At the outset, the Pinatubo programme was designed to provide a support system for a total of 1,072 Aeta families from the two resettlement sites in an integrated, community-based way, with a special focus on the early childhood years. Colf’s approach involved working directly with children and their parents, and the programme focused on the provision of basic services – health, nutrition and education – for both.

For the first year, Colf provided a programme team composed of nurses, teachers and social workers from its base in urban Metro Manila. They served as community-based child development workers responsible also for community organising and development. They were trained intensively at the Colf School for Children and other Colf community-based programmes in poor urban and rural communities. Early on, local community members who had completed either secondary education or had a college degree in a related field, were recruited as volunteers/apprentices. This was in preparation for an eventual phase-out of Metro Manila-based staff in favour of a predominantly local staff.

By the eighth year of the programme, only two Metro Manila-based staff members remained: most of the other 24 are residents of the two communities.
Initially, the programme consisted of two components.

1. A morning centre-based programme for four to six year olds with an experiential, play-based curriculum and supplementary feeding and health services.
2. An afternoon, home-based parent-child programme of playgroups and a Parent Education Programme (PEP). The latter consisted of workshops, discussion groups on family life issues, early childhood care and development (ECCD), livelihood, and a literacy programme. Supplementary feeding, growth monitoring, and health services were also provided for infants up to three years olds.

From the second year onwards, the following components were added or developed.
- Home and centre-based Child-to-Child programmes for children aged 7 to 15, to support their continued schooling and promote their active participation in family health and education programmes. In the home-based programme, they formed a group facilitated by a COLF child development worker, while younger children were attended to by parent volunteers.
- An expansion of PEP livelihood activities (coordinated by an agriculturist), and preparations for organising parent cooperatives. Both components involved all COLF community and child development workers.

To mobilise more support for the Pinatubo programme, the families and staff of the COLF School for Children also organised regular medical missions for each of the two programme sites. This both supplemented the health programme and built bridges between families in the school and families in the Pinatubo programme. For example, children in the school raised funds to buy learning materials and books they wanted to share with the Aeta children.

Over the past eight years, the programme has continued successfully, and there have been a number of significant developments. For example, PEP also serves as the context for community organising efforts, including agriculture-based and off-farm livelihood projects, a local people's organisation for each resettlement site has been registered, and cooperatives are being organised. These developments resulted from incorporating a focus on issues such as gender, politics and economics, while small-scale initiatives such as the above were being simultaneously launched. But they also owed much to COLF's efforts around parental cooperation in running the children's programmes, and the livelihood projects and cooperatives. Such complementary developments show COLF's holistic and integrated approach to supporting the development of young children and their primary caregivers.

Weaving the Effectiveness Initiative (EI) into the Pinatubo programme

A programme such as this was clearly of interest to the EI because of its approaches and because of its holistic nature. The EI in turn was interesting for COLF because:
- it was a very important means of further strengthening the programme as the DWHF funding was coming to a close;
- it would help to consolidate whatever progress or gains had been made, and
- it would facilitate the all-important process of "handing the stick" over to the parents who would ultimately be responsible for sustaining the programme and its benefits.

However, COLF was convinced that the EI had to be woven seamlessly into the life of the programme: this would help to ensure that the primary stakeholders – children, parents, and community-based and COLF staff – would be actively involved in the action-documentation-reflection-action processes that are central to the EI.

For its part, the EI looks for both qualitative and quantitative information and emphasises the need for an in-depth analysis of the relationships between both kinds of data in the quest for a definition and description of so-called 'effectiveness in ECCD programmes'. As such, EI is primarily a cooperative teaching-learning process.
Uniting the needs of the Pinatubo programme and those of the EII proved to be natural and easy. This was because of the centrality of participatory learning and action (PLA) to the programme as a whole and to the PP in particular. In working with parents from the beginning of the programme, a PLA-guided ‘action-reflection process’ was applied both as a way of learning about the parents, their children and families, and the community, and also as an approach to problem-solving and action planning. From the beginning, parents and child development workers developed and used interactive group processes like games, reflective problem-solving activities, group discussions, and writing processes adapted from the ‘whole language approach’ applied by the foundation in its educational programmes.

In addition, the parents themselves have always been involved in the organisation of their learning activities and the pace at which this learning takes place. More importantly, they have always taken steps – small or giant – to address their realities. For example, they developed their own learning materials through the creation of books and posters, and through the construction of maps, matrices, charts, calendars and diagrams that represent their life experiences as parents and community members; organised their knowledge; and promoted the detailed analysis of issues that affect them as caregivers of their families, as workers and as community members. Dialogue has always been central to all of these processes, and it was evident to us in the PLA that – for the children, the parents and child development staff members – the all-important stage that Paulo Freire has described as ‘taking action in cooperative association with one another, both as facilitators and learners to free ourselves’ could really flourish.

Given this setting, the initial stages of planning for the activities of the Pinatubo programme concentrated on choosing and adapting highly interactive methods and activities for the sets of processes (the ‘EII tool kit’) that would be used to learn with, from and about children, families and communities.

Two examples show how this worked in practice. Small group brainstormings with parents, older children and community-based staff were used during the development of the curriculum ‘web’ that lies at the heart of the Pinatubo Family Education Programme. Translated into, and adapted for the EII context, this involved the participation of both the primary stakeholders and the EII team members. The point was to generate a set of themes that had proved significant during the life of the programme so far that could be used as starting points for ‘mapping its contours’. Two major themes emerged: ‘Families caring for children’ and ‘Communities caring for children’. In the same brainstorming session, words, phrases, and visual images were generated for each theme. A further round of brainstorming sessions and discussions concentrated on framing questions out of these. Taken together, this set of questions constitute one way of articulating ‘What is it that we want to learn through this study?’ from the diverse points of view of all stakeholders.

Collecting and organising data … and learning from it

But to succeed, EII work must not only identify, develop and use the right tool kit; it must also discover, organise and learn from all the relevant information or data. In the Pinatubo programme this was made easier by the quantity and quality of the documentation that had been undertaken from the beginning. Existing sources included narrative progress reports, financial reports, minutes of meetings, programme logbooks for various purposes, curriculum plans and staff journals for the parent education programme and the children’s programme, and evaluation reports by independent evaluators which were commissioned by the Dutch Government. Using existing sources of information also involved collecting, organising and tabulating various children’s records: the Developmental Assessment Checklists of the children who participated in the programme from 1991-93 as 3 to 5 year olds and are now close to completing elementary school or are starting high school, and the children who are now 7 to 10 year olds and were up to three year olds when they participated in the programme from 1992-93; growth monitoring charts; health records; children’s drawings and written work; and anecdotal records from staff journals. These sources of information provide
details about programme activities and, in part, about programme impact on children, on families and on the community.

A consideration of this information led us to identify what was missing and to identify and develop the right processes to gather in that data – to produce new tools for the tool kit.

To learn from all of this – data as well as processes – we developed a data triangulation plan (see example on this page). In using this, we were able to generate more questions that were pursued both for purposes of understanding ‘effectiveness’ and for planning the next steps in the ‘action research’ agenda that has allowed **COP** to develop and pursue. More important, the process is now significantly informing and providing directions for the planning of the final phase and the preparation of a three-year project proposal for the two programme sites.

**How it worked in practice**

The following examples about learning to read and write, and about

**How do families take care of young children?**

- Parent Education Programme records: discussions; parents work; questions
- Time use charts: parents; children
- Videos, photos of family activities
- Parent Education Programme records: discussions; parents work; questions
- Time use charts: parents; children
- Videos, photos of family activities

**Communities caring for children**

- PLA: village mapping; health chart; matrix, calendar; ECCD
- Interviews: open-ended/structured, with children; with parents; with staff
- PLA: gender
- Workload
- PLA: community timeline; mobility map; household; sitio mapping
- Case studies: parent volunteers/parent-teachers; community-based staff
- PLA: agricultural map; seasonal calendar cropping; hunger and abundance
- PLA: village mapping; health chart; matrix, calendar; ECCD

- Anecdotal records: observations of parents-child interaction; playgroups
- Interviews: open-ended/structured, with children; with parents; with staff
- PLA: community timeline; mobility map; household; sitio mapping
- Case studies: parent volunteers/parent-teachers; community-based staff
- PLA: agricultural map; seasonal calendar cropping; hunger and abundance

- Staff logbooks: livelihood activities; organisation of cooperative
- Minutes of meetings: people’s organisation; staff
- PEP: curriculum records; staff logbooks

- Interviews: village elders; parents; other children
- PLA: community timeline; mobility map; household; sitio mapping
- Case studies: parent volunteers/parent-teachers; community-based staff
- PLA: agricultural map; seasonal calendar cropping; hunger and abundance

- Existing documents
- Introduced within the EII
Learning to read and write cannot be done as something parallel or nearly parallel to the illiterates’ reality. Hence, as we have said, the learning process demands an understanding of the deeper meaning of the word. More than writing and reading ‘the wing is of the bird’, illiterate learners must see the need for another learning process that of ‘writing’ about one’s life, ‘reading’ about one’s reality. This is not feasible if learners fail to take history in hand and make it themselves—given that history can be made and remade. (Paolo Freire)

Bernard van Leer Foundation
needs and interests. Overall, the PEP curriculum integrates all the key elements in this process of conscientización, while the literacy component is a major element in making it real.

The writing process for the family books has a number of elements.

1. Focusing. Focusing on the family books actually started with the brainstorming on the theme ‘Families caring for children’ and was followed by brainstorming on stories about their own families. Parents then brainstormed on questions that would guide their writing process. These included: What are the things we want to share with others about our own family? Who are we? What do we do? What are our problems? How do we solve them? How do we take care of one another? This involved making lists of questions, of people and their activities, of needs, problems and solutions.

2. Gathering and Remembering. Parents, staff and children gathered information from many sources, including time use charts which were introduced within the PEP. For the writing of family books, they recorded their notes on their family’s activities in notebooks, and in the process created a kind of ‘living book’ about their family experiences.

3. Organising and Analysing. The group spent several sessions talking about their notes and how they would organise these into a story about their families – one that would make sense to themselves and to their readers who were other community members. They also spent time taking these ideas apart and talking about what they meant to their lives as a family. They then began to choose text which would be accompanied by drawings, and some took pictures of their families.

4. Elaborating, Integrating, Summarising. As they wrote the first drafts using their notes, they elaborated on their initial ideas, combined information, condensed it, selected what they considered important, and discarded what they did not consider as important. The decisions were entirely theirs. After the full story had been written

When my parents and big sister go up to the mountains, I am left behind to take care of Kassandra, my little sister. I feed her, I bathe her and we play with other children. When Rita arrives from the daycare, I feed her first while I carry Kassandra. Then we play with other kids.

Before I go to school, we take a bath in the river with other kids. We race with one another and have a lot of fun!

We can now eat two to three meals a day. When my parents can sell charcoal in town, we can even buy fish!

Every Thursday morning, my mother cooks food for the children in the COLF playgroup. We enjoy playing with the toys that Madam made. Madam helps my sister Rebecca with her homework.

When someone in my family gets sick, we get help from COLF, also to look for medicine. Once my father was very sick and could not walk. They helped us bring him to the doctor and he got well.

DE LA CRUZ family, as told by Margie, daughter.
When I wake up in the morning, I heat water and sweep outside our home since my wife has just given birth and can’t do these things. My wife, Gemma is still in bed with our baby while I prepare breakfast and feed J amaica and J an Elaine. When Gemma wakes up, she stays with the baby – talking to him and playing with him. She also breastfeeds him and all the while talks to him so he will learn fast.

I bathe my two daughters before they go to the centre. My wife joined the PEP and she has been a parent volunteer since 1998 until now. Except that she just gave birth. She also helps Nanay Imelda, another parent-teacher in whose home the children play and learn along with other parents.

When I come home from work or even when I’m just at home, I carry our children, especially our new baby boy, James. I talk to him and play with him. Lagmay family, as told by Johnny, father.

My youngest child studies at the COLF centre every morning. I also study through the PEP and help also with the children in the playgroup. In joining the PEP, I learned many things especially about discipline and my children. I like attending workshops with COLF.

My children learn a lot, like writing their names, the shapes, numbers and letters. When my husband comes home from work he plays with our children. He, J onas and James especially like to play with the ball.

At night before we sleep, we help the older children with their assignment and school projects so they can do well in school. Even if my husband is tired he manages to make time for our children.

Feria Family as told by J ane, mother.

When I wake up in the morning, I heat water and sweep outside our home since my wife has just given birth and can’t do these things. My wife, Gemma is still in bed with our baby while I prepare breakfast and feed J amaica and J an Elaine. When Gemma wakes up, she stays with the baby – talking to him and playing with him. She also breastfeeds him and all the while talks to him so he will learn fast.

I bathe my two daughters before they go to the centre. My wife joined the PEP and she has been a parent volunteer since 1998 until now. Except that she just gave birth. She also helps Nanay Imelda, another parent-teacher in whose home the children play and learn along with other parents.

When I come home from work or even when I’m just at home, I carry our children, especially our new baby boy, James. I talk to him and play with him. Lagmay family, as told by Johnny, father.
using a ‘medium’ or activity with which they were already very comfortable.

Example 2: communities caring for children: health for all
Health-related issues have posed the greatest challenge for COUF from the start; parents found it difficult to address and to change the practices and living conditions that caused childhood illnesses or fuelled the vicious cycles of malnutrition and childhood diseases. Thus, in the early stages of planning, health was chosen as a focus of collective problem-solving. It was also chosen as one of the ways in which participation in the COUF could have a direct impact on strengthening parents as individual caregivers, as well as members of the community.

Tools were adapted from materials on PLA and participatory rural appraisal (PRA) and planned within the structure of the parent education programme. A workshop on health was convened in which parents identified and plotted out the occurrence of illnesses affecting family members over a 12 month period. They then analysed the data to discover: which illnesses affected large numbers of children at particular times; why certain illnesses seemed to be rampant at certain times of the year; and which illnesses were serious and required intervention beyond care at home.

At a subsequent workshop, parents discussed causes of illnesses and also developed a Curative Chart from the health calendar that listed what measures could be taken to treat a particular illness. The chart included: the use of traditional remedies; the need for a primary health worker; the need for clinic or hospital-based interventions. They then classified these interventions and constructed a curative matrix. In the process they also discussed which interventions were effective or not, and which ones were more convenient or were less accessible to them and for what reasons. They also debated the harmful effects of certain interventions, the matter of timing and appropriateness of interventions, including when to seek help beyond home remedies and the traditional healer (albulario) or village health worker, and discussed and listed the difficulties encountered with each of these.
The next stage involved local workshops to elaborate on the issues raised so far and what could be done about them.

As a result the ‘Health Fence’ was introduced. This helps to prevent health problems and protect the family members, especially children. These workshops yielded valuable and significant information, as shown by this excerpt from the notes of four COLF staff members about one workshop.

Adeling: There were many patients, most of them with diarrhoea, but the doctor was not there and the midwife said he was not coming. And the midwife couldn’t do much nor give them anything. All I wanted was to ask for oral hydration tablets.

Apang: But since then, they never have had enough medicines in the health centre and the doctor does not go there regularly. It’s better to bring our children to the hospital before the diarrhoea worsens.

Adeling: Yes, but what would happen if the patient is almost dehydrated; we are so far from the hospital.

Isabel: But before you bring the child to the hospital, you should give him ‘oresol’ (a rehydrating tablet to be dissolved in water). Or you can boil avocado leaves in water and let him drink that. There’s an avocado tree in Julie’s house. I’ll accompany you later, let’s ask her for some leaves.

Adeling: That’s right, I’ll do that. Aside from saving me a lot, it’s all natural.

Thelma: You can also give your child the ABC formula – avocado leaves, bayabas (Filipino for guava) and calamansi (native lemon). I’ve tried this many times with my children and it works.
During the workshop, the parents also talked more about the causes of many illnesses and how to prevent them, sharing information about previous practice, and agreeing upon concrete steps that had to be taken. Although much of this information had already been introduced in previous PEP sessions from the first year of the programme, it was still considered necessary because the health problems were recurring. On the process of using the PEP workshops to revisit this topic, the parents had the following to say.

Nora: I learned more things about ways of treating certain illnesses and how to avoid sickness through this process of sharing with other parents. If before I knew one way, now I have more options.

Angeling: What others know, others are learning about.

Glo: We're helping each other to plan for ways of avoiding illness. It helps to recall what we've learned and to think of more ways to help each other.

Apang: This is very helpful for me because I learned more by relating and analysing how certain illnesses occur at certain times of the year. Somehow, I will know better how to prevent it or what to work to relieve the symptoms and cure the illness.

The COLEF community-based staff also felt it was helpful – especially at this stage of the programme – to:

- engage in a process that helped them to focus more directly on continuing and emerging needs;
- acknowledge and respect the pace at which parents learn or apply what they have learned; and
- offer support for individual parents, to build on the strengths of their group interaction and nurture the support system that exists among them.

They realised how important it is to look at things from the perspective of the learners, and they welcomed the workshops as a way of strengthening the programme and ensuring that its goals would be fulfilled.

Conclusions

It is clear that the Pinatubo programme's basic approaches and methodologies made it an ideal partner for the Effectiveness Initiative: the programme worked harmoniously through what was naturally right for the programme and was able to reach into the heart of its work. This is clear in both of the examples presented. As well as fulfilling their original objectives, the programme's basic approaches and methodologies have also provided insights into how children, parents, and project workers had benefited from the Pinatubo programme. For example, parental participation in the programme has shown to have developed over the years and it became active partners in the programmes' development;

relationships between parents and workers have become much more open and relaxed (high 'comfort level'); and

COLEF has developed its understanding of the interpersonal dynamics within the groups of parents as it seeks to understand the programme's impact on the lives of the people.

This emphasis on the personal and interpersonal – on a real coming together to work together – is heartening in terms of the Pinatubo programme's approach. It is through the quality of human relationships that are nurtured at the community level that it is possible to assess whether an organisation and its programme has lived up to its goals of 'living and learning' with the people they set out to serve.

Notes

1. 585 children aged 0 to 3, 120 children aged 4 to 6 and 449 children aged 7 to 17 among these families are regular programme participants. The families live in 10 sitios (smallest unit of a rural village) in Kalangitan (Baguingan, Gayaman, Manabayukan, Malasa, Maruglo, Binyayan, San Martin, Flora, Kalangitan, Mabilog); In Loob-Bunga, they live in 8 sitios (Mambog, Dangla, Mayamban, Kayanga, Burgos, Belbel, Bareto, Victory).

2. A final 3-year, P1.5 million funded, phase 5 of the programme will be implemented from the end of 2001 through 2004. It will focus on strengthening the local peoples' organisation, cooperatives and the parents' management of the Pinatubo programme and livelihood activities.
Early Childhood Development (ECD) encompasses physical, socio emotional, cognitive and linguistic development between 0-8 years of age. Science is rapidly expanding our understanding of the role of the environments, where children are born, live, learn and grow, on their development. ECD is the net result of ongoing interactions between biology of children and environments. ECD is a priority area of work for WHO, as it is a window of opportunity to improve health and equity. A continuum of care is needed to safeguard and maximize children’s developmental outcomes. The health sector has a key role to play. Early childhood care and education are vital to improving child survival and children’s overall development. Programmes offering this support are a vital tool to reduce poverty. The report looks at the current state of play. Which children are accessing it.

Publication year: 2012 Publisher(s): Save the Children International. Recommended. Ending the Hidden Exclusion: Learning and equity in education post-2015. Save the Children International’s new report ‘Ending the hidden exclusion: Learning and equity in education post-2015’, looks at how to ensure that all children are both in school and in learning. Early childhood development focuses on a period of remarkable physical, cognitive, social, and emotional change. Infants enter the world with a limited range of skills and abilities. Watching a child develop new motor, cognitive, language, and social skills is a source of wonder for parents and caregivers. During the early childhood years, such growth and change happens at a rapid pace, so fast that adults often marvel at how quickly certain skills emerge. The study of human development is a rich and varied subject. We all have personal experience with development, but it is sometimes difficult.