatives in the two organizations where CCD was introduced, while highlighting the need to promote the comprehensive development of young children through family guidance.

Since 2008, UNICEF programmes of cooperation in the Dominican Republic have supported lobbying or advocacy efforts, developed strategic alliances, provided technical assistance, offered training processes and mobilized resources to promote actions in favour of early childhood development (ECD). Strategies and initiatives have helped to strengthen early childhood programmes and services. Following the publication of *The Lancet Series on Early Childhood Development* and the launch of the **Nurturing Care Framework**, special interest has been paid to raising the standard of existing programmes and services for young children and their families. In doing so, the aim has been to enable parents and primary caregivers to strengthen their parenting practices and build sensitive, nurturing and protective environments for their young children.

Hence, in coordination with actors across various sectors, the UNICEF Dominican Republic Country Office embarked on a process to validate and implement the CCD approach at the national level. Although implementation of the approach is still ongoing in the Dominican Republic, the process to date has led to a number of noteworthy results and recommendations. The following were identified based on a review of secondary sources (which included the revision of critical material) and interviews conducted with individuals who have been involved in the implementation of CCD as well as other stakeholders.

Results

- CCD is significantly aligned with the working principles and family support services of PMI and with the KMC programme offered by San Lorenzo de Los Mina Hospital. Both the services and programme recognize the importance of the early years of life and share a comprehensive vision regarding ECD.
- CCD implementation has enabled the operationalization and putting into practice of recommendations for global action, such as the Nurturing Care Framework.
- The CCD training process has fostered the empowerment and capacity development of service providers and helped to transform their practices, thereby improving the quality of services for caregivers, families and children.
- The adoption of CCD has helped to emphasize the role of the family in ECD and in programmes and services, directly benefiting families and children.
- CCD implementation has helped to raise the standard of existing programmes and services by promoting an inclusive approach and a greater emphasis on disability.
- The introduction of CCD in the two initiatives has enriched their content and provided new tools for professional staff alike, making their work easier and helping to improve their performance in caring for children and their families.
- Families have started to receive information on child development, care and learning through play. This has empowered them to promote development and learning at home through play and communication.

Recommendations

- Promote structural conditions within the national ecosystem (laws, public policies, budget policies) that help to strengthen CCD implementation and expand the coverage of programmes and services that include the CCD approach (e.g., KMC programme, PMI services).
- Create political and institutional conditions that promote intersectoral work to support the design of multisectoral and intergovernmental ECD strategies.
- Carry out monitoring and evaluation activities, studies and other research to expand the evidence base on the impact of including the CCD approach in these two initiatives (i.e., KMC programme, PMI services). The findings can contribute to the design of new public policies and programmes and to the sustainability and scaling up of the current initiatives.
- Carry out rigorous evaluations on the impact and quality of care received by young children and their families through the different existing programmes and services. Additionally, update and strengthen information systems that support the operation of these programmes and services, and support initiatives to promote the exchange of experiences between sectors and services. This will help to improve coordination and provide an intersectoral response while progressing CCD implementation.
- Continue to action awareness-raising and advocacy strategies targeted at government authorities to encourage CCD implementation across all sectors involved in child development and well-being.



1. Introduction

1.1. What are the necessary components for child development?

A child's brain is not simply born; it is shaped. Early experiences exert a powerful influence in shaping brain development and affect children's lifelong learning, behaviour and health. 'Nurturing care' is an important ingredient in these experiences, as it fosters children's good health and nutrition, protects them against violence, and enhances the capacities of adults to promote child development (including through play, communication, and early learning opportunities). When parents and caregivers include nurturing care in the early years, they strengthen their ability to support their child's development and learning, with far-reaching, positive effects on brain configuration.

Unfortunately, millions of children worldwide are deprived of the conditions that promote optimal development. For example, an estimated 43 per cent of children under 5 years of age globally are at risk of underdevelopment due to poverty and stunting. In countries with available data (mostly low- and middle-income countries), about 80 per cent of children aged 2–4 years suffer violent discipline. Additionally, about 15.5 million children aged 3–4 years in these countries lack an adult caregiver who provides either cognitive or socio-emotional interactions (e.g., storytelling, singing, naming things, reading, counting, drawing or playing).

1.2. What is Care for Child Development and how does it strengthen parenting practices?

Care for Child Development (CCD) is an evidence-based approach to child development devised by UNICEF and the World Health Organization (WHO) to address the estimated 43 per cent of children under 5 years globally who are at risk of not reaching their full development potential. To meet this challenge, CCD aims to strengthen the capacities of parents and caregivers to play and communicate with their young children, as it has been proven that these activities promote children's physical development and their socio-emotional skills.

The integration of this approach can enrich existing programmes and services in various sectors such as health, nutrition, education, child protection and social development, and help to make them more inclusive for children with disabilities. In turn, CCD seeks to strengthen the capacities of providers of early childhood and family

services, by offering information they can use to support and guide parents and caregivers in activities with their young children based on play and communication. Through training processes, service providers are able to transform their practices; change how they relate to mothers, fathers and caregivers; and improve their work situation by increasing their motivation and receiving increased recognition from families.

Specifically, **CCD favours nurturing care**, encouraging caregivers to respond to the signals the child is sending and strengthening their capacity to act positively in light of those signals. CCD also **improves learning opportunities through play**, both at home and in the community, especially by encouraging caregivers to interact with children in a sensitive, receptive and playful manner (Lucas et al., 2017).

Play is one of the most important ways for young children to acquire essential knowledge and skills. It is therefore crucial to support and empower caregivers so that they can actively shape interactions that promote play, exploration and learning in everyday settings. Such interactions are especially important for young children with developmental delays and/or disabilities.

According to research on child development and education (UNICEF, 2018; UNICEF, 2019), play-based learning activities are usually:

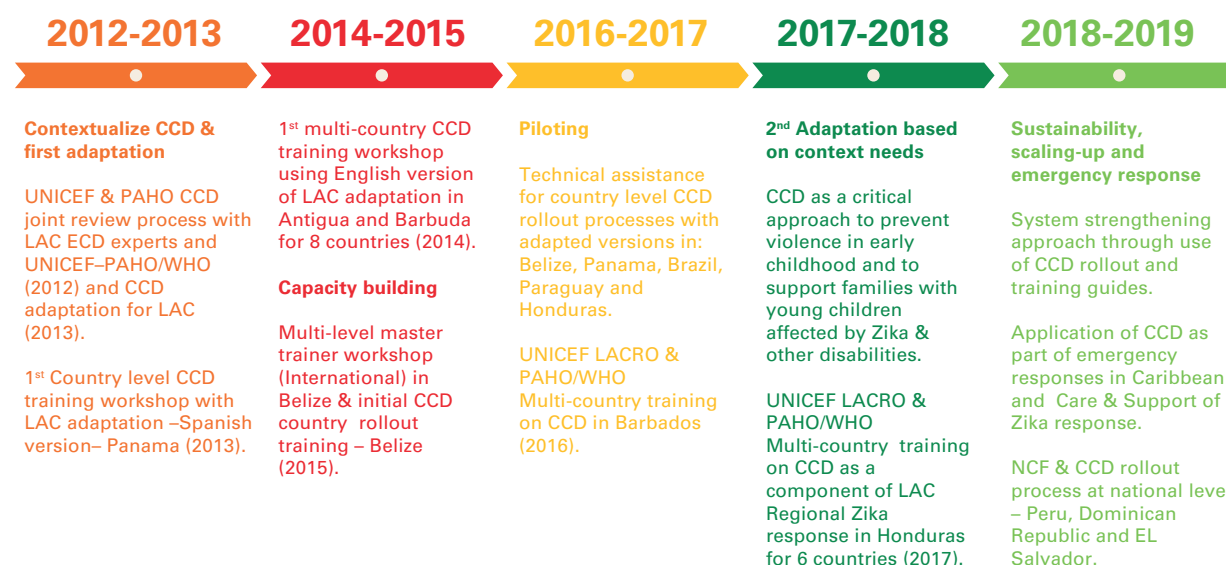
- **joyful** – caregivers create opportunities for activities to be exciting and enjoyable
- **actively engaging** – caregivers respect the child's interests when they promote opportunities for children to play, develop their ideas and engage in active thinking. Following and responding to the child's initiative is critical for getting to know and discover each other, and it also strengthens affective bonds between child and adult
- **meaningful** – caregivers promote activities that respond to the child's level of knowledge and skills as this will enable children to make sense of them
- **iterative** – caregivers respect children's need to learn by experimenting and trying out new things. They also understand that neither play nor learning is static, and that when children play, they practise and test skills and hypotheses and discover new challenges
- **socially interactive** – children play and communicate with caregivers, thereby building stronger relationships with them

CCD also supports the **implementation of the Nurturing Care Framework**, launched in 2018 by WHO, UNICEF, PMNCH, ECDAN, and the World Bank. The Framework provides a cross-sectoral vision for early childhood care and learning so that all children can develop to their full potential. The Framework also outlines strategic actions for achieving nurturing care and links these with specific national milestones for countries. As part of processes to strengthen the supply of social services, the Framework calls for **intersectoral approaches that allow service providers to support and enhance caregiver capacities to provide responsive care and early learning opportunities for children**. The Nurturing Care Framework specifies that **CCD is one such approach**, as it contributes to the achievement of better results in all areas of comprehensive early childhood development (ECD).

Adaptation of the CCD approach in the Latin America and Caribbean region began in 2012 (*see Figure 1*). Besides seeking to provide an adequate response to the region's diversity, this adaptation of the approach was primarily to: (1) expand its use to settings and services beyond those of the health sector; (2) engage fathers and other family members in play and communication activities; and (3) include guidance and other content for caregivers on preventing violence during early childhood and on caring for young children with developmental delays and/or disabilities.

The Dominican Republic is one of a handful of countries in the region (along with Belize, El Salvador and Peru) to have made solid progress in adapting and implementing CCD.¹ This case study presents the Dominican Republic's experience to motivate as many other countries as possible to move in this similar direction.

Figure 1. Milestones in the implementation of CCD in the Latin America and Caribbean region



Source: UNICEF, 2020.

1.3. Why CCD in the Dominican Republic?

Over the last years, the Dominican Republic has made efforts to promote ECD, especially for the most vulnerable populations, who are affected by myriad factors and are the cause of widespread concern (see Table 1). For example, the first Early Childhood Advisory Board was created in 2008, comprising 47 government institutions, civil society organizations and private sector groups. This Advisory Board promoted awareness campaigns on ECD and studies on the situation of childcare services. In 2011, it succeeded in ensuring the approval of the Early Childhood Public Policy Guidelines and the inclusion of ECD goals in the National Development Strategy 2030.

A second Early Childhood Advisory Board was created in 2014, in an effort to address early childhood issues via a multisectoral and intergovernmental approach. This Advisory Board was led by the Ministry of Education (Ministerio de Educación) and included the participation of other government entities as well as non-governmental organizations (NGOs), such as the National Council for Childhood and Adolescence (Consejo Nacional para la Niñez y la Adolescencia), the Ministry of Public Health

(Ministerio de Salud Pública), UNICEF, Mother and Child Pastoral (Pastoral Materno Infantil; PMI) and the National Council for Day-Care Centers (Consejo Nacional de Estancias Infantiles), among others. Its objective was “to influence the definition and implementation of public policies, especially those related to the comprehensive development of Early Childhood; promote a comprehensive vision of early childhood care from a rights perspective; [...] and promote the exchange of experiences and good practices among institutions that work in favor of Early Childhood” (Inter-American Dialogue and EDUCA, 2020).

In 2013, the year before the second Advisory Board was created, the Dominican decree creating the country's early childhood care system came into effect, and the early childhood care and comprehensive protection plan *Quisqueya Starts with You* (*Quisqueya Empieza Contigo*) 2013–2016 was approved.ⁱⁱ The plan aimed to expand coverage, increase quality and ensure sustainability of comprehensive programmes and services for children under 5 years of age, while promoting and establishing a national system of early childhood care and protection.

Quisqueya Starts with You set out to reduce maternal and infant mortality, chronic malnutrition and anaemia; increase inclusion and comprehensive care for children under 5 years with special needs or disabilities; reduce all types of violence against children; improve the participation of families and communities in children's care and protection; and increase awareness among governmental and non-governmental actors of the importance of investing in comprehensive ECD.

The creation of the National Institute for Comprehensive Early Childhood Care (Instituto Nacional de Atención Integral a la Primera Infancia) was promoted as part of Quisqueya Starts with You. It included a comprehensive family and community-based care programme for children under 5 years, which was delivered in the Centers for Comprehensive Early Childhood Care, as well as home visits for families to provide them with tools and support to strengthen their parenting practices (Dirección General de Programas Especiales de la Presidencia, 2013).

In this context, CCD was introduced through a series of advocacy, awareness-raising and training strategies initiated by UNICEF Dominican Republic from 2017 to 2019 (see Figure 2). One such strategy consisted of providing CCD training to decision makers, technicians and professionals across various sectors engaged in early childhood work. Training events were held in Honduras and Paraguay in 2017, managed by UNICEF regional and national teams, with the support of the Pan American Health Organization (PAHO) and WHO. Officials from the Dominican Ministry of Public Health, the National Health System (Sistema Nacional de Salud),ⁱⁱⁱ the National Institute for Comprehensive Early Childhood Care,^{iv} the UNICEF national team and NGOs (such as PMI) participated in these training events.

Subsequently, in 2018, UNICEF carried out activities to present the objectives and purposes of the CCD approach to managers and senior officials in the health and education sectors, as well as NGOs in the country. In September of that year, a CCD seminar was held with the participation of officials from PAHO/WHO, the General Directorate of Special Programs of the Presidency (Dirección General de Programas Especiales de la Presidencia),^v National Health System, Ministry of Public Health and Ministry of Education, members of PMI, representatives of academia, NGOs and grassroots community organizations, and international researchers such as the nutrition expert Rafael Pérez-Escamilla.

According to individuals interviewed for this case study, this seminar helped to position CCD on the public and political agenda, and to build political and technical commitment among decision makers across multiple government sectors and at different levels regarding the inclusion of CCD in their programmes and services.

“This first event allowed presenting the approach to the most important decision makers, explaining its implications for development and what happens when a country fails to invest in early childhood When a senior official from DIGEPEP [General Directorate of Special Programs of the Presidency] learned how the Nurturing Care Framework worked and the implications of CCD, he basically fell in love with the proposal and understood that the Early Childhood Policy had to make an effort to include the Nurturing Care Framework and CCD as the backbone of the work in favour of early childhood.”

UNICEF Dominican Republic staff member

As a result of this seminar, UNICEF organized a series of workshops in the last half of 2018. Besides sensitizing representatives and technical teams of the various sectors to CCD, the workshops were instrumental in obtaining agreement to design a plan to implement the approach in early childhood care programmes and services.

The following year, UNICEF carried out various advocacy, awareness-raising and capacity-building activities to implement the CCD approach. One of these activities was the Care for Child Development Intersectoral Training of Trainers workshop held in February 2019. Participants included national trainers and technicians from NGOs such as PMI and from government agencies such as the National Institute for Comprehensive Early Childhood Care, Ministry of Public Health, National Health System, Ministry of Education and National Council for Childhood and Adolescence. According to interviewees,

attendees of this first training were responsible for replicating the training, in their respective entities, with those colleagues who participate in programmes and services that work directly with children under 5 years and their families.

Other activities in 2019 included the technical assistance provided by UNICEF to the National Institute for Comprehensive Early Childhood Care to integrate the CCD approach into its materials and work guides. Support was also given to the General Directorate of Special Programs of the Presidency, Ministry of Public Health and National Health System to develop a CCD training pilot in three of the country's municipalities (Azua de Compostela, Barahona and Los Alcarrizos). Existing health and education programmes, as well as services and interventions to improve care services for pregnant women and newborns, were used to organize intersectoral work and ensure that CCD

permeated a significant number of programmes and services in the field. This pilot sought to train regional-level multidisciplinary teams in CCD, to enable them to replicate the training with teachers, nurses, paediatricians, doctors, health visitors and other officials in services that work directly with families. The COVID-19 pandemic interrupted the pilot, however, and so monitoring and evaluation activities are pending.

Finally, in the second quarter of 2019, UNICEF presented the CCD approach at the Dominican Republic's Annual Pediatricians Congress, to an audience including doctors, paediatricians, nurses, teachers and health workers involved in childcare. According to interviewees, participation in this event opened the doors to begin implementing CCD in the Kangaroo Mother Care (KMC) programme, which led to the incorporation of the approach in seven of the country's hospitals.^{vi}

Figure 2. Milestones of CCD implementation in the Dominican Republic

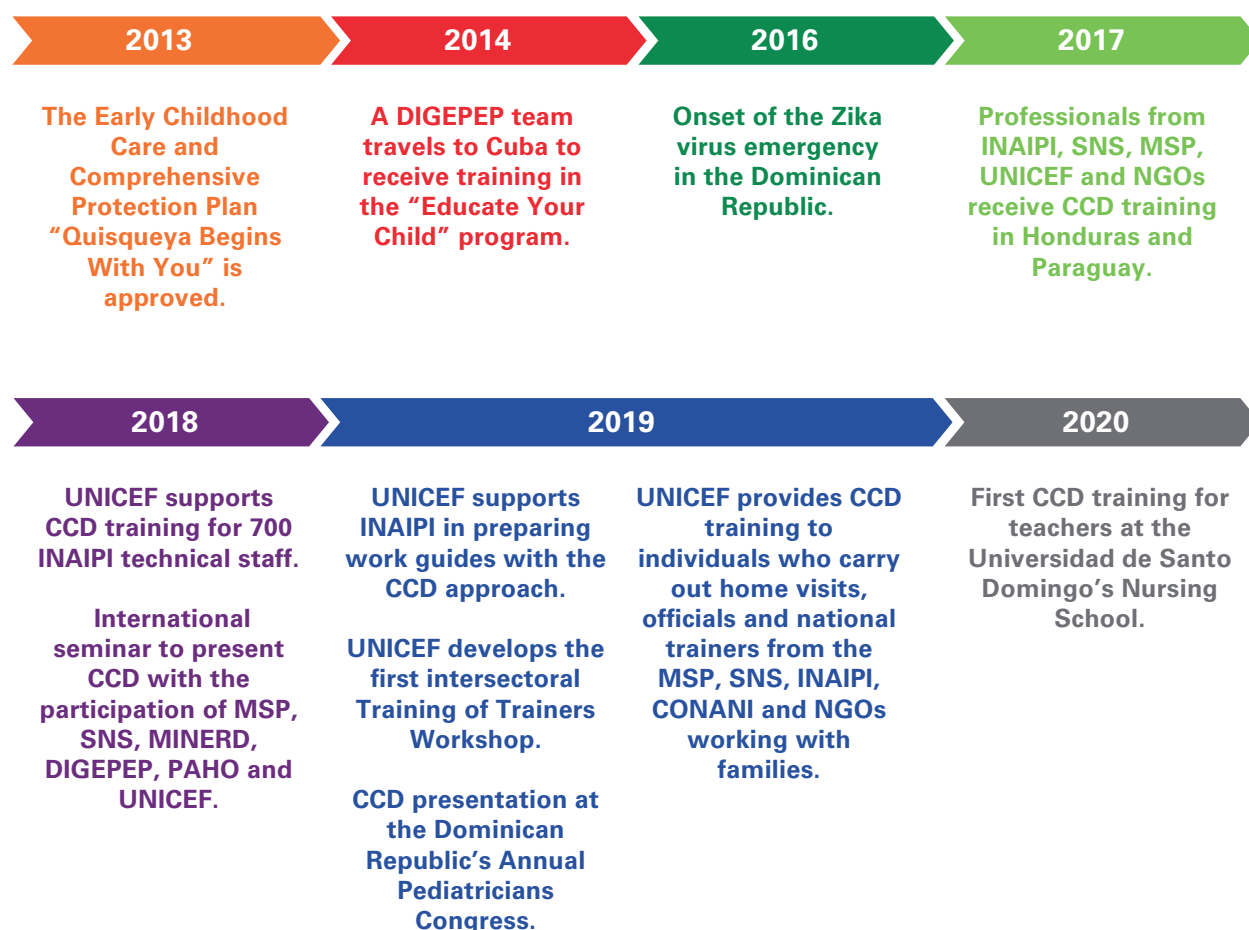


Table 1. The situation of children in the Dominican Republic

Total population of country*		10,358,320
Proportion of population living in rural areas*		18.4%
Population aged 0–4 years*		957,373
Per capita income (2019)**		US\$8,583.10
United Nations Development Programme Human Development Index score (2018)		0.745
Poverty, % of total population (2019)***		21%
Poverty, % of total population (2018)****	Urban areas	20%
	Rural areas	25.4%
Extreme poverty, % of total population (2018)***		2.7%
Extreme poverty, % of total population (2018)****	Urban areas	2.4%
	Rural areas	3.9%
Children in monetary poverty, (2019)	General poverty rate (2019)***	23.1%
	Extreme poverty rate (2019)***	4.8%
Multidimensional child poverty rate***		23.1%
Early childhood mortality (2014)*****	Neonatal mortality rate, per 1,000 live births	25
	Infant mortality rate, per 1,000 live births	31
	Under-five mortality rate, per 1,000 live births	35
Malnutrition (0–4 years)	Stunting (%)	7%
	Overweight (%)	8%
	Underweight (%)	2%
	Low birthweight (%)	14%
Households with access to basic drinking water services (2017)*****		97%
Households with access to basic sanitation services (2017)*****		84%
Child development	Attendance of early childhood education (%)	39.8%
	Support for child's learning (%)	58.1%
	Mother's support for child's learning (%)	31.1%
	Father's support for child's learning (%)	6.4%
	Early Childhood Development Index score (%)	84.4%
	Inadequate care of child (%)	5.3%

Source: All data are from the Multiple Indicator Cluster Survey (MICS) 2014 unless otherwise stated. *Oficina Nacional de Estadística (2016). **Banco Central de la República Dominicana (n.d.). ***Ministerio de Economía, Planificación y Desarrollo (2020). **** Economic Commission for Latin America and the Caribbean(2020). *****Oficina Nacional de Estadística and United Nations Children's Fund (2016). *****United Nations Children's Fund (2019b).



2. Achievements of CCD implementation in the Dominican Republic

In the Dominican Republic, two organizations embraced the CCD approach: **San Lorenzo de Los Mina Maternity and Children's Hospital (Hospital Materno-Infantil San Lorenzo de Los Mina)** in its **Kangaroo Mother Care (KMC) programme**, and **Mother and Child Pastoral (Pastoral Materno Infantil; PMI)** in its services aimed at families belonging to vulnerable groups.

The **KMC programme** implements the Kangaroo Mother Method (Método Mamá Canguro; MMC).^{vii} This method seeks to prevent the main causes of neonatal morbidity and provide comprehensive medical care to premature or low birthweight newborns in the country's public hospital network. Integration of the CCD approach into this programme in the last half of 2019 was made possible by the hospital's technical team. It deemed CCD pertinent and that it would enrich the programme's multidisciplinary approach and complement its clinical methodology with a psychological evaluation and early stimulation.

PMI is a community-based social action organization focused on promoting the survival and comprehensive development of children from the most vulnerable populations. It also provides support to pregnant women and families. Incorporation of the CCD approach in PMI services aimed to strengthen early stimulation activities; encourage and empower the critical role of primary caregivers and families in their children's development; and strengthen the practices of volunteer community agents and those who work directly with families, to reinforce their role as facilitators of positive interactions between caregivers and their children.

In summary, introducing the CCD approach in this National Health System programme and in the NGO's services aimed to strengthen operational processes and improve quality of care for beneficiaries. Although the process of incorporating CCD was carried out only recently and has been slowed by the pandemic, the results identified so far seem promising for the beneficiary populations in the Dominican context (*see Boxes 1 and 2*).



Box 1. KMC programme

The KMC programme implemented by the Maternal and Child Health Directorate of the Ministry of Public Health was introduced in 2009 to reduce the high neonatal mortality rates observed in the Dominican Republic: approximately 23 per cent of premature and low birthweight newborns died within 28 days of birth, according to the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME, 2020). By 2020, nine of the Dominican Republic's hospitals had implemented the KMC programme, benefiting more than 14,000 newborns in the country. According to UNICEF data, the neonatal mortality rate for the Dominican Republic in 2019 was 19 deaths per 1,000 live births (UNICEF, 2019b).

For premature or low birthweight babies, the KMC programme promotes skin-to-skin contact with the mother, father or other caregiver. This practice ensures that babies are fed on demand, maintain an adequate body temperature and develop an attachment bond, all of which promote proper growth and development.

Other programme objectives include prevention of the main causes of neonatal morbidity (such as hypothermia, apnoea and hypoglycaemia), and comprehensive care for babies and mothers through the intervention of multiple health specialists (early stimulation therapist, ophthalmologist, audiologist, cardiologist, neurologist, psychologist, etc.). Once stable, newborns are sent home to continue in their development process, with caregivers using MMC. During this period, depending on the case, the caregiver and newborn may visit the hospital from one to five times per week to receive stimulation and guidance sessions.

Following the introduction of the KMC programme in 2009, neonatal mortality in premature or low birthweight babies in the Dominican Republic decreased from 23 deaths per 1,000 live births in 2000 to 19 deaths per 1,000 live births in 2019 (UNICEF, 2019b). Given the promising results at the national level, the KMC programme was first included in hospital policies in 2019, under the neonatal mortality reduction component. This led the National Health System to design a budget for the programme for the first time.

MMC is multidisciplinary. In the case of San Lorenzo de Los Mina Maternity and Children's Hospital, the KMC programme is implemented by a team of 17 people, including nursing, neonatology and psychology staff and resident doctors. Currently, this hospital sets the national benchmark for the KMC programme strategy, which is why it also cares on a daily basis for 40 to 50 premature babies referred from other hospitals.

In 2020, San Lorenzo de Los Mina Hospital was designated as a medical centre to care for COVID-19 patients. This meant that stimulation meetings and weekly visits for caregivers and their babies had to be suspended. In an effort to ensure continuity of support for families, one of the team's psychologists has been holding virtual consultations and using digital platforms to follow up on the CCD approach.

These sessions are used to monitor the growth and development of the newborns, and to give the caregivers guidance on early stimulation techniques, which they must then replicate at home with their babies. According to one interviewee, the CCD approach, its materials and the CCD Backpack have become practical and easy-to-use tools for guiding and empowering families to develop nurturing care activities with their children during the COVID-19 emergency.^{viii}

Box 2. PMI work in the Zika emergency response project

In 2016, WHO warned about the emergence of neurological and physiological disorders associated with Zika virus disease. In the case of the Dominican Republic, the first cases of Zika and children with microcephaly or congenital Zika syndrome (CZS) were reported that same year. Therefore, also in 2016, based on WHO and UNICEF global and regional strategic frameworks, the Government of the Dominican Republic developed a response plan to the Zika emergency that included arbovirus prevention, care and support activities; promotion of sexual and reproductive health; and care for children with disabilities. Government entities received technical support from UNICEF and from NGOs such as PMI to implement this plan. These actors became important allies in identifying families affected by Zika and in implementing information campaigns and preventive measures (UNICEF, 2019c).

According to interviewees, PMI volunteers received training – within the framework of the Zika response – to incorporate the CCD approach in early interventions focusing on families of young children with microcephaly, congenital anomalies derived from CZS, and other disabilities. Training participants received support materials including the *work facilitation guide* prepared by UNICEF and PMI (based on CCD package resources) and validated by the Ministry of Public Health. Besides conducting Zika awareness campaigns in public schools and making home visits to families, PMI volunteers were responsible for offering guidance sessions to 100 families from vulnerable communities affected by the virus, and they used elements of the CCD approach for this work. As one PMI officer interviewed pointed out:

“This was the first time that I had the opportunity to hear about CCD, and applying it with families was very useful... In that workshop, they helped me a lot to train and make a diagnosis in terms of treatment and the relationship between parents and their children... for example, many times I asked them: How do you make your child smile? How does your child play? [...] And of course, in each of the interactions with the family, we provide emotional support, the grief involved in having a child with an unexpected condition; we address development issues and that is where we introduce an activity recommended through the CCD.”

PMI officer

2.1. CCD has enabled the strengthening and transformation of KMC programme staff work practices

From October to November 2019, the KMC programme team and other professionals of San Lorenzo de Los Mina Maternity and Children's Hospital received training on the CCD approach. The 28 participants included neonatologists and paediatricians, who are in charge of training resident doctors as well as caring for children.

This training was relevant because it allowed for the introduction of new practices in the programme. For example, according to interviewees, the nursing staff who received the CCD training are able to complement and strengthen the work carried out in the programme, particularly in the early stimulation component. They now assume the role of facilitator in interactions between the caregiver and child, empowering families to maintain more receptive and sensitive relationships. Moreover, interviewees believe that this training has encouraged changes in team attitudes and practices in support of ECD.

"The CCD approach helped them [the nurses] change their attitude; they became more open to talking with the mother, they began to teach the mother more: you have to do it like this; look, you take this. So, I took many little bottles and I filled them with pebbles, rice, beans[...]. I see her all the time with the bottle teaching the mother... they became more affectionate. The CCD talk about reinforcing caregivers, a very nice talk about what needs to be reinforced... reinforcing, praising; look, that's a champion, look at that

mom. In other words, I saw them change their language."

*Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital*

Furthermore, interviewees also stated that applying the CCD approach in the counselling sessions for families has provided practical tools for professionals to enhance the critical role of fathers, mothers and other caregivers in play and communication activities. In this way, CCD makes key recommendations to empower caregivers to take charge of the nurturing interactions that strengthen the attachment bond with their children.

"For me, it [CCD] is a very powerful tool because we are only facilitators in the process that takes place between babies and their families. In what sense? In the creation of the bond, in the quality of communication, and we know that all psychosocial stimulation the baby receives directly from the family will also have an impact on neurodevelopment. It is very valuable, because we are not in the position of an expert, but we encourage the family to take those tools and continue to work normally at home; we encourage the family to take charge of the relationship."

*Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital*

“No, once you are in the situation, there is no degree or valuable learning that can help; you would like to find 1,000 tools to make your baby progress, and most doctors are not aware of how powerful that relationship is, of the need to establish that link. [...] For me, seeing empowered parents gives me peace of mind because the child will be in better conditions, will be safer and better protected, and therefore there is a higher chance that the baby will get ahead. So, for me, it is very comforting.”

***Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital***

San Lorenzo de Los Mina Hospital has strengthened the early stimulation component of its KMC programme since mid-2019, by supporting parents to provide nurturing care to premature or low birthweight newborns. While counselling the caregiver of a premature baby can be challenging, meaningful interactions – such as physical contact, cuddling, and visual and verbal contact through songs and games – are critical for the baby’s development. Integration of the CCD approach in various hospital services has given professionals greater knowledge, allowing them to offer caregivers the necessary tools to establish appropriate and timely connections with their babies.

“CCD is something similar; it is like providing an example for the father, encouraging good and healthy communication, and they do the work and that happens like magic in the family. So, this benefits the baby, but also if the parents lack sensitivity or natural empathy, once they become involved in the activity, when they are involved in the practice, their sensitivity emerges, they learn it [...], although perhaps they are not affectionate. They may find it silly to

be sticking out their tongue at the baby; sometimes the baby imitates me. But they get involved in that and it is satisfactory, we are simply facilitators.”

***Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital***

Similarly, interviewees pointed out that CCD materials (CCD Backpack and the cards) have been very useful in enhancing the work carried out as part of the programme’s early stimulation component – both in person and in virtual sessions held during the pandemic. Interviewees recognized that the elements proposed in the CCD Backpack facilitate early stimulation sessions. Families can easily access the types of objects suggested to stimulate and provide nurturing and playful care to their children at home, putting into practice what they have learned.

“I especially use it [the CCD Backpack] in the stimulation room. I carry my kit whenever I have to go to the stimulation room and, as I said, parents are also encouraged to grab all those tools they have at home to build their materials. Currently, due to the pandemic, I am not going to the hospital in person, because there are many patients and it would be a risk for all those children, so I am doing it [the stimulation sessions] virtually. Imagine if the CCD were not like it is, if I had to intervene a lot and the father would think that if the therapist did not intervene, his child would not be okay. In other words, human contact will never be replaced; for me, it is important to be there with the families. But, as it is about providing them with an example, motivating the parents to do the activities, that has also benefited me.”

***Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital***

"I am going to give you the example of the stimulation room, when I am [involved] in early stimulation. At first, the parents were waiting for the professional to take their baby and do everything in terms of exercise or socio-emotional activity. And when they saw that we changed the situation, or modelled the situation for them to experience, then [...] they ended up tending to their own baby

and left with the tools to do it at home. And do you know why it helps? Because, as I said at the beginning, the parents of a premature child arrive with a lot of anxiety and a lot of fear, and the CCD gives them confidence, empowers them and makes them feel useful."

**Health professional of the KMC programme,
San Lorenzo de Los Mina Hospital**

Box 3. Highlights of implementing the CCD approach in the KMC programme at San Lorenzo de Los Mina Hospital

In the opinion of interviewees, the integration of and training in the CCD approach enabled the following:

- Strengthening of the early stimulation component of the KMC programme implemented in the hospital.
- Strengthening of knowledge and skills among KMC programme staff (doctors, nurses, paediatricians, etc.) to enable them to support close bonds among families and their children.
- Promotion of the use of simple, everyday objects in play and communication activities developed in the framework of the KMC programme of San Lorenzo de Los Mina Hospital.
- Encouragement of families to implement various activities with their children involving nurturing care practices and learning based on play and communication.



© UNICEF República Dominicana/2020/Álvarez



Closure of CCD Course for "Programa Mamá Canguro" at Hospital San Lorenzo de Los Mina, 2019.

Photograph: © Servicio Nacional de Salud/República Dominicana/2019

2.2. Adaptation and inclusion of the CCD approach in PMI services has improved care for families and children

PMI is a social action organization of the Episcopal Conference of the Dominican Republic. PMI was founded in 2004 based on the objectives and guidelines of Pastoral da Criança, an organization founded in Brazil (see Box 4). It should be noted that PMI has progressively adapted the guidelines and community activities of the Brazilian model to the Dominican context, strengthening the model to respond to its particular needs. For example, PMI has included initiatives that distance it from the Brazilian model, such as providing guidance and support to primary caregivers and expectant mothers, working with children aged 0–5 years, and engaging in collective knowledge construction activities (e.g., for guides, booklets, work methodologies) with families, volunteers and PMI workers.

PMI currently provides support to UNICEF, government entities (e.g., Ministry of Public Health, Ministry of Education) and fellow NGOs in implementing the community component of the country's Integrated Management of Childhood Illnesses strategy and managing interventions to support pregnant women's health and promote the survival and comprehensive development of children aged 0–6 years. PMI serves low-income communities nationwide, through the work of voluntary community counsellors who carry out care, health, nutrition, education and citizenship initiatives. These agents are in charge of motivating and empowering the communities to participate in educational and health promotion activities, including meetings with pregnant mothers;^x Celebrate Life meetings, which focus on the promotion of child development;^x home visits;^{xi} and coordination meetings. According to interviewees, PMI has more than 600 community counsellors, 80 parish coordinators and 19 technical staff member, plus 300 professional volunteers who are in charge of the Celebrate Life meetings. Each year, the NGO reaches more than 6,000 children across the Dominican Republic.

The CCD approach was introduced to PMI in 2017, when members of its technical team participated in the CCD training of trainers carried out by UNICEF in Honduras and Paraguay with PAHO and WHO support. These technical team members subsequently took part in awareness-raising activities to strengthen the capacities

of officials and professionals from other early childhood care programmes and services in the Dominican Republic. The activities included the 2018 seminar to present the CCD approach, and the first CCD training of trainers, in 2019, which was organized by UNICEF and government entities. PMI devised an internal process to train all of its volunteers on CCD; this was carried out within a short period of time, simultaneously to but independently of the national CCD training process.

Following these trainings, PMI dedicated some time to comparing the CCD approach with its own guidelines and content. This exercise enabled the NGO to identify those elements of the approach similar to its own content and those elements that provided new information and tools that could enrich its standard work processes. Based on this information, PMI adapted and integrated CCD content into the tools and instruments used in its family meetings and home visits (see Box 4).

“We adapted the home play kit UNICEF gave us; it included a more sophisticated doll, so to speak, so we decided to make rag dolls. We resorted to some mothers’ sewing centres and the dolls were made using material that families have within reach. The whole kit was adapted: the little pots, the clothespins [clothes pegs].”

Technical staff member of PMI

According to interviewees, by providing specialized technical information, the CCD approach has also allowed PMI to strengthen its programmes that support the creation of development opportunities for children. This is evidenced in the knowledge and skills acquired by CCD-trained volunteers to promote early stimulation in their services. It is also apparent in the tools that the organization now uses to strengthen its monitoring processes, which focus on indicators and the activities carried out during home visits.

"I felt immediately connected to the approach that had come to strengthen the work of the Mother and Child Pastoral service. [...] I learned about it during that week. The role of the counsellor is not to carry out the activity with the child and develop a bond with the child; rather, the counsellor strengthens the relationship between the caregiver and the child. That was one of the experiences I liked the most... The workshop is very practical; I was able to see in practice how the caregiver gets involved in carrying out an activity with the child and how that strengthens their relationship. This approach also enhanced the active role of fathers in child-rearing, or [that of] the other adults who live with the child, so it strengthened and greatly improved the quality of visits."

Technical staff member of PMI

"[Of the] five components of the CCD approach, one is responsive or perceptive caregiving, which for us was like a discovery, realizing that was what we were looking for, what we felt was missing. We realized ... and didn't

know this is what we were missing. Being able to sensitize, train the mother, the father, the grandmother, the main caregiver, train them to develop skills, sensitivity and attention skills, to interpret what babies want to communicate or transmit regarding their needs and interests. Learn how to identify and interpret this and put oneself in a position to provide an effective response."

Management staff member of PMI

Finally, adapting the theoretical and practical content of the CCD approach and introducing this in various services through training has helped to enrich the dynamics and respond to the particular needs of beneficiary populations across different contexts. It has also enabled the strengthening of the training strategies that PMI uses with staff and community volunteers with low levels of education.

"We then brought the CCD approach to our institution, adapting it to existing materials. First, we held a training event with all the pastoral technicians who accompany the different areas [...]. We had to adapt the seminars to make sure our volunteers would understand and practise them with the family."

Technical staff member of PMI

Box 4. Pastoral da Criança

Pastoral da Criança is a community-based organization founded in Brazil in 1983. It has dedicated itself to carrying out training and providing community support for pregnant women's health, and to promoting the survival and comprehensive development of children aged 0–6 years.

The organization works closely with various government entities and NGOs to promote their activities at the national and international level. According to Pastoral da Criança data, the organization has 107,624 community volunteers in Brazil and, in the last quarter of 2019 alone, managed to reach 527,925 families, 21,059 communities, 35,861 expectant mothers and 633,251 children under 6 years of age across the country (Pastoral da Criança, 2020).

The experience of Pastoral da Criança in Brazil serves as an international benchmark. The organization's efforts have been scaled up by similar initiatives in other countries of the region (Argentina, Plurinational State of Bolivia, Colombia, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay) as well as in Asia (the Philippines and Timor-Leste) and Africa (Angola, Guinea, Guinea-Bissau, Mozambique, and Sao Tome and Principe).

Community counsellors from Pastoral Materno Infantil



Source: Visual record of the community counsellors' orientation sessions

Photographs: © Pastoral Materno Infantil/República Dominicana/2019

Documents and instruments used by PMI in home visits where the CCD approach was included

Lista de Verificación

para la orientación sobre el cuidado para el desarrollo infantil

MARCO DE CUIDADO CARIÑOSO Y SENSIBLE

Identifique prácticas para apoyar el desarrollo del niño(a) y orientar al cuidador(a)

	Observe	Elogie al cuidador si:	Aconseje al cuidador y solucione los problemas cuando:
Todos los niños (as)	¿Cómo demuestra el cuidador que él o ella está al tanto de los movimientos del niño(a)?	Se acerca al niño(a) y se desliza con él; le habla o hace sonidos con el niño(a).	No se desliza con el niño(a) ni está al tanto de sus movimientos: Solicite a la persona que imite los movimientos del niño(a) para seguir su iniciativa.
	¿Cómo consuela al niño(a) y le manifiesta su amor?	Mira al niño(a) a los ojos y le habla suavemente, lo toca con delicadeza o lo carga en brazos muy cerca.	No puede consolar al niño(a) y a su vez el niño(a) no acude al cuidador en busca de consuelo: Ayude a la persona para que mire al niño(a) a los ojos, le hable suavemente y lo cargue en brazos.
	¿Cómo corrige el cuidador al niño(a)?	Distrae al niño(a) de las acciones no deseadas con un juguete o una actividad apropiada.	Regaña al niño(a): Ayude al cuidador para que distraiga al niño(a) de las acciones indeseadas ofreciéndole un juguete u otra actividad.

	Pregunte y escuche	Elogie al cuidador si:	Aconseje al cuidador y solucione los problemas cuando:
Niño(a) menor de seis meses	En los últimos días, ¿cómo has jugado con tu bebé?	- Mueve los brazos y las piernas del bebé o lo acaricia suavemente. - Atrae la atención del bebé con un sonajero u otro objeto.	No juega con el bebé: Converse sobre actividades adecuadas para la edad del bebé que le ayuden a ver, oír, sentir y moverse.
	En los últimos días, ¿cómo has hablado con tu bebé?	Mira al bebé a los ojos y le habla suavemente.	No habla al bebé: Solicite al cuidador que mire al bebé a los ojos y le hable.
	En los últimos días, ¿cómo has conseguido que tu bebé sonría?	Responde a los sonidos y los gestos del bebé para que sonría.	Trata de forzar la sonrisa o no es receptivo a los movimientos del bebé: Solicite a la persona que haga gestos con entonación emotiva y susurre; imite los sonidos y los gestos del bebé y observe su respuesta.
Niño(a) de seis meses o mayor	En los últimos días, ¿cómo has jugado con tu niño(a)?	Utiliza juegos de palabras o juguetes apropiados para su edad.	No juega con el niño(a): Solicite al cuidador que juegue o inicie actividades de comunicación apropiadas para la edad del niño(a).
	En los últimos días, ¿cómo has hablado con niño(a)?	Mira al niño(a) a los ojos y le habla suavemente, le hace preguntas.	No habla con el niño(a) o lo hace duramente: Proponga al cuidador y al niño(a) que realicen una actividad juntos. Ayude al adulto para que interprete lo que el niño(a) está haciendo y pensando y que observe al niño(a) responder y sonreír.
	En los últimos días, ¿cómo has conseguido que tu niño(a) sonría?	Hace sonreír al niño(a).	
	En los últimos días, ¿cómo ha estado aprendiendo tu niño(a)?	Dice que el niño(a) está aprendiendo bien.	Dice que el niño(a) es lento para aprender: Anímele para que realice más actividades con el niño(a), verifique que el niño(a) ve y oye bien. Derive al niño(a) que presente dificultades.

HOJA DE COTEJO PARA MONITOREO DE VISITAS DOMICILIARIAS EN LA INTEGRACIÓN DE CDI



Marco cariñoso y sensible a las necesidades del niño/a

		Fecha
Provincia	Municipio	Barrio / paraje
Diócesis	Parroquia	Comunidad
Nombre de la Consejera		Nombre del niño Edad
ASPECTOS A EVALUAR	RESPUESTA	COMENTARIOS
La consejera utilizó la tarjeta de recomendaciones	() Sí () No	
La consejera utilizó el Manual del Líder en páginas de indicadores de oportunidades y conquistas	() Sí () No	
La consejera utilizó algún elemento del kit de juegos caseros según la edad	() Sí () No	
La consejera realizó las preguntas claves de la lista de verificación	() No () 1-2 preguntas () 2-3 preguntas () Todas las preguntas	
La consejera elogió las buenas prácticas del cuidador	() Sí () No	
La consejera orientó al cuidador sobre el juego y la comunicación	() Sí () No	
En el desarrollo de la visita, la consejera mostró escucha y atención comprensiva con la familia	() Sí () No	
El evaluador observó necesidad de orientación a la familia sobre un problema	() Sí () No Si la respuesta es sí, describa en la siguiente columna	
La consejera orientó sobre el problema observado por el evaluador	() Sí () No	
La consejera integró otros temas en la visita domiciliaria, como salud, nutrición, protección...	() Nutrición () Protección () Manual del Líder () Salud () otros _____	
Familia		
El cuidador sigue la iniciativa del niño y consigue su atención	() Sí () No	
El cuidador celebra las conquistas del niño	() Sí () No	
Logros:		
Dificultades:		
Recomendaciones:		
Nombre de la persona que hizo el seguimiento:		Próxima visita:

MÉTODO DEL CUIDADOR
CARIÑOSO Y SENSIBLEPongo **ATENCIÓN COMPENSIVA**

Es **observar y escuchar**, queriendo **entender** lo que el niño(a) quiere decir y lo que siente. Intento ponerme en los zapatos de él.

Me puedo preguntar:

¿Qué el niño me está queriendo decir? ¿Cómo se siente?
¿Cuál es su interés o necesidad?



Intento descubrir la **RESPUESTA EFECTIVA**

Es la respuesta oportuna (que no tarda), y apropiada (que responde mejor a la real necesidad o interés que el niño quiere comunicar)

Me puedo preguntar:

¿Con qué acción respondo mejor al interés o necesidad mostrado por el niño?

¿Cómo esa acción le ayudará para su salud, para su aprendizaje, para su seguridad, para su felicidad?

Esa acción puede ser: hablar, acariciar, jugar, cantar, alimentar, bañar, vestir, etc.

Pienso en acciones apropiadas para su edad y condición específica que está viviendo.



Pongo en práctica la **RESPUESTA EFECTIVA**

Interactúo con el niño(a), con mucho cariño y paciencia.

Recuerdo que al conversar y jugar, el niño está aprendiendo y desarrollando habilidades y emociones que serán fundamentales en su vida, que lo harán más inteligente, seguro, y sin actitudes violentas.

Por eso, le doy la libertad de tomar las iniciativas en juegos y conversaciones, ayudando a que desarrolle su creatividad, a la vez que estoy atento para prevenir accidentes.



Al final de cada día me puedo preguntar:

¿He sido cariñoso con el niño? ¿Cómo?

¿Qué conversaciones y juegos he compartido con él o ella en el día de hoy?

¿Cómo va aprendiendo mi niño?

¿He puesto atención comprensiva?

¿He dado respuesta efectiva?



Doy gracias a Dios por la bella misión de cuidar del niño. Abrazo al niño y canto con él (ella). Comparto y celebro con otros miembros de la familia los logros en el desarrollo del niño(a).

Highlights of the implementation of the CCD approach in PMI services for families

In the opinion of interviewees, the CCD training was instrumental in the following:

- Strengthening the early stimulation component of activities carried out during PMI home visits and family meetings.
- Strengthening of knowledge and skills among PMI service staff to enable them to support close bonds among families and their children.
- Promotion of the use of simple, everyday objects in early stimulation activities carried out as part of the PMI services.
- Encouraging families to engage in various activities with their children involving nurturing care practices and learning based on play and communication.
- Adaptation of evidence-based knowledge and information for inclusion in the content, instruments and methodologies used by PMI.
- Development of enriched training processes for use with staff and volunteers who have low levels of education.



3. Conclusions and recommendations

This section presents general conclusions regarding the integration of the CCD approach into public policies and the practices of agents engaged in various services in the Dominican Republic. It also provides a series of

recommendations to strengthen the implementation of the CCD approach and reinforce its scale-up potential and sustainability in the country.

3.1. Conclusions

In the opinion of interviewees, the Dominican Republic has experience in implementing support programmes aimed at families with children aged 0–5 years and in supporting families with children affected by CZS, various congenital anomalies and other disabilities. It is in this context that the CCD approach has been included in the KMC programme of San Lorenzo de Los Mina Maternity and Children's Hospital and in the PMI services. Integration of CCD is perceived as a positive step by the actors who participate in the training processes and who implement the approach in the KMC programme and PMI services. These actors expressed the following ideas:

- Both organizations recognize that the CCD approach is notably aligned with existing work principles and dynamics regarding support and guidance to families, which underline the centrality of nurturing care in the first years of life and of a shared and comprehensive vision of ECD.
- The training processes aimed at key agents of the KMC programme and PMI services have enabled the dissemination of the CCD approach and provided the participants with complementary tools to support their work.
- CCD has helped to position the importance of the family's role in ECD.
- CCD has managed to attract the growing commitment of various actors involved in early childhood care programmes and services.
- The CCD training processes have strengthened the theoretical and practical components of family guidance sessions, development monitoring processes, and early interventions with families of children with disabilities, through an inclusive approach.
- CCD training content and practices have helped to strengthen technical aspects of family visits and the support provided to families. CCD training events have also helped the participating organizations to develop and improve materials including their technical follow-up formats, guidance documents and stimulation kits.
- Those staff members involved in the KMC programme and PMI services who have received CCD training are highly regarded, since they are better equipped to provide support and promote positive bonding between caregivers and their children. Furthermore, training in the CCD approach has encouraged the use of a common language among the professionals and staff involved. Consequently, families have started to receive complementary messages on CCD and the promotion of early learning through play, empowering them to take a lead role in play- and communication-based interactions at home.
- It is important to note that in the case of PMI, the CCD training approach was adapted to local resources and contexts and replicated within the organization to take account of the low levels of education of community volunteers (instructional materials and methodologies were adjusted accordingly). Efforts were made to ensure that the theoretical and practical content of the approach was widely understood, to ensure its accurate application during home visits.

3.2. Recommendations to ensure continuity of the CCD approach in the Dominican Republic

The following recommendations are based on the progress made and the experience and capacities built in the context of early childhood care and development programmes and services.

3.2.1. Recommendations at the public policy level

- Promote structural conditions within the national ecosystem (laws, public policies, budget policies) that help to strengthen CCD implementation and expand the coverage of programmes and services that integrate the CCD approach (or other evidence-based approaches) such as the KMC programme and PMI services.
- Create political and institutional conditions that promote intersectoral work to design multisectoral and intergovernmental ECD strategies. A first step in this direction could be to promote the exchange of knowledge and experiences between the health sector and specific initiatives such as the KMC programme and PMI services.
- Carry out research on the implementation and impact of CCD integration in the KMC programme and PMI services, to expand the available evidence on family support modalities (in hospital, and home visits). Research findings can inform the design and formulation of public policies and programmes and enable the scaling up and sustainability of current initiatives.

3.2.2. Recommendations at the programme and service level

- Monitor and evaluate ongoing interventions to assess the impact of integrating the CCD approach on the performance and quality of services.

- Further position the CCD approach within the various sectors that participate in the promotion of ECD and children's well-being.
- To mitigate the risk posed by the rotation of public officials trained in the CCD approach, promote the transfer of knowledge acquired by personnel engaged in the programmes and services and support continuous in-service training. It is also advisable to encourage frequent refresher training and in-service training of officials and service providers.
- Integrate elements of the CCD approach into the curriculum of the Nursing programme at the Autonomous University of Santo Domingo. Although this idea was raised by some of the interviewees, its implementation is at an early stage and has unfortunately been interrupted by the COVID-19 pandemic. This is an opportunity to scale up the CCD approach and ensure its sustainability in the Dominican context.
- Update and strengthen information systems that support the operation of existing programmes and services (e.g., update databases on beneficiaries and service providers; strengthen information on the scope and impact of services at the national level).

3.2.3. Recommendations for UNICEF

- Continue to action awareness-raising and advocacy strategies targeted at current government authorities to encourage CCD implementation across all sectors involved in child development and well-being.
- Promote the exchange of experiences between sectors and services to support CCD operationalization. Such knowledge management processes can take place at the national and regional level.
- Evaluate CCD training processes to identify challenges, opportunities, and potential options for further adapting the training to the needs of the various contexts and target groups.



Appendix

Methodology

In line with the contingency planning related to the COVID-19 pandemic, this case study was prepared remotely in collaboration with the UNICEF Dominican Republic Country Office.

Preparation of the case study involved three phases. Phase 1 was dedicated to a review of secondary sources, which included the analysis of key documentation. Phase 2 comprised the collection of information through remote interviews with individuals involved in the implementation of Care for Child Development (CCD) in the country as well as other stakeholders. In phase 3, information collected through the interviews was analysed and the case study was drafted. The UNICEF technical team provided continuous feedback throughout the process.

Interview protocols were prepared and validated in collaboration with UNICEF. Eleven semi-structured interviews were conducted via Zoom and Google Meet, with managers and technical officials from different national government entities, UNICEF Dominican Republic staff and representatives of UNICEF implementing partners.

Methodological limitations

This is an exploratory study, with a general scope, which sets it apart from conventional evaluative studies that assess the object of inquiry to provide inputs for future studies and in-depth evaluations. For example, this study delves neither into aspects related to financing and budget allocation, nor cost-effectiveness and budgetary analyses for the adoption and scaling up of the CCD approach in the Dominican Republic.

Bibliography

Banco Central de la República Dominicana, 'Producto Interno Bruto (PIB) per cápita, RD\$ y US\$: 1991–2020', Microsoft Excel spreadsheet, Banco Central, Santo Domingo, n.d.

Comisión Económica para América Latina y el Caribe, 'Sobre la base de encuestas de hogares de los países: Banco de Datos de Encuestas de Hogares (BADEHOG). Estadísticas e indicadores sociales', CEPAL, n.p., 2020.

Datos Abiertos, 'Dirección General de Programas Especiales (DIGEPEP)', Dirección General de Ética e Integridad Gubernamental, Santo Domingo, n.d., <<http://datos.gob.do/organization/about/direccion-general-de-programas-especiales-digepep>>, accessed September 2020.

Diálogo Interamericano and Acción Empresarial por la Educación, *República Dominicana: Informe de progreso de políticas de primera infancia*, Diálogo Interamericano and EDUCA, Washington, D.C., 2020, págs. 1–16.

Dominican Republic, Decreto No. 102-13 que crea el Instituto Nacional de Atención Integral a la Primera Infancia, 2013, art. 7.

Dominican Republic, Dirección General de Programas Especiales de la Presidencia, *Plan Nacional de Protección y Atención Integral a la Primera Infancia: Quisqueya Empieza Contigo*, DIGEPEP, Santo Domingo, July 2013.

Dominican Republic, Ministerio de Economía, Planificación y Desarrollo, *Sistema de Indicadores Sociales de la República Dominicana (SISDOM) 2018–2019*, MEPyD, Santo Domingo, 2020.

Ertem, Ilgi O., et al., 'Promoting Child Development at Sick-child Visits: A controlled trial', *Pediatrics*, vol. 118, no. 1, July 2006, pp. 124–131.

Fondo de las Naciones Unidas para la Infancia, *Cuidado para el Desarrollo Infantil: Estudio de caso – La experiencia de Paraguay*, UNICEF, Panama City, November 2019a.

Fondo de las Naciones Unidas para la Infancia, *Evaluación formativa de la respuesta de UNICEF en América Latina y el Caribe a la epidemia del virus del Zika: Estudio de caso de República Dominicana*, UNICEF, n.p., January 2019c.

Fondo de las Naciones Unidas para la Infancia, 'Pastoral Materno Infantil se une a la lucha contra el cólera en el país', UNICEF Dominican Republic, Santo Domingo, 2011, <www.unicef.org/republicadominicana/health_childhood_21622.htm>, accessed October 2020.

Fondo de las Naciones Unidas para la Infancia, 'SNS y UNICEF implementan programa Mamá Canguro en hospitales Juan Pablo Pina y Taiwán', UNICEF Dominican Republic, Santo Domingo, 25 June 2020, <www.unicef.org/dominicanrepublic/comunicados-prensa/sns-y-unicef-implementan-programa-mama-canguro-en-hospitales-juan-pablo-pina>, accessed October 2020.

Fondo de las Naciones Unidas para la Infancia, 'Una metodología para el proceso de recuperación psicoafectiva para niños, niñas y adolescentes afectados por emergencias', UNICEF Dominican Republic, Santo Domingo, May 2010, <www.unicef.org/republicadominicana/emergencias_17909.htm>, accessed October 2020.

Hasbún, Julia, *Evaluación final del proyecto: Mejorando la seguridad humana en los bateyes de la República Dominicana, la satisfacción de las necesidades básicas de la población y acceso a derechos*, Distrito Nacional Dominican Republic, Santo Domingo, February 2016.

Hospital Materno-Infantil San Lorenzo de Los Mina, 'UNICEF imparte capacitación sobre el Cuidado para el Desarrollo Infantil en Maternidad de Los Mina', Hospital Materno-infantil San Lorenzo de Los Mina, Santo Domingo, 2 January 2020, <<https://hospitalsanlorenzo.gob.do/unicef-imparte-capacitacion-sobre-el-cuidado-para-el-desarrollo-infantil-en-maternidad-de-los-mina>>, accessed October 2020.

Instituto Nacional de Atención Integral a la Primera Infancia, 'Datos estadísticos: Julio 2020', INAIPI, Santo Domingo, 2020.

Instituto Nacional de Atención Integral a la Primera Infancia, '¿Quiénes somos?', INAIPI, Santo Domingo, 2021, <<https://inaipi.gob.do/index.php/sobre-nosotros/quienes-somos>>, accessed 5 August 2021.

Jin, Xingming, et al., '"Care for Development" Intervention in Rural China: A prospective follow-up study', *Journal of Developmental & Behavioral Pediatrics*, vol. 28, no. 3, June 2007, pp. 213–218.

Lucas, Jane E., Linda M. Richter and Bernadette Daelmans, 'Care for Child Development: An intervention in support of responsive caregiving and early child development', *Child: Care, Health and Development*, vol. 44, no. 1., November 2017, pp. 41–49.

Oficina Nacional de Estadística, 'Estimaciones y proyecciones de la población total por año calendario, según región y provincia 2000–2030', ONE, Santo Domingo, 2016.

Oficina Nacional de Estadística and United Nations Children's Fund, 'Encuesta Nacional de Hogares de Propósitos Múltiples: ENHOGAR-MICS 2014 – Encuesta de indicadores múltiples por conglomerados', ONE and UNICEF, Santo Domingo, May 2016.

Pastoral da Criança, *Situação de abrangência Brasil: 4º trimestre/2019 – CNBB, folhas de acompanhamento*, Pastoral da Criança, Brazil, 2020.

Pastoral Materno Infantil, '¿Qué hacemos?', n.p., n.d., <www.pastoralmi.org/newpage1>, accessed 5 August 2021.

Servicio Nacional de Salud Digital, 'Mamá Canguro ha contribuido a la sobrevivencia de más de 7 mil prematuros', SNS Digital, Santo Domingo, 27 July 2019, <<https://snsdigital.gob.do/metodo-mama-canguro-ha-contribuido-a-la-sobrevivencia-de-mas-de-7-mil-prematuros>>, accessed October 2020.

United Nations Children's Fund, *Learning through Play: Strengthening learning through play in early childhood education programmes*, UNICEF, New York, October 2018.

United Nations Children's Fund, 'The State of the World's Children 2019 Statistical Tables', UNICEF, n.p., October 2019b, <<https://data.unicef.org/resources/dataset/sowc-2019-statistical-tables>>, accessed 5 August 2021.

United Nations Inter-agency Group for Child Mortality Estimation, 'Dominican Republic: Neonatal mortality rate – Total', UN IGME, n.p., 2020, <<https://childmortality.org/data/Dominican%20Republic>>, accessed December 2020.

Yousafzai, Aisha K., et al., 'Effect of Integrated Responsive Stimulation and Nutrition Interventions in the Lady Health Worker Programme in Pakistan on Child Development, Growth, and Health Outcomes: A cluster-randomised factorial effectiveness trial', *The Lancet*, vol. 384, no. 9950, 4 October 2014, pp. 1282–1293.

Yousafzai, Aisha, William Philbrick and Priya Patel, *Care for Child Development: An approach to enhance nurturing care in the XXI century*, Dar es Salaam, November 2017.

Final Notes

- i. As at January 2020, countries and contexts in the Latin America and Caribbean region that have implemented CCD include, but are not limited to: Belize, the Plurinational State of Bolivia, Brazil, the Dominican Republic, parts of the Eastern Caribbean Area, El Salvador, Honduras, Nicaragua, Panama, Paraguay and Peru.
- ii. Quisqueya Starts with You (Quisqueya Empieza Contigo) is a component of Quisqueya without Misery (Quisqueya sin Miseria), a Government of the Dominican Republic work strategy for the period 2012–2020. This strategy sought to improve the effectiveness of social policies intended to reduce poverty and exclusion and increase social mobility and citizen participation.
- iii. As an entity attached to the Ministry of Public Health, the National Health System (Sistema Nacional de Salud) exists to guarantee the effective technical, administrative and financial operation of the country's regional health services.
- iv. The National Institute for Comprehensive Early Childhood Care (Instituto Nacional de Atención Integral a la Primera Infancia) attached to the Ministry of Education is responsible for organizing and managing the provision of comprehensive care services for children aged 0–5 years and their families. It also seeks to strengthen the parenting skills of caregivers and families; ensure the integrity and physical, psychological and cognitive development of young children; manage the provision of essential services to children under 6 years; and form alliances with government entities and non-governmental organizations (NGOs) to ensure technical and financial support for institutional strengthening and improvement of services. The National Institute has two care service modalities for children aged 0–5 years and their families: the Centers for Comprehensive Early Childhood Care and the Centers for Child and Family Care (Instituto Nacional de Atención Integral a la Primera Infancia, 2020).
- v. The purpose of the General Directorate of Special Programs of the Presidency (Dirección General de Programas Especiales de la Presidencia) is to contribute to the fulfilment of Presidential Goals to reduce poverty and social exclusion, by developing capacities and opportunities, and strengthening social co-responsibility and the intersectoral work of government entities and civil society).
- vi. The hospitals that implement the Kangaroo Mother Care programme are: (1) San Vicente de Paúl University Hospital (since May 2009); (2) San Lorenzo de Los Mina Maternity and Children's Hospital (since January 2012); (3) Dr. Luis Manuel Morillo King Hospital (since February 2013); (4) Dr. Antonio Musa Regional Hospital (since February 2013); (5) Our Lady of Altagracia Maternity University Hospital (since July 2016); (6) President Estrella Ureña Hospital – Renée Klang Maternity Unit (since March 2014); (7) Dr. Robert Reid Cabral Children's Hospital (since November 2016); (8) Juan Pablo Pina Hospital in San Cristóbal; and (9) Taiwán Hospital in Azua (since June 2020).
- vii. The Kangaroo Mother Method (Método Mamá Canguro; MMC) was born in Bogotá, Colombia, in 1978. Edgar Rey and Héctor Martínez Gómez, neonatologists at the Mother and Child Institute, devised the method as an alternative to incubation for premature and low birthweight babies who had overcome initial difficulties and needed only continuous feeding and care. MMC arrived in the Dominican Republic thanks to the training provided to a group of neonatologists and nurses from San Vicente de Paúl University Hospital in San Francisco de Macoris, Dominican Republic, and San Ignacio Hospital in Bogotá, Colombia. In 2012, MMC was replicated in San Lorenzo de Los Mina Hospital, and today it is implemented in nine hospitals across the Dominican Republic (Servicio Nacional de Salud Digital, 2019).

viii. The Care for Child Development Backpack (or Kit) contains materials such as plastic bowls, cups, wooden spoons, clothes pegs, a doll and a puzzle. These materials are objects that can easily be found at home and are used by service professionals and families as tools to facilitate children's stimulation.

ix. These meetings are held every 15 days and encourage pregnant women to reflect on and share their knowledge and experiences of the gestation process, neonatal care, childcare, etc., to build knowledge collectively.

x. The Celebrate Life meetings are monthly meetings for children under 6 years of age and their families. Community counsellors monitor the children's growth, weight, height and development, and educate the families on how to prevent their children becoming either malnourished or overweight. Caregivers and other family members discuss health, nutrition, civic and education issues and develop strategies for self-management, participation, solidarity and care.

xi. The monthly home visits with families are an opportunity for the community counsellors to prompt reflection on the knowledge shared in group meetings, to enable each family to adapt this knowledge to its reality and specific needs. During these visits, family members are encouraged to participate actively in their children's comprehensive development and 'fraternal coexistence'.

© **United Nations Children's Fund (UNICEF)**

Latin America and Caribbean Regional Office

Building 102, Alberto Tejada Ave
City of Knowledge
Panama, Republic of Panama
P.O. Box: 0843-03045
Telephone: +507 301-7400
www.unicef.org
Twitter: @uniceflac
Facebook: /UnicefLac

