Key components of Child Development Activities - a Christian Perspective.

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1.Children – their potential

1.1 Children have an enormous potential for development. Parents, community leaders, church leaders, governments, international agencies and NGOs may all claim that they support children as they develop but, like a multi facetted jewel, there are many aspects of a child development. If children are to develop to their potential it is vital that the families and society in which they live understand their make-up and needs so that adults and children together can ensure that children are properly nurtured. In a previous seminar at a Viva conference I presented a paper examining the different aspects of child development – likening the child to the "Tender Shoot" described in Isaiah ch. 53. The image of the care and nurture, which supported the development of a young plant, is an example of how God can provide for the development of children. Individuals and organisations need to ensure that as many aspects of a child's life as possible are supported such that they can grow up to a life "full of meaning and purpose" as In John ch.10. The next five years will see a massive increase in the numbers of children at risk from one reason or another. The challenge for programme managers and the children/families/communities that they serve is how to use the resources they have most cost-effectively. A conference such as Cutting Edge provides an opportunity to assess whether our programmes need to change; if not now, then very soon.

1.2 In this paper I wish to explore how families, civil societies and NGOs can help, with a special focus on those situations where parents are poor or one or both are ill or even dead. While participants at this meeting are from different continents and backgrounds, we cannot omit an early reference to the dramatic scale of orphanhood in Africa where 15 million children have already lost their mothers or both parents; this number will increase dramatically over the next 5 years.

1.3 There are no universal prescriptions for support of child development that are applicable for all families and programmes globally. Children have many and varied needs. A child in a wealthy community may grow well physically, remain healthy, attend a good school with supportive teachers and become smart but he may be "stunted" socially if there is a lack of social/family support by his/her relatives. Another child may do well at school and functional well socially at home and eventually in the workplace but may be starved of any spiritual values or experience, growing up spiritually stunted. Another may be malnourished to the point of increased risk of severe illness or even death but may have greater social and spiritual stature than the previous two children. Thus, globally, we see millions of children who are stunted in some way – becoming much less of a person than God intended. This paper addresses some of the generic issues that are suitable for discussion, reflection and action within specific contexts. For this reason the common elements of the make up of a child are first outlined, and then specific interventions are discussed. At all times we need to listen to children and see them more as players rather than passive recipients (i.e. what do they think and wish for?).

2 Key components of Child Development

- Growth and nutrition
- Health and immunity
- Cognition and Educational achievement
- Social and relational attitudes and behaviour
- Self esteem
- Life skills
- Spirituality
- Others?.

2.1 Children may falter in one or more of the above domains. There are specific influences such as diet, illness, psychomotor stimulation, social environment, Christian teaching and care and the influence of a living relationship with Jesus Christ which can influence how a child feels, thinks, learns, solves problems and lives with his/her family and peers. The importance of many of these influences has been largely established through careful epidemiological or intervention studies. Most of these have focussed on individual stressors such as malnutrition, infections, and social stress rather than combinations of stressors. Furthermore most studies have examined the effects of those stressors which are present at the time of the study. Thus the important negative effect on school learning of being hungry at the time of the lesson is well known. This has driven many child development programmes into concentrating on the issues which affect the child here and now. In recent years there has been a considerable amount of new knowledge on the effects on child development of the health and nutrition of the mother while she was pregnant.

3. Intergenerational Effects

3.1 In addition to the effect of maternal health on child development there is now increasing evidence of intergenerational effects whereby stressors for child development are passed down from grandparents to mother to child and so on. This has important implications for setting priorities for intervention. Should we focus on the immediate or should we take a longer-term view on the development of the children in the next generation? Unless these are addressed, even the most active programme which focuses on the child alone will not be as effective as it might.

3.2 In the physical domain –
- low birthweight leads to poor growth and physical stunting resulting in less healthy and less intelligent children
- iodine deficiency in pregnancy leads to poor physical and mental development in the womb with less intelligent children
- HIV infection is acquired in the womb, during delivery and through breast milk (though considerably less so if exclusive breast-feeding is used). While many children with HIV die in infancy there are increasing numbers of children with HIV who survive to school age. Their health problems, developmental delay and psychological problems related to HIV in themselves or their parents may be considerable.
- infection (especially malaria) is transmitted in the womb leading to a baby with a lower birth weight who is also more anaemic, especially during the first few years of life; this may lead to intellectual delay which may not be reversible
- toxins such as alcohol, lead, arsenic and cadmium can be transferred from mother to infant and unless there are effective interventions, these deficiencies or toxins may be transmitted to the next generation.

3.2 In the psychomotor domain –
- an environment, which lacks psychosocial stimulation leads to lack of stimulation, this is often associated with a lack of parental awareness of the benefits of education. These attitudes may be passed down from parent to child

3.3 In the social domain –
- social environments which include physical and psychological violence and abuse tend to persist such that parents exposed to violence tend to be violent parents themselves

4. Developing a Vision for Child Development Programmes:-

Before deciding on what key elements from the menu of intervention possibilities should be included in a programme for children it is helpful to examine some broad policy options. Programmes need to have a clearly defined focus recognising what they include and exclude in terms of activities. There can be several stages in this process.

- producing a vision of what can be done
- reviewing the necessary resources/training that will be needed
- monitoring effectiveness, especially cost effectiveness, of activities
- identifying and promoting examples of good practice
- being advocates as much as carers for children in need and promoting children's rights
- interacting with and learning from other agencies who have had good programme experience
- promoting discussion and planning of activities with children themselves
- avoiding stigma of children in programmes, especially related to HIV

5. Programme Options

5.1 Many programmes focus on the development of individual children and are, through intensive means, able to support children who are brought up in rather structured programmes. Children may be well fed, attend a good school, be cared for by motivated skilled compassionate staff as a result of financial provision by an NGO, hopefully in association with a lively church who not only support the children physically and emotionally but also provide an attractive Christian programme which is popular with the children. Many child sponsorship programmes use this model, citing examples of ways in which extremely able adults have developed as a result of careful nurture during their childhood years. The programmes often provide crucial support and can provide fine examples of what can be achieved by dedicated staff supported by finance from caring, praying Christian sponsors. Such programmes may well be very useful for governments as they seek to "go to scale" nationally but few national governments have adopted such programmes completely..

5.2 Other programmes focus on the community as a whole, recognising that children are a key part of society. They seek to achieve a reduction in poverty in the poorest families, aiming to improve the chances of better child development if families are more able to support their children themselves. Such NGOs tend to emphasise the importance of listening to children in making plans for future development activities within their communities. These more participatory approaches, where wide consultation is emphasised, aim to enlist ownership of programmes by the community; they have the advantage of moving at speeds which are determined more by communities themselves than NGOs. They are much less dependent on external resources than the sponsorship model. However when the community is very poor, it is difficult to be certain whether there is much change in child development or any other aspect of a child's life as a result of these more "social development" approaches. In particular it is difficult to know how much effect such programmes have when children are hungry, sick and unable to afford to go to school and their parents are ill, dead, absent or dysfunctional.

5.3 In addition to these two somewhat contrasting approaches to support of child development there are many other examples of programmes which seek to improve the experience and outcome of childhood. A remaining challenge is for programmes to monitor and evaluate their activities. There are key aspects of life which are changing the understanding and expectation among children themselves. The term "globalisation" is perhaps overused but there are now many situations where children feel more at home with children of their same age in another culture than with their parents or even older siblings. The international influence of TV, radio and the press mean that children, even those in some of the most deprived areas, have become more aware of the behaviours and values of people in other countries and cultures. Children' s attitudes towards clothes, music, sport, social customs, sexual behaviour and values are now much more similar across the world than in previous decades.

6. Child Development Interventions – Child Focused

- Nutrition **–** promotion of breast feeding, promotion of improved intake of iron/zinc and vitamin A in late infancy/early childhood, improved diet for growing children, breakfast, school lunch, improved iron and multiple micronutrients for schoolchildren (diet, fortification, supplements)
- Immunisation, deworming, treatment of mild illness (e.g.scabies), detection and management of disability
- Psychomotor stimulation **–** especially important in 6 months to 3 years where regular use of toys and structured play leads to motor, mental and social development
- Education **–** provision of government/church/community schools. Regular attendance . Teachers present and competent, Learning materials provided.
- Social **–** parenting, mentoring, befriending, enhancing self worth by creating environment where children are valued as individuals rather than just as a labour force or an investment for the future, listening to children, supporting in times of stress
- Life skills – especially for negotiating in relation to sexual pressures, employment, health damaging practices in relation to solvents, drugs and alcohol, creating an environment which promotes resilience in relation to violence, conflict, criticism, loneliness, emotional and physical pain.
- Spiritual **–** Making Gospel understandable, enabling personal belief and deep experience of God, relevant for children in their own context, emphasising the limitless and powerful love of Jesus for children in all life situations

7. Child Development Interventions – Community Focused

- Each of the environments has specific interventions which are possible from the family, community or government perspective. A physical environment can be improved by infection control – preventing transmission of malaria and gut parasites as a result of the use of insecticide treated bednets, improved use of water, latrines and timely use of simple drugs. These could include use of anti-malarials during pregnancy and anti-helminths at the beginning of each term.
- Nutrition - can be improved by greater emphasis on the promotion of maternal diet and health, particularly during the second and third trimesters of pregnancy when the brain is developing. Improved birth weight, better micronutrient level of the mother, especially iron and iodine. Improved nutrition of the adolescent – taller better nourished girls/women produce healthier. More intelligent babies.
- Psychomotor **-** mental environment can be improved by creating skills in development workers in psycho-motor stimulation, early childhood education, schools and community groups.
- Social **- social** environment may be improved through greater awareness of promotive parenting, support of dysfunctional families, the use of children's groups to enhance self-esteem and confidence, with a particular emphasis on life skills in relation to sexual behaviour. There will be an increasing demand to create support for children's carers particularly the elderly.

- The life Cycle Approach - A holistic view of child development takes a look at what parental/family social pressures influence the child here and now. The life cycle analysis shows specific vulnerable periods at which child development may be affected. It then moves to design specific interventions, which focus on eliminating these problems. Some examples of these include:-

- 0-3 early childhood development – breastfeeding, infection control, psycho-motor stimulation
- 4-5 years – micronutrient nutrition, infection control, psycho-motor stimulation, social stimulation
- 6-12 years – infection, education provision, nutrition (especially micronutrients)
- 12-18 years – nutrition, life skills, educational provision for girls
- 18-40 – women's health, nutrition, birth spacing, decision-making in relation to pregnancy and prevention of low birthweight
- 40+ years – grandparent, especially care for orphans and vulnerable children

8 Family and Community Level Interventions:-

Some examples include:-

- helping HIV positive parents to fulfil their roles for as long as possible
- enabling children (especially those whose parents or who are themselves ill to express their fears about their illness and death). Death is often not discussed with children and the unknown may cause far more stress than the undiscussed.
- Encouraging children and parents to plan for the future (wills), photograph albums, care when parents are dead.
- Exploring traditional cultures for grieving, strengthening when they are helpful to children and exploring other possibilities when they seem to be part of the stress (e.g. excluding children from funerals).
- Supporting families who have orphans and vulnerable children financially, emotionally, visiting, socialising.
- Facilitating the community to make its own plans for the future, recognising the scale of problems that orphanhood will produce over the next 10-20 years.
- Avoid stigmatising those with AIDS or poverty.
- Involving older children and adolescents in the planning.
- Supporting school attendance and even developing new programmes for community schools.
- Protecting the property and inheritance rights of widows and orphans.
- Monitoring and evaluating the process of community support, indicating the percentage of families with orphans, the percentage of children attending school and numbers of support groups formed together with some indication of impact on growth, health and social development.

9. District/regional and national level interventions
In these situations churches and NGOs have a key role in being advocates and ensuring that government plans take account of the needs of children. These could include:

- Exchange of information
- Setting up collaborating organisations
- Review existing policies, examining why they are working or not - is it manpower, resources or politics?
- Identifying and/or developing new policies and being advocates to ensure their adoption and implementation.
- Ensuring protective laws for children are developed, especially avoiding exploitative labour.
- Protection support for street children.
- Support regulation for foster parents and guardians including sustainable financial support for those who foster children.

In all these activities there are many opportunities for monitoring and supporting the evaluations by district and regional task forces.

10. International level interventions

With the increasing numbers of children who are orphaned and the decreasing numbers who are attending school in many sub Saharan African countries, there will be many opportunities for enhancing school attendance through the provision of school fees, books, regular salaries for teachers. NGOs can therefore be active in the following:

- Exchanging information of what works (donors really need to have some good examples of what they can invest in).
- Networking so that the impact of a small number of NGOs can be shared and key strategies developed for international/funding organisations.
- Developing new policies for use by donors and advocating their adoption.

11. Interface between Churches/NGOs and international Agencies

Many church leaders play a key role in preaching the Gospel and encouraging their church members to care for children at risk. With the major increase in the burden of care for children in many countries, church leaders will play an additional role in strengthening and supporting their members in these tasks. Carers are likely to become more drained and need more than ever to experience the inner strength from the Holy Spirit to prevent them becoming burned out. The churches are seen increasingly as the most effective way of reaching the poor and international development agencies such as DFID (UK) are increasingly providing support to church based organisations in developing countries.

Church leaders are also being looked to for guidance and leadership in child development programmes – not just by agencies like DFID but larger organisations such as the World Bank which is presently developing new strategies for the support of children, orphaned children in particular. There have been many bad experiences of dependency and debt as a result of loans from large agencies. The damage to social welfare programmes as a result of structural adjustment has been so severe in some countries that national and local leaders are reticent to take further loans or grants. However, the scale of the stress on children, especially in relation to the need to fund schooling and food may be such that local resources cannot provide. There has never been a greater opportunity for Christian leaders to engage with agencies and suggest ways of supporting child development in poor communities without allowing dependency or suppressing local initiative.

12. Managing Child Development Programmes in today's World

We now live in a World that is vastly more complex than ever before. The interaction of the geographical and economic climates is close and fine balances can be disturbed or destroyed very rapidly. The management of programmes that aim to promote Child Development is therefore even more complex than before and has to take account of many competing demands. Traditional ways of planning and managing in which rigid approaches are used are unlikely to be efficient. New styles of leadership with imagination, preparedness to innovate and initiate while at the same time being responsible and accountable are needed. In this situation the Christian manager needs to be inspired and empowered by Jesus Christ who managed a team of ordinary people so that they did extraordinary things. Some of His activities were extremely radical. Jesus saw that slavish adherence to tradition did not always help the poor and needy; in fact it was sometimes a part of the problem. There are several challenges for programme managers in the next 10 years. They will need to be visionary and incisive in their analysis of the problems facing children and their families. They will need to have skills in formulating plans in a participatory manner that will unlock existing resources. They will also need to be humble enough to realise that try as they will, communicate as they will and liase as they will, it will be difficult to "get it right" for everybody.

The environment that Christian organisations working for Child Development need to develop therefore will be rather like the "Road to Emmaus". It will be puzzling at times but managers need to be assured that Jesus is there to guide. Hopefully the recognition of His presence, power and plans will come a bit quicker than it did on the Emmaus road. For that reason it will be more important than ever for managers to connect, communicate, advise, encourage and inspire one another as they share experiences of what is happening globally. The work of Viva and the Cutting Edge will become even more important.

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