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Care for Child Development

CASE STUDY

The experience of El Salvador

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Abbreviations

ASPRODE	Consultancy for Development Programmes and Projects (Asesoría a Programas y Proyectos de Desarrollo)
ATPI	Technical Assistance for Early Childhood (Asistencia Técnica para la Primera Infancia)
CBIs	Child Welfare Centres (Centros de Bienestar Infantil)
CCD	Care for Child Development
CDIs	Comprehensive Development Centres (Centros de Desarrollo Integral)
ECD	early childhood development
Fosalud	Health Solidarity Fund (Fondo Solidario para la Salud)
HEMs	maternity waiting homes (*hogares de espera materna*)
ISNA	Salvadoran Institute for the Comprehensive Development of Children and Adolescents (Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia)
ISRI	Salvadoran Institute for Comprehensive Rehabilitation (Instituto Salvadoreño de Rehabilitación Integral)
PAHO	Pan American Health Organization
PAIPI	Comprehensive Early Childhood Care Programme (Programa de Atención Integral a la Primera Infancia)
PRO-VIDA	Salvadoran Association for Humanitarian Aid (Asociación Salvadoreña de Ayuda Humanitaria)
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 public policies and the practices of agents across various sectors and services that offer early childhood care and support to families in El Salvador.

CCD is an evidence-based approach that enhances and strengthens existing care services for young children and their caregivers. It does so by expanding 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 recent years, El Salvador has made progress in promoting early childhood development (ECD), and the CCD approach has been instrumental in stimulating the development of the country's policies and services. Further, the 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. In turn, the introduction of the CCD approach in El Salvador has helped to increase stakeholder understanding of the need to promote the comprehensive development of young children through family counselling and support.

The introduction of CCD in El Salvador has spanned two stages:

- Advocacy to position the CCD approach in the early childhood public policy frameworks across various sectors and stakeholders, including civil society organizations and academia (from 2017 to 2018).
- Capacity development based on neuroscience evidence and the practical training of key public agents and service providers across multiple sectors at the national, regional and local level (from 2019 to 2020).

Since 2009, UNICEF programmes of cooperation in El Salvador have supported lobbying and advocacy processes, developed strategic alliances, provided technical assistance and mobilized resources to promote actions in favour of ECD. Strategies and initiatives have helped to improve the quality of programmes and services and influence the design of early childhood public policies. Following the publication of *The Lancet Series on Early Childhood Development* and the launch of the **Nurturing Care Framework,** government entities have taken a special interest in raising the standard of El Salvador's existing programmes and services for young children and their families. Their aim has been to enable parents and caregivers to strengthen their parenting practices and build sensitive, nurturing and protective environments for their young children.

Hence, with support from the UNICEF Latin America and Caribbean Regional Office and in coordination with actors across various sectors, the UNICEF El Salvador Country Office embarked on a process to validate and implement the CCD approach in the country. Although implementation of the approach is still ongoing in El Salvador, 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 and also interviews conducted for this case study.

Results

- CCD implementation strategies have enabled the relevance of the CCD approach to be positioned on the public agenda. The strategies have also helped to build political and technical commitment among various government sectors and at different levels regarding implementation of CCD in their programmes and services. CCD has also helped to bring together diverse groups of actors to engage in a common approach and share a space for coordination.

- 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 promotes the participation of key sectors and multiple stakeholders of early childhood services. This has fostered increased capacity development and the transformation of practices among service providers, who are now seen as facilitators of interactions between caregivers and children.

- The adoption of CCD has helped to emphasize the role of the family in regard to and technical aspects of ECD and in programmes and services, directly benefiting families and children.

- CCD implementation has helped to highlight the importance of intergovernmental and multisectoral work in strengthening efforts and initiatives in favour of ECD.

- The CCD approach in El Salvador has helped to raise the standard of existing programmes and services by promoting an inclusive approach, which in turn has improved the quality of rehabilitation and care centres for individuals with disabilities. This has particularly benefited families and children from vulnerable groups, including children and adults with disabilities.

- Developing materials and instruments that include the CCD approach (e.g., the *Step by Step* guide) and including the approach in the official documents of programmes and services has played a key role in promoting the implementation and scaling up of CCD. It has also enabled the standard of early childhood care to be raised in the country, and facilitated the work of service providers.

Recommendations

- Strengthen and promote intersectoral and intergovernmental work and foster the development of legislation, national and local public policies, and budgets that guarantee the continuity and sustainability of CCD implementation in early childhood programmes and services in El Salvador.

- Continue to incorporate the approach within existing programmes and services, with an emphasis on the most vulnerable and excluded children and families, through strategies that strengthen and help to scale up CCD implementation in other programmes, services and regions of the country. This requires: (1) increased coverage of those programmes and services that are implementing CCD; (2) a reduction in the turnover of public officials trained in the approach; (3) promotion of knowledge transfer on CCD among front-line personnel and professionals; (4) promotion of continuous updates and in-service training for public officials and service providers; (5) expansion of CCD implementation to other sectors related to ECD; and (6) reinforced monitoring and evaluation of early childhood services that include the CCD approach.

- Carry out studies and other research that adds new evidence on the impact of programmes and services that incorporate the CCD approach. Some aspects that could be more rigorously evaluated include: (1) the impact of the CCD implementation process on the public–political context of programmes and services; (2) the effectiveness of CCD training processes; (3) improvements achieved in the quality of service provision; (4) the degree of institutional strengthening achieved; and (5) transformations achieved in the family counselling practices of officials and service providers, as well as in caregiver practices towards children.

- 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 (e.g., update databases on beneficiaries and service providers; strengthen information on the scope and impact of services at the national level).



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I. 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.

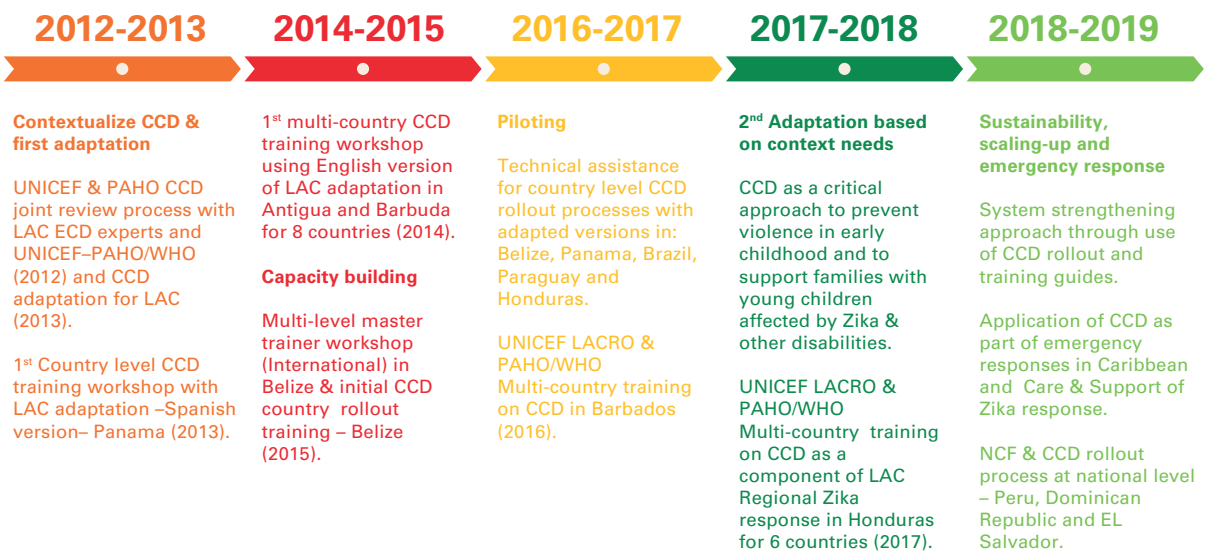
CCD also supports the **implementation of the Nurturing Care Framework,** launched in 2018 by WHO, UNICEF, PMNCH, ECDAN, and the World Bank. The Framework provides a cross-sectoral vision for early childhood care and learning so that all children can develop to their full potential. The Framework also 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).

CCD is an evidence-based approach that has been evaluated in China (Jin et al., 2007), Turkey (Ertem et al., 2006) and Pakistan (Yousafzai et al., 2014; Yousafzai et al., 2017). It was demonstrated to be effective both in terms of improving child development outcomes and enhancing the emotional health and well-being of caregivers (e.g., it contributed to reducing maternal depression rates in Pakistan). CCD has been adapted and integrated into services in more than 23 countries, with a package of training materials to support its implementation translated into 20 languages. Through training and workshops, the approach has been used in approximately 50 countries to respond to a wide range of contexts and the specific needs of each.

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.

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

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



Source: UNICEF, 2020.

Table 1. The situation of children in El Salvador

Total population of country*		6,400,000
Proportion of population living in rural areas*		73%
Population under 5 years of age*		576,000
Per capita income (2018)**		US$4,067.26
United Nations Development Programme Human Development Index score (2018)***		0.667
Poverty, % of total population (2018)*		34.5%
Poverty, % of total population (2018)*	Urban areas	25.8%
	Rural areas	48.6%
Extreme poverty, % of total population (2018)*		7.6%
Extreme poverty, % of total population (2018)*	Urban areas	4.1%
	Rural areas	13.2%
Early childhood mortality (MICS 2014)****	Neonatal mortality rate, per 1,000 live births	11
	Infant mortality rate, per 1,000 live births	17
	Under-five mortality rate, per 1,000 live births	20
Malnutrition under 5 years of age (MICS 2014)	Stunting (%)	14%
	Overweight (%)	6.4%
	Underweight (%)	2.1%
	Low birthweight (%)	10%
Households with access to basic drinking water services (2017)*		97%
Households with access to basic sanitation services (2017)*		87%

Child development (MICS 2014)	Attendance of early childhood education (%)	24.8%
	Support for child's learning (%)	59.2%
	Mother's support for child's learning (%)	39.9%
	Father's support for child's learning (%)	7.9%
	Early Childhood Development Index score (%)	81%
	Inadequate care of child (left alone or in the care of another child under 10 years of age) (%)	3.5%

Source: All data are from the Multiple Indicator Cluster Survey (MICS) 2014 unless otherwise stated; *Comisión Económica para América Latina y el Caribe, 2020; **World Bank (n.d.); ***United Nations Development Programme (2019); ****Fondo de las Naciones Unidas para la Infancia and Ministerio de Salud – Instituto Nacional de Salud (2014).

1.3. Why CCD in El Salvador?

Over the past 20 years, the quality of life in El Salvador has improved; the percentage of the population living in poverty has plummeted, life expectancy has improved, and malnutrition rates have decreased.[I] These results have been largely possible due to progress made in policies, programs and services for young children and families. Nonetheless, the challenge of moving forth in consolidating intersectoral work in favour of these population groups persists. For example, over the last decade, policies, plans and programs have been designed for the health, education and protection sectors (*see Box 1*), which illustrate the efforts made to guarantee the rights of the most excluded young children and improve their quality of life.

Nonetheless, some challenges persist despite significant progress; a considerable number of children continue to grow up in precarious environments surrounded by deprivation, which prevents them from developing their full potential (*see Table 1*). Like many countries in the region, El Salvador has since 2016 experienced a public health emergency caused by the spike in neurological disorders and congenital malformations associated with the Zika virus disease. In this context, the UNICEF Latin America and Caribbean Regional Office and UNICEF El Salvador Country Office launched the Zika Response Plan 2017–2019 with the support of the United States Agency for International Development (USAID) and in coordination with El Salvador's Ministry of Health (Ministerio de Salud) and Ministry of Education, Science and Technology (Ministerio de Educación, Ciencia y Tecnología).[II] In response to this public health emergency, the work focused on: (1) preventing the spread of the Zika virus and limiting its impact on the health of pregnant women, children and their families; and (2) strengthening and developing the capacities of personnel working in health, protection, education and rehabilitation, and in turn, the capacities of affected families.

The Zika Response Plan's capacity development strategy was aimed at personnel involved in various programmes and services of the Government of El Salvador. It included training via the basic CCD course and served as the gateway to introduce the approach, with the purpose of improving the quality of programmes and services for children with disabilities by providing guidance and support to their caregivers and families. It is evident that the incorporation of the CCD approach in El Salvador in this way enabled:

- operationalization and implementation of global frameworks, including the Nurturing Care Framework
- support for coordination between sectors and services to strengthen parenting practices in favour of child development
- the training of human talent working with young children, families and caregivers
- the standard of existing programmes and services to be raised while introducing an inclusive approach that highlights the importance of the caregiver's role in child development.

Box 1. The context of childhood policies in El Salvador

The National Pact for Early Childhood Education and Development was devised in 2009 and the Law for the Comprehensive Protection of Children and Adolescents approved the same year. This law provides guidelines for the creation of a national system for the comprehensive protection of children and adolescents, and establishes the legal basis to guarantee the protection and fulfilment of child and adolescent rights in El Salvador.

The Comprehensive Early Childhood Education and Development Policy was approved in 2010 to guide coordinated and participatory actions between government entities and non-governmental and civil society organizations to guarantee the right to education and comprehensive development for all children under 7 years of age (Ministerio de Educación, Ciencia y Tecnología, 2010).

The Policy for the Promotion, Protection and Support of Breastfeeding was defined in 2013 to promote, protect and maintain breastfeeding for the first six months of life and extend its practice for up to two years, as a right for all children.

In 2019, the new national government defined ECD as a priority. In July 2020, it launched the Growing Together National Policy to Support Early Childhood Development, as part of an initiative led by the First Lady of the Nation, Gabriela Rodríguez de Bukele.

Figure 2. Milestones in the CCD implementation process in El Salvador



Source: UNICEF, 2020.



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II. Achievements of the implementation of the CCD approach in El Salvador

2.1. The introduction of CCD builds upon Zika response efforts and other programmes

In 2017, in the context of the Zika Response Plan 2017–2019, the UNICEF regional and country office teams and the Pan American Health Organization (PAHO) presented an early draft of the **Nurturing Care Framework** as part of an advocacy strategy to promote quality, inclusive and evidence-based services in El Salvador. UNICEF and PAHO presented government representatives with a proposal to introduce the CCD approach through a series of courses to sensitize key actors in the health, education and protection sectors on the topic, as well as those working in rehabilitation services.

That same year, UNICEF and PAHO/WHO hosted a week-long CCD training in Honduras, inviting the participation of a select group of representatives from various countries of the region and across different government sectors (*see Figure 1*). According to individuals interviewed for this case study, the training was an opportunity to present the CCD approach, its objectives and implementation experiences to leaders and other high-level officials of the countries involved, which included El Salvador.

As a result, the first five-day CCD training of trainers was held in El Salvador later in 2017. Participants included 20 representatives of education, health and rehabilitation services as well as universities and civil society organizations. The national training event also served to create the necessary capacities and foundations to scale up the approach with the participation of implementing partners such as the Consultancy for Development Programmes and Projects (Asesoría a Programas y Proyectos de Desarrollo; ASPRODE), De Waal Foundation (Fundación De Waal) and Salvadoran Association for Humanitarian Aid (Asociación Salvadoreña de Ayuda Humanitaria; PRO-VIDA). Work was also carried out to sensitize mid-level leaders in government institutions to the CCD approach and highlight its relevance to the enrichment of existing programmes and services.

This training event enabled the creation of a core group of CCD trainers responsible for holding successive training activities in each relevant Salvadoran ministry or institution, thereby encouraging the cascading replication of CCD training among the various sectors and providers of early childhood services.

Implementing partners played a critical role in enabling the replication of CCD courses and practices, and representatives of the main government counterparts agreed to adapt the training to the particular conditions of each specific sector or institutional service aimed at young children. One of the main adaptations consisted of reducing the duration of the course from five to three days or less, depending on the sector.[III]

Finally, the national CCD training enabled the relevance of the approach to be positioned on the public agenda. It also helped to build political and technical commitment among decision makers across multiple sectors and at different levels regarding the inclusion of CCD in programmes and services. By convening professionals with different roles and varying expertise around a common vision, this also helped to improve coordination between programmes and service providers. In this sense, the CCD capacity-building process was an opportunity to foster multisectoral coordination and bring together individuals working with families and those offering early childhood care services to exchange knowledge and experiences of ECD.

"CCD brought together service providers' work. It created more alliances between services and allowed better coordination between service providers, allowing them to know each other. For example, MINEDUCYT [Ministry of Education, Science and Technology] is now referring children with disabilities to the Salvadoran Institute for Comprehensive Rehabilitation. In other words, CCD allowed officials from various sectors, both at a technical and operational level, to get to know each other .... Definitely, CCD allowed coordinating the care provided to children across different sectors."

UNICEF El Salvador staff member

Once the heads of the various relevant ministries and institutions had endorsed the large-scale replication of the training process, the course was adapted to respond to the particular needs of each sector and service, as had been agreed. UNICEF and the Ministry of Health decided to support this adaptation exercise by producing an orientation guide for facilitators.[IV]

Together, the original training of trainers course and the ensuing replications of the basic CCD training reached 2,247 individuals directly, plus about 4,500 service providers and front-line workers indirectly, through a cascade approach. Training events were held in various Salvadoran departments (e.g., Ahuachapán, Cabañas, Chalatenango, Cuscatlán, La Libertad, La Paz, San Salvador, San Vicente and Sonsonate), implying that this training effort has led to the provision of guidance and support to more than 220,000 families in areas across the country (*see Table 2*). According to interviewees, the training process has been well received thanks to the quality of its content, its innovative approaches and its multidisciplinary and multisectoral nature.

Table 2. Recipients of CCD training by sector and service

Sector/ institution	No. of beneficiary families	Profile of trained individuals (service)	Trained individuals subtotal (service)	Trained individuals subtotal (sector)
Health	166,000			1,609
Education	48,000	Early childhood education and preschool education staff of both the family- and community-based approach and institutional approach[1]	429	486
		Counselling and resource centre staff	57	
Protection	3,000	Comprehensive Early Childhood Care Programme staff	78	78
Academia	5,500	Students of the undergraduate programme in Maternal and Child Health at the University of El Salvador	74	74
		Overall total of trained individuals		**2,247**

Source: UNICEF El Salvador.

1 **Source:** UNICEF El Salvador.

The CCD training process opened up new opportunities for UNICEF in El Salvador and, in 2018, it provided technical assistance to the Ministry of Health in the revision of the existing simplified scale of development for children under 5 years based on the CCD approach. This led to the preparation of *Step by Step: Recommendations on Care for Child Development from pregnancy to 5 years of age* (**Pasito a pasito: Recomendaciones sobre Cuidados para el Desarrollo Infantil desde la gestación hasta los 5 años**). This guide for health sector professionals and community agents responds to an identified need to enhance *the simplified scale of development* by introducing a practical tool that helps primary health care personnel to offer better feedback to caregivers.

The multidisciplinary technical team responsible for preparing the *Step by Step* guide was led by the Ministry of Health and included UNICEF staff and public officials from various ministries who had received CCD training. These public officials recognized the compatibility of the CCD approach with Ministry of Health progress in ECD. As such, the *Step by Step* guide offers service providers: (1) guidance on the CCD approach; (2) recommendations for counsellor conversations with caregivers; and (3) suggestions on how to offer guidance to families, drawing on the five steps defined in the CCD training manual: Look, Ask, Listen, Praise, and Advise the family.

Although the guide was developed primarily from a health sector perspective, it has been recognized and included as a resource to guide and monitor ECD in all sectors and services that serve young children. Users of the guide thus include the Ministry of Education, Science and Technology; Health Promoters programme; Salvadoran Institute for Comprehensive Rehabilitation (Instituto Salvadoreño de Rehabilitación Integral; ISRI); Salvadoran Institute for the Comprehensive Development of Children and Adolescents (Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia; ISNA); maternity waiting homes (*hogares de espera materna*; HEMs); and the undergraduate programme in Maternal and Child Health (Salud Materno Infantil) at the University of El Salvador (Universidad de El Salvador).

> ***"The Pasito a pasito [Step by Step] guide was delivered to families of children with disabilities, to the education sector and also to the child protection area. We saw that this document did not only stay with the Ministry of Health, but was also adopted and well received in various areas or sectors. ISRI also received … training in CCD and the Pasito a pasito guide, and they considered it a very practical tool to implement in their institutions. We see that this document was very well adapted to the needs of all institutions engaged in early childhood."***
>
> ***Representative of PRO-VIDA***

Moreover, the guide is considered a useful tool to support the scaling up of CCD training and, in the first months of the COVID-19 emergency, it was used as a resource to guide families in nurturing care practices, including the creation of opportunities for home-based early learning for children.

> ***"As of April [2020], online education was resumed through ICTs [information and communication technologies]. The guidance counsellor contacted each mother and provided guidance using the Pasito a pasito [Step by Step] guide because we had already delivered this material to each mother. They started to leave homework, asking them how their child was doing, and so on. It was a very nice experience; we worked like this up to August [2020]. The mothers sent videos showing that their children can walk. Every family has the Pasito a pasito guide and the early stimulation kit and they have worked with that during the pandemic."***
>
> ***Health Solidarity Fund (Fondo Solidario para la Salud; Fosalud) official***

It is worth noting that UNICEF technical assistance in the CCD approach has also permeated other Ministry of Health initiatives such as the Kangaroo Mother Care programme, human milk banks and breast milk collection centres. Moreover, the Health Solidarity Fund (Fondo Solidario para la Salud; Fosalud) has supported grassroots organizations such as Ángeles de El Salvador in working with this approach (*see Box 2*). Meanwhile, other United Nations organizations such as the World Bank provide nationwide support to ensure sustained progress in ECD (*see Box 3*).

Box 2. Good practice: Ángeles de El Salvador – Organizing and empowering caregivers of children with disabilities

As a result of the Zika Response Plan 2017–2019, a group of families and caregivers of children affected by congenital Zika syndrome created Ángeles de El Salvador in 2018. This community network brings together 45 families of children with microcephaly, cerebral palsy and hydrocephalus to help improve the children's quality of life, share experiences and knowledge, and build a collective space for support in disability matters.

Ángeles de El Salvador has received UNICEF support in capacity building and community-based rehabilitation through various training.[v] Additionally, network members have received advice on feeding practices and nutrition for children with disabilities; guidance on coming together as an organization; and also specific psychological support to strengthen their competencies and personal skills (e.g., leadership skills) to improve their capacities to support their children and, at the same time, be better equipped to understand and deal with the ecosystem of available care services.

According to the Ángeles de El Salvador members interviewed for this case study, UNICEF support – including the CCD training – has strengthened the network's activities and helped to enrich the quality of interactions between families and their children.

Photograph 1. Fair for awareness on microcephaly held on September 30, 2019





Source: Ángeles de El Salvador Association

Photographs: © UNICEF El Salvador/2019/Oscar Leiva. Photographs taken with a mobile device during a monitoring visit to activities carried out with families.

Box 3. Renewed momentum for early childhood public policy

In coordination with public institutions and international development partners, the Government of El Salvador defined a new National Early Childhood Development Plan in June 2019. The World Bank has supported this plan by providing US$500 million to the Government to develop two projects to strengthen the quality and availability of education and health services for young children (from gestation to 7 years of age). The two projects are described as follows:

- **Growing Up and Learning Together: Comprehensive Early Childhood Development.** This project, expected to come under the responsibility of the Ministry of Education, Science and Technology, is anticipated to benefit an estimated 230,000 children under 7 years of age. Growing Up and Learning Together "seeks to improve the quality of teaching and early childhood care throughout the country, optimize facilities and learning environments in public education and childcare centres, and strengthen institutional capacities to manage the education sector" (Banco Mundial, 2020). According to the source consulted, this project envisages three key activities, which are to:
  - ensure and implement national quality standards, accreditations and a basic curriculum for early childhood education and early childhood care in public and private institutions across the country
  - strengthen the professional capacities of 7,800 teachers and 4,500 managers of public early childhood education centres in urban and rural areas
  - carry out infrastructure works in 110 public early childhood education centres and implement corrective maintenance and/or provide equipment to improve the facilities of a further 400 such centres.
- **Growing Up Healthy Together: Comprehensive Early Childhood Development.** This project, which is expected to come under the responsibility of the Ministry of Health, seeks to "strengthen health promotion behaviors among 0–7-year-old children and their mothers during preconception and gestation. It also aims to strengthen the early identification of risks and developmental delays in children and improve the provision of services for quality maternal and child health, including health workers' training." According to the World Bank (2020), this project considers three main activities:
  - "strengthening the national network of services for women's care during preconception, pregnancy and safe delivery, including rehabilitating facilities, developing knowledge clubs for future mothers, and purchasing and doing maintenance to supplies and equipment for prenatal and delivery care".
  - "promoting health among 0–3-year-old children, including improving the quality of health services, communication for the promotion of maternal and child health and disease prevention; provision of information kits for appropriate stimulation in early childhood, improving early detection of developmental delays, and harmonizing care standards".
  - "providing essential services for 4–7-year-old children, including monitoring learning environments to ensure that they are healthy, and monitoring the provision of nutritional foods and supplementary feeding."

Highlights of how the introduction of CCD in El Salvador builds upon earlier efforts

- For UNICEF, advocacy, technical assistance, strategic alliances and capacity-building strategies have been instrumental in promoting updated or improved early childhood public policies, programmes and services. The introduction of the CCD approach has contributed to such efforts, as it complements and strengthens care services. This, in turn, has helped to position the relevance of the CCD approach on the public agenda, engaging those government authorities involved in policy formulation as well as technical managers.

- The UNICEF training strategy was successful in increasing high-level government officials' understanding of the potential of the CCD approach. Furthermore, it encouraged their commitment to support additional training for technical managers responsible for the design, implementation and monitoring of early childhood and family services.

- CCD training and awareness-raising were critical in ensuring the integration of this approach across the various sectors and services, thereby strengthening a common perspective and articulation framework for personnel participating in different early childhood care services. With the introduction of CCD, programmes and services now offer families more coordinated and complementary guidance and messages on nurturing care and comprehensive ECD.

- Training and awareness-raising initiatives have enabled alliances between non-governmental organizations, academia and the public sector, as CCD helps to strengthen interinstitutional collaboration and underlines the importance of multisectoral efforts.

- There is political commitment to promote new early childhood programmes and services in El Salvador. This commitment is an opportunity to continue promoting the implementation of the CCD approach in the country, which was disrupted in 2020 due to the COVID-19 pandemic.

- UNICEF advocacy, training and technical assistance processes provided the Government of El Salvador with updated CCD-inspired guidelines (*Step by Step* guide) based on scientific evidence, which offer recommendations to promote nurturing care practices.

- The *Step by Step* guide developed by the Ministry of Health and UNICEF facilitates the role of primary health care personnel who provide guidance and support to caregivers at the community level. This guide has become a benchmark for implementing CCD in the health sector (Health Promoters programme) and it has also been very useful for other services delivered by community members (e.g., family- and community-based approach to early childhood education and comprehensive development).

2.2. Including CCD in the early childhood sectors and services

According to interviewees, the CCD approach has been included in the various early childhood sectors and services in El Salvador through promotion, advocacy and training activities. Among those countries that have implemented CCD, the health and education sectors —which play critical roles in the context of early childhood public policy— have benefited the most from the comprehensive and far-reaching nature of the approach. Therefore, the decision to carry out widespread CCD training for health and education personnel in El Salvador was based on the potential of the approach to enrich ECD services in these sectors in particular. As such, more service providers have been trained in these two sectors than in other early childhood sectors.

The following sections describe CCD integration to date in the health, education and protection sectors, including highlights of major achievements, as well as a couple of cross-sectoral efforts.[VI]

2.2.1. Health sector

1. CCD in the Health Promoters programme

El Salvador has around 3,300 health promoters located throughout the country's 262 municipalities, who operate primarily in rural and marginal urban areas. Each promoter supports between 200 and 300 families and makes six to 10 home visits per day, giving priority to at-risk populations: pregnant and post-partum women, newborns, children under 5 years of age, senior citizens and people with disabilities.[2]

In total, 1,495 health promoters were trained in the CCD approach (*see Table 2*). UNICEF conducted the CCD training through its implementing partner PRO-VIDA, emphasizing the comprehensive nature of the approach and the importance of nurturing care for young children's physical, cognitive and socio-emotional development. Additionally, UNICEF distributed the Care for Child Development Backpack (or Kit) and other teaching tools (*Step by Step* guide) to health promoters to enable them to replicate what they had learned with families and children.[3] UNICEF also delivered training in paediatric emergencies, microcephaly and neonatal transport to 102 health professionals (e.g., paediatricians, neonatologists, doctors, nurses) based in the Ministry of Health's Comprehensive Care Unit for Women, Children and Adolescents.

Interviewees highlighted that the introduction of CCD has yielded positive results since the training events transformed health promoter work practices. It is evident that health promoters are more sensitive and knowledgeable of CCD and seek to encourage caregivers to assume a leading role and generate learning opportunities through play, while the health promoter looks, listens, asks questions and tries to resolve any doubts that arise. For their part, families have clearly also made changes in their practices and now engage in nurturing and assertive interactions with their children, thereby enhancing the health promoter's work.

Some interviewees also highlighted that following the CCD training, health promoters had further strengthened their skills and acquired new tools and materials (CCD Backpack, *Step by Step* guide) that they use during consultations, helping to simplify and raise the standard of their work.

> ***"A promoter told us: I sincerely feel more confident, because before going to the consultations I had to think about what I was going to do, and sometimes with my training, I did not know how to approach families and many times I lacked the tools to approach them, and when I came to the consultations it was only to do my clinical work. But now we have a great experience because I am on my way to the consultation and I have written in my notebook what my approach is going to be, and I even bring answers and questions for the families."***
>
> ***National-level health sector official***

> ***"A promoter told us he did not know much about early stimulation, he hadn't had any prior formal training, or access to a tool that was so visually effective or included key messages .... And then he said, well I don't limit myself anymore to teaching this to people who ask me, but I try to go further, I present it to my neighbours, to my son's school .... Now I present it with greater confidence and in a didactical manner; I feel that I am not making things up or saying unfounded things."***
>
> ***National-level health sector official***

2 Ministerio de Salud de El Salvador, *Lineamientos Técnicos del Promotor y Promotora de Salud en las Redes Integrales e Integradas de Servicios de Salud*, MINSAL, 2014.

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

As well as providing training to officials and health service providers, the Ministry of Health's Primary Health Care Unit brought together a multidisciplinary team to design teaching tools and materials, which held workshops on the CCD approach. This work produced two training guides – one for facilitators, the other for participants – that provide guidance on CCD training workshops for health promoters. These health sector training manuals are adapted to *the simplified scale of development* used by the Ministry of Health to monitor the growth and development of children under 5 years of age.

In the opinion of interviewees, training events and the design and distribution of supporting guides are strategies that have been well received by officials and service providers. These training guides have become an effective tool for replicating training and scaling up the CCD approach among health promoters.

> ***"We already have training packages; we already have the tools. These workshops include the didactic letters, objectives, how to carry out the workshops, the materials, the duration.... Those who received the training were given these two documents [facilitator and participant guides] so that they not only received the training but were also able to replicate it in the communities. We saw that it was necessary to deliver the two manuals so that this two-day workshop could also be held in communities, and this would ensure the continuity and sustainability of the information provided at the training."***
>
> ***National-level health sector official***

> ***"Once the promoters see the tools of the promoters who participated in the workshops, they ask their colleagues to replicate the workshop. Those who participated in the workshop said they experienced profound changes in their approach to children and the mother–child component, and this is transmitted to other resources and has sparked increased interest in the matter. People have already asked to participate in this type of training workshop and to be granted the opportunity to do so. There are 2,150 promoters and we have already reached more than a quarter."***
>
> ***National-level health sector official***

2. CCD in maternity waiting homes

El Salvador's maternity waiting homes (HEMs) are health centres authorized by Fosalud to provide comprehensive maternal and child health services to pregnant women, new mothers and newborns living in remote areas of municipalities with insufficient hospital coverage.

Fosalud encouraged integration of the CCD approach in HEM services through a promotion and capacity development process that involved 100 per cent of HEM technical officials and front-line personnel (88 individuals) in 19 municipalities. These training events were held in September and October 2019 and included practical sessions to enable participants to adequately integrate the family guidance recommendations in care protocols. Moreover, participants went on to disseminate their newly acquired knowledge, replicating the training using an adaptation of the CCD training guide for facilitators and a teaching materials kit. Service providers thus contributed to the diffusion of the approach and the capacity-building process by training their colleagues.

Thanks to the CCD training, it was decided that HEMs would accommodate a wider age range than infants alone, and they now also serve children older than 12 months. For their part, health professionals have been able to use their increased awareness of CCD to create tools and materials that help them to achieve better results in their interactions with parents and caregivers. They have understood that they must assume the role of facilitator/guide and encourage primary caregivers and families to assume the leading role in their young children's care, stimulation and development.

"We perceive that they [pregnant women] have received CCD very well because many women are unaware of the rich and productive effects of stimulating children while they are in the womb. So for many women, it has been very new. The most important thing is that they are not used to talking to their baby; they have been taught and are no longer ashamed to do so. Now they see the need and the importance of talking to their baby, from the womb."

Fosalud official

This investigation was aimed at assessing mothers' knowledge of childcare and development, and we concluded that many women were unaware of the term 'early stimulation', so many women and families did not know they were supposed to talk to the baby, that they had to caress the tummy; families did not get involved in stimulation. So, with this knowledge, we began to work [on] teaching CCD and early stimulation with mothers, newborns and parents, and we began to see that women received it very well – we had very nice and gratifying results. Furthermore, Fosalud gave us *Pasito a pasito [Step by Step]****, which is useful material that was very well accepted because it is very easy to understand and helped improve the work."***

Fosalud employee

The creation of Comprehensive Early Stimulation Centres[VII] as part of the HEM programme began in the second half of 2019. In September of that same year, the first Comprehensive Centre for Maternal and Child Care and Nutrition was created, in San Julián, Sonsonate. Small spaces for comprehensive early stimulation[VIII] were also created in the country's 20 HEMs in January 2020.

In the opinion of interviewees, the CCD training provided to Fosalud technical officials and staff in 2019 and to incoming government managers in 2020 was the primary driving force behind the creation of the Comprehensive Early Stimulation Centres, the first Comprehensive Centre for Maternal and Child Care and Nutrition and the exclusive spaces for comprehensive early stimulation in HEMs. Although there were already professionals based in HEMs who provided early stimulation care (e.g., physiotherapists), in general, staff lacked sufficient knowledge, equipment and materials to provide adequate care. In this context, the introduction of CCD was an opportunity to enhance the skills of professionals and give them new materials (CCD Backpack, *Step by Step* guide) to use in consultations, and this played a decisive role in promoting the creation of these centres.

During the COVID-19 pandemic, some in-person HEM services have remained open for pregnant women, while early stimulation services have, at times, been provided remotely. The CCD Backpack and the *Step by Step* guide were used to support these remote services from April to August 2020, serving as the main tools to guide families in play activities and nurturing care practices. The *Step by Step* guide has also been delivered to families more widely during the pandemic, as its content is practical and easy to apply.

3. CCD at centres for rehabilitation

Training in the CCD approach was carried out at the Salvadoran Institute for Comprehensive Rehabilitation (ISRI) from June to September 2019. Implementing partner the De Waal Foundation, together with officials and managers of the four rehabilitation centres that adopted the approach, developed promotional actions and educational interventions to sensitize and provide CCD training to staff working with young children (e.g., educators; physical, speech and music therapists; psychiatrists; centre instructors; paediatricians and other doctors) as well as other professionals.

ISRI is an administratively autonomous institution that is part of the Ministry of Health. It provides rehabilitation services to individuals with inherited or acquired physical, cognitive or mixed disabilities to help them develop their potential to adapt to family, social, school and work environments. ISRI work is carried out jointly with families, who support the rehabilitation process – whether for children, adolescents or adults. ISRI has headquarters in the capital city (San Salvador), the eastern zone (San Miguel) and the western zone (Santa Ana), plus eight rehabilitation centres and a community centre.

CCD was implemented in four rehabilitation centres: the Comprehensive Rehabilitation Centre for Children and Adolescents' Comprehensive Rehabilitation (CRINA)[IX], the Western Centre for Comprehensive Rehabilitation; the Eastern Centre for Comprehensive Rehabilitation; and the Eugenia de Dueñas Rehabilitation Centre for the Blind.[X] Together, these four centres provide services to 11,000 young children annually.[4]

According to interviewees, CCD was introduced in ISRI services because senior officials, when presented with the idea, saw the approach as practical, easy to apply and replicate, and capable of raising the standard of care services for children with disabilities under 5 years of age. Interviewees stated that the approach reinforces the role of professionals as facilitators or tutors; it also strengthens care services by supporting families and promoting their empowerment and participation in children's comprehensive development. Integrating CCD has helped ISRI services to move away from a rehabilitation approach and instead adopt a pedagogical approach to disability prevention and comprehensive development, encouraging nurturing care activities and play-based learning to help children develop to their full potential.

Introducing the CCD approach in El Salvador has not only enhanced the services provided by ISRI centres, but it has also **increased the visibility of the importance of working with children with disabilities and caring for them while focusing on their cognitive and social-emotional development, and integrating nurturing care practices**.

> ***"I think that the CCD approach has been very valuable for me; it allows me to see beyond clinical and biological aspects and to understand the importance of the caregiver's psychological or social aspects – the mother and the children. CCD allows me to adopt an improved biopsychosocial approach. That's why when I was introduced to it, I said ... this component is very good because it addresses children's psychological aspects and mind development, which are often left out. Therefore, if all these nurturing care techniques are part of children's development of their principles and values, then of course I receive it very well."***
>
> ***ISRI health professional***

Moreover, as interviewees noted, families who previously did not play or communicate with their children, because they found these activities lacked meaning, have begun to recognize that children with disabilities require the same interactions as their peers without disabilities. They can see that such interactions both strengthen the attachment bond between caregiver and child, and help children to develop to their full potential.

4. CCD in the University of El Salvador's Maternal and Child Health programme

The University of El Salvador created its undergraduate programme in Maternal and Child Health in 1972, with the objective of educating health personnel in the specialized care of pregnant and post-partum women, newborns and children under 5 years of age. The programme curriculum has been transformed over time to include new approaches, which today encompass the areas of sexual and reproductive health; pregnant,

4 Gobierno de El Salvador, *Memoria de labores del Instituto Salvadoreño de Rehabilitación Integral*, Gobierno de El Salvador, 2020.

parturient and puerperal women; infancy, early childhood, childhood and adolescence; and women, gender and health.

Following the programme directors' participation in a CCD training in 2019, they saw an opportunity to use the approach to enhance the curriculum, which, coincidentally, was in the process of being updated. UNICEF agreed with this direction and, ever since, the programme directors have been making efforts to include the CCD approach in the Maternal and Child Health programme, thus helping to ensure its sustainability and scalability.

According to interviewees, the CCD approach has allowed university teaching staff and students to access the latest evidence from developmental neurosciences, both to inform research and to introduce new knowledge in academic work and community practice.

> ***"For us, it is quite valuable to incorporate this approach because we can use it to carry out many more activities in our work … we even carried out some virtual research on families' parenting practices; we focused on how they understand stimulation, how they do it. In this sense, families have said they do not carry out stimulation activities because they cannot buy expensive toys … others state that these are activities that are done once the child understands, or speaks. So we address all these shortcomings and incorporate the new knowledge to make sure that it does not stay with the teaching staff, but is transmitted to the students who can also replicate it with the families."***
>
> ***Representative of the University of El Salvador***

Interviewees also mentioned that CCD training has increased awareness among teaching staff and students of the importance of conducting research on disability and emerging pathologies. Educators and students alike recognize that children with disabilities need, and respond well to, the same early stimulation activities as their peers without disabilities.

> ***"During the curricular innovation, we realized that we must study emerging pathologies such as Zika, for example, which is one of the approaches shared by UNICEF. Now we have included the disabilities approach and in practice, we have witnessed visual contact between the caregiver and the young child; the members of the health team used to think that we would not be able to help a child pull through …. But with this new approach, we see that it is possible to make eye contact, you need a little patience, you have to convince the family to observe and stimulate their child, which is also necessary for our country to make progress; because working in favour of children, I believe, is also working in favour of our country's development."***
>
> ***Representative of the University of El Salvador***

Inclusion of the CCD approach in the new Maternal and Child Health programme curriculum implies that it will also be included in the practices of the clinic attached to the university. Moreover, graduates of the programme include CCD in their medical practices in other health care centres as they embark on their professional careers, so it is expected that the approach will be institutionalized.

Highlights of implementing the CCD approach in health programmes and services

In the opinion of interviewees, CCD dissemination and implementation activities in the health sector have contributed to the following:

- Strengthening the understanding of the CCD approach among professionals who work in programmes and services that care for women and children during the perinatal stage and beyond.
- Supporting the provision of programmes and services by: (1) developing shared knowledge and skills to promote children's comprehensive development; and (2) providing resource materials to support work in centres and during home visits.
- Expanding the coverage of HEM services through the addition of specialized care in comprehensive early stimulation.
- Promoting knowledge and practices that favour young children's care and development, thereby encouraging changes in the interactions between professionals and caregivers.
- Strengthening the training of University of El Salvador Maternal and Child Health undergraduate students by sensitizing them to CCD and strengthening their capacity to conduct research in line with the approach.
- Updating the Maternal and Child Health programme curriculum to reflect the CCD approach, which contributes to the development of local capacities in CCD and ensuring the sustainability of the approach.
- Extending the CCD approach to the country's various health care centres through the medical practices of programme graduates as they embark on their professional careers.

2.2.2. Education sector

5. CCD through the institutional approach and the family- and community-based approach

In 2010, El Salvador's Early Childhood Education and Comprehensive Development Policy set out the early childhood education and comprehensive development model, consisting of two implementation modalities: the institutional approach and the family- and community-based approach. The former comprises early childhood education services for children aged 3 months to 3 years and preschool services for children aged 4 to 6 years, in both public and private schools. The latter consists of a series of services aimed at families and caregivers of young children who do not attend formal programmes, to enable caregivers to become involved in their children's early learning and comprehensive development. The two modalities are designed to meet the needs of children at different stages of the life cycle, and to promote safe play, exploration of the environment, learning, communication, nutrition and adequate rest as components that guarantee comprehensive development in early childhood (Ministerio de Educación, Ciencia y Tecnología, 2013a).

The Family Circles community-based care strategy is part of the family- and community-based approach to early childhood education and comprehensive development. Pregnant women, families, caregivers, and children under 5 years of age meet in the family circles to share experiences, games, care practices and learning activities. Family circles, which are held twice a week, consist of a two-hour session in which a staff member of Technical Assistance for Early Childhood (Asistencia Técnica para la Primera Infancia; ATPI) assesses child development indicators, observes caregivers' progress and difficulties in interacting with their children, and provides guidance on care and on play and communication activities that make use of objects easily found at home. Family circles may vary in size and composition, but it is recommended that each includes no more than

10 families. Each ATPI team is in charge of a number of circles and typically works with up to 100 families (Ministerio de Educación, Ciencia y Tecnología, 2013b).

Integrating CCD in these two modalities involved advocacy, promotion and capacity-building activities, and necessitated the updating of official documents. Education sector decision makers and technical officials, as well as teachers and educators working in either approach, participated in CCD awareness-raising and training workshops that helped to enhance the services offered to families. According to the information collected, this capacity-building process reached 429 ATPI staff involved in the family- and community-based approach and 400 teachers active in the institutional approach (*see Table 2*).

The registration form for family circles and early childhood education is one of the official documents that was updated (*see Appendix 2*). This uses an early childhood and preschool education enrolment format that also serves to monitor and evaluate ECD in family circles. The registration form was modified in 2019 to include several recommendations for families as well as four questions related to the CCD approach: How do you play with your child?; How do you get your child to smile?; How do you talk to your child?; and How is your child learning? The registration form update was coordinated by the National Directorate of Early Childhood Education with UNICEF support.

According to interviewees, the CCD training process has allowed early childhood educators and preschool teachers to expand their vision of the development of children under 5 years of age. Interviewees specifically pointed out that, thanks to CCD, educators recognize the importance of families and primary caregivers in children's comprehensive development. In this sense, early childhood educators and preschool teachers now act as mediators in caregiver–child interactions, by observing, praising and advising families so as to strengthen their capacities and care practices based on affection, play and communication. Educators also encourage caregivers to use items typically available at home (spoons, boxes, plastic bottles, etc.) to engage in play activities with young children.

> ***"Developing the programme has been fundamental because now with the [COVID-19] pandemic, they [educators] recognize that families play a leading role, and they [the educators] are mediators. They have also enriched their play and communication activities, and have begun using available resources, whatever is available. They also strengthened the process of looking, praising and advising, and have improved their mediation role with the families."***
>
> ***Ministry of Education official***

> ***"There have been changes in ATPI's approach, because before, they did not give the leading role to the participating significant adult and they were mostly in charge of implementing the activities. Nowadays, they are focused on family's leading role. Moreover, they emphasize the need to interact with children and to build affectionate, warm and playful environments."***
>
> ***Ministry of Education official***

Interviewees pointed out that the introduction of the CCD approach has, in general, prompted families and caregivers to express an interest in receiving complementary information on the various services that promote CCD.

> ***"CCD has come to modify intersectoral work and help standardize the materials used to evaluate development. The Pasito a pasito [Step by Step] guide is very practical, and it can be used by health promoters, ATPIs [ATPI staff] .... We have evolved from a situation where each sector was doing its part, towards an idea where everyone shares a common vision of comprehensive early childhood care and a little more work is being done in favour of coordination. Now we are going to work with development standards.***

> ***And one of the results achieved is having included CCD issues in the registration form for family circles and preschool children. Now the health and education [sectors] are starting to speak the same language on child development."***
>
> ***Ministry of Education official***

At the same time, families and caregivers who have attended parenting workshops held by teachers involved in the institutional approach have become aware of their leading role in child development. Whether participating in early childhood education and preschool centres or in family- and community-based services, families introduced to CCD have enhanced their parenting practices through play activities, stimulation and secure bonding. As an interviewed Ministry of Education official remarked: "The ATPIs [ATPI staff] also held parenting workshops for preschool children and addressed the importance of the first 1,000 days, in terms of development and stimulation. The [CCD] approach has strengthened our professional competencies and we have already seen teachers and professionals applying them in the territory."



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Highlights of implementing the CCD approach in education programmes and services

In the opinion of interviewees, the actions carried out to raise awareness of and implement the CCD approach in the education sector have contributed to the following:

- Supporting and raising the standard of the provision of both institutional services and family- and community-based services by: (1) strengthening and updating knowledge with the CCD approach; and (2) providing resource materials that support the work of professionals.
- Stimulating the capacities of families to support their children's care and development.
- Strengthening complementary and joint work between services, based on the health and education sectors' shared approach to ECD.
- Integrating the CCD approach into programmes and services based on the most recent scientific evidence, while maintaining alignment with the official guidelines and documents of those programmes and services (e.g., modified registration form for family circles and early childhood education).

2.2.3. Protection sector

6. CCD in the Comprehensive Early Childhood Care Programme

The Comprehensive Early Childhood Care Programme (Programa de Atención Integral a la Primera Infancia; PAIPI) is run by the Salvadoran Institute for the Comprehensive Development of Children and Adolescents (ISNA)[XI] and covers children's education, health, development, protection and recreation, focusing on children aged 6 months to 7 years. PAIPI is implemented through two free-of-charge modalities: Comprehensive Development Centres (Centros de Desarrollo Integral; CDIs) and Child Welfare Centres (Centros de Bienestar Infantil; CBIs).

CDIs prioritize the child population located in urban areas and offer institutionalized services to some 7,000 children aged 3 months to 7 years. Services are provided by a multidisciplinary team that includes administrative personnel, social workers, psychologists and child educators, who monitor care received by children and their families and assess children's physical and cognitive development.[5]

CBIs are located in rural and urban areas and promote community-based comprehensive development for 4,751 children aged 2–7 years. The community organizations that operate the CBIs sign agreements with ISNA and in return receive a food subsidy and bonus for each community educator (there are 600 volunteer community educators in total). ISNA provides administrative and technical support through social promoters, who carry out specific capacity-strengthening activities with the community educators. Meanwhile, the community educators develop a curriculum that is in line with Ministry of Education, Science and Technology guidelines and also take anthropometric measurements and carry out activities to evaluate children's stimulation and development (ISNA, 2017).[6]

Seventy-eight individuals involved in delivering the Zika Response Plan 2017–2019 received CCD training in 2019: 52 territorial development technicians from across all 14 departments of El Salvador; 15 community educators from CBIs, who participated in the training as part of a pilot intervention; and 11 management-level officials of the Department of Early Childhood Care.

5 Information taken from interviews with the authorities of the Early Childhood Care Program, taking as a reference the document Comprehensive Early Childhood Care Program and the Profile of the Initial Care Centers within the framework of the Comprehensive Care Program for Early Childhood of the sub-directorate of the Promotion of Rights Program of the Department of Early Childhood Care.

6 Ibid.

According to interviewees, CCD training has been relevant in the context of PAIPI as it has helped to support CBI community volunteers from a new perspective: "The CCD approach has all the elements required to improve care and parenting practices, not only in El Salvador but throughout Latin America and the Caribbean."

Despite the short implementation time for the CCD training, one of its main achievements has been the inclusion in PAIPI family sessions of questions such as: When do you play with your child?; and How do you show love and affection? Although only 15 community educators from CBIs had been involved in the training (via the pilot) by September 2019, interviewees saw the great value of the CCD approach, particularly because of its emphasis on the attachment bond and on the interactions between caregivers and children. Interviewees claimed that the approach has helped to enhance the caregiver's critical role and has made it easier to identify potential delays in children's development.

Unfortunately, the COVID-19 crisis prevented the planned expansion of cascade training in 2020. This was intended to integrate CCD into existing training programmes and personnel structures in each of 14 selected districts (one per department). Although the pandemic necessitated changes to the PAIPI plans, it was possible to introduce some CCD elements in the existing remote support services for children run by the CDIs and CBIs. For example, the CCD approach was used as a reference to promote nurturing care in the centres' work with families. For this, the existing home-based curriculum was adapted to promote more and better caregiver–child interactions, through the inclusion of practical recommendations for activities based on play and affection.

Besides these sector-specific efforts to implement the CCD approach in recent years, it is important to highlight the virtual CCD course developed by and tested with Ministry of Health professionals. In the context of the COVID-19 pandemic, this course has been critical to the continuity of CCD training for early childhood service providers across sectors and across the country. Taught by two CCD-trained facilitators, the course is conducted via virtual sessions using the Zoom platform and follow-up activities through Google Classroom. Sessions are well planned and cover exactly the same content as the usual five-day classroom course, including two practical activities.

In addition, UNICEF El Salvador has designed a one-day CCD training for emergency contexts, which is carried out with professionals from all sectors who have already received the basic training. The training is an effort to ensure that family support is provided remotely in such settings, while making sure that the emergency does not become an obstacle for the provision of services. In fact, the training aims to encourage professionals to see critical situations as an opportunity to guide caregivers in nurturing care practices, which can be very useful in supporting families affected by emergencies, especially those living in shelters.

Highlights of implementing the CCD approach in protection programmes and services

In the opinion of the interviewees, the actions that have been carried out to socialize and implement the CCD approach have contributed to the following:

- Demonstrating to PAIPI authorities the value of the CCD approach and its relevance in developing the capacities of volunteer staff.
- Offering practical tools that strengthen home-based work with families to promote nurturing care during the pandemic emergency.
- Encouraging increased interest in CCD training among 600 community educators of the CBI modality.



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III. 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 El Salvador. It also provides a set 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 general, interviewees expressed a series of positive views on the CCD approach and the strategies used for its introduction in El Salvador. Some of the central ideas shared by interviewees are as follows:

- The CCD approach was adapted to the Salvadoran context in an effort to increase the feasibility of its adoption. This enabled the implementation of training events across a wide range of sectors and services, reaching a large number of providers which together served more than 220,000 families.

- The approach has the capacity to be adapted to each sector's particular needs and conditions and to improve existing services, as highlighted by decision makers, government technical staff and programme and service directors. This makes it a practical and operationally feasible approach to use to improve care services. For example, based on the knowledge acquired from CCD training, maternity waiting home (HEM) professionals designed new activities that allowed them to create practical tools and materials, expand the age range of children served by HEMs, and strengthen comprehensive early stimulation services.

- CCD was introduced most extensively in the health sector. It was also adopted by the education and protection sectors, thanks to awareness-raising initiatives and also the training methodologies for personnel, designed and adapted to qualify services and strengthen human talent.

- The CCD approach focuses on working with families and encourages service providers to facilitate the interactions between caregivers and children while encouraging the caregivers to lead play and communication activities with their children using materials that are easily found at home.

- The *Step by Step* guide developed by UNICEF and the Ministry of Health facilitates the roles of service providers, professionals and community agents who provide guidance and support to caregivers. Besides being considered a benchmark in the health sector, this manual has also proved useful in guiding the provision of services aimed at families in other sectors such as education and protection, as well as rehabilitation services.

- Furthermore, the effectiveness of the CCD approach has become evident through its positive impact in different areas of the early childhood social ecosystem in El Salvador – at the institutional level and in terms of human capital, cultural capital and resource materials.

At the institutional level, the introduction of the CCD approach has enabled:

- Building of political and technical commitment among the various sectors and different government levels regarding implementation of CCD in programmes and services. It has also brought together diverse groups of actors to engage in a common approach and participate in opportunities to improve coordination and exchange knowledge and experience on ECD, early childhood care, and the involvement of families and caregivers in their young children's growth and development.

- Strengthening of plans for the forthcoming early childhood projects Growing Up and Learning Together, and Growing Up Healthy Together. For UNICEF, advocacy, technical assistance and training initiatives and the promotion of strategic alliances have effectively influenced public policies and early childhood programmes, improving their position on the public agenda.

- Operationalization and implementation of global frameworks, including the Nurturing Care Framework, in the health, education and protection sectors.

- Promotion of technical and operational articulation and coordination among institutions that serve children. Examples such as the Health Promoters programme, institutional, family and community-based approaches to early childhood education and comprehensive development, HEMs, and ISRI rehabilitation centres currently engage in coordination efforts to provide complementary and joint services and messages on CCD.

In terms of human capital, the introduction of the CCD approach has enabled:

- Promotion of the development of skills of technical officials involved in the design, implementation and monitoring of care services for children and families. Competencies include: (1) specialized knowledge on child development; and (2) skills to guide and support caregivers and families.

- Promotion and increased awareness of the CCD approach among representatives of the health, education and protection sectors. The pursuit of such efforts implies that technical officials and service providers, among others, have the skills to implement evidence-based early childhood programmes and services.

- Strengthening of alliances with non-governmental organizations, academia and the private sector, while highlighting the importance of collaborative and multisectoral work, even in sectors that do not traditionally work together on children's issues.

In terms of cultural capital, the introduction of the CCD approach has enabled:

- The teaching of families about the importance of nurturing care practices for the comprehensive development of children with or without disabilities. This has been achieved by transforming the work practices of personnel in health centres, education centres and protection services, and also through the implementing partners' direct work with families.

- Strengthening of services for children with disabilities and their families by including the CCD approach in traditional and specific rehabilitation services, which has enabled service providers and families to understand and apply the approach with children.

In terms of resource materials, the introduction of the CCD approach has enabled:

- Enhancement and diversification of the content and materials used in HEM consultations, in the education sector's institutional and family- and community-based approaches, by health promoters, in ISRI centres for children with disabilities, and by ISNA services. Introduction of the CCD approach also influenced the modifications to update the curriculum of the undergraduate programme in Maternal and Child Health at the University of El Salvador. Incorporation of the CCD approach in materials such as the *Step by Step* guide and the early stimulation kit has elevated the standard of the counsellor's input and provided tools that facilitate and enrich professionals' work with families.

3.2. Recommendations to ensure continuity of the CCD approach in El Salvador

3.2.1. Recommendations at the public policy level

- Strengthen the structural conditions of the ecosystem (legislation; public and budgetary policies at the national and local level) to ensure that the CCD approach continues to improve services, and encourage intersectoral work to promote a comprehensive view of ECD throughout the public policy cycle.

- Carry out research that can produce evidence to inform the design and modification of policies, programmes and services as well as their adaptation to different contexts in El Salvador. Of all of the potential research and studies, it is advisable to consider conducting the following:

    - Impact evaluations for health sector services such as HEMs and ISRI centres, and ex-ante and ex-post assessment of health promoter home visits to identify changes that may have taken place in the care and parenting practices of beneficiary families.

    - An impact evaluation of the services offered under the education sector's institutional and family- and community-based approaches to early childhood education and comprehensive development.

    - An impact evaluation of the services offered by ISNA.

3.2.2. Recommendations at the programme and service level

- Increase the coverage of care programmes and services that include the CCD approach, and encourage the engagement of other sectors, such as finance, culture and sports, to consolidate comprehensive early childhood care services.

- Promote knowledge transfer and continuous training on the CCD approach among programme officials and service providers. Additionally, include CCD in the in-service training of teachers and educators, to mitigate the risks associated with the turnover or rotation of public officials trained in the approach.

- Update and strengthen existing information systems that support 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).



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Appendix 1. Methodology

Preparation of this case study involved three phases. Phase 1 included a review of secondary sources. Phase 2 was dedicated to the collection of information through interviews with officials of the national government and local government authorities, representatives of implementing partners, Care for Child Development (CCD) trainers and UNICEF staff. Phase 3 involved the analysis of the information and preparation and review of the case study.

In line with contingency planning related to the COVID-19 pandemic, the interviews were carried out remotely. Interview protocols were developed and validated in collaboration with UNICEF, and 13 semi-structured interviews were conducted via Zoom and Google Meet. The information collected through the interviews was analysed during phase 3.

Limitations of the methodology

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 El Salvador.



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Appendix 2. Example of official form where Care for Child Development was included

The Ministry of Education, Science and Technology (Ministerio de Educación, Ciencia y Tecnología) registration form for family circles and early childhood education, which includes Care for Child Development-based questions and recommendations.

MINISTERIO DE EDUCACIÓN
GOBIERNO DE EL SALVADOR

unicef

Ficha de matrícula y entrevista

Indicaciones: El momento de matrícula y entrevista es oportunidad para conocer sobre la familia y su contexto, por lo cual la persona que estará a cargo del grupo será quien guie y registre la entrevista. Solicite la Cartilla de Salud para dar seguimiento al estado nutricional y vacunación; agregue copia al expediente. Esta ficha junto a la evaluación de indicadores serán la base para el diagnóstico y la planificación. Converse con la persona entrevistada sobre las imágenes al final de esta ficha.

1. Datos generales

Nombre y apellido en la niña o el niño: _____
Fecha de nacimiento: _____ Edad: _____ NIE: _____
Fecha de ingreso: _____ Dirección: _____
_____

Nombre de la madre: _____
Fecha de nacimiento: _____ Lugar y dirección de trabajo: _____
_____
_____ Teléfono: _____
Último grado cursado: _____ Ocupación _____

Nombre del padre: _____
Fecha de nacimiento: _____
Lugar y dirección de trabajo: _____
_____ Teléfono: _____
Último grado cursado: _____ Ocupación _____

Estado familiar de la niña o el niño (marque con una X según corresponda):

1. Vive solo con su madre ☐
2. Vive solo con su padre ☐
3. Vive con la madre y el padre ☐
4. Vive con sus familiares ☐
5. No vive con sus familiares ☐

Nombre de la persona que cuida al niño o a la niña: _____
Parentesco: _____
Último grado cursado: _____

2. Otros miembros del grupo familiar

Nombre	Edad	Parentesco	Último grado cursado	Ocupación

3. Salud y nutrición

Presenta tarjeta de vacuna Sí ☐ No ☐ Esquema completo de vacuna según edad Sí ☐ No ☐
Estado nutricional actual según gráfica de crecimiento y desarrollo: _____
Si la niña o el niño presentan algún tipo de discapacidad, marque con X según corresponda:

- ☐ 0. Ninguno
- ☐ 1. Ceguera
- ☐ 2. Baja visión (remanente visual no funcional)
- ☐ 3. Sordera
- ☐ 4. Hipoacusia (Baja audición)
- ☐ 5. Síndrome de Down
- ☐ 6. Retardo mental
- ☐ 7. Problemas motores (consecuencia de parálisis cerebral, lesión medular secuela de polio)
- ☐ 8. Ausencia de miembros (manos/ piernas)
- ☐ 9. Autismo
- ☐ 10. Otros

¿Tienen el niño o la niña alguna prescripción médica especial que debe administrarse en el centro educativo? Sí ☐ No ☐

Explique: _____

4. Hábitos

a. Sueño
Horario de sueño por la noche: _____
Horario de sueño durante el día: _____
Tiene alguna dificultad para dormir: _____
Con quién duerme: _____

b. Alimentación
Fue o es alimentado con lactancia materna exclusivamente: Sí ☐ No ☐ Cuánto tiempo (meses): _____
Ha presentado alguna dificultad para la alimentación: Sí ☐ No ☐ Cuál: _____

c. Alimentos que consume

☐ Leche ☐ Verduras ☐ Fruta ☐ Res ☐ Pollo ☐ Arroz
☐ Jugos ☐ Frijoles ☐ Huevos ☐ Cerdo ☐ Pescado ☐ Otros _____

Personas autorizadas para retirar a la niña o niño de la institución
Nombre _____ Dui _____
Teléfono _____ Celular _____ Firma _____

Persona que autoriza: _____ Firma: _____

_____
Firma de madre, padre o responsable

¿Cómo juega con su niña o niño?



Involúcrese en sus juegos, considere sus intereses y realice juegos apropiados a su edad, permítale explorar, tocar y experimentar con los objetos.

¿Cómo habla usted con su niña o niño?



Háblele constantemente, mírele a los ojos, pregúntele, atienda sus respuestas de forma cariñosa y paciente.

Observe, pregunte y escuche (preguntas claves para el desarrollo infantil)

¿Cómo consigue que su niña o niño sonría?



Sonríale, hágale caras graciosas, mírele a los ojos, cántele, léale o arrúllele, compartan momentos de alegría

¿Cómo está aprendiendo su niña o niño?



Disfruten los libros de cuentos, armen rompecabezas, enséñele pequeños trabalenguas, permítale que explore su medio, que manipule los objetos, que resuelva pequeños problemas, porque les motivan los desafíos y les gusta encontrar respuestas.

Bibliography

Banco Mundial, 'El Salvador fortalecerá la calidad de la educación, el cuidado y la salud en la primera infancia con asistencia del Banco Mundial' (Press release), Banco Mundial, Washington, D. C., 19 March 2020, <www.bancomundial.org/es/news/press-release/2020/03/19/>, accessed 9 September 2020.

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.

Consejo Nacional de la Niñez y de la Adolescencia, *Estrategia Nacional para el Desarrollo Integral de la Primera Infancia (ENDIPI)*, CONNA, San Salvador, 2018.

El Salvador, Ley de Protección Integral de la Niñez y Adolescencia, 2009.

El Salvador, Ministerio de Educación, Ciencia y Tecnología, *Fundamentos curriculares de la primera infancia: Programas de educación y desarrollo. Nivel de educación parvularia*, MINEDUCYT, San Salvador, 2013a.

El Salvador, Ministerio de Educación, Ciencia y Tecnología, *Manual de asistencia técnica para la primera infancia: Vía familiar comunitaria*, MINEDUCYT, San Salvador, 2013b.

El Salvador, Ministerio de Educación, Ciencia y Tecnología, *Política Nacional de Educación y Desarrollo Integral para la Primera Infancia*, MINEDUCYT, San Salvador, 2010.

El Salvador, Ministerio de Salud, *Lineamientos técnicos del promotor y promotora de salud en las Redes Integrales e Integradas de Servicios de Salud*, MINSAL, San Salvador, December 2014.

El Salvador, Ministerio de Salud, *Lineamientos técnicos para el funcionamiento de los hogares de espera materna*, MINSAL, San Salvador, May 2017.

El Salvador, Ministerio de Salud, *Lineamientos técnicos para la atención integral de niños y miñas menores de diez años*, MINSAL, San Salvador, June 2018.

El Salvador, Ministerio de Salud and Fondo de las Naciones Unidas para la Infancia, *Pasito a pasito: Recomendaciones sobre Cuidados para el Desarrollo Infantil desde la gestación hasta los 5 años*, MINSAL and UNICEF, San Salvador, 2019.

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 Solidario para la Salud, 'Hogares de espera materna', Fosalud, San Salvador, n.d., <www.fosalud.gob.sv/inicio/hogares-de-espera-materna>, accessed 10 September 2020.

Instituto Salvadoreño de Rehabilitación Integral, *Memoria de labores 2019–2020*, ISRI, San Salvador, June 2020.

Instituto Salvadoreño de Rehabilitación Integral, 'Institución', ISRI, San Salvador, n.d., <www.isri.gob.sv>, accessed 4 September 2020.

Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia, *Programa de Atención Integral a la Primera Infancia,* ISNA, San Salvador, 2017.

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.

United Nations Children's Fund, *Care for child development. Case study: The experience of Paraguay*, UNICEF, Panama City, November 2019.

United Nations Children's Fund, *Sistematización: Proyecto Respuesta al Zika fase III*, UNICEF, San Salvador, August 2020.

United Nations Children's Fund and Ministerio de Salud – Instituto Nacional de Salud, *Encuesta Nacional de Salud de Indicadores Múltiples por Conglomerados*, UNICEF and MINSAL, San Salvador, 2014.

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 2019, <https://data.unicef.org/resources/dataset/sowc-2019-statistical-tables>, accessed 4 May 2021.

United Nations Development Programme, *Human Development Report 2019. Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century*, UNDP, New York, 2019.

World Bank, 'GDP per Capita (Current US$) – El Salvador', World Bank Group, n.d., <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SV>, accessed 5 May 2021.

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.

End Notes

I. The proportion of the population living in poverty and extreme poverty dropped from 49.1 per cent and 17.5 per cent respectively in 2000 to 34.5 per cent and 7.6 per cent respectively in 2018. Life expectancy at birth increased from 68.8 years in 2000 to 74.4 years in 2018. The under-five mortality rate dropped from 33 deaths per 1,000 live births in 2000 to 14 deaths per 1,000 live births in 2018, while the malnutrition rate among children under 5 years remained at about 2 per cent from 2013 to 2018 (ECLAC, 2020; PAHO, 2018; UNICEF, 2019).

II. The Zika Response Plan 2017 – 2019 project was developed in three phases. The first phase in 2017 was aimed at preventing the spread of Zika by eliminating mosquito breeding sites; the second phase in 2018, sought to limit the impact of the virus on pregnant women, children and their families' health; and the third phase in 2019, was aimed at raising awareness, promoting health, preventing and strengthening the capacities of health, education, protection and rehabilitation personnel. Implementing partners included government entities, the Waal Foundation (FdW), *Asociación Salvadoreña de Ayuda Humanitaria* (Salvadoran Association for Humanitarian Aid, PRO-VIDA), *Asesoría de Programas y Proyectos de Desarrollo* (Consultancy for Development Programs and Projects, ASPRODE), and CALMA Foundation.

III. There are currently three versions of the CCD course in El Salvador. There are two short courses that last two or three days and a full course that lasts five days. The two short versions were the result of negotiations with ministries to respond to specific aspects of the services they offer. In particular, the training for MINSAL promoters was carried out in two-day sessions. Although the suggestion is to carry out CCD training in workshops that are at least five days long, they can also be carried out in three days or less, depending on the specific needs of each entity's team and the context where it is implemented.

IV. This guide included an adapted version of the Scale of Development (Simplified Scale of Development), to reflect the CCD approach.

V. Through its implementing partner Asociación PRO-VIDA, UNICEF offered three day-long sessions on psychosocial care and two workshops on CCD, early stimulation and community-based rehabilitation to 45 families in Angeles de El Salvador affected by the Zika virus and other disabilities. During these activities, PRO-VIDA delivered 60 CCD kits and other materials adapted to children's conditions to support work in timely stimulation and rehabilitation, and promoted the creation of play-based learning spaces for families and children (UNICEF, 2020).

VI. It is important to highlight that the information provided was obtained through the interviewees' testimonies and the revision of secondary sources (reports, systematizations and other documents) delivered by the UNICEF Country Office and government entities. There was no concrete quantitative information (e.g., percentage of families who play with their children; the number of families of children with disabilities who have learned early intervention routines, etc.) to assess the impact of this effort. Future monitoring and evaluation initiatives are expected to collect information in this regard.

VII. These centers are attached to FOSALUD and provide specialized services for early intrauterine stimulation and stimulation for children under five. According to the interviewees, it is foreseen that these centers will attract pregnant women suffering from malnutrition to provide them with food, comprehensive health services and prenatal stimulation, as well as mothers of children under 5 five, to teach them the benefits of early stimulation and how to practice it with their children. Currently, there is only one Early Stimulation Center in El Salvador; there were plans to build five centers in 2020 and two more in 2021. However, due to the Covid-19 pandemic, this process was temporarily interrupted.

VIII. These spaces are located in small rooms inside the HEM and are used to strengthen family care practices and teach about early stimulation for children, starting from the womb and until they turn four.

IX. CRINA offers services to people with disabilities from birth to 18 years of age. It is operated by a multidisciplinary rehabilitation team responsible for assessing children and referring them to the care services they require (e.g., physical, language, occupational, music or educational therapy or to the toy library). Families and caregivers participate in CRINA services for 30 minutes and then replicate what they learned at home. CRINA receives more than 300 people a month and, between 2019 and 2020, it reached about 8,880 children 0-4 years old (ISRI, 2020).

X. The Eugenia de Dueñas Rehabilitation Center for the Blind provides specialized habilitation and rehabilitation services to children, adolescents and adults, who are either blind or have low vision, are deaf and/or suffer from multiple challenges. This Center helps them develop their functional independence and the ability to adapt to family, social, school and work environments. The Center works jointly with families, communities, governmental and non-governmental organizations in the inclusion and rehabilitation of its beneficiaries (ISRI, 2020).

XI. The Salvadoran Institute for the Integral Development of Children and Adolescents (ISNA) develops, coordinates, and supervises the national participatory system of comprehensive care, prevention, and protection of children and adolescents to guarantee their rights and care for their needs. This institution is responsible for preparing and providing the technical guidelines for the implementation of PAIPI. Monitoring and evaluation of the PAIPI program and its respective centers are carried out by approximately 60 ISNA operators in their respective delegations nationwide.

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