

Final Report

Cover Page

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CIDA project #S-064713
Learning Through Play-Children's Mental Health-Early Child Development Program

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CIDA contribution: \$146,569
Hincks-Dellcrest contribution: \$48,858

Start Date: April 1, 2010
End Date: March 31, 2013

Report Date: June 1, 2013

Table of Contents

Executive Summary-----	3
Key Outcome Findings -----	6
Project Implementation-----	7
Management Issues and Adjustment-----	8
Canadian Engagement-----	8
Actual Outcomes Obtained-----	10
Lessons Learned-----	18
Appendices -----	20
Appendix A. Financial Report	
Appendix B. Communications Report	
Appendix C. Latest version of logic model	
Appendix D. Work Plan	
Appendix E Development of the Matrix	
Appendix F. Lessons Learned 1998-2013	

Executive Summary

The purpose of the Learning Through Play Project is to improve the health and well-being of young children (m/f) in Ecuador and Haiti by educating mothers and fathers on the development of healthy children (birth to age 6), including all aspects of child development (cognitive, linguistic, social-emotional, and physical).

The goal is to improve the health and well being of poor children (m/f) and their long-term social/emotional development through early childhood development.

Hincks-Dellcrest has worked with Learning Through Play internationally for fifteen years. This CIDA funded project working with partners in Ecuador and Haiti is built on the experience over these fifteen years working in 29 different countries. This work has been both with CIDA funded and non-CIDA funded partnerships. Previously we have had CIDA funded work in Haiti (2004-2007), India, Pakistan, Philippines, Uganda, Burkina Faso, Jamaica, El Salvador, Peru, Nicaragua and Paraguay.

The LTP training program is based on helping parents learn about the brain and the early years, attachment, child development, play and toy making, and understanding their child (ren)behavior. Most importantly the parents (caregivers) learn the important role they play in their children's healthy development.

Simple, low-literacy early child development resources which focus on mental health are requested and needed in developing countries to help give children the best possible start in life. The **Learning Through Play (LTP) Calendars (Birth to 3 Years and 3-6 Years)**, provide parents with information about the cognitive, socio-emotional, linguistic, and physical aspects of child development. The core LTP resources are pictorial calendars, showing the successive stages of child development, with brief descriptions of simple play activities that show parents what they can do to promote healthy child development. These resources encourage parental involvement, learning, and parent-child attachment. They are low-literacy, multicultural in focus, and have been culturally adapted and tested with respect to illustrations, language, concepts, and values for international contexts. The LTP resources have been translated into 30 different languages.

The key activities in this project have been training and supporting Learning Through Play master trainers in Ecuador and Haiti, training of trainers (health workers, midwives, kindergarten and primary school teachers), training of parents and caregivers, and printing and distributing LTP resources (parent calendars and training manuals).

The Haiti project partner, International Child Care, operates Grace Children's Hospital in Port-au-Prince and is a lead agency in combating TB in children across Haiti. ICC Haiti also runs a variety of community health programs including child maternal health . They were a previous LTP partner in 2004-2007. During this project they translated the LTP birth to three calendars into Creole and redrew the pictures to better reflect the Haitian daily context. This project

focused on the Northern Region of Haiti. During the course of this project, Marie Carmelle Aliot-Luc, a community health trainer for ICC, became very knowledgeable about Learning Through Play and took the role of the master trainer. In the current project, Marie Carmelle again was able to take the lead as the master trainer. In addition to doing some further work in the Northern Region, this three year project focused mainly on Port-au-Prince.

This three year LTP project started with ICC in Haiti three months after the earthquake of January 2010. This natural disaster had an impact on the start of the project as Grace Children's Hospital was affected by the earthquake with physical damage and staff members and family members killed and injured. The earthquake response brought together a number of organizations interested in the welfare of mothers and young children trying to survive in the tent cities. In April 2010, during the first month of this project, ICC was able to host in a section of Grace Children's Hospital that was not damaged a two week training sponsored jointly by ICC, International Medical and UNICEF. Learning Through Play was a core resource and methodology used. The focus of the training was for women who were going to host mother and baby safe tents and to give training and support to orphanage workers. An LTP trainer from Hincks-Dellcrest went to Haiti to assist with the training.

In Haiti the average household consumption is much lower for female-headed households, and women face inequalities in the social sphere and in skills levels. Women are less educated than men, including in rural areas. Micronutrient shortages aggravate poverty: 61% of children under age 5 and 46% of women suffer from anemia. Under-nourishment and malnutrition cause girls and boys to suffer deterioration in physical and mental faculties. The education system in Haiti is highly exclusionary and reinforces inequalities through limited access to schools, particularly in rural areas. Poor children (m/f) have access to low-quality education and the cost is high in relation to the income of families, especially single mothers. Almost one-third of children between the ages of six and twelve (500,000 children) do not attend school. This situation is highly prejudicial to girls, and reinforces the need for low-cost early education. Gender based violence, including domestic violence is a serious issue in Haiti.

The LTP Haiti project focused on gender equality issues with parents (fathers and mothers) and the children 0 to 6 years. Because women are more involved in child care, they benefited more than men, but efforts were also made to encourage fathers to interact with girls and boys from birth. Based on the 2004-2007 LTP project based in the North region of Haiti, use of the LTP calendar contributes to improved mother-child attachment. The mothers gain a better understanding of their children's behaviours and needs and this contributed to a significant reduction of child abuse.

The Ecuador partner, Asociacion De Mujeres Comunitarias "14 De Febrero", is a community based organization that exists for the benefit of children and does this work through trying to improve the living conditions of children, families and communities. The Ecuador partner faced a major challenge in the first year of their project due to a change made by the Ministry of Social Inclusion/INF) to the management model of public funded organizations. This change modified the geographic area of "14 De Febrero". This change cut their service delivery area almost in half. They were not able to continue working with families who had signed up for training in areas that were no longer in their jurisdiction. This also meant that they lost some LTP trainers

who had already been trained to work in the areas that were now not part of the project. The project overcame this by refocusing and working more intensely in a smaller geographic area.

In Ecuador gender and racial inequality exist in most sectors of Ecuador society. Women, especially indigenous women are underrepresented in community initiatives, and women's wages are lower than men's for the same work. In general, there are not significant gender gaps in education, but there are disparities in access for indigenous and non-indigenous and rural and urban populations. Studies found that girls in low income families may be discriminated against and receive less nutritious food in the family ("boys need more proteins"), have more household responsibilities, be withdrawn from school to care for family members, and receive less encouragement from parents to participate in sports and other competitive activities. Gender based violence, including domestic violence, is a serious issue in Ecuador.

The Ecuador project aimed to demonstrate to boys and girls that learning can be fun. Focus was on the formation of a secure attachment between girls and boys with both mothers and fathers. The LTP program allowed parents, mothers and fathers, to change their roles in the rearing of their children to a more supportive, loving and positive relationship. Fathers were encouraged to participate in training sessions and workshops and to value the role of the mother; similarly, mothers were encouraged to value the role of the father in child development. In this way members in the family learn to respect each other.

Hicks-Dellcrest has learned in previous projects that LTP can have significant impact on gender equality. This CIDA project confirms these findings. These findings include:

- LTP promotes better parenting practices that benefit both girls and boys.
 - The LTP materials convey messages that value and respect girls and women.
 - Women who participate in LTP acquire new and specialized knowledge which increases their self-confidence.
 - The program provides women with leadership opportunities, which may enhance their status and promote empowerment.
 - LTP identifies the role of the father in child development and promotes equitable distribution of play activities between boys and girls.
 - LTP empowers mother with knowledge and sends a strong message to fathers and employers on the importance of the early years
 - LTP teaches fathers to be more supportive to their children and wives
 - LTP builds more attachment into family relationships.
 - LTP has an unexpected outcome of impacting family violence which is a significant gender equality finding.
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- This project was successful in training and supporting LTP master trainers in each partner country and assisting them to train community partners and parents. Combined, the two developing country partners trained 441 community health workers, midwife and pre-school kindergarten teachers. These 441 community workers in turn trained 7601 parents who impacted the lives of minimally 15,200 children. The project did not meet its goal

of having 10% father participation. Where fathers did participate, they felt empowered in their father role and showed significant changes in their being more involved in family life and the reduction of family violence.

Key outcome findings include:

Haiti

- Parents spend more time to play with their children and follow carefully their mental development.
- Before the use of the methodology LTP, no attention was paid to mental development of the children.
- Fathers spend more time to play with their children and follow carefully their mental development
- They now understand the children and play with them. For instance they are not angry with the kids when they destroy their own toys.
- Corporal punishment is used rarely in school and home. Parents try to communicate verbally in order to understand their children's motives.
- Both mothers and fathers are taking better care of the children.
- Mothers now are more able to understand the behavior of their children.
- Of the 846 parents trained during the past semester, 29 (3.4%) were fathers.

Ecuador

- Parents improved their knowledge of child development, their parenting practices, and their socio-emotional well-being. The results also suggest that children improved in their general development.
- Children improved their communication skills. Before parents did not ask their children about how was their day in school. Now they ask them: "What did you do today? How was your day? What happened in school today?" Children are also more talkative and parents learn more from their children.
- Now pregnant parents take better care of their children. They put in practice what they learned in the sessions.
- Community workers are now more aware of the importance of having fun with the children. They have learned how to make the learning experience more enjoyable to the children.
- Community workers learned about the importance of attachment. They also learned about the important role the home environment has on the child's socio-emotional development.
- Community workers have learned about the importance of expressing affection towards the children and are putting in practice this new knowledge in the school activities.

Project Description and Context

Implementation

- The Haiti project partner, International Child Care, operates Grace Children’s Hospital in Port-au-Prince and is a lead agency in combating TB in children across Haiti. ICC Haiti also runs a variety of community health programs including child maternal health . They were a previous LTP partner in 2004-2007. During this project they translated the LTP birth to three calendars into Creole and redrew the pictures to better reflect the Haitian daily context. This project focused on the Northern Region of Haiti. During the course of this project, Marie Carmelle Aliot-Luc, a community health trainer for ICC, became very knowledgeable about Learning Through Play and took the role of the master trainer. In the current project, Marie Carmelle again was able to take the lead as the master trainer. In addition to doing some further work in the Northern Region, this three year project focused mainly on Port-au-Prince.
- The ICC Haiti partner trained 328 Grace Children Hospital staff, traditional midwives, kindergarten teachers, and health workers in the North Department and in Port-au-Prince to be LTP community trainers. These persons in turn provided 5750 mothers and 356 fathers and 50 orphanage workers with Learning Through Play training.
- The Ecuador partner, Asociacion De Mujeres Comunitarias “14 De Febrero”, is a community based organization based in poor neighborhoods of Guayaquil. This organization exists for the benefit of children and does this work through trying to improve the living conditions of children, families and communities. Learning Through Play was a new program and methodology for “4 De Febrero”. In order to be able to create master trainers and implement the “train the trainer” model that LTP International uses in all projects, this three year project began with an experienced LTP trainer from Peru and a trainer from Hincks-Dellcrest providing a week of training in Guayaquil. These initial 23 persons trained went on to train 153 community workers to be LTP trainers. These community workers in turn trained 1495 parents. The community workers trained included health workers and teachers.
- Neither Haiti nor Ecuador met the target of 10% fathers.

Country	Community/health and child care workers trained- Target number	Actual	Parents/care givers trained Target number	Actual	Children benefitting Target	Actual
Haiti	225	328	4500	5750 mothers 356 fathers	9,000	12,212
Ecuador	105	153	2100	1495	4,200	2990

Total	330	481	6000 mothers 600 fathers	7601	13,200	15,202

Management issues and adjustments

- This three year LTP project started with ICC in Haiti three months after the earthquake of January 2010. This natural disaster had an impact on the start of the project as Grace Children’s Hospital was affected by the earth quake with physical damage and staff members and family members killed and injured. The earthquake response brought together a number of organizations interested in the welfare of mothers and young children trying to survive in the tent cities. In April 2010, during the first month of this project, ICC was able to host in a section of Grace Children’s Hospital that was not damaged a two week training sponsored jointly by ICC, International Medical and UNICEF. Because the LTP calendar was already in Creole and ICC Haiti had an experienced LTP master trainer, Learning Through Play was the core resource and methodology used. The focus of the training was for women who were going to host mother and baby safe tents and to give training and support to orphanage workers. An LTP trainer from Hincks-Dellcrest went to Haiti to assist with the training. Extreme weather conditions and a unstable political climate are constant challenges that Haiti partner has to live with and adjust programming accordingly.
- The Ecuador partner faced a major challenge in the first year of their project due to a change made by the Ministry of Social Inclusion/INF) to the management model of public funded organizations. This change modified the geographic area of “14 De Febrero”. This change cut their service delivery area almost in half. They were not able to continue working with families who had signed up for training in areas that were no longer in their jurisdiction. This also meant that they lost some LTP trainers who had already been trained to work in the areas that were now not part of the project. The project overcame this by refocusing and working more intensely in a smaller geographic area.

Financial reports

These reports are attached.

Canadian Engagement

The main Canadian Engagement activity was the Public forum which was part of the May 2012 Learning through Play International conference held in Toronto. This Conference included representation from LTP partners who represented ten countries. Regretfully, at the last minute both the Ecuador and Haiti representatives found out that they would not be getting their Canadian Visas in time to travel to the Conference. The Community Forum was a public event where LTP stakeholders and interested persons and organizations in the Toronto area were

invited to meet the international guests and find out what Learning Through Play is doing in these countries. Each partner was able to set up an information table about their project. CIDA was represented at the conference by two project officers who also set up a CIDA table at the Community Forum. One hundred persons attended this event.

A second smaller event was held in August 2012 during a week- long training that was planned for the LTP master trainers who received their Canadian Visas after the May 2012 conference. A lunch and learn event was hosted at Hincks-Dellcrest so that Canadian staff could meet these international partners and hear about the work they are doing with LTP International.

Actual outcomes obtained

General background

Internationally speaking, the LTP project is being implemented in different scenarios (in relation to culture, human development, parental literacy level, health status, poverty), following different strategies (training early years education officers, caregivers, community workers, teachers, parents), and in association with diverse local partners (colleges, preschools, hospital's sub-committees, NGO's, institutes). The goal is always to improve the health and wellbeing of poor children (m/f) and their long-term social/emotional development.

Tools, methods, and sources of outcome data

The tools/strategies used by Hincks-Dellcrest to evaluate the impact of the LTP projects are the following:

- Focus groups data (from local partners and participating families)
- Interviews with local partners
- Written reports from local partners
- Haiti and Ecuador Logic Model (Outputs, Immediate Outcomes, Intermediate Outcomes, and Ultimate Outcomes) (see **Appendix C**)

Analysis of focus groups data

The caregivers' answers to focus groups questions were entered into the *Matrix for the Analysis of Caregivers' Focus Groups Data*¹ (see **Figures w and x**). This Matrix consists of three categories (Changes in Parental Knowledge, Changes in Parental Practices, and Changes in the Child's General Development), which in turn encompass 16 subcategories. Once the parents' comments are individually entered into the matrix, the frequencies and percentages for each

¹ This Matrix was developed by the Learning Through Play Program.

category and subcategory are estimated (for example, a subcategory with 10 out of 100 total responses would have a 10% response rate).

The ultimate goal of the Matrix is to provide a visual tool indicative of possible outcome changes in caregivers, children, and facilitators. *Figures w and x* display the frequency distributions of the focus groups results by category and subcategory.

Type of outcomes

For didactic reasons, the outcomes of this report have been grouped either as:

- *Processes* (e.g., capacity building of local organizations, training of human resources, local partnerships, involvement of state agencies, multiplier effects of the program, program sustainability).
- *Impact on caregivers and children* (improved caregivers' knowledge of child development, changes in parenting practices, and changes in caregivers and children's wellbeing). This information comes from the local partners direct observations of the beneficiaries.

The *Process* and *Impact* outcomes intend to give a glance of changes in gender equity, gender equality, and governance.

2.1 Haiti

2.1.1 General background

The earthquake of 2010, hurricanes and many political and social manifestations affected the project results. Despite these challenges, the Haiti partner felt because of the importance of the LTP project for Haiti parents and children that they needed to be creative to find ways for the project to continue providing training.

2.1.2 As a process, the project has had an impact on the following:

This section will include the sustainability of the local projects (as an outcome process)

- LTP is integrated in the community health programs in North as well as in West Department.
- LTP calendars have printed and distributed
- The above achievements provides us a solid foundation for the implementation of the LTP program.
- People who live in urban places are more interested in following their children development (through the LTP project) than people living in rural places.

2.1.3 As an impact on the parents' knowledge of child development, improvement of parental practices, and child development, the outcomes are the following:

The following information comes from focus groups held with caregivers and health workers in March 2013. The focus groups were conducted by Andrew Reesor-McDowell from the Hincks-Dellcrest Toronto office. The evidence from these focus groups suggests that (*see Figure x*):

- Parents improved their knowledge of child development, their parenting practices, and their socio-emotional well-being, and children improved in their general development.
- Parents now take more time to play with their children, use less physical punishment, and are more able to read their children's emotional cues.
- Parents are playing more with their children, smile more to them, and are more capable of communicating in a positive way with their little ones.

In addition, the local partners identify the following outcomes:

- Parents spend more time to play with their children and follow carefully their mental development.
- Before the use of the methodology LTP, no attention was paid to mental development of the children.
- Fathers spend more time to play with their children and follow carefully their mental development
- They now understand the children and play with them. For instance they are not angry with the kids when they destroy their own toys.
- Corporal punishment is used rarely in school and home. Parents try to communicate verbally in order to understand their children's motives.
- Both mothers and fathers are taking better care of the children.
- Mothers now are more able to understand the behavior of their children.
- Of the 846 parents trained during the past semester, 29 (3.4%) were fathers.

2.2 Ecuador

2.2.1 General Background:

- The 2013 raining season hit hard the Ecuadorian coast and the city of Guayaquil. Several communities and houses were flooded. The climate was hot (approximately 36-38 degrees Celsius) and very humid. The sector "El Fortin" (one of the project catchment areas) is located on a hill. This sector was affected by the rains. There were constant landslides and several wooden houses tumbled.
- The problems in the city of Guayaquil were the same as usual (e.g., high unemployment and delinquency rates). During training visits to the communities, project community

workers witnessed several attacks performed by juvenile gangs (some local residents resulted wounded and some local stores robbed).

- Presidential elections took place at the beginning of 2013. The community context became highly politicized.
- There are a large number of parents in the communities that still see learning as a purely academic process. These parents don't understand the importance of play, lack some basic knowledge of child development (e.g., stages of development), and physically punish their children.

2.2.2 As a process, the project has had an impact on the following:

- All the technical staff have been trained with the LTP methodology. This will favour the sustainability of the program.
- There is an agreement with the NGO "Construyendo Sueños" to continue training its community workers that are part of the CNH home visiting program. The training of the NGO "Construyendo Sueños" constitutes a source of capacity building.
- About 20% of the LTP workshop attendants were fathers. In addition, a significant number of fathers attended the community activities that were held in the past months (open houses, puppet shows, celebrations the Day of the Girl, celebrations for the Day of the Grandparent). There is an awareness of the need to continue to encouraging fathers to join the LTP sessions.
- New strategic alliances are being developed (e.g., with the Health Centre No 2 located in the "Isla Trinitaria" and with Kinderzentrum -a highly recognized local NGO).
- There are a large number of LTP resources in stock. This will help to continue providing training with the LTP methodology.

2.2.3 As an impact on the parents' knowledge of child development, improvement of parental practices, and child development, the outcomes are the following:

The following information comes from a focus group held with facilitators in March 2013. The focus group was conducted by Alfredo Tinajero from the Hincks-Dellcrest Toronto office. The evidence from the focus groups suggests that:

- Parents improved their knowledge of child development, their parenting practices, and their socio-emotional well-being. The results also suggest that children improved in their general development.
- Children improved their communication skills. Before parents did not ask their children about how was their day in school. Now they ask them: "What did you do today? How was your day? What happened in school today?" Children are also more talkative and parents learn more from their children.
- Now pregnant parents take better care of their children. They put in practice what they learned in the sessions.
- Community workers are now more aware of the importance of having fun with the children. They have learned how to make the learning experience more enjoyable to the children.

- Community workers learned about the importance of attachment. They also learned about the important role the home environment has on the child's socio-emotional development.
- Community workers have learned about the importance of expressing affection towards the children and are putting in practice this new knowledge in the school activities.

2.4. Logic Model (overall analysis of Immediate Outcomes, Intermediate Outcomes, and Ultimate Outcomes).

The Logic Model for the Haiti and Ecuador programs is presented in Appendix C. As the model shows, there are three types of outcomes:

Immediate Outcomes (increased parenting confidence; increased mother, father, caregiver understanding of child development; Increased child care worker/educators/community workers understanding and involvement in child development; Improved school readiness for young children (girls and boys); Increased parental (father and mother) involvement in child development of boys and girls; Healthier parent/child relationships)

Intermediate Outcomes (Healthier social and emotional development in children; reduced corporal punishment in schools and improved learning environment; reduced violence against girls and women and increased status of mothers)

Ultimate Outcomes (Healthy Adolescents (m/f) and adults contributing to the social well-being and economic development of their countries)

The research methodology adopted to measure these outcomes consisted in: 1) running focus groups with the beneficiaries; and 2) analyzing the information that resulted from them. As mentioned, the information from the focus groups data was entered into the matrix categories and subcategories, which are a very good match to the Immediate and Intermediate Outcome dimensions defined in the Logic Model.

Figures **w** and **x** suggest that the Haiti and Ecuador projects had positive Immediate and Intermediate Outcomes in caregivers and children: Improvement of parental knowledge of child development, improvement of parenting practices, and improvement in the children's general development. These results are consistent with other LTP focus group results held during the past years in Canada, India, Philippines, Kenya, Uganda, Ghana, Ethiopia, Burkina Faso, Peru, Nicaragua, Paraguay, El Salvador, and Jamaica (these results are presented in Figure (see Figure **y**)).

The results also suggest parents are putting in practice what they learned in the sessions: Parents are playing more with their children, use less physical punishment, have a more secure form of

attachment with their children, and are working as a team (father and mother) to enhance their children's development.

The notion of developmental trajectories which is widely accepted in the scientific literature suggest that early experiences such as play, proper stimulation, and affection can affect an individual's health, learning, and behavior during the entire life-course. Different studies show that individuals exposed to adverse early experiences are more likely to develop physical and mental health problems during adult life.

We conclude that the positive Immediate and Intermediate Outcomes found in the matrix analysis provide children with a solid foundation to achieve the Ultimate Outcomes discussed in the Logic Model ((Healthy Adolescents (m/f) and adults contributing to the social well-being and economic development of their countries).

2.3 Overall analysis of the outcomes

Combined analysis for Haiti and Ecuador. Lessons from the process.

Figure w

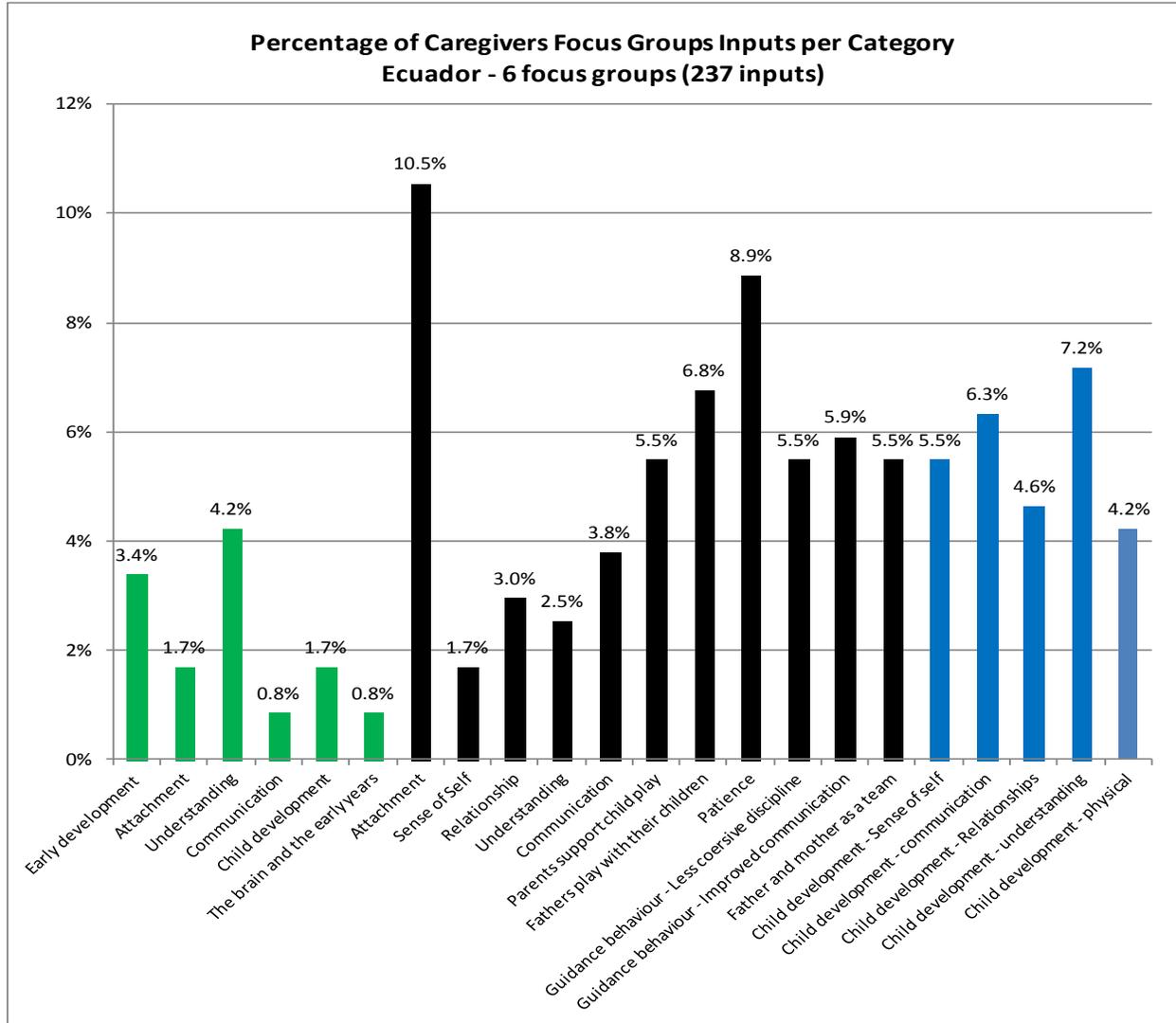


Figure w illustrates how many of the 237 inputs (comments) indicate changes in a *particular* area of child development (e.g. communication) or a particular area of parent knowledge/practice (e.g., guiding behaviour).

Most of the coments correspond to the Practice category (60.3%), followed by changes in the Outcome category (27.8%), and the Knowledge category (11.8%). In terms of the most common answers regarding outcome changes in caregivers, comments revealed that the groups particularly improved in Attachment (10.5%), Patience (8.9%), and Parents support of children's play (6.8%). Regarding changes in children, 7.2% of all participant comments indicated that the groups promoted children’s understanding; another 6.3% indicated that they enhanced communication; and 5.5% of all comments indicated that they specifically fostered sense of self.

Figure x

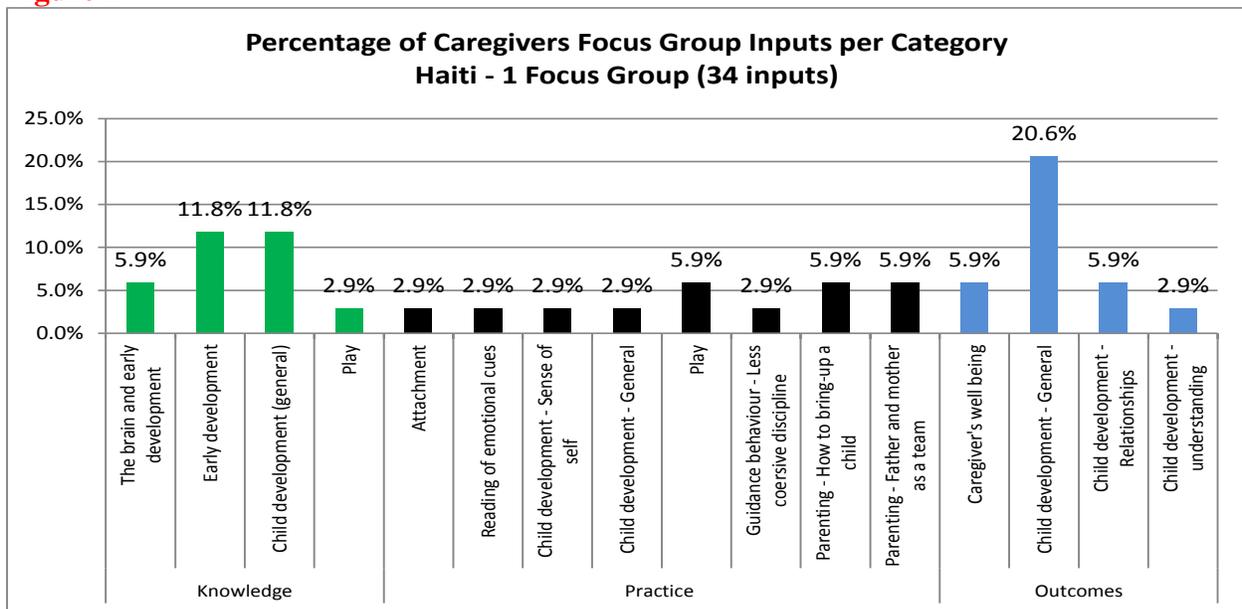


Figure x shows that there were a total of 34 comments. Regarding changes in parental knowledge, 23.6% of parents mentioned that they learned about early development and child development – general. In terms of the most common answers regarding outcome changes in caregivers, 5.9% of all comments revealed that the groups particularly enhanced parental practices around play; 5.9% of total comments indicated that they improved guiding behaviour – child rearing practices; and 5.9% indicated that they enhanced parenting practices – father and mother as a team. Regarding changes in children, 20.6% of all participant comments indicated that the groups promoted children’s general development; and another 5.9% indicated that they facilitated child development – socialization. **Figure x** also shows that 5.9% of total comments indicated improvements in the caregivers’ mental health. The caregivers’ mental health was included in the analysis because of the important role it plays in the healthy development of young children.

Figure y

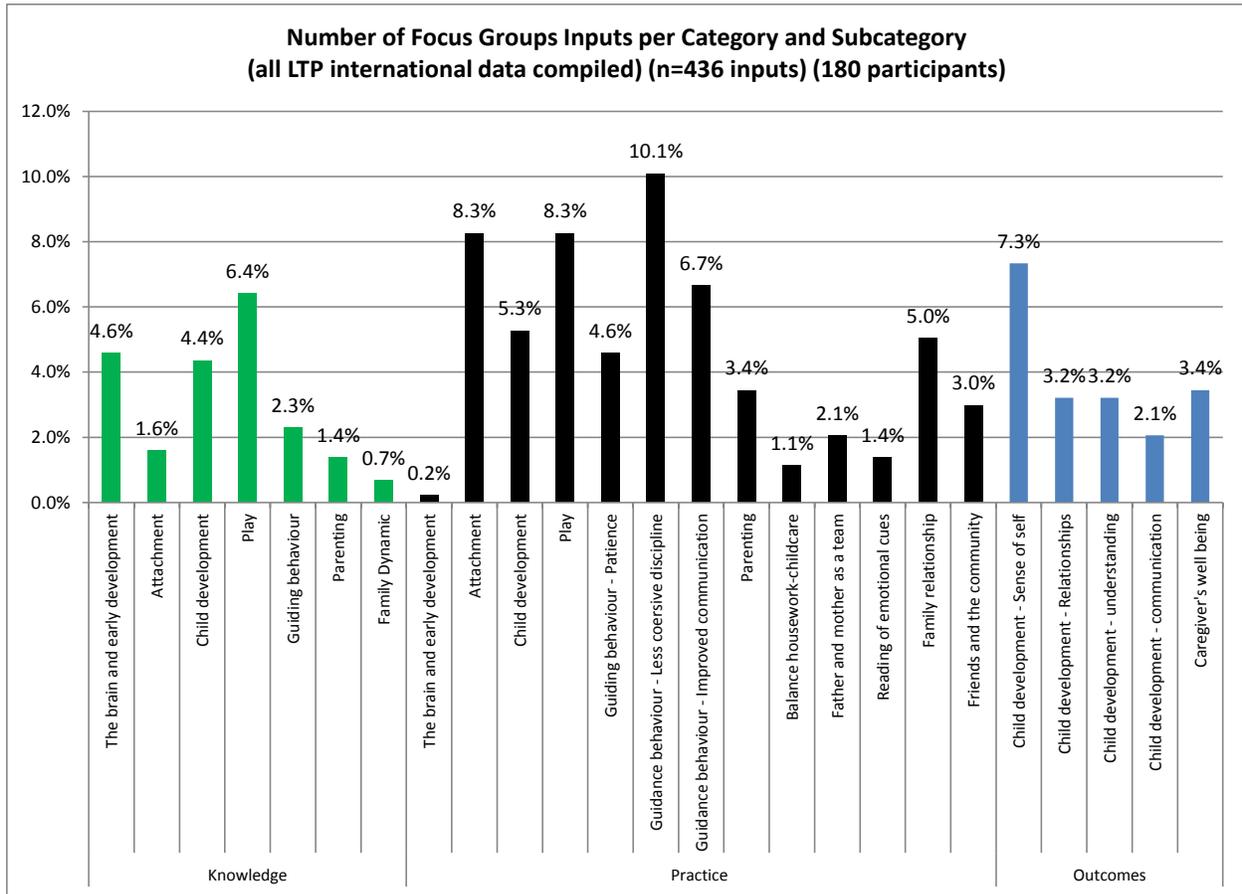


Figure y shows the distribution of focus groups comments by category and subcategory. This information was collected from LTP focus groups held in different countries over the past 10 years. The figure shows that: 1) the largest proportion of comments are in the Practice Category; 2) the Knowledge and Outcomes Categories also have large response rates; 3) the subcategories with the largest response rates are Practice – less cohesive discipline (10.1%), Practice – attachment (8.3%), Practice – play (8.3%), Child Development –sense of self (7.3%), and Knowledge – play (6.4%).

Gender Outcomes

Ecuador gave the following examples of Gender outcomes from their project:

- Family integration meetings. At the beginning of the program, only mothers attended the first family integration meetings. We have now at least 50% of children attending these meetings along with their fathers.
- Open houses. Now fathers are participating at these meetings. Some fathers took their day-off from in order to attend the meeting with their children. Fathers have learned to value their roles as parents and have a better relationship with their children.
- Celebration for the day of the grandparent. Whole families participated in this celebration. Grandparents (male and female) were happy to play along with their grandchildren.
- Fathers are now more involved in the care and early education of their children.
- Some parents have commented that their communication with their children has improved.
- Fathers now are more involved in family activities.

Haiti

- Parents spend more time to play with their children and follow carefully their mental development.
- Fathers spend more time to play with their children and follow carefully their mental development. They understand the children, play with them. For instance they are not angry with the kids when they destroy their own toys
- Corporal punishment is used rarely in school and home. Verbal conversation is the best way to resolve a situation. They try to understand the children
- Both mother and father take care of the children

Lessons Learned

Partner Lessons Learned

Ecuador

- Families can learn that their lack of resources (e.g., financial) should not restrain them from providing their children with a high quality stimulation. Parents can stimulate their children during the course of their daily routines.
- Parents can learn new skills and learn different strategies to provide their children with high quality experiences.
- Families can learn that it is never too late to learn about child development, improve the quality of their lives, and improve the relationship with their children and other family members.

- The LTP methodology can help parents to improve their relationship with their little ones and also with their older . This same knowledge can improve the relationship children.
- That play can bring the family together.
- Family dialogue and communication is important for the physical and emotional development of young children.
- Local partners and strategic alliances are important and necessary in order to make the LTP program sustainable.

Haiti

- The methodology LTP is more appreciated in urban areas than rural areas.
- We receive a request for a LTP calendar from all the mothers who benefit, whom children were below 5 years old, trained in the project.
- The LTP training helped to develop good relationship with health workers and parents in the community.
- Fathers attend regularly the training session. They are interested in participating during the exchange meeting.
- The health workers are more and more motivated to spread the methodology LTP in their specific areas and to train parents in the program both mothers and fathers.

Appendices

Appendix A Financial Reports

Appendix B Communication Report

Appendix C Latest version of logic model

Appendix D Work plan

Appendix E Development of the Matrix

Appendix F Lessons Learned 1998-2013