



# FROM TRADITIONAL TO HOLISTIC

## **How faith-based organizations in Africa are transforming their approach to early childhood care**

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Children develop and learn better when their needs in health, nutrition, stimulation, and protection are met (Marotz & Allen, 2013; Yousafzai & Arbi, 2015; UNICEF, 2006). Unfortunately, many children in Africa fail to reach their full potential due to poverty and its associated risk factors such as malnutrition, domestic violence, family stress, depression among caregivers, and lack of basic health care, early stimulation and early learning opportunities.

To ensure the well-being of children, attention is increasingly devoted to early childhood interventions that focus beyond survival or academics and promote the development of the whole child (Lake & Chan, 2016; Machel, 2017). The preparation of the early childhood workforce is a critical consideration to promoting holistic child development. Faith based-organizations (e.g. associations and congregations) represented by various religious affiliations play a critical role in promoting child care services in the health and education sectors, especially in most remote communities (Chand & Patterson, 2007). Yet, while young children need a lot more than academics to learn and develop (Lake & Chan, 2016; Machel, 2017), not all caregivers and educators of most faith-based organizations understand that. For example, with limited training in early childhood development (ECD), Catholic nuns teaching at schools and working in clinics in Malawi, Zambia, and Kenya (Catholic Relief Services, 2016) emphasize lengthy lectures to young children, strict classroom discipline, corporal punishment for misbehavior, and academics at the expense of all else.

To address the way young children were taught and cared for by 48 congregations of three faith-based organizations in Kenya, Malawi, and Zambia, Catholic Relief Services (CRS) carried out a capacity-building project from 2014 to 2017. Funded by the Conrad N. Hilton Foundation, the Strengthening the Capacity of Women Religious<sup>1</sup> in Early Childhood Development (SCORE-ECD) project had two goals: to help the caregivers in the three organizations to adopt a more holistic approach to ECD (Consultative Group on Early Childhood Care and Development, 2010; Wittmer, Petersen, & Puckett, 2013; UNICEF, 2016) and to boost their organizational and networking capacities.

This article is based on the findings of a 40-day summative evaluation (Brown, 2016) that was carried out at the end of the SCORE ECD project, employing a triangulating data collection method that

included 20 focus group discussions of 30-90 minutes and 36 key informant interviews with 143 participants. The evaluation team also reviewed the records of the three project countries. Open-ended questions were used in all the discussions and interviews, which were conducted in English, recorded, transcribed, and reviewed by all the project's key actors. The evaluation found that, after receiving training on holistic ECD, the caregivers of the three faith-based organizations modified the way they cared for children. The implications of the findings are that with enhanced technical capacity faith-based organizations (FBOs) can play a crucial role in increasing both access and quality of early childhood services for children throughout the household-to-education and health continuum of care.



Early childhood center for four and five-year-old children, SCORE ECD Kenya. Meal time is a learning time at ECD centers. The teacher will talk to the children about the food they are eating, manners, and healthy food, sometimes counting, labeling colors, shapes. Philip Laubner/CRS

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<sup>1</sup>Women religious are sister members of the faith-based organizations (associations of congregations). They are qualified caregivers, nurses, social workers, daycare staff, preschool teachers and administrators. In this article the term “caregiver” is used to all participants in the project. Individuals are referred to by their title to maintain confidentiality.

## GOAL # 1: UNDERSTANDING HOW YOUNG CHILDREN DEVELOP

CRS trained 100 caregivers from the three countries as master trainers (MTs) in basic ECD with subsequent mentoring sessions on developmentally and culturally appropriate techniques (Bredekamp & Copple, 2009; NAEYC, 2009). The MTs also took certified courses from their respective governments and from international organizations such as UNICEF, the Catholic University of Eastern Africa, Zambian Open University, the Christian Organizations Research and Advisory Trust for Africa, and Aga Khan University. Using gained knowledge and skills, the MTs trained more than 3,000 other caregivers as trainers of trainees (ToTs), who conveyed key ECD messages to almost 12,000 people in their communities, including early childhood caregivers, parents, grandparents, and community leaders. The project used an evidence-based curriculum developed by CRS, the faith-based organizations of the three countries, and the countries' national ECD programs.

### What the caregivers learned

Quality care involves many people and sectors. The training changed the way the FBOs of the three countries care for young children and families. Instead of focusing on school systems, they adopted and integrated holistic approach (Lake & Chan, 2016; Huebner, Boothby, Aber, et al., 2016; DiGirolamo, Stansbery, & Lung'aho, 2014) involving all key players in ECD: family, school, community, and government. Through home visits, ECD centers, village nutrition clubs, maternal and child health care programs, the media, governmental and non-governmental meetings, community gatherings, and conferences, the caregivers shared what they had learned. They used picture-based reference guides and counseling cards to illustrate a range of ECD concepts: breastfeeding, attachment and early stimulation, positive parenting, nutrition during the first 1,000-days, health care and referral, play and early learning, the importance of male involvement in early childhood care, and positive guidance and discipline (Tadesse, 2016).

The caregivers conveyed their messages through hands-on engagement with parents and family members. For example, they asked participants to communicate and play with a child using toys, songs, and bodily gestures, prepare nutritious meals using local foods, make toys using local materials, and set up safe, play-based learning areas. They also taught parents and early childhood caregivers to foster pro-social behavior as opposed to corporal punishment.

ECD is more than academic progress. Before their participation in the CRS project, the caregivers did not see the broader relevance of ECD capacity building to their day-to-day health and education services for young children. This was because they thought early childhood development is related only to the academic achievements of children aged 3—5 in pre-school settings.

Since 2014, the project has succeeded in re-framing the caregivers' conception of ECD. Now they understand that it involves the holistic development of children from conception through age eight and that children reach their full potential only when their essential needs are met through multi-sector support from many stakeholders, especially primary caregivers (UNICEF, 2006). A master trainer from Kenya shares the caregivers' attitude about early childhood care and development prior to the training:

*“Before SCORE, we had very little interest in ECD. We looked down upon people working with young children because we didn't know much about the benefits of ECD for children and*

*mothers. We thought ECD meant 'preschool'. Now we know children need holistic care, not only education."*

From a caregiver in Zambia:

*"We now know children learn best from their parents and family members. Caregivers need to give their children opportunities for play and space to move and interact with them and their friends. We also know children need to be guided in a nice way, not scolded all the time for their mistakes. Before SCORE ECD, I was strict in my teachings, shouted at the children for making mistakes and for not trying hard enough. Now I listen to their ideas and give them time to try again."*

Play-based learning is essential. Following their training sessions, the caregivers began to incorporate play into their preschool programs. A congregation leader and master trainer from Malawi explains the change in the caregivers' perceptions and practices:

*"Before the SCORE training, our ECD centers used to have desks arranged in a row, and children would sit and listen to the caregiver for long hours without much movement and free play. Now our ECD centers have different corners with various play and learning resources we created from locally available materials. We grow vegetable gardens, and children also get meals in our schools."*

There's more than one way to discipline a child. Based on their training, many of the caregivers implemented safety measures in their preschools to protect children from harsh treatment by caregivers. A master trainer from Zambia explains how she changed her method of discipline and her school's ability to protect young children against corporal punishment:

*"I used to beat young children, thinking they would learn discipline and attentively follow academic lessons. But now, after the training, I know that children can be disciplined in a non-violent way through guidance, listening, and teaching through role modeling. We now have a child protection policy in our school and, as a result, one caregiver was fired for beating children in her classroom."*

One ECD training goes a long way. The caregivers used family visits, village support groups and health posts to convey ECD messages. To reach families in remote areas, the ToTs trained village focal persons on ECD messaging. As a result, the families began to understand the importance of responsive caregiving, play, nutrition, feeding, and safety for children's healthy growth and development. A master trainer in Malawi, who is also a nurse and midwife, shares her insights:

*"I mentored 30 fellow caregivers and seven caregivers who work in mother and child clinics, co-facilitated a two-week training in ECD basics to 41 caregivers, who are members of village support groups. Together with other caregivers [ToTs], I also trained about 40 care group leaders who are reaching out to approximately 400 far-to-reach rural households with messages on nutrition, hygiene, early stimulation, positive parenting, and the benefits of play in children's learning and development."*

Children with disabilities need acceptance and play. As a result of home visit counseling, families of children with disabilities began to appreciate the benefits of inclusive treatment for their children. Most

parents who participated in the program were no longer ashamed of their disabled children. They allowed them to play with other kids in the neighborhood and even to participate in programs at the ECD center. During a FGD, a mother of a disabled child in Kenya explains:

*“I used to lock my child in the house whenever I saw people coming or when I was out looking for food, for fear that they would laugh at him and mock him. When the caregivers came to visit my home, they discovered that I have a disabled child who cannot talk, fears people, and is very thin due to a lack of proper food.”*

She adds that she has seen a complete change in her child since the counseling and nutrition training the caregivers provided to her family. She says the child is now healthy and has started talking and interacting with others.

Proper nutrition is crucial to development. Nutrition was a fundamental part of the ECD activities. The caregivers taught parents and family members the basics of food preparation and feeding, and how to establish nutrition support clubs comprised of both men and women. The clubs were interactive demonstration forums that educated caregivers about the importance of breastfeeding and infant and young child nutrition, including how to prepare meals using locally grown foods. Participants also learned appropriate feeding schedules and portion control for children at different stages of growth. A senior master trainer and project coordinator of the SCORE program in Zambia says:

*“Parents were giving a child water upon birth to make them cry. This was a sign for them that the child had life. Now, they know that a child should be breastfed exclusively until six months. Trained caregivers are now preparing at least more than three types of food (for example, cabbage fritters, pumpkin cake and fruit juice) for their children; they cultivate small gardens in their backyards and keep small livestock for milk, eggs, meat and income.”*

Stimulated babies learn more quickly. The caregivers helped parents and family members understand the importance of nurturing and intentional stimulation to ensure their children grow to be healthy and to thrive throughout their lives. They also mentored parents on how to engage their children with responsive, early stimulation activities. A master trainer in Malawi shares the behavior changes she observed:

*“Parents thought children began learning when they went to school, and that babies were not yet capable of learning. They thought playing with children was a waste of time and that children should only play with other children. Lactating mothers were hesitant and shy to talk to their child while breastfeeding. With continuous positive parenting visits, parents are now creating play time for their children. They talk, sing and tell stories to their children.”*

ECD is important in health clinics, too. At clinics that specialize in maternal and child care, pregnant and lactating mothers received additional education on the importance of breastfeeding exclusively, early stimulation, positive parenting, and early learning practices. The master trainers and ToTs developed a safe ECD space within the FBOs’



At the maternal and child health care unit mothers are educated on the importance of exclusive breastfeeding, supplementary feeding, early stimulation, and play on child development Philip Laubner/CRS

clinics using locally-made play materials and toys; the space gave children the chance to play and learn, with peers or a parent, while waiting for medical appointments.

Men play a key role in child development. Traditionally, most families in Africa assign early child care to women. Through the project, the caregivers learned that a father's positive interaction with his child significantly enhances the child's development. The trained caregivers engaged men and women in a dialogue about this topic through home visits, village nutrition support clubs, and traditional community meetings. A master trainer in Kenya says the effort paid off:

*"After ECD training, some men changed their attitude and understood the benefits of playing with their children; they made local play materials and played even with neighborhood children. Men are now involved in preparing six food groups and accompanying their wives to health checkup, which was not happening before."*

A project beneficiary from Zambia shares the changes she observed in her husband after his participation in the program:

*"My husband used to drink a lot and come back after 10:00 p.m., but after the sisters talked to us on the importance of giving time to our children, his attitude changed, and he now comes home early and plays with the children while I prepare food. Our children are very happy and free with him."*

## GOAL #2: BECOMING BETTER MANAGERS AND NETWORKERS

Using a proven CRS tool<sup>2</sup>, the three faith-based organizations (associations/congregations) analyzed their weaknesses and strengths in ensuring systematic delivery of high quality ECD services. Based on that analysis, the project trained nearly 340 caregivers from Kenya, 260 from Malawi, and 313 from Zambia in human and financial resource management, resource mobilization, networking, advocacy, media relations, monitoring and evaluation, documentation, and proposal writing. Similarly, 40 out of the 48 congregations across the three countries received small grants to facilitate ECD activities.

### What the caregivers learned

More efficient organizations = better care. Because of the training they received, the congregations improved their management of human resources and financial systems. They created systems for financial procurement and established quality control committees. They became more strategic in their planning and more systematic in their documentation and data tracking. They also developed new policies, improved their computer skills, and wrote reports, newsletters, and proposals for local fundraising. The congregations used the small grants to educate poor families on how to start small income-generating activities (e.g., poultry farming and fisheries) and how to use the income to support their children in nutrition, health care, and education. Many congregations also used the funds to open new ECD centers, refurbish child health clinics, develop child protection policies, and acquire additional training on how to integrate ECD with nutrition, health and education services.

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<sup>2</sup>The Holistic Organizational Capacity Assessment Instrument, or "HOCAI"

Additionally, the caregivers improved their skills in networking with ECD communities, including traditional leaders, churches, schools, and governmental and non-governmental agencies. To advocate for ECD, they learned how to engage local and national media. The Executive Director of the Association of Sisterhood in Kenya describes the changes:

*“Congregations could give tangible impact results and document them. It was then they realized how much they were contributing to society silently. This increased their enthusiasm to offer greater and qualified services on ECD. Now they can showcase their work and confidently network with other stakeholders with greater esteem.”*

**Their voices count.** Using the Catholic Sisters’ Radio and the national media, the caregivers became active voices for young children by disseminating information on the benefits of ECD and the negative effects of violence and abuse on young children. A master trainer in Malawi explains:

*“I enjoy talking to the media, especially to Radio Maria, about ECD, to advocate for more support for ECD work. Using my new knowledge and skills in community mapping, I have learned about different ECD stakeholders, and I know different people from different organizations, community leaders, and the government with whom we have already started working in various aspects of ECD.”*

After learning to use a community mapping tool (Crane & Mooney, 2005), the caregivers applied their skills to ensure inclusive support to children with special needs. They developed a referral system and linkages to ECD services in communities. This allowed them to continuously identify and mobilize communities to help children with HIV and AIDS, as well as children with disabilities and their families. An ECD caregiver from Zambia shares her experience:

*“Before the training, we didn’t know how to help children who have special needs like malnourishment and HIV. After our training on community mapping, we can now map out the existing community resources, such as health facilities for nutrition, disability, and medical and HIV treatment, and do referrals.”*

**Together they are stronger.** The caregivers became an active early childhood team of trainers and advocates in communities by engaging with international, national, and local ECD programs. The SCORE-ECD project coordinator describes how many of the caregivers assumed new roles in public arenas:

*“The 100 master trainers were promoted to Regional and National ECD trainer by their governments. Two caregivers from Kenya and Zambia were appointed to county/district committees for child protection. Three caregivers in Kenya and two in Zambia were appointed to ECD committees. Four caregivers in Malawi were appointed to national ECD Review Committees, and three caregivers in Kenya, two in Malawi, and one in Zambia were promoted to county HIV/AIDS coordinator position. Four caregivers in Kenya were promoted to diocesan education board members. In addition, caregivers have been continuously presenting their work at national and international conferences. These conferences have enhanced the public’s recognition of the FBOs as a significant workforce in ECD and broadened their network vastly.”*

The caregivers in the faith-based organizations are viewed as trustworthy, committed and permanent members of their communities, and this trust engenders confidence in the credibility of the technical

knowledge and caretaking they provide to children. The director of Malawi's national ECD program shares his views on the women's role.

*"Faith based institutions have been long-time players in services for children. Through the SCORE-ECD program, they increased their visibility, and the relationship between the Ministry and the congregations is becoming more formal and stronger. What is unique about the collaboration is an element of capacity building, exposure, sharing resources and ideas. The FBOs continuously communicate with the ministry, and the field visits to project sites where congregations are running ECD centers, nutrition groups, and health facilities have revealed that the faith-based associations and congregations are contributing a lot in making ECD interventions accessible to children, especially in poor rural areas."*

**Looking ahead.** The final evaluation of SCORE-ECD found that participants across the three countries exhibited increased competencies in early childhood care and organizational management. They became important members of the early childhood workforce, particularly as they applied evidence-based integrated early childhood approaches to support the most disadvantaged children in their communities.

Though the project trained many caregivers who exhibited changed behaviors in ECD, it did not include rigorous follow-up on the critical outcomes for children. To address this gap, and because well-functioning institutions are better able to provide quality services over time, the donor extended the project for four years, through 2021.

The goal in the next phase is to maximize the potential of the three FBOs to become outstanding leaders and experts in ECD training, mentoring, messaging, and advocacy at all levels of the early childhood landscape. With increasing recognition by governments and international forum and as a vital network in their own right and as part of the wider social services network, FBOs can make a tremendous contribution to strengthening ECD policy and practice, especially for the most disadvantaged children in Africa and elsewhere.

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