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# United Nations Literacy Decade

## EFFECTIVE PRACTICE

Presented at the UNESCO sub-regional Conference *Addressing Literacy Challenges in South, South West and Central Asia: Building Partnerships and Promoting Innovative Approaches*. (29 - 30 November 2007, New Delhi, India)

**Programme name: Supporting Maternal and Child Health Improvement and Building Literate Environments (SMILE) project**

**Implemented by: Asia/Pacific Cultural Centre for UNESCO (ACCU)**

### Basic facts

Country: Bangladesh and Nepal

Starting year: 2007 as pilot project

Outreach: 120 in Bangladesh and 200 in Nepal

Target Population: Expectant mothers and mothers with small children

Language of instruction: Bengali in Bangladesh. Nepali, Newari and Awadhi/Abadhi in Nepal.

Operating in: 6 CLCs in Bangladesh and 8 CLCs in Nepal

Facilitator/Beneficiary ratio: 1/20-25

Main Funding: ACCU (75%), LRC Bangladesh and LRC Nepal (25%)

Contact: Ms. Mari Takano – [education@accu.or.jp](mailto:education@accu.or.jp) [maritakano@accu.or.jp](mailto:maritakano@accu.or.jp)

### Brief Description

In order to support the improvement of literacy activities especially for girls and women in the Asia-Pacific region, ACCU started the Literacy Resource Centre for Girls and Women (LRC) programme in 1994. The LRC programme is based on a partnership approach which facilitates South-South cooperation among LRCs, which are run by local NGOs and government organizations in 17 countries in the Asia-Pacific region. Within the framework of the LRC programme, the Supporting Maternal and Child Health Improvement and Building Literate Environments (SMILE) project was formulated as a model project which integrates maternal and child health education into literacy classes as well as creating literate environments at home and in communities. In 2007-2008, the SMILE project is being implemented as pilot projects by LRC Bangladesh and LRC Nepal.

## **Rationale**

Especially in disadvantaged rural villages, many women and children suffer from preventable and treatable diseases and nutritional problems. Due to a lack of knowledge about basic health care and insufficient health services for mothers and children, the infant and maternal mortality rate is still high in these areas. Illiterate mothers have less access to such health care services and information, and are consequently vulnerable to aforementioned problems.

The project thus focuses on providing illiterate and neo-literate expectant mothers and mothers with small children with literacy skills and basic knowledge on maternal and child health, and creating literate environments especially at home so that mothers retain newly-acquired literacy skills and their children grow in learning environments.

## **Objective**

The objective of the SMILE project is to provide illiterate and neo-literate expectant mothers and mothers with small children with literacy skills and basic knowledge on maternal and child health, to improve the health conditions in the communities and to encourage the use of the newly acquired literacy skills and knowledge on maternal and child health care in the families and communities through literate and learning environments.

## **Conceptual Model and Methodology**

The project activities are based on a participatory and learner-centred approach. In addition to the literacy curriculum developed by LRCs, specific local content is included based on discussions between literacy facilitators, learners and their family members in each CLC. Various teaching-learning methods are used to facilitate the participation of the learners, such as case studies, learner-generated learning materials, peer learning, drama, video, radio, newspapers, etc. The participants are provided with "literacy promotion gift packages" after completion of a one-month course in the center. The packages include an alphabet poster, simple reading materials on maternal and child health care topics, picture books for learners' children, etc. The learners choose the materials to be included in their packages to suit their interests. Furthermore, the CLCs are equipped with community library facilities. Learners as well as community people can have access to reading materials anytime convenient for them and further develop their literacy skills and knowledge through self-learning.

## **Innovative features**

The SMILE project is innovative as it specifically targets mothers (and future mothers) who are in disadvantaged situations. Since mothers have a great influence on the health and education status of children and other family members, they can become the change agents in families as well as communities.

The project is also innovative in emphasizing the building of literate environments at home and in communities through the literacy promotion gift packages and the community libraries in CLCs. One of the prevailing challenges of any literacy programme/project has been to sustain the literacy skills of neo-literate learners. Through the SMILE project, self-learning and reading activities are encouraged to

maintain and further improve the newly-acquired literacy skills and knowledge on health care.

Another innovative feature of the SMILE project is the effective utilization of existing resources. Rather than developing completely new teaching and learning materials, CLCs collect the existing materials related to maternal and child health from local NGOs and government organizations and draw on these to prepare the material for the literacy classes.

In addition, the existing venues and institutional capacities of CLCs in the target communities are fully utilized to sustain the activities after the initial project period.