
Colombia: Challenges in Country-level Monitoring

*Beatriz Londoño Soto and Tatiana Romero Rey**

In 1986, Colombia launched a program of Community Welfare Homes [Hogares Comunitarios de Bienestar (HCB)] to provide assistance to families with young children. This early child development (ECD) program has the greatest coverage among programs for young children in Colombia, reaching approximately 1 million boys and girls under age 7 years in all 1,098 municipalities. These children and their families are the poorest in the country.

The government shares responsibility with families and communities to improve the nutrition, health, psychosocial development, and living conditions of the children and families. Ten years after Colombia launched the HCB program, the government conducted a first evaluation of the impact of the program (ICBF 1997). This evaluation resulted in the establishment of measures to improve the overall program. In the past decade, the government has—

- Supported complementary studies [e.g., the National Registry of Community Mothers (Registro Nacional de Madres Comunitarias)] (ICBF 2004c)
- Added HCB-related variables to the Quality of Life Survey [Encuesta de Calidad de Vida] (DANE 2003)
- Established a system for supervising the contracts with contributors and the units providing services (ICBF, UNICEF, Fundación Restrepo Barco 2004).

Additional efforts have led to the identification of standards and quality indicators for the community homes.

Beginning in September 2006, the government will conduct a second evaluation of the impact of the HCB program—20 years after the program first began. The results will be reported at the end of 2007. The insights gained from Colombia's experience and the challenges ahead are relevant to other countries.

* Beatriz Londoño Soto, M.D., M.P.H., is former Director, and Tatiana Romero Rey, M.D., M.Sc., is ECD Advisor, Colombian Institute for Family Welfare, Bogotá, Colombia.

Community Welfare Homes: Structure and Operation
Evaluation: A Strategy for Improving the HCB Program
First Evaluation (1996): Findings and Lessons Learned
Second Evaluation (2006): Aims and Organization
Early Child Development in Colombia: The Challenges Ahead

Community Welfare Homes: Structure and Operation

The Colombian Institute for Family Welfare [Instituto Colombiano de Bienestar Familiar (ICBF)] is the national entity for coordinating Colombian policies regarding children and for guaranteeing children's rights and protection. Early child development for children ages 0–6 years, which includes care and protection of their families and pregnant mothers, is an ICBF priority.

Since 1974, the ICBF has implemented and supported various modalities of assistance for young children through integrated programs of care, nutritional support, preventive health, and socio-affective development. In 1986, the ICBF established the HCB program, in response to an evaluation of innovative experiences and analysis of the assistance provided through the different modalities.

The aims of the HCB program were to increase coverage, strengthen the participation of families and communities in assistance programs, and democratize the ECD programs. At the time, Colombia's program of children's homes provided assistance to less than 7 percent of children and did not cover the neediest children, despite having sufficient technical know-how and administrative and management experience.

The National Council for Economic and Social Policy [Consejo Nacional de Política Económica y Social (CONPES)] approved the HCB program in 1986 as a "human development strategy and a new conception of holistic assistance in order to provide coverage to the poorest childhood population in urban zones and rural centers" (CONPES 1986). The program is especially designed to strengthen the coresponsibility of parents and communities for the education and care of their children.

In 1988, the government enacted Law 89 to assure expansion of the program's coverage (Diario Oficial 1988). The law increased the ICBF revenues, which derive from monthly payrolls for public and private employees, by 1 percent and earmarked the funds exclusively for the financing of HCBs to provide services to the approximately 1.5 million children in Colombia who are most vulnerable. (Currently, all Colombian employees must contribute 3 percent of their payroll to the ICBF.)

The government defines the HCB program as a—

...cluster of State and community actions aimed at fostering the psychosocial, moral, and physical development of children under the age of 7 from the extreme poverty sector (income brackets 1 and 2), through the stimulation and support of their socialization process and the improvement of their nutrition and living conditions (ICBF 1996).

Within Colombia's wide variety of assistance programs and care modalities for young children, the HCB program serves to:

- Orient a national policy for early childhood
- Focus investments on early childhood
- Promote development of nonconventional models of care for young children.

Usually, policies guide programs, but because Colombia is in the process of developing a specific public policy regarding early childhood and because the HCB program has extensive coverage, the program provides the leadership for investment and intervention decisions concerning early childhood issues.

Current Coverage

The coverage of the HCB program is stable. The present government's goal is to maintain the assistance coverage throughout the 4-year presidential term ending in August 2006.

In 2002 (baseline), the HCB program reached 956,061 boys and girls. In 2004, an executive report on the social goals of the program showed a slight increase, with services provided to 1,016,610 children. In 2005, the goal was to provide coverage for 1,052,779 children (ICBF 2005b).

Yet, even though the number of poor children ages 0–6 years who are covered by the HCB program continues to increase, the percentage of poor children covered has decreased.

The ICBF does promote other assistance modalities, such as the children's homes, infant/preschool and mother/child programs, and community kindergartens. It also offers specific nutritional support programs, such as children's breakfasts and nutritional recovery for children at risk, and it supports foster homes for children who are abandoned, endangered, or have disabilities.

Through these additional programs, the ICBF is able to double its assistance coverage with the variety of modalities and programs it is implementing.

Quality and Structure

The HCB model is currently defined as:

...a modality of integrated and *qualified* early childhood assistance that operates on the basis of grants awarded to families classified in levels 1 and 2 of SISBEN [System for the Selection of Beneficiaries of State Social Programs (Sistema de Selección de Beneficiarios de Programas Sociales del Estado)], so that they may attend to the basic needs of children between the ages of 6 months and 5 years with respect to affection, nutrition, health, protection, and psychosocial development. This goal is achieved through the coordinated action of the territorial entities, ICBF, the family, the community, and the remaining players in the National Family Welfare System (ICBF 2004a).

The concept of *qualified assistance* reflects the need to identify strategies to improve services and be responsive to the situations of children benefiting from the program.

The initial HCB model consisted of community family homes led by community mothers (see box 1). Questions about the quality of care in these homes and the efficiency of this model arose over time owing to the deficient conditions of some premises and the many responsibilities of the mothers—for preparing food, supervising children’s growth and development, and organizing and implementing educational and recreational activities.

These concerns led to the development of other forms of HCB assistance (i.e., submodalities) such as community group homes, community multiple homes, and homes sponsored by companies. All submodalities provide care for children 6 months–5 years and, yet, each has particular characteristics. The HCB program currently comprises the initial model and four submodalities.

Box 1. HCB Program: Initial Model and Four Submodalities

Community Family Homes—led by community mothers who care for 13–15 children in their homes after they receive proper training in nutrition, affection, monitoring of health, early socialization of children, and how to work with families on child development issues.

Community Group Homes—defined as “a form of care provided on the same premises to users from more than two community family homes” (ICBF 2005a).

Community Multiple Homes—defined as “a form of care provided through socialization spaces that groups more than six family homes and...operates in infrastructures built for that purpose or in remodeled and adapted premises” (ICBF 2005a).

Homes Sponsored by Companies—defined as “a form of assistance provided to the children of the workers with the lowest salaries, with the support and shared financing of the companies where the parents work” (ICBF 2005a). This submodality groups two or more community family homes.

FAMI Homes [Family, Women, and Children’s Homes (Familia, Mujer, e Infancia Hogares)]—which provide health, childcare, and nutritional assistance to pregnant and nursing mothers through group meetings and training during the mothers’ pregnancy and the infant’s second year (ICBF 2004b).

The space, location, and infrastructure of the group, multiple, and company homes must meet ICBF standards and requirements. Family and group homes may provide services for 4–8 hours a day; multiple homes must provide services for 8 hours a day; and homes sponsored by companies operate during the company’s work hours.

The group and multiple-home design allows for the distribution of roles and responsibilities among community mothers—for food preparation, general services, and childcare. However, it requires coordination to orient all the community mothers alike to their educational and pedagogical roles with children.

The organization and operation of group and multiple homes are shared by local government entities, community organizations, nongovernmental organizations (NGOs), family equalization

fundings, the private sector, and the ICBF. This broad participation helps to guarantee adequate conditions and, in the case of company homes, regional ICBF offices' agreements with companies.

Although the structure and services of the HCB program have diversified over time, community family homes continue to predominate. In 2005, the ICBF supported more than 78,600 homes across all submodalities (table 1).

Table 1. Structure of HCB Program, 2005

Service unit	Number of homes	Percent of homes
Family homes	59,506	75.7
Group homes	2,992	3.8
Company homes	469	0.6
Multiple homes	163	0.2
FAMI homes	15,497	19.7
Total	78,627	

HCB, Community Welfare Homes; FAMI, Family, Women, and Children's.
Source: ICBF 2005.

Community Mothers—Agents for Change

Community mothers are the “executors” of the HCB program. These social agents have gradually become a key group in Colombia's efforts to guarantee quality care during early childhood. Although they are controversial as a social group, the mothers have become empowered and have sought to improve their own educational levels.

These effects, in turn, have enhanced the quality of both the mothers' services and the program over time. The community mothers are not educators per se, but they are educational agents dedicated to caring for children collaboratively.

In 2003, the government initiated a study which resulted in the National Registry of Community Mothers (ICBF 2004c). The purpose of the study was to determine the actual number of community mothers in Colombia, create a profile of the mothers, delineate the conditions in which they perform their functions, update a sample framework of mothers' interventions for future evaluations, and identify areas for improvement.

The registry lists 77,695 community mothers distributed throughout the country. Approximately 69.9 percent are in urban zones, and approximately 30.1 percent are in rural zones. Figure 1 shows their distribution by home modality.

Country-wide, approximately 53 percent of community mothers serve full-time, while 23 percent serve part-time. The oldest age range for the mothers is 31–40 years (38.6 percent), and the highest level of schooling is high school (with 35.3 percent holding a diploma). In 1996, only 10.6 percent of the mothers had finished high school (ICBF 1997). The academic level of the mothers has thus risen during the past decade. The registry also lists 193 community fathers.

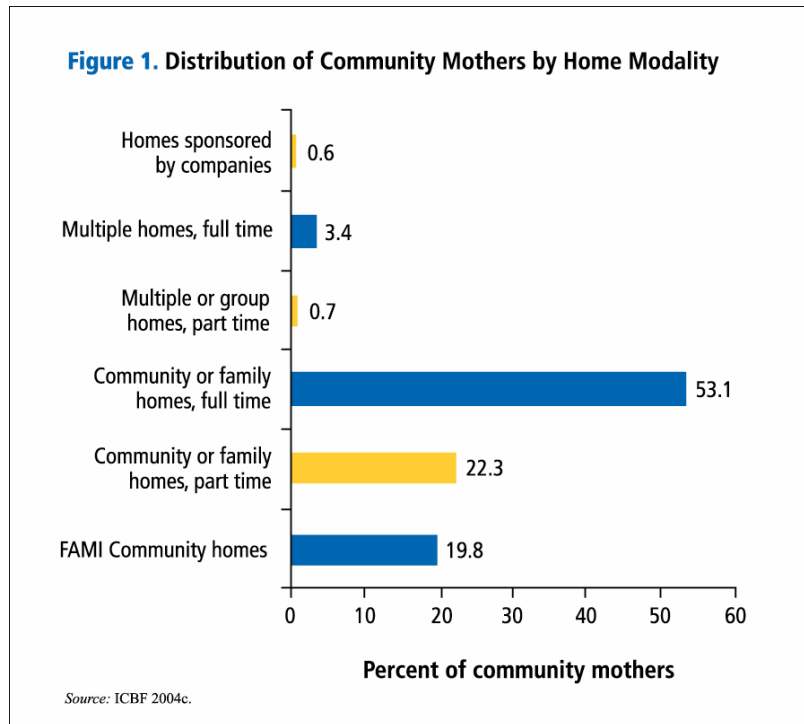


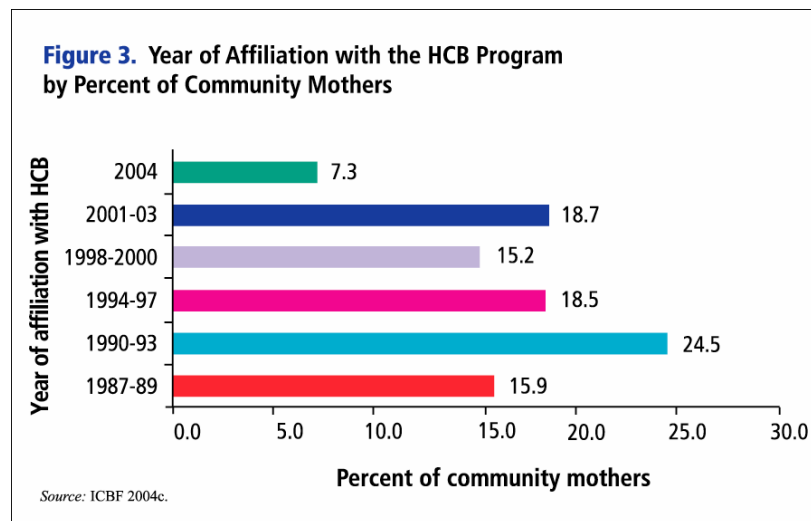
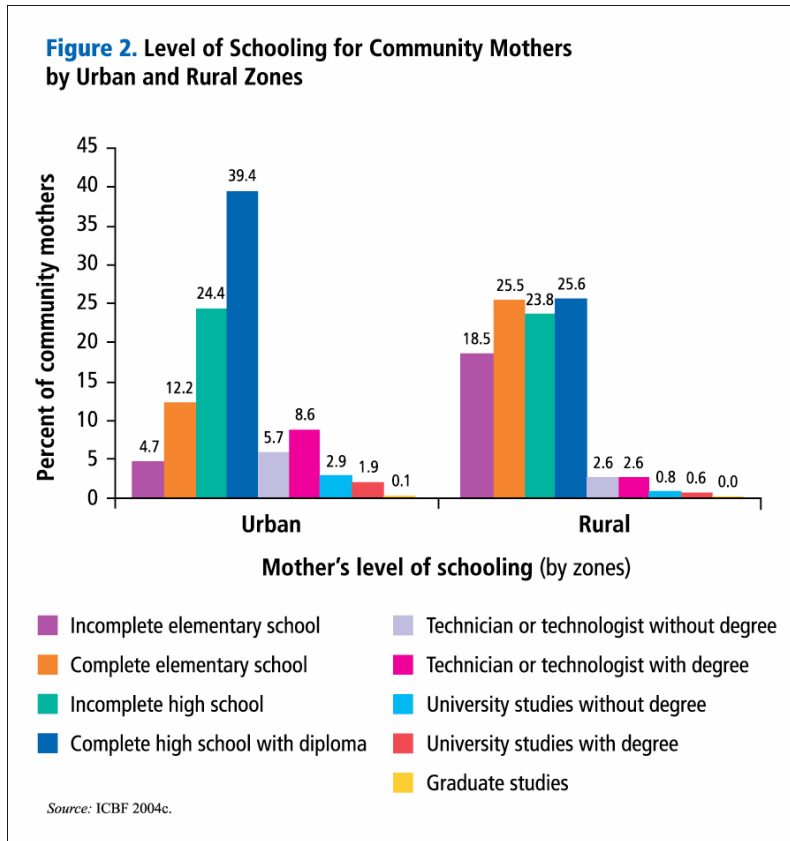
Figure 2 shows the amount of schooling for community mothers in urban and rural zones. Community mothers who have the least amount of schooling are in rural zones, where only 25.6 percent have completed high school. In comparison, 39.4 percent of community mothers in urban zones have obtained their high school diploma.

In rural zones, 25.5 percent of the mothers have completed elementary school, and 18.5 percent have not completed elementary school. The percentage of community mothers who have not completed high school is similar in both zones: 24.4 percent in urban zones, and 23.8 percent in rural zones.

Few community mothers have proceeded on to higher education. Yet, 8.6 percent of community mothers in urban zones have a technical or technological degree. The percentage of mothers who have attended a university is insignificant, and only 0.1 percent of community mothers in urban zones have done graduate studies.

Community mothers stay involved in the HCB program for various periods of time (see figure 3). Data from 1987 to 2004 show that 50 percent of the mothers joined the program before 1996. The average tenure of mothers is 8.2 years, and the maximum tenure is 17 years.

Approximately 74 percent of the community mothers have stayed in the program for almost 4 years. Approximately 15.9 percent of the mothers joined between 1987 and 1989. The largest group of mothers (24.5 percent) joined between 1990 and 1993. Other periods of significant gain were 1994–97 (18.5 percent) and 2001–03 (18.7 percent). Only 7.3 percent of the mothers joined the program in 2004.



Issues for the Future

The National Registry of Community Mothers study provides important data on which to build. Issues for the future include the following.

Effects of Mothers' Empowerment on Children. As already noted, the HCB program has had positive effects for community mothers—in fostering their empowerment and interest in

improving their own education. The implications of these effects for children, which may derive from the improved quality of mothers' work, will be explored during the second evaluation of the impact of the program, which begins in 2006.

Basic Schooling for Mothers. The data on mothers' amount of schooling suggest a key direction for working jointly with Colombia's Ministry of Education—to provide basic schooling for community mothers and to achieve the “formation of human talent,” a goal of early childhood programs and policy. Such collaboration could foster academic leveling, within the formal education system, and training of community mothers in the specific tasks needed for their work.

Seniority and Remuneration. Seniority among the community mothers, as revealed in the study, is also an important issue and should be considered when designing an incentive system for educational and social change agents. Currently, the mothers do special collaborative and solidarity work, receiving one-half of the government's official minimum salary. It is essential that the senior and trained mothers receive complementary incentives.

Community Mothers as Social Leaders. As the community mothers have become a social force in Colombia, their increased awareness and empowerment have fostered efforts to affiliate them with the social security system for health and, less strongly, with the pension system. Community mothers are currently viewed as social leaders who effectively construct social networks for enforcing children's rights.

Training and Monitoring

The ICBF supports a “pedagogical community project” as part of the HCB program in which children, family groups, and community educators are the primary participants (ICBF 1990). The conception of child development is holistic and multicausal, and the methodological tools used are intended to create a new cultural view of childhood in which families and communities have essential roles.

The project incorporates children's health, nutrition, emotional development, care, and other relevant issues. Through role play and teaching that focuses on children's group life and family life, community educators create educational moments applicable to the HCBs.

The training and monitoring of community mothers are linked with this project. The ICBF zonal centers (i.e., administrative units through which the ICBF formalizes its relationship with organized communities) conduct most of the training sessions. (Zonal centers, which are located in urban zones throughout the country, supervise and follow up on operators of all ICBF programs.) Other organizations conduct related training activities.

The monitoring of community mothers has regional dimensions. That is, study-work sessions are organized by region, and staff from the ICBF and other organizations visit regions periodically to monitor activities.

Evaluation: A Strategy for Improving the HCB Program

The government of Colombia has evaluated the HCB program on several occasions. As noted previously, the program was first evaluated formally in 1996, and subsequent smaller evaluations were included in several complementary studies: the Quality of Life Survey, conducted in 1997 and, most recently, in 2003 (DANE 2003); and the National Registry of Community Mothers (ICBF 2004c), already noted.

In addition, the HCB program was referenced in an evaluation of the impact of Families in Action, another program designed to implement the government's social policy. This evaluation showed that Families in Action favorably improved the nutritional and care conditions of children participating in the program. In this study, the HCB program was viewed as a complementary social program that had a positive impact on the families of these beneficiaries.

Because of its objectives, the Quality of Life Survey (DANE 2003) is an important periodic survey carried out in Colombia. The objectives were to:

1. Conduct an updated measurement of the socioeconomic conditions of Colombian society in order to describe and analyze the social structure. The Quality of Life Survey must produce results at the household and individual levels, with respect to the effect on them of social policies, and at the global level, with respect to the evolution of social differences and the degree of inequity in our society.
2. Confirm the impact of poverty, as well as the relevance that the different component factors have on the impact. The survey should contribute to the formulation of policies and the design of actions to reduce poverty levels.
3. Examine the consequences of some of the social problems and contribute to their monitoring and evaluation.
4. Examine the effect of the economic crisis on social indicators and allow identification of new vulnerable groups, as a tool for policy design.

The ICBF contributed to the preparation and implementation of the survey and to the analysis of responses. The survey, which incorporated a module for collecting information related to the HCB program and other ICBF programs, was useful for obtaining information about the beneficiaries of these programs.

Supervision and Standards

Recently, the ICBF established a supervisory system and standards to ensure that the HCB program offers quality assistance (ICBF, UNICEF, Fundación Restrepo Barco 2004). The ICBF supervises the contracts signed with institutions providing services. For the HCB program, these include community associations, family equalization funders, and community organizations. The ICBF also supervises the units that provide services.

The ICBF standards for quality assistance relate to children's rights. They are reference criteria for the minimum required levels of actions and results in different areas of intervention, such as:

- Education and assistance to children
- Community education, organization, and participation
- Affiliation with Colombia's National Family Welfare System.

First Evaluation (1996): Findings and Lessons Learned

The first evaluation of the HCB program was an exhaustive examination of the results of the program after the first 10 years (ICBF 1997). The evaluation is not considered to be an impact evaluation, although it was initially conceived as one, because of methodological issues related to the design of the evaluation and the analysis of the procedures and results.

At the time of the evaluation, the HCB program was characterized as follows:

- HCBs were located in 1,042 municipalities distributed throughout Colombia's departments. National coverage was 54.3 percent, which represents approximately 882,000 children ages 0–6 years.
- Children's families, grouped together in parent associations or other forms of community organization, were responsible for managing and operating the program. Each association included 10–25 homes. Once ICBF accredited their legal status, the associations entered into contracts with institutions that provided contributions and, in this way, were able to manage the resources.
- Community mothers, within the same community, worked with the children. After receiving training and education, they began to provide love, protection, meals, and educational activities for up to 15 children under age 7 years. They provided these services 5 days a week in their own homes.

The five objectives of this first evaluation were to:

1. Determine the effect of the program's interventions on the well-being of children ages 0–6 years in community homes, with emphasis on two indicators—nutritional condition and psychosocial development. (Some health problems detected by the community mothers also were identified.)
2. Assess the performance of HCBs in terms of ICBF norms and the influence of these norms on the performance of associations to which the homes belonged. The aim was to analyze the relationship between the performance of HCBs and the well-being of children.
3. Measure the effect of exogenous factors on children's well-being, especially factors related to the family environment, and compare these effects with the program interventions.
4. Develop an integrated indicator of the well-being of HCB children that incorporates the relative importance of all factors affecting them.

5. Develop an integrated indicator of the performance of HCBs with respect to factors that are most closely related to the children's well-being.

The evaluation covered 51,382 HCBs in 1,042 municipalities. The number of children enrolled in these HCBs was 745,302, and the number of children in attendance at the time of the evaluation was 621,537. The operation of 4,765 associations, which supported the community homes, and of 181 zonal centers was also reviewed.

Conclusions and Follow-Up

The conclusions of this first evaluation were controversial and generated a strong reaction within the program. It resulted in recommendations regarding content and methodologies of the evaluation; operation of the homes model, which emphasizes structured education, follow-up, and program management; and complementary alternatives for preschool care.

Although the evaluation stimulated questions about the implementation of the program and the apparent impact on children, it also became the guide for measures to reorient the program's operation. The general conclusions of the evaluation are noted below, with commentary on follow-up actions.

HCBs Are Achieving the Goal of Protection and Are Focusing on the Poorest Sectors of the Population

This conclusion was ratified in evaluations of other social programs which noted that, among social programs, the HCB program has the greatest focus on assisting the most vulnerable population groups. The HCB program has managed to be sustainable and to empower community beneficiaries to care for children. It is based on the assumptions that young children are the most vulnerable population segment and that assuring their human development depends on joint actions by different players in different sectors.

HCBs Do Not Satisfactorily Comply with ICBF Norms

This conclusion was based on inadequacies related to the (i) infrastructure of homes, (ii) educational materials, toys, and food-preparation equipment, and (iii) training and knowledge of community mothers regarding children's nutrition, health, and psychosocial development. The conclusion was not positive, and it became the basis for measures and standards of quality that were adopted later.

With regard to the infrastructure of homes, the evaluation compared the conditions of homes of community mothers who did and did not receive improvement loans for their homes. A loan program to improve mothers' homes was available from the beginning of the program.

The aim during the evaluation was to assess the changes made in the homes and to determine whether the investment was justified. Even though there was improvement in the homes, the evaluation indicated difficulties related to the return on investment made.

The insufficiency of educational materials, toys, and equipment was related to the process by which communities linked to the ICBF pedagogical project. To some extent, it also resulted from the failure to clearly define technical and financial aspects of the program, which would

have enabled communities to develop an aggressive strategy for investing in educational materials and toys for the children.

With regard to training, the ICBF, universities, NGOs, government agencies, international organizations, political groups, and trade associations conducted countless training and monitoring activities for the HCB community mothers. Yet, the HCB program had no structured policy for training and educating mothers, and there was no follow-up on the mothers' use of the content provided—two critical aspects for evaluating the impact on children.

The Performance of Parent Associations Affects the Performance of HCBs, and the Performance of Zonal Centers Affects the Operation of the Associations

This conclusion reflects deficient administration and management of the program at the executive level (i.e., by the parent associations) and the low level of training, follow-up, and monitoring by the zonal centers. In some cases, the lack of surveillance and control committees, as well as unreliable accounting and follow-up of invoices, were particular concerns.

The finding led to a revision of the administrative norms for program operators (i.e., parent associations), with the possibility of identifying alternative approaches that would partially resolve the problem, especially in regions that received the lowest scores on the evaluation. The finding also led to a decision to expand the supply of operators by allowing family equalization funders, NGOs, religious communities, and structured community organizations to participate in the program, in addition to the parent associations.

HCBs Have a Limited Impact on the Well-being of Children with Regard to their Nutritional Status, Psychosocial Development, and Health

This conclusion was the most controversial because it stated that the HCB program had limited effect on its main beneficiaries—the children. Subsequently, the findings were found to be inconclusive for several reasons:

- The measurement methods used, such as impact indicators, were insufficiently sensitive for capturing the situation of children objectively and precisely.
- The possible benefits of the program in terms of quality of life for families, quality of life for communities, expanded use of social services, and empowerment and improvement of community mothers were not considered.
- The multicausality of children's well-being and the importance of children's backgrounds (e.g., poverty, parents' low educational level, inadequate prenatal care, low birthweight, inadequate child-rearing practices, poor living environment) were considered only partially.
- There was no control group for assessing the impact of the program for beneficiaries compared with nonbeneficiaries.

Children's Background, Families' Characteristics and Behaviors, and Sanitation in Homes Have a Decisive Effect—Greater than that of the HCBs—on Indicators of Children's Well-being, Especially those Related to Children's Health

This conclusion explains certain results, to some extent. It also implies the need for (i) more aggressive interventions for pregnant mothers and families and (ii) comprehensive care and attention of newborns. Meeting this need is beyond the structure of the HCB program and will require aggressive family interventions.

Poverty is a determining factor in a family's quality of life, which affects early childhood. Efforts such as the HCB program are one of the multiple implementation strategies needed within an integrated social policy that focuses on the most vulnerable segments of the population—that is, the children and families who participate in the HCB program.

Second Evaluation (2006): Aims and Organization

The second evaluation of the impact of the HCB program will begin in September 2006 and conclude 18 months later. Findings will become available in 2007.

The second evaluation will be a more holistic analysis of the program than the first evaluation. The aim is to determine the adequacy of the HCB strategy for:

- Fostering the psychosocial, moral, physical, and cognitive development of children under age 7 years who reside in families that are vulnerable economically, socially, culturally, nutritionally, and/or psycho-affectively
- Renovating the conditions of the HCB infrastructure of homes
- Increasing the accessibility of families to goods and services (e.g., income, health services, immunization, education)
- Improving the types of emotional relationships between children and adults and among children.

In addition, the evaluation will include analysis of the program's operation. The results of the analysis will serve as a baseline for follow-up and monitoring. One aspect of special interest is whether different submodalities, particularly family homes and multiple homes, have differential effects and whether the submodalities are responsive to the characteristics of the populations targeted.

In contrast with the first effort, this evaluation will include a comparison of the situations of children, who benefit from the program, before and during the intervention. The comparison will be done in such a way as to quantify the benefits attributable to the program. The evaluation also will include control groups of children who are not participating in the program, in order to identify improvements that are not attributable to the program per se.

Following the results of a public competition, the Colombian government will contract with a consortium of the University of the Andes (a private university) and Profamilia (an NGO) to

conduct the evaluation. The results of the evaluation will be documented in reports on the following topics:

- Methodology
- Field work
- First measurement
- Impact of the program on children's quality of life, particularly diet and nutrition, health, psychosocial development, and cognitive development
- Community mothers
- Knowledge, attitudes, and practices of parents
- Community organization and participation
- Program focus
- Program operations
- Program funding
- Cost-benefit and cost-effectiveness.

Early Child Development in Colombia: The Challenges Ahead

Colombia's assistance program for young children has both strengths and weaknesses. These features create challenges for Colombia—in terms of critically assessing the program, garnishing international support, and fostering exchange of ideas. By meeting these challenges, Colombia can improve and strengthen initiatives to promote adequate development of children under age 6 years whose socioeconomic conditions may otherwise leave them behind their peers.

The nationwide involvement of the government of Colombia, represented by the ICBF, in early child development is a major strength. This governmental presence generates trust and credibility within communities with regard to support for children and family assistance programs. The broad national challenges that lie ahead include the following:

- ✓ Assuring that early childhood development is a central matter within Colombian society as a very powerful approach to reducing inequity, improving societal performance, and enhancing human development.
- ✓ Development of a national policy that offers a structural response to early childhood issues and orients early childcare beyond sectoral and institutional perspectives
- ✓ Coordination of funding and program coverage among sectors and institutions
- ✓ Expansion of access to the health care system, especially for the most vulnerable populations, and elimination of inequities between contributive and subsidized benefit plans
- ✓ Promotion of, and support for, preschool education on the national public agenda

- ✓ Expansion of coverage for assistance focused on families and culturally appropriate child-rearing practices, review of the quality of existing assistance programs, and identification of alternative forms of assistance
- ✓ Organization of an inspection, surveillance, and monitoring system for health, education, and social assistance services that allows for the development of institutional capacity to verify quality and correct deficiencies.
- ✓ Application of internationally validated instruments to monitor development of children as a permanent government practice in order to introduce the possibility of developing longitudinal studies and creating the basis for necessary changes and adjustments in public policies, programs, and services.
- ✓ Analysis of the results of the Family in Action Program evaluation and the HCB impact evaluation as pertinent to Colombia's ongoing expansion of family conditional grants to provide support to the poorest families.

A National Alliance—A National Policy

To promote development of a national policy for early childhood, an alliance of public–private, intersectoral, and international representatives has been formed. Their objective is to acknowledge, review, and evaluate early child assistance programs in Colombia. The work plan focuses on:

- Acquiring knowledge about completed or ongoing studies and research projects
- Systematizing significant local experiences
- Developing an early childhood development index
- Cooperating with local authorities to improve the living conditions of children ages 0–6 years
- Characterizing and defining the types of training needed to provide early childhood care
- Exchanging knowledge and experiences through forums and regular meetings of reflection
- Designing a model for follow-up and evaluation of policy.

Specific ECD Challenges

Colombia faces many specific challenges to improve early childhood for all young children and, especially, for those who are most vulnerable. The list of challenges includes the imperatives noted below.

Parenting. Promote parenting based on love and respect. Strengthen efforts with, and support to, families, especially the most vulnerable ones.

Responsibility. Establish criteria for the shared participation and coresponsibility of families, society, and government for children's, especially young children's, growth and development—a public issue for which all are responsible.

Articulation of Issues. Articulate ECD issues with municipalities' economic, social, political, and cultural policies and with national and international agreements and objectives.

Strategies. Promote strategies to expand assistance coverage for young children and their families, and improve the quality of services provided.

Capacity Building. Create a structured system for developing the human talent of educational and social agents who are involved in early childhood development.

Agreements. Develop institutional agreements among sectors to structure and assure the effectiveness of early childhood policies.

Research. Promote and strengthen research on early childhood issues.

Surveillance. Develop a system for inspection, surveillance, and monitoring of early childhood programs and services.

Information. Structure an information system that can account for changes in the living conditions of children during early childhood.

Evaluation. Evaluate the impact of programs and services provided to children from before birth until age 6 years. Design an evaluation model for a national early childhood policy. Delineate and evaluate the effects of Colombia's omissions in policies and programs for early childhood.

Communication and Mobilization. Develop a communications and social mobilization strategy to improve the quality of life of young children.

Web Resources [as of November 2006]

Instituto Colombiano de Bienestar Familiar (ICBF) [Colombian Institute for Family Welfare]:
<www.icbf.gov.co> [in Spanish]

Colombia por la Primera Infancia [Colombia for Better Early Child Development]:
<www.primerainfancia.org.co> [in Spanish]

Departamento Nacional de Planeación [National Department of Planning]: www.dnp.gov.co [in Spanish]

Agencia Presidencial para la Acción Social y la Cooperación Internacional (Acción Social) [Presidential Agency for Social Action and International Cooperation]: <www.red.gov.co> [in Spanish]

Beatriz Londoño Soto's e-mail: <beatrizlondono2006@yahoo.com>

Tatiana Romero Rey's e-mail: <Tatiana.romero@icbf.gov.co>

References

- CONPES (Consejo Nacional de Política Económica y Social) [National Council for Economic and Social Policy]. 1986. *Hogares Comunitarios de Bienestar* [Community Welfare Homes]. Bogotá: Departamento Nacional de Planeación.
- DANE (Departamento Nacional de Estadística) [National Department of Statistics]. 2003. *Encuesta de Calidad de Vida 2003* [Quality of Life Survey 2003]. Bogotá.
- Diario Oficial. 1988. *Ley 89 de 1988*. Bogotá: Congreso de Colombia.
- ICBF (Instituto Colombiano de Bienestar Familiar) [Colombian Institute for Family Welfare]. 1990. *Proyecto Pedagógico Educativo Comunitario en el ICBF* [ICBF Community Pedagogical Project]. Bogotá.
- ICBF. 1996. Lineamientos Programa Hogares Comunitarios de Bienestar—Acuerdo 021 de 1996 [Guidelines for the Community Welfare Homes Program—Agreement 021 of 1996]. Bogotá.
- ICBF. 1997. *Primera Encuesta Sistema de Evaluación de Impacto de Hogares Comunitarios de Bienestar, 0–6 Años* [First Survey, System for the Evaluation of the Impact of Community Welfare Homes, 0–6 Years of Age]. Bogotá.
- ICBF. 2004a. *Borrador de Nuevo Acuerdo del Programa Hogares Comunitarios de Bienestar Familiar* [Draft of the New Agreement for the Community Welfare Homes]. Bogotá.
- ICBF. 2004b. *Lineamientos de Programación 2005* [Programming Guidelines 2005]. Bogotá: Dirección de Planeación y Dirección Técnica.
- ICBF. 2004c. *Registro Nacional de Madres Comunitarias* [National Registry of Community Mothers]. Bogotá.
- ICBF. 2005a. Estándares ICBF, Modalidades de Atención a Niños Menores de 5 Años [ICBF Guidelines, Modalities of Assistance to Children under 5 Years of Age]. Internal document.
- ICBF. 2005b. *Programación Metas Sociales y Financieras 2005* [Programming of Social and Financial Goals 2005]. Bogotá: Dirección de Planeación.
- ICBF, UNICEF (United Nations Children’s Fund), and Fundación Restrepo Barco. 2004. *Sistema de Supervisión de los Contratos de Porte Suscritos por el ICBF, Hogares Comunitarios de Bienestar, Madres Comunitarias, Estándares* [Supervision System for the Contribution Contracts Entered into by ICBF, Community Welfare Homes, Community Mothers, Standards]. Bogotá.