Strengthening Colombian Indicators for Protection in Early Childhood

An Academic Paper
Submitted to Somos Mas, Colombia by

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Draft
April 15th, 2014

Where, after all, do universal rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighborhood he lives in; the school or college he attends; the factory, farm or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerned citizen action to uphold them close to home, we shall look in vain for progress in the larger world.


Introduction
The opening quote from Eleanor Roosevelt eloquently captures the great dilemma of human rights in all ages; that rights are only as potent as their capacity to reach the smallest, most intimate and vulnerable spaces of our social lives. Nowhere is this better represented than in the quest to realize the human rights of children in the first years of life. The early years of a child’s life have received increased global attention in the past two decades. This is due to both the growth of empirical evidence on the importance of the first years in children’s development in overall human developmental outcomes, and the rising influence of the UN Convention on the Rights of the Child in strengthening systems of accountability to protect children from birth to young adulthood (Jolly, 2007; Schonkoff and Philips, 2000; Svevo-Cranci, Hertzog, Krappmann, Cook, 2011; WHO Commission on Social Determinants, 2008). Indeed the
right to development and its implications for protection in the early years may offer one of the great policy opportunities for implementing the CRC and in particular protecting the most vulnerable children\(^1\). This social trend is supported as evidence from neurobiological and epigenetic scientific research showing the importance of investment in the early years converges with strengthened accountability to children through progress made in enforcing children’s rights which has in turn lead to the development of child protection public policy that emphasizes systems strengthening (Olson, 2012).

The following paper provides an overview of the global significance of Colombia’s Intersectoral Commission on Early Childhood’s *De Cero A Siempre* public policy to strengthen the realization of rights for children aged 0-6. The document also provides a context on progress made in strengthening international norms and standards in child protection and presents a summary of current frameworks for child risk and protection indicator development. The paper presents an initial framework of risk and protection indicators across the first five moments of the lifecycle and in the four environments, while also suggesting the importance of community involvement. Finally the paper recommends a strategy for municipalities to incorporate indicators for protection in early childhood, and suggests 5 specific ways the data gathered from the indicators can be used to strengthen outcomes for children in the early years impacted by the *De Cero A Siempre* policies and programs.

**Background and rational**

Children’s development in the early years is marked by both robustness and vulnerability (Myers, 1992). In developing programs supporting children in the early years it is therefore important to apply monitoring tools that help to understand both the unique risks and opportunities that shape child’s safe and healthy development.

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\(^1\) UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labor and harmful traditional practices, such as female genital mutilation/cutting and child marriage. UNICEF’s child protection programs also target children who are uniquely vulnerable to these abuses, such as when living without parental care, in conflict with the law and in armed conflict. Violations of the child’s right to protection take place in every country and are massive, under-recognized and under-reported barriers to child survival and development, in addition to being human rights violations. Children subjected to violence, exploitation, abuse and neglect are at risk of death, poor physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, vagrancy and poor parenting skills later in life. In the context of the early (0-6) years of life the most pertinent protection challenges are violence, abuse (including mental maltreatment), neglect and exploitation (UNICEF, 2006).
The following document outlines a process for developing and applying indicators for protection in early childhood at the national, departmental (equivalent to provincial or state level) and municipal levels of governance in Colombia. In doing so, the indicator framework draws on two conceptual foundations. The first is the burgeoning global evidence base on risk and protection factors shaping children’s healthy and full development. The second draws on current trends in the application of norms and standards for accountability resulting from two and a half decades of the implementation of the UN Convention on the Rights of the Child, in particular accountability in relation to indicators for early childhood protection systems strengthening. The final section of the paper speaks to the need to work closely in partnership with local communities, especially vulnerable communities, where childhood risks are high and reporting and trust of government child protection agencies is low.

The specific context for this approach is a partnership between the International Institute for Child Rights and Development (IICRD) a global leader in context-based approaches to the implementation of children’s rights to protection, and the Government of Colombia. Colombia is currently leading many countries in Latin America in formulating evidence and rights informed integrated social protection public policy that supports positive outcomes in early childhood as a beginning of positive human development across the lifespan. The Intersectoral Commission on Early Childhood’s policy is framed as De Cero A Siempre (from zero to always). De Cero A Siempre articulates an integral approach that brings together diverse ministries including health, education, culture, and family well being (ICBF) which includes child protection. Such an integral approach reinforces holistic, inter-sectoral strategies to realize the rights of every Colombian child to a safe, healthy development in the context of each child’s unique socio-cultural environment. The challenge in operationalizing De Cero a Siempre is to realize the holistic vision of this important policy in the unique contexts of many vulnerable children, living in Colombia, who are most in need of this support.

**Context of protection in early childhood in Colombia**

International efforts to reduce violence² in early childhood point to the need for both proximal, vulnerable child and family focused, and distal, municipal service based,

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² This paper uses the definition of violence based on article 19 of the UN Convention on the Rights of the Child (CRC): “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.”
environmental influences on protection from violence in early childhood development. This approach is emphasized in both the UN Study on Violence Against Children (Pinheiro, 2006), and the report of the Global Knowledge Network for Early Child Development to the Commission on the Social Determinants of Health (Irwin, Siddiqi, Hertzman, 2007). Both reports describe a similar conceptual framework for understanding the environments that influence child protection and development, and the differential nurturant qualities of these environments. They also underscore the need for an approach, rooted in the near universally ratified UN Convention on the Rights of the Child (CRC) as an ideal method for co-joining proximal and distal environmental influences to prevent violence and encourage healthy early childhood development.

As of yet, such an approach has not been empirically tested in one country through CRC monitoring interventions, bringing together family and municipal level approaches to indicator implementation in programming planning and budgeting. This approach warrants investigation and the government organizations involved in *De Cero A Siempre* leading this initiative are best suited to create an evidence base for this approach to violence prevention in the early years (0-6).

As a country, Colombia has both the national and local challenges and environmental opportunities to apply such an approach. Colombia has experienced historically high levels of community and domestic violence with young children being at particular risk (UNICEF Colombia, 2010). According to recent studies (English & Godoy, 2010; UNICEF IRC, 2009; WHO, 2010), Colombia has one of the highest rates of unreported and reported child abuse rates in all of Latin America with 23% of adults surveyed knowing a case of reported child abuse and 29% knowing a case of unreported child abuse. This results from a number of factors including: a male dominated culture that disempowers women and children, an internalization of violence in families as a result of widespread community conflict caused by the civil and drug wars, and a breakdown in traditional childcare patterns caused by widespread internal forced displacement and changing childrearing patterns (Measure DHS, 2010). Young children are particularly at risk in Colombia due to their limited ability to communicate rights violations, physical vulnerability in the midst of high levels of domestic and community violence and specific risk factors associated with poor parenting, young motherhood and inadequate access to early childcare services due to poverty and geographic and social isolation (Arias, 2010; UNICEF Colombia, 2012). Historic obstacles to overcoming violence against young children in Colombia have included: lack of national leadership
and the absence of an integrated, comprehensive rights-based system of monitoring at the national and municipal levels, as well as a lack of coordination between government protection and ECD authorities in poor, disadvantaged communities with high levels of violence and the care providers and local leaders in these communities.

As an opportune context, Colombia has integrated the CRC in its domestic legislation, in particular in the Código de la Infancia y la Adolescencia (Legal Code for Infants and Adolescents). The Código enshrines an integral approach to implementing children’s rights and this integral approach extends to the De Cero A Siempre policy.

The Intersectoral Commission on Early Childhood’s integral approach contains a set of holistic, interconnected economic and social policies that form the core of the Colombian social protection system. This is defined as: “The set of actions planned at the national and regional level, to promote and ensure the development of each girl and boy from conception to age six. Through a unified and intersectoral approach, from a rights and a differential approach, articulates and promotes the development of plans, programs, projects and actions for comprehensive care must ensure that every girl and every boy, according to their age, context and condition.” (Colombian Intersectoral Commission, 2013)

This historical policy, lead by the Office of the President, seeks to strengthen outcomes for young children through national, departmental, and municipal early childhood attention monitoring and planning. This provides a unique opportunity to apply and monitor a proximal, family focused, and distal, municipal based, applied monitoring approach to preventing violence in early childhood at the municipal level, the closest level of governance to children’s lived experience. It is important to note that exposure to violence in the early years has been well documented to negatively influence development across the lifespan and to result in not only further protection risks such as secondary violence but also to poor health and education outcomes (Boivin, & Hertzman, 2012). Thus, Colombia’s approach, which ties violence reduction to comprehensive early child development and well being has the potential to directly reduce violence against young children while also improving broader child and family well being and bolstering the overall outcomes for future generations of Colombians.

**An integral approach to accountability for each child’s right to development and protection**

Accountability is essential for ensuring commitments to children’s rights and monitoring developmental outcomes for each child. Proper indicator development and
ongoing data collection linked to participatory planning is integral to accountability. Successful data collection for human rights treaties depends largely on the availability of appropriate tools and information to verify the commitments made by governments in support of different rights (in the forms of policies, laws, financial provisions), and the actions taken (programs and initiatives). Such tools should also be able to take note of the impact of these policies and programs firstly on the environment of a given right (e.g. an increase in school enrolment, as a result of a universal free of charge education policy education) and eventually on the quality of children’s health and development measured through longitudinal population level surveys.

The use of indicators in the human rights field started in the 1990’s (Merry, 2011). Since then, there has been a shift to a rights-based approach to development (Sen, 1999) and as development agencies took up the use of indicators, this recent approach has played a significant role in the widespread use of human rights indicators. The growth in the use of indicators in human rights was not specific to any one treaty; however, a call for human rights indicators came from one human rights treaty body in particular—the Committee on the Rights of the Child (IICRD, 2012).

**The development and application of General Comments (GC) 7 and 13.**
The unprecedented and impressive ratification of CRC by 193 nations indicates that the world is unanimously in agreement on the CRC and the governments held consensus that fulfilling the rights of the children can efficiently enhance their health, development and wellbeing. However, the governments and other duty bearers have been challenged with how to keep up their obligations under the CRC and uphold their accountability to children and how to monitor nationally and report to the Committee in a way that State Party reports serve to portray the progresses made but also the gaps existing in their systems.

The Committee’s work in developing comprehensive indicators for child rights began in 2006 with General Comment 7 on Early Childhood Education, led by the Human Early Learning Partnership (HELP). The GC 7 working group subsequently developed an innovative tool for assisting countries in reporting to the Committee and piloted this tool in Tanzania, Chile and Canada (http://crc-indicators.earlylearning.ubc.ca/index.php/content/overview). Recently, HELP has received requests from the EU and other Latin American Countries who are interested to use the tool to develop their National Children and Young People’s Framework.
In 2009 the UN Committee on the Rights of the Child (CRC) invited the International Institute for Child Rights and Development (IICRD) and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) to help draft General Comment 13 (http://crc-indicators.earlylearning.ubc.ca/index.php/content/overview). GC 13 addresses Article 19 of the Convention on the Rights of the Child to further guide States parties in understanding their extensive obligations and opportunities to prevent and respond to all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation of children, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. The Committee issued General Comment 13 (The right of the child to freedom from all forms of violence) in 2011 with input from groups of children around the world, including Colombian children. In 2011 IICRD collaborated with HELP and modelled GC13 on the GC7 processes, and GC13 indicators were operationalized based on the indicators of GC7.

**Integrating GC 7 and 13 Indicators.** The indicators for GC 7 and 13 apply the UNOHCHR template proposed for global human rights monitoring systems of structure (laws and policies), process (inter-sectoral programs), and outcomes (indicators measuring proximal outcomes for children).

Examples of these three levels of indicators on GC 13 include:

- **Structure:** Are there measures in place to ensure adequate data collection to monitor the progress made on the implementation of the right of young children to freedom from violence?
- **Process:** Are there initiatives to raise awareness and prevent violent physical and emotional (demeaning, ridiculing) disciplinary measures on children?
- **Outcomes:** Has there been a reduction in the last five years in the number of occurrence of all forms of violence perpetrated against young children?

To date components of GC7 and GC13 have been piloted in Tanzania, Chile, Canada and Thailand. These efforts focused particularly on strengthening country reports to the Committee. The exception to this emphasis on global monitoring involved the Government of Thailand, Ministry of the Interior, where a partnership with UNICEF Thailand and five universities, lead by IICRD, focused on strengthening child protection through local government planning, budgeting, monitoring and evaluation. More recently aspects of the GC7 and GC 13 have been included in European Union monitoring of violence against children. Colombia will be the first country to integrate GC7/13 within a comprehensive and integral public policy process linking community
based and government strengthening of protection systems for children’s healthy development outcomes.

**Key integrated indicators from GC 7 and 13.** An integrated set of GC 7 and 13 indicators includes the following:

Cluster 1: General measure of implementation
- Policy for dissemination, awareness raising and promotion of rights based approach to ECD and CP
- Creation and funding for positive agenda for protection in early childhood

Cluster 2: Definition of a child
- Comprehensive definition of child protection
- Maximise developmental outcomes for most vulnerable children

Cluster 3: Civil rights and freedoms
- Birth registration, especially most vulnerable children

Cluster 4: Family environment and alternative care
- Application of family well-being approach to violence prevention
- Dissemination of information on importance of child participation in development
- Opportunities for participation of children and adolescents in care and protection of children

Cluster 5: Basic health and welfare
- Application of population health approach to violence prevention (i.e. using primary, secondary, tertiary violence prevention framework)
- Policy and programs supporting a well-being approach to child protection

Cluster 6: Education, leisure and recreation
- Access to quality, safe early childhood education and care programs
- Access to positive parenting programs reducing domestic violence

Cluster 7: Special protection measures
- Definition of child protection
- Budgeting for child protection
Disaggregated data on child protection collected at national, departmental and municipal levels

Data on child protection applied to planning, budgeting, monitoring and evaluation for children

Children and their families and communities included in this process

**Developing a set of Colombian protection in early childhood indicators**

The primary purpose of this initiative is to strengthen overall indicators for protection in early childhood at the Colombian national, departmental and municipal levels. The indicators are in keeping with international norms and standards relating to UN Convention of the Rights of the Child, particularly through the application of GC 7 and 13 indicators relating to the specific articles in the CRC and to guiding principles: non-discrimination, the best interests of the child, life, survival and development and meaningful participation. They also build on Colombia’s *integral realization* of child rights and protection legislation and the *De Cero A Siempre* national policy on early childhood education.

In the context of *De Cero A Siempre*, the government of Colombia has designed a policy that aims to progressively support child rights accountability in the early years via the integral approach. A key component of this approach involves gathering data on each child from gestation (indeed from preconception with population data on potential parents), to six years of age. The policy applies a process of *realizing* children’s rights through a holistic process overseen by a national Intersectoral Commission within the Office of the President. The realization of rights process is comprised of seven conditions that are introduced, monitored and reinforced for each girl and boy. Within this framework the state supports each child to progressively realize his or her the right to:

1. Have a parent or primary caregiver who accepts and puts into practice parenting guidelines that favour development.
2. Live and enjoy the highest attainable standard of health.
3. Guarantee and maintain adequate nutritional status.
4. Grow in an environment that favours development.
5. Build identity in a context of diversity.
6. Express feelings, ideas and opinions in everyday environments and have these views taken into account.
7. Grow in environments that promote rights and in which actions are taken before exposure to risk or violation of rights.
Dignity, belonging and justice: Child rights principles linking development and protection. One of the central pillars of the Child Rights Convention is children’s inherent right to development. This is highlighted in Article 6 that states:

'States Parties shall ensure to the maximum extent possible the survival and development of the child', (UNCRC, 1989, Article 6).

Fundamental and even deeper concepts of children’s human rights can underpin and bring great value to realizing and protecting each child’s unique development across diverse cultural contexts. For example, the inherent principle of human dignity, or unique worth of each human being, is the foundation for upholding the rights of every child. An understanding of universal human development needs and a child’s unique potential for full and healthy development informs this process, especially as articulated in the Convention articles 3 (the Best Interests of the Child), 12 (meaningful child participation), and 29 (the Aims of Development). An understanding of dignity is also rooted in recognition of and respect for the diversity of individual and collective human experience. It is guided locally by the child’s own understanding of their dignity in the context of cultural aims and values attributed to full and healthy human development. For example, in Indigenous communities, respect for human dignity is inseparable from an understanding of the interconnectedness of the personal, social, spiritual and natural world. Implementation of child rights to development and protection in Indigenous communities requires integrating and learning from these cultural values (Article 30). Strategies supporting dignity, therefore, emphasize a harmonization of cultural goals of human development, universal human needs and international human rights standards for each individual child.

The universal need for belonging and the centrality of human relations is a key concept connecting child development and children’s rights to protection. Human relationships and the effects of human relations are the building blocks of all human development. A child’s positive personal and collective identity is informed by a healthy sense of belonging, which in turn results in a variety of competencies, self regulation and agency, greater reciprocity and interdependence and a capacity for altruism, moral development and participation and shared citizenship with others. Quality early childhood services strive to nurture children’s healthy connections and sense of belonging in the rich context of their peers, family, community, culture, and the natural and spiritual world. The lack of healthy, continuous attachment and unhealthy relations is a one of the greatest risks predisposing children to abuse, neglect and exploitation. Positive relations are shaped by an ongoing interplay between sources of risk and sources of resilience. It is understood that children are active participants in their own
development and develop their own agency and strategies to navigate the interplay between relations, risk and resilience.

Concepts of justice and accountability are inherent in the spirit and articles of the Convention, from the preamble’s emphasis on the *inalienable rights of all members of the human family* to articles 37, and 40 and their focus on a child’s right to protection from *inhuman, degrading treatment* that undermines this humanity and the right to be treated with *dignity and worth*. Justice as a concept has both personal and social implications, human being are born with and develop a sense of morality that shapes concepts of fairness, due process and equality, and social restoration. Society has it’s own system of justice that is continually being refined with citizen engagement. Amartya Sen (2009) in his *Idea of Justice* delineates between realization focused and arrangement focused concepts of justice with the former being located in subjective capabilities, opportunities for human agency (possibility of actualizing self efficacy) and fairness, while the latter focuses on state mechanisms that actualize laws. Children, even young children, and their families hold their own concepts of justice and this adds a powerful dimension to well being focused interventions in the lives of the most vulnerable members of society. Accountability indicators allow for an informed discourse between rights holders and duty bearers, as well as between children and those who are instrumental in realizing their right to development and protection, whether this is a care provider, an educator, a health provider or other representative of state or civil society responsible for realizing rights.

The responsibility of governments to promote children’s optimal development is one of the cornerstones of the UNCRC (Woodhead, 2005). Several articles refer specifically to “the child's physical, mental, spiritual, moral and social development, for example Article 27 (on provision of an adequate standard of living). Many other articles can also be seen as about promoting development, for example, Article 24 (on rights to health), Articles 28 and 29 (on rights to education, including early childhood education), Article 31 (on rights to play and recreation), as well as Articles 5 and 18 (on responsibilities of parents).

Specific articles on child protection that reinforce the articles to development make up the bulk of the substantive articles in the Convention. These include: Article 4 (Government protection of rights), Article 11 (Kidnapping), Article 19 (Protection from all forms of violence), Article 20 (Children deprived of family environment), Article 21 (Adoption), Article 22 (Refugee children), Article 32 (Child labour), Article 34 (Sexual exploitation), Article 35 (Abduction, sale and trafficking), Article 36 (Other forms of
exploitation), Article 37 (Detention and punishment), Article 38 (War and armed conflicts), Article 39 (Rehabilitation of child victims), Article 40 (Juvenile justice), and Article 41 (Respect for superior national standards).

These articles collectively create an enabling environment for realizing children’s rights in the early years, and bring together a framework that supports the realization of rights to both development and protection.

**Key risk and protection factors in the early years.** Increasingly efforts to protect children are being understood as an interrelationship between risk and protective factors across the social ecology of childhood. In the early years studies have highlight a variety of risk factors and protective factors that can mitigate these risks. While risk and protective factors are discreet, they can lie on opposite ends of a spectrum, for example, parental use of corporal punishment and parental attitudes and behaviours using positive discipline. The following key risk factors are drawn from studies primarily conducted in the Global North, and need to be verified by additional research in emerging economies and other states in the Global South, however they serve as a useful starting place for considering early childhood risk.

Schonkoff and Phillips (2000) outline core concepts of development that describe the relative influence of both protection and well being factors:

1. Human development is shaped by a dynamic interplay between biology and experience
2. Culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation
3. Children are active participants in their own development reflected in the intrinsic and human drive to master one’s environment
4. Human development is shaped by the interplay between ongoing sources of vulnerability and sources of resilience
5. The timing of early experience can matter, but more often than not, the child remains vulnerable to risks and open to protective factors throughout the early years of life and into adulthood
6. The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby changing the odds in favour of more adaptive outcomes.
The following section of the compendium outlines key risk and protective factors across 5 critical moments of early childhood used as a foundation of *De Cero A Siempre*. These include: preconception, gestation, 0 to 1 month, the second month to three years, and four to 6 years. The risk and protection factors are also presented across the social ecology of childhood, in particular in the home, educational settings, health care settings, and public spaces.

The factors are informed by international research and child rights norms and standards, in particular General Comments 7 and 13, and build on the Colombian early childhood public policy framework already established in the context of *De Cero A Siempre*. Finally, the document outlines a staged process for piloting and finalizing these indicators at the national, departmental and municipal level as well as a series of questions to assist in planning these next stages.

**Risk and protection indicators across the five moments of the lifecycle of early development.** The indicators across the five moments of development reflect a global consensus that while the ideal indicator is at the direct outcome level of the child, given the challenges in protection of vulnerable populations reluctance to accurately report violence, abuse and neglect, additional indicators at the proxy level and measures in change in risk and protective factors are also needed (Peterson, Joseph and Feit, 2012).

Definitions of these three types of indicators are presented below.

- **Direct Outcome Measure** Immediate impact on individual child (e.g. report of violence from child protection professional)
- **Proxy Measure** Not immediate impact but next nearest level of measurement (e.g. hospital admission rate, report of accident, child removal from home)
- **Change in Risk or Protective Factors** Useful information to correlate with direct outcome and proxy measures (e.g. reduction in parental stress, change in attitudes towards use of corporal punishment).

The following indicators are drawn from: GC7/13; global trends in child protection indicator development; IICRD’s global child protection research; and discussions with experts engaged in child protection research in Colombia.

The indicators are not progressive but rather create a template to “triangulate”, or cross validate, various sources of information on early childhood risks and protective
factors. This is particularly pertinent in light of the previous discussion on the difficulties of gathering reliable data on violence against children in the context of child protection service engagement with vulnerable populations.

Direct outcome measure and proxy measure are quantitative in nature while additional protection indicators are qualitative. A discussion on the implementation of the indicators follows the overview of the indicators.

Factors in preconception
Key risk factors
  - **Direct Outcome Measures** Violence against women of childbearing age, mental health disorders amongst women of childbearing age (WCBA), substance misuse amongst women of childbearing age, WCBA with a disability, forced displacement, adolescent pregnancy, lack of access to maternal health care education for WCBA due to social marginalization and community violence for women of childbearing age
  - **Proxy Measures** Teen risk behaviors, records of substance misuse for WCBA, incidence of WCBA living on the street, records of women affected by community violence and displacement, hospital admission rates for women of child bearing age with mental health disorders
  - **Change in Risk Factor/increase in protective factors** WCBA knowledge of positive parenting, participation in safe motherhood and substance misuse programs, participation in socially inclusive women’s health care

Key protective factors
  - WCBA living in a supportive socio-economic environment
  - Strength of women’s extended family and local social networks
  - Quality relationship between these informal social networks and government women and family services
  - WCBA able to lead a healthy lifestyle
  - WCBA able to realize their capabilities and opportunities
  - WCBA with access to information

Factors during pregnancy
Key risk factors
  - **Direct Outcome Measures** Violence against mothers, mental disorders of mothers, maternal substance misuse, environmental contaminants, stress resulting from extreme poverty, mothers living on the street, incarcerated
mothers, low gestational weight, forced displacement, mothers older than 35, lack of access to maternal health care due to social marginalization

- **Proxy Measures** Registration of cases of physical or sexual violence against mothers (e.g. at a hospital, the Commissioners family, legal medicine or the Attorney General), records of maternal mental disorder, lack of access to pregnancy planning, incidence of pregnant mothers displaced and affected by conflict

- **Change in Risk Factor/increase in protective factors** Care provider knowledge of positive parenting, participation in safe motherhood and drug prevention programs, programs for displaced and conflict affected pregnant mothers

**Key protective factors**

- Stable, nurturing environments for the mother
- Strength of mother’s extended family and local social networks
- Quality relationship between these informal social networks and government women and family services
- Basic needs met in family
- Access to information
- Safe, uncrowded housing

**Factors from birth to one month**

**Key risk factors**

- **Direct Outcome Measures** Maternal and child mortality, maternal mental disorder, violence against new born (e.g. shaken baby syndrome, victim of community violence), lack of maternal attachment, low global malnutrition rate, registration of newborn with a disability, abandoned child, child living on street with care provider, child living with incarcerated mother, maternal substance misuse, separation from mother due to armed conflict or forced displacement, lack of identification

- **Proxy Measures** Registration of cases of physical or sexual violence against newborn children, low birth weight, lack of civil registration, record of displaced or separated infants, infant removed from home due to abuse of neglect, records for children and families victims of armed conflict

- **Change in Risk Factor/increase in protective factors** Care provider knowledge, values and behaviors of positive parenting, participation in safe motherhood programing, community mobilization for birth registration, family reintegration programs
Key protection indicators
- Secure attachments and parental empathy
- Maternal agency and empowerment
- Strength of mothers extended family and local social networks
- Quality relationship between these informal social networks and government women, family and infant services
- Breast feeding
- Safe, uncrowded housing
- Home visit and support
- Positive parenting values
- Positive child rearing attitudes, beliefs and behaviors of local caregivers

Factors from the second month to three years

Key risk factors
- **Direct Outcome Measures** Violence against child, children witness violence, lack of parental attachment, disability, neglect, abandoned child, child living on the street, child living with incarcerated mother, separation from parents due to armed conflict or displacement, sexual abuse
- **Proxy Measures** Registration of cases of physical or sexual violence against infants, child removed from home due to physical or sexual abuse of neglect, record of displaced or separated infants, records for children and families victims of armed conflict
- **Change in Risk Factor/increase in protective factors** Care provider and community knowledge, values and behaviors of positive parenting, community mobilization for child protection, family reintegration programs, strengthened community-government protection prevention, surveillance, referral and rehabilitation, services for children with a disability targeting, specialized infant development programs services for vulnerable populations included displaced and conflict affected communities

Key protection factors
- Secure attachments and parental empathy
- Maternal agency and empowerment
- Safe, uncrowded housing
- Strength of mother’s extended family and local social networks
- Quality relationship between these informal social networks and government women, family and infant services
- Child development and rights awareness and behaviors of caregivers
• Access to quality infant support (formal or informal)

Factors from three years to six years
• Direct Outcome Measures Violence against child, children witness violence, lack of parental attachment, disability, neglect, abandoned child, child living on the street, child living with incarcerated mother, separation from parents due to armed conflict or displacement, sexual abuse, harmful child labor, social isolation
• Proxy Measures Registration of cases of physical or sexual violence against young children, child removal for physical or sexual abuse or neglect, incidence of harmful child labor, incidence of young children victims of social isolation, displacement or conflict
• Change in Risk Factor/increase in protective factors Access to quality, culturally appropriate, affordable early childhood programming, care provider and community knowledge, values and behaviors of positive parenting, community mobilization for child protection, family reintegration programs, strengthened community-government protection prevention, surveillance, referral and rehabilitation, services for children with a disability targeting vulnerable populations, community programs to eliminate harmful child labor in early childhood, specialized programs for displaced, socially isolated or conflict affected communities

Key protection factors
• Children’s healthy cognitive, social, physical, emotional development
• Maternal agency
• Safe, uncrowded housing
• Child friendly spaces in the local neighbourhood
• Strength of extended family and local social networks
• Quality relationship between these informal social networks and government women, family and infant services
• Child development and rights awareness of caregivers
• Awareness of positive child development and children’s rights amongst secondary caregivers (e.g. older siblings, youth, relatives, neighbour etc)

Risk and protection indicators across the four social ecology settings
The second group of indicators reflect the De Cero A Siempre focus on the influence of the wider social ecology in supporting children’s integral development. The four settings with their respective indicators are shown below.
Indicators for home settings

- **Risk Factors** Single parent, lack of a safe and stable living environment, non-biological male partner living in home, crowded living conditions, substance misuse in the home, high levels of domestic violence, social isolation, extreme poverty, unhealthy parenting behaviors and intergenerational relationships, lack of food security

- **Protective factors** Home visiting program, caring extended family, knowledge of positive parenting, strong social attachments, healthy intergenerational relationships, access to family focused restorative practice (e.g. family group decision making), access to other government household services mitigating risks (e.g. home based cash transfers), cultural activities supporting boys and girls

Indicators for educational settings

- **Risk Factors** Children in poor quality (e.g. overcrowded) early care programs, violence in early care setting, discrimination of vulnerable children (e.g. indigenous), lack of access for children with a disability, substances misuse, sexual abuse

- **Protective factors** Quality early care programs, involvement of vulnerable care providers in these programs, quality training for home based care, access to education for pregnant mothers, education on violence prevention program for professionals, education on restorative practice for professionals, education on children’s rights for professionals, active public engagement in reducing risk and strengthening protective factors, cultural activities supporting boys and girls

Indicators for health settings

- **Risk Factors** Poor quality, inaccessible health care without expertise in child protection and treatment, secondary trauma of abused children due to inappropriate medical interventions

- **Protective factors** Quality health care with professionals trained in detection and treatment of child abuse and neglect, health centres integrated into vulnerable communities, application of a public health approach to prevention of violence against children (e.g. use of primary, secondary and tertiary prevention model), mobile educational centres for displaced or conflict affected populations

Indicators in public spaces
• **Risk Factors** Lack of safe community centres, high levels of community violence to children, sexual exploitation and abusive labor practices of boys and girls, social isolation and inequity of vulnerable populations, lack of local public policy (including planning, budgeting, monitoring and evaluation structures) on ECD/protection and children’s rights, personal insecurity (robbery, theft, accidents); substance misuse

• **Protective factors** Quality public policy on ECD/protection and child rights (including planning, budgeting, monitoring and evaluation structures), children’s participation in civic activities, culturally appropriate public policy and activities, strategy for child friendly communities, design of child and family friendly built environment, community engagement (especially vulnerable populations) in this process, youth engagement in ECD/protection policy and programs

**Local municipal and community engagement**

Two local municipalities, Barranquilla and Pasto, have participated in planning for the first phase application of the indicators in a cluster of pilot communities. In the local Colombian context, a number of key local protection issues emerged. These included, significant numbers of incarcerated mothers living with their young children in jails in Barranquilla, and children born in rebel held communities with no government services in Pasto. Addressing these issues in a context specific way is important, especially as Colombia moves towards a more decentralized system of governance in which local municipalities take on a larger role in the delivery and monitoring of early childhood and protection services.

These initial municipal discussions also revealed that current protection data for children aged 0-6 is fragmented or does not exist due to underreporting, especially in vulnerable population such as mothers living on the streets, mothers living in communities with high levels of domestic and community violence, and displaced mothers. A crucial aspect of working with vulnerable communities in which reporting and referral of cases of domestic violence, abuse, neglect and exploitation is the active engagement of vulnerable family members, youth, community leaders, professionals and other stakeholders. This is particularly important to mobilize critical local social and cultural capital protecting children through problem formulation, data gathering, interpretation and ongoing refining and application of the indicators to strengthen local advocacy and polity reform. CINDE, IICRD, ICDP and other organizations in Colombia have experience in this area and could be called upon to help support this process (see...

Application of the indicators
The indicators can make five basic contributions to strengthening accountability to the realization of children’s rights in Colombia. These include:

1. Gaining a better understanding of the state of children’s development and the risk and protection factors shaping development (in particular in regards to the 5 moments of development and 4 ecological settings)

2. Better assess the quality of the existing data available at the level of immediate outcome, proxy and change in risk and protection factor data

3. Use this information to enhance presentation of complex data sets, in this regard possibly using the HELP/IICRD GC7/13 “heat maps” and other forms of data simplification and visualization

4. Work with family members, local leaders and other representatives from vulnerable communities to interpret and progressively strengthen data with community input.

5. Apply the data to improve ongoing planning, budgeting, monitoring and evaluation of services for young children and their families.

The next stage of piloting the quantitative and qualitative indicators will allow for both strengthening of community contextual factors and understanding as well as application of a rights based approach to harmonizing local and national data on protection in early childhood. Quantitative indicators will be assessed for accuracy and availability of Immediate Outcome Indicators, Proxy Indicators and Risk and Protective Factors. Qualitative information gathered on protective factors will explore the current indicators and their local relevance as well as providing an opportunity to engage local stakeholders in meaningful discourse on specific local risk and protective factors affecting young children, their care providers and communities.

Bibliography


Measure DHS Colombia (2010). Demographic health survey for Colombia. Bogota, Colombia. Measure DHS.


