14 Colombia: My hands teach you

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General description

Mis Manos te Enseñan (My Hands Teach You) was launched by the Instituto Colombiano de Bienestar Familiar (Colombian Institute for the Wellbeing of Families, ICBF) in response to the temporary closure of early childhood development (ECD) services due to COVID-19. The initiative started the day after the centres were closed and targets more than 1.7 million vulnerable children aged 0-5 and pregnant women. It aims to ensure that children's comprehensive development continues to be fostered at home, and to contribute to the protection of children's rights during the period of social distancing.

Its initial phase, called *contacto sin contagio* (contact without contagion), was implemented from 20 March to 20 April 2020 and focused on continuing the pedagogical process at home and ensuring adequate nutrition for children and pregnant women covered by the initiative. (Eligibility depends on a series of prioritisation criteria based on the family's living conditions, eligibility to a few other social programmes, being registered as a victim, having been exposed to violence, belonging to certain ethnic communities, having a disability, living in a penitentiary with one's parents, etc.) Food rations (for a 30-day period) with

locally sourced food and a family guide promoting care and child-rearing practices (with activities, recipes and recommendations for care and safety) were distributed. Additionally, staff from ECD services guided caregivers on simple pedagogical activities to foster children's development at home using age-relevant routine activities. Caregivers also collected data on the health and nutrition status of children, as well as alerts on potential violations of child rights. The initiative relied heavily on phone calls (up to eight per family each month). Yet, to reach families with and without connectivity, it also included the use of billboards, megaphones, radio, TV, SMS, WhatsApp, newsletters, an online resource bank and social media. A monitoring system was put in place to follow up on the implementation of the strategy on a daily basis, both at the local and national levels.

The second phase (from 20 April) built on the first phase to provide a more multimodal and comprehensive response with a special focus on vulnerable populations. A pedagogical kit (with materials such as paper, paint, chalk and crayons) was distributed to allow parents to carry out the activities in the family guide. In addition, at-risk children and pregnant women received phone-based psychological aid as well as support to learn how to identify and cope with social, emotional and behavioural stress or psychological risks. This phone-based support includes guidance on ECD services to identify possible child abuse and gives them clear protocols to activate child protection services when this is needed. Finally, health and nutrition specialists contact families with children with diagnosed acute malnutrition to provide them with specialised guidance on feeding habits at home, identifying physical and behavioural warning signs, and to follow up on child development and health. When necessary, at-risk populations were redirected to the health sector or another relevant entity.

The first phase spurred innovation at the local level in creating new pedagogical resources, devising creative ways to reach families and providing technical assistance to ECD workers. To harness these innovations, the strategy for the second phase defines a process to systematise and learn from these innovations, with the ultimate goal of incorporating them into ECD service provision permanently.

Mis Manos te Enseñan is innovative in at least three ways: 1) it promotes comprehensive early childhood development involving pedagogical, nutritional, health and psychosocial interventions; 2) it reaches all families through its multimodal approach (ranging from billboards to online resources), while prioritising those with greatest need; and 3) it makes an explicit effort to systematise significant and innovative experiences, generating evidence to improve the system's post-COVID functioning.

Main problems addressed

First, the initiative needed to ensure that the closure of the ICBF's early childhood services did not have a negative impact on the holistic development of the country's most vulnerable children. (The National Early Childhood Development Policy [Law 1804 of 2016] gave the ICBF a mandate that involves prioritised attention, such as identification, vaccination schemes, access to health services and regular check-ups, adequate nutrition, early childhood education, family education related to care and child-rearing, access to children's literature, qualified care professionals, and access to culture and recreation.) In fact, the challenge was to use the period when families stayed home as an opportunity to foster rich experiences, stronger emotional ties and a protective home environment. Given that children usually receive 70% of their caloric intake needs in the meals distributed at the temporarily closed centres and that the closed economy brought with it economic hardships for the most vulnerable families, the ICBF needed to find ways to ensure that children consumed food of the right quality, quantity and safety every day. Since caregivers do not necessarily have early childhood development knowledge, the ICBF also needed to find ways to transfer this knowledge and practice in a way that did not overwhelm families. An additional challenge was the lack of resources of the target families, which implied that many did not have and could not purchase materials to stimulate children at home.

Second, the initiative needed to contribute to protecting children's rights during the time of social distancing. This was particularly relevant given the increased stress experienced by vulnerable families during confinement and the subsequent economic crisis.

Importantly, all of this needed to be done in a way that followed the preventive social distancing measures promoted by the central government, without leaving behind the most vulnerable (who lacked access to materials; were illiterate; did not own a TV, radio or a cellphone, among others).

Mobilising and developing resources

The ICBF's experience in providing comprehensive quality care for pregnant women and for vulnerable children was a critical building block for the strategy.

This past experience allowed rapidly identifying a framework of 14 care and child-rearing practices to promote at home; the design of weekly "challenges" to mobilise families during the phone calls, SMS or WhatsApp messages; and even the selection of tools and critical indicators to monitor children's health and nutrition.

The framework for the 14 care and child-rearing practices was sourced from a pilot project for a new home-based ECD service provision for rural and hard-to-reach areas, which was being implemented at the time. The pilot was designed, among other objectives, to provide a pedagogical framework to foster child development within the hardest to reach families, those in rural contexts and those isolated due to physical, infrastructure and institutional barriers; a similar situation to the isolation faced by families due to social distancing measures.

Another crucial element that the strategy was built on was an interdisciplinary team of trained professionals who stood ready to provide care in innovative and user-centric ways. These involved 88 462 education agents, 1 847 health and nutritional professionals, 6 029 psychosocial support specialists, 47 215 community caregivers (*madres comunitarias*) (as of 31 May) and 2 077 service provider entities (as of 30 April), all specialised in children and with a deep understanding of the situation of their communities and their target users. The decentralised organisational structure and physical presence in the regions (197 zonal centres and 33 regional directorates) were also key in implementing the strategy across Colombia, without the ability to physically move, and in reaching households even in the most remote areas.

The new approach required the quick development of response materials. These included:

- pedagogical guides with care and child-rearing practices that could be understood by caregivers, even those with minimum reading skills
- food distribution packets that met the caloric intake requirements of young children, taking into account the potential dilution that results from meal-sharing among household members
- pedagogical kits that met the child development requirement and could be procured and distributed in the entire country within a short timespan
- protocols to systematically engage with the target population (by phone, WhatsApp, SMS, etc.)
- mechanisms to test these protocols in a contactless way (which requires the adaptation of existing tools to measure nutrition, health and development).

Once those new materials developed, a new approach for procuring and training personnel to carry out the activities in a rapid and contactless way was also needed. Further, it required designing new data-collection tools to monitor implementation in real time and dashboards to gauge its success and adapt as needed. Importantly, the psychosocial component was newly designed to help families mitigate the psychosocial impacts that might result from the changing social and emotional life circumstances associated with the health emergency.

Fostering effective use and learning

Mis Manos te Enseñan is a user-centric strategy which has effective use and child development at its core. This first draws on a careful selection of interventions. For instance, the written documents that present the 14 care and child-rearing practices were complemented with phone calls that broke down the advice into manageable pieces, reminded parents of the importance of interactions with their children, and incentivised behavioural change. These, in turn, were complemented by the activity kit to respond to the need for parents to have the necessary materials to engage in the learning activities fostered by the parental guide.

Learning has also been central to the strategy. The ICBF used real-time information and analysis to make adjustments to the strategy, resulting in the phasing of its implementation. Moreover, at the national level, the ICBF's knowledge management and evaluation team is systematising the strategy design and implementation process, while local offices are collecting significant experiences and practices within families and teachers. The ICBF is particularly interested in significant and innovative experiences, understood as those that promote care and child-rearing practices that result in holistic child development in a creative, sensitive and affective way. The ICBF has created a detailed process to: identify these experiences; report them through video, audio, images and documents; classify them into those that require feedback, those that should be added to the resource bank so that other territories and contexts can learn from them, those that can be shared through mass media, and those that are original and innovative; communicate and disseminate; and exchange these experiences at the national, regional and local levels, engaging in a debate around them and in peer learning (virtually while social distancing measures hold).

Implementation challenges

Carrying out such a comprehensive strategy during the COVID-19 pandemic was not without challenges.

Procurement issues (e.g. food, IT). These included procurement issues associated with cancelling, modifying and carrying out large-scale contracts for groceries (instead of the traditional meals contracted out in ECD centres) and materials for the pedagogical kits. In some regions, there were shortages of certain products, which required the ICBF to quickly identify providers and substitutions that would still meet the nutritional requirements. Additionally, there were challenges associated with getting to remote places such as the Amazonas region, where military operations were deployed to deliver food. The ICBF also tried to make arrangements with telecom providers nationwide, but found these negotiations difficult and ended up having to reshuffle resources within service providers' budgets to pay for data and phone plans.

Distributing resources. Planning for effective distribution of meals, printed materials and pedagogical kits in a context of social distancing was also challenging and involved communicating with parents ahead of time, carefully designating pick-up times and locations to avoid contagion, as well as training the ICBF's personnel to follow biosecurity protocols.

Connectivity and technology access. Limited connectivity and access to technology at home was also an important challenge. Although most education agents and community mothers (*madres comunitarias*) live in urban areas, only 43% have access to connectivity at home. In particular, only 61% of education agents reported having a computer or tablet, only 33% a smartphone and only 30% regular access to the Internet. The figures are lower for community mothers: 54% have a computer or tablet, 26% have smartphones, and 24% access to the Internet. This brought difficulties in terms of communication, training and implementation, as the strategy has strong phone-based and real-time reporting components. Connectivity issues were mitigated by promoting the use of alternative means of communication that communities were already using such as community radio stations, loudspeakers and even billboards.

Monitoring was also adjusted to the situation of remote contexts, where reporting was on a weekly basis when ECD services' staff could go to populated centres with better mobile phone reception.

Parental literacy. Parental literacy was an important element, which implied being able to provide multimodal pedagogical resources for families such as short audio recordings and podcasts, videos and drawing, not only written materials. This risk was also mitigated early on by choosing phone calls over virtual or written channels as the main tool for implementation.

The second phase of the strategy incorporated lessons from the implementation of the first phase.

Pace of communication with families. The information from the monitoring system and qualitative data from technical assistance liaisons established that the initial number of calls was too burdensome for families and ECD workers, especially in the midst of the pandemic. As a result, phone calls are now limited to six per month, including one call for health and nutrition monitoring (including monitoring vaccinations schemes) and one exclusively to follow up on child development.

Diversifying communication. Also, based on the realisation of the extent of the digital divide among users of the ICBF's ECD services, the strategy doubled up on promoting alternative mechanisms to support families that cannot be reached by phone. These mechanisms include clear guidelines on how to reach families through alternative and community media and constant support from national technical assistance liaisons. The strategy also allowed for adjusting the guidelines in order to attend to the needs of different ethnic communities, such as the inclusion of culturally appropriate activities, dishes, rituals and pedagogical elements in family guidelines and the pedagogical kit.

Monitoring success

The ICBF designed real-time dashboards to monitor the implementation of the strategy and pay service providers on this basis. Given the time-sensitivity of the response, they used KoboToolbox (an ODK solution working on OCHA servers that allows organisations to have their data collection for humanitarian circumstances) for daily monitoring during the first phase. However, since the tool did not allow tracking each individual child, they worked in parallel to build a custom-made solution in which each child could be monitored, which is integrated into their servers and is used since May.

These data-collection platforms allowed the ICBF to document that the first phase of the response had a wide national scope: it involved 17 172 740 pedagogical-support phone calls reaching 449 159 children every day. Additionally, 67 751 families without access to telephone were contacted through alternative mechanisms (as of 7 June 2020, according to the ICBF System for the Sanitary Emergency Plan). The second phase involves a greater number of users.

Finally, between its inception and the end of July 2020, there had been 445 960 individual accesses to the resource bank, which includes more than 400 pedagogical resources (activities, games, guidelines, images, low-resolution audio recordings and videos).

Adaptability to new contexts

The distribution of materials to vulnerable populations and the provision of phone, radio, TV, SMS and WhatsApp-based support to families to encourage positive care and child-rearing practices and to provide nutritional and psychosocial support are transformational elements that should be considered for the provision of early childhood services in contexts where users are hard to reach.

Several elements make the phone-based solution interesting for diverse contexts. First, it is highly favourable to contexts where there is low Internet coverage and high mobile phone penetration, as is the case in many middle- and low-income contexts. It is also ideal in places with high illiteracy rates among

caregivers. The provision of psychosocial and nutritional phone-based guidance is innovative, and if effective, could be significant in enabling the provision of services to hard-to-reach communities that usually are left unserved because of human capital shortages in the regions or because of distance. The ICBF is currently designing an evaluation to assess this and inform the international dialogue.

The delivery of physical materials and groceries is also very relevant for contexts where there are marginalised populations who lack access to radio or phones and may not have the means to buy pedagogical material.

The solution has already been scaled at a national level in Colombia in the COVID 19 context. Some of its elements, such as the resource bank, will remain relevant after the crisis and will strengthen system provision after the pandemic, especially for the family-based modalities of the ICBF. A formal evaluation is also underway to inform child development policy design in the short, medium and long term, while the world tries to find a vaccine or treatment for COVID-19.

Box 14.1. Key points to keep in mind for a successful adaptation

1. Define the key objectives of the policy with as much precision as possible, taking into account the organisation's overall mission and vision.
2. Understand the context, needs and constraints of the target population (both caregivers and providers), including their access to materials (radio, TV, phone, smartphones, connectivity and print) and educational level.
3. Take advantage of your strengths (e.g. knowledge, human resources) to adapt existing materials and develop innovative materials that fill in gaps.
4. Use a multimodal approach to reach all users, making sure to provide additional support to the most vulnerable children.
5. Design mechanisms for monitoring and continuous learning empowering local agents to develop solutions.
6. Keep an eye open for local innovation and design mechanisms that harness innovation and allow the national strategy to benefit from their adoption.
7. Have an iterative process and continue learning to improve the iterations.

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