



# Growing to THRIVE

Integrated early childhood development, nutrition, health, and baby hygiene and sanitation







# Growing a strong foundation: The first 1,000 days

“Early childhood development is like applying fertilizer to young seeds. If you apply a second fertilizer, it will help bear many fruits—even in eroded soils.”

—**Timothy Pindani**

FATHER | MALAWI

The first 1,000 days—from conception to second birthday—is a critical window of development. What a mother and baby eat, and how the family engages the baby spark brain development, build the immune system and prepare the child for academic success and the likelihood of earning a higher income later.

Early childhood development, or ECD, interventions, are cost-effective ways of improving developmental, mental, physical and social domains. ECD programs also level the playing field for disadvantaged children.

Children living with HIV and in poverty are at risk during the first 1,000 days. With generous funding from the Conrad N. Hilton Foundation, CRS has implemented THRIVE II, an integrated ECD program that provides caregivers with high-quality services and support with the aim of helping the most vulnerable children reach their full potential. THRIVE II has reached 14,500 children in Kenya, Malawi and Tanzania and has influenced ECD programming across CRS country programs.

THRIVE II's multicountry approach invites cross-cultural learning. Inspired by the creation of handmade toys in Tanzania using locally available materials, Malawi and Kenya have followed suit. Research on maternal depression in Kenya has led to the implementation of The Mothers and Babies Course<sup>1</sup> in both Kenya and in Tanzania. By adding ECD spaces in health facilities, the Malawi government has set the tone for others to do likewise.

CRS is influencing ECD policy through government partnerships. In Malawi, we adapted materials on child care and development. In Tanzania, we reviewed ECD content in a caregiver health booklet. In Lesotho, CRS drafted policies for early learning standards. Our integrated ECD curriculum now forms part of the Cameroon government's training package.

CRS integrated ECD programs empower families, strengthen health systems, and influence governments to create child-focused policies to help the next generation thrive. Last year, CRS' ECD programs reached more than 67,000 children in Kenya, Tanzania, Malawi, Zambia, Lesotho, Cameroon and Sierra Leone.

<sup>1</sup> Muñoz, R. F., Ghosh-Ippen, C., Le, H-L., Lieberman, A. F., Diaz, M. A., & LaPlante, L. (2001). *The Mothers and Babies Course: A reality management approach* [Participant manual]. Available from the author: University of California, San Francisco, Department of Psychiatry, San Francisco General Hospital, 1001 Potrero Avenue, #7M, San Francisco, CA 94110.















“Before, I would sweep  
and fetch water with  
my baby on my back,  
and still have other  
chores waiting. Now that  
my husband is helping  
with baby Desire,  
I’m done with my  
chores by 10 a.m.”

—**Thokozani Bistoni**

MOTHER | MALAWI

## Growing a community of support

It takes a village to raise a child. The likelihood that a mother or primary caregiver will embrace the tools and lessons CRS offers multiplies when those in their inner circle do so too. With that understanding in mind, CRS has enlisted a legion of volunteers to engage women and their families.

The Conrad N. Hilton Foundation-funded THRIVE II program, for example, encourages new and expectant mothers to join neighbor women’s groups. They learn about positive discipline, the importance of play, the stages of ECD, health and nutrition, and the critical role fathers play in their child’s upbringing. Group leaders often make home visits to check on progress, refer special cases for appropriate follow-up with health care professionals and expose fathers to the same activities.

Men in the countries where CRS works often are the primary breadwinners. They dictate how the family spends money, a decision that can impact pregnant women and young children’s diets. Appropriate rest and healing after birth is critical to successful breastfeeding. CRS encourages fathers to not only assume some of their wife’s duties but become actively involved in childrearing. In Malawi, village headmen are changing cultural practices by convincing men to actively raise their children.

In Western Kenya, where women live with their husband’s families, mothers-in-law wield strong influence over a child’s upbringing. THRIVE II invites them to participate in women’s group sessions and often convokes educational sessions on ECD topics.

Early pregnancies are not unusual in CRS coverage areas and, in the past, often meant that young mothers had to abandon their studies. With CRS support, though, families are stepping up to assume child care duties while the young mothers attend school.





“There is no way we can improve the child’s health—body, brain and socially—without providing a conducive environment for the mother to improve the child’s health.”

—Charles Fungo

CRS PROJECT MANAGER | TANZANIA









“Other men laugh at us. They say our wives have become the controller of the family. But I have no problem with this because I understand that it is the role of both the father and the mother to care for our baby.”

—Joseph Bistoni  
FATHER | MALAWI









“I didn’t even know my teenage granddaughter, Nancy, was pregnant because she kept it hidden. We advised and supported her that she could focus on her exams. She had her baby, Passy, and then passed her exams. Nancy now has a second chance.”

—George Okuta Goga  
CREAT-GRANDFATHER | KENYA













**“Communication and play go hand-in-hand. Our ECD volunteers show how to make age-appropriate toys from materials we already have available—like rattles from bottle caps and hangers.”**

**—Susan Akinyi Okuku**

NURSE WITH MERCY ORPHANS

SUPPORT GROUP | KENYA

## Growing healthy minds

At the heart of CRS integrated ECD programming is the belief that with knowledge comes change. Caregivers with appropriate tools and support have the power to alter the course of their child’s future. In addition to learning about health and nutrition and watching demonstrations, caregivers practice stress management and positive parenting skills, and discover how to meet a child’s needs at each developmental stage.

Cardboard boxes, rags and clay soil may not sound like effective learning tools. CRS program participants, though, transform these materials into the essentials of play. Waving a ribbon over a newborn’s eyes helps parents check eyesight. Massaging gently with a soft sponge stimulates an infant’s sense of touch. Sewing a cardboard box into a toy car makes a passenger compartment for a handmade doll.

Toys become the foundation for learning and, in some cases, become a part of therapy. For children with disabilities or those overcoming severe illness, toys and play can accelerate healing when used as a motivation to try new skills. A toy placed slightly out of reach may encourage a reluctant crawler to move forward or a child with paralysis to try to grab with a weak hand.

Caregivers are taught to use songs and games like peek-a-boo to get fussy eaters to finish their porridge, which leads to fuller bellies and more developed language skills. Parents learn to “play” with a child in the womb by singing and speaking to the baby.

One CRS study in East Africa reported that caning and spanking were the go-to forms of discipline. CRS integrated ECD programming stresses positive parenting and the importance of using constructive discipline techniques to help children develop healthy behaviors. Building loving bonds within families and creating safe, formative environments to help children flourish are at the core of CRS work in ECD.



A woman and a young child are sitting on a blue and white patterned rug. The woman, wearing a white button-down shirt, is looking at the child and holding a colorful toy. The child, wearing an orange long-sleeved shirt, is focused on playing with a similar toy. The rug is covered with various colorful toys, including a yellow and red toy, a blue and yellow toy, and a green and yellow toy. In the background, a sign with the letters 'CRS' is visible on a wall.









“When you sing and talk to your child in the womb and while still young, the child’s brain will store the information. The things you do to your child are what he or she will do later in life.”

—Esther Amos Wangija

MOTHER | TANZANIA









“We realized that toys were critical for our daughter, Shakhirah. After two months, we noticed a difference. She began using body parts that were paralyzed and standing at her table for long periods.”

—Ruth Mustafa

MOTHER | MALAWI











**“We have built ECDs as places where mothers can learn how to play with and discipline their children, and improve their children’s health. Health officials at these stations give extra education about maternal and child health.”**

**—Charles Fungo**

CRS PROJECT MANAGER | TANZANIA

## **Growing connections to health care and information: ECD spaces**

CRS has linked ECD spaces with health facilities to encourage mothers to receive prenatal care and take their baby to wellness checkups. These colorful spaces have become a go-to source for information and inspiration. Health facilities brightly painted with murals emphasize key integrated messages, such as the importance of responsive feeding or the vital roles that fathers play in their children’s upbringing.

To help caregivers understand age-appropriate play, staff encourage them to use handmade toys—grouped by developmental stages—to play with their child. In the process, caregivers learn about ECD and developmental milestones. Parents are surprised to learn that their babies can hear them while still in the womb. Such knowledge empowers parents and fosters bonding.

Before sending expectant parents to their appointment, many clinics first direct them to an ECD space for educational activities led by trained CRS volunteers. To amplify learning, these sessions mirror teachings in neighbor women’s groups. Volunteers encourage fathers to accompany their wives, so they will become more involved in the pregnancy and delivery. Since programming began, clinics have reported a spike in fathers attending prenatal appointments.

For young children, the ECD spaces transform their view of clinics. Regular attendance helps them associate health centers as a space for play, making them eager to visit—even for vaccinations.





“Before the project, pregnant mothers used to wait six months before attending clinics—or when feeling unwell. Now, mothers go because they know they will learn, meet with other women, discuss various issues and exchange experiences—and the child will get a chance to play.”

—Esther Amos Wangija

MOTHER | TANZANIA









“Husbands should hear information about pregnancy and delivery too. At first, we’d have four to five husbands attending the clinic; now we see 20 or more showing up for appointments.”

—Stanley Namanjagani

DIRECTOR OF THE KASINJE HEALTH FACILITY | MALAWI









“I was surprised to learn that an unborn baby can hear you. I feel closer to my baby, Ruth, because, while pregnant, I sang songs and told her I am your mother.”

—Eunice Tavekenji  
MOTHER | MALAWI











“I see a big difference between my youngest and my first two sons, who often had fevers, stomachaches and diarrhea because I gave maize porridge and cow’s milk at two months. Now, we know about exclusive breastfeeding. Also, the environment is clean now that we have a hand-washing station and drying racks for the dishes.”

—Rosemary Odhiambo

MOTHER | KENYA

## Growing healthy bodies

Through CRS integrated ECD programming, families discover how hygiene directly impacts their children’s health. The program emphasizes the importance of hand-washing as a vital way to stave off illness. Families master the building of *tippy taps*, simple and inexpensive hand-washing stations. They also learn to wash before breastfeeding, preparing food, serving meals, eating and after changing diapers.

Proper nutrition starts in the womb. Expectant mothers learn that what they eat helps their baby develop. One reason CRS is keen on including fathers in sessions with their wives is because fathers can help ensure that mothers and young children get needed nutrition.

Traditionally, families introduce porridge before the digestive system is ready. CRS works to counteract such practices by emphasizing exclusive breastfeeding as the sole source of nourishment for the baby’s first six months. Caregivers learn about balanced diets. Once the baby is ready for solid food, he or she will receive porridge fortified with locally sourced proteins and vitamin-rich ingredients, such as peanuts, leafy greens and fish meal.

Home visits provide the perfect opportunity for monitoring a baby’s health. Keen-eyed care group volunteers with THRIVE II have facilitated nearly 9,600 referrals for sick caregivers and their children, and have sent expectant mothers to prenatal care.

In rural Malawi, where visits to a clinic can take four hours by foot, community health days have brought services to remote villages. Participants are treated to live music and to demonstrations and lessons on ECD. In addition to the standard baby growth monitoring, women can receive prenatal care and screening for cervical cancer.



“After learning about the six food groups, I have been trying to source them. We put groundnut flour in our child’s porridge. We grow pigeon peas and vegetables. When we have money, we buy fish or eggs. We can’t always afford it, but we do our level best.”

—**Losan Linyama**  
FATHER | MALAWI









“I have learned how  
to keep my child healthy.  
Before breastfeeding or  
after changing my child’s  
diapers, I should wash my  
hands with clean water  
and soap.”

—**Esther Amos**

MOTHER | TANZANIA





















“I used to rest my chin on my hands when I had problems. I would go for three days without bathing because of disturbing thoughts. When I got this education, I discovered it is not good to keep silent. I now have a community around me.”

—Salome Amos

GRADUATE OF THE MOTHERS AND BABIES  
COURSE | TANZANIA

## Growing mindfulness and bonds with baby

Studies have shown that adult depression is a major public health concern in the developing world, with a prevalence ranging from 15% to 57%, depending on location. Parental depression can manifest in an inability to bond with the baby, poor monitoring of a baby's health and nutritional needs, and a lack of early stimulation.

The Mothers and Babies Course empowers mothers in Tanzania and Kenya to identify and manage stressors. Sessions on mindfulness and meditation help them learn strategies to improve their mood. Neighbor women's groups brainstorm what brings mothers joy and calm, such as singing or spending time with friends. Women learn to identify stress relief outlets.

Mothers keep a daily mood chart to log how they're feeling. The logs highlight sources of stress so the women can address or avoid them. During home visits, care group volunteers check the logs to see how well a mother is managing stress and if she needs to be referred for further assistance.

A father's involvement and support of a mother during and after childbirth help the mother get the rest and nourishment she needs so she can focus on her and her child's well-being. The baby benefits when a mother is in a better state of mind to connect to the child and provide the love and care needed to help their infant thrive.







“This project has given us the possibility and permission to get together as women who support one another and express our feelings, instead of keeping our troubles locked up inside. We can get advice and help from other women like us.”

—Grace Okiki  
MOTHER | KENYA





“Stressed mothers can lose their appetite or fail to breastfeed their babies. If the mother can control her stress, though, she can eat well and produce enough milk for the baby. She will also be in a position to take care of, play with and cook for the child.”

—Victoria Yoani

CRS CASE MANAGER | TANZANIA











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