

ARNEC CONNECTIONS

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Working Together for Early Childhood



THEME:
Towards achieving the
Sustainable Development Goals
(SDGs): what is a successful
multi-sectoral approach to ECD?



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It is an exciting time for early childhood around the world as our sector is increasingly being recognised as having a very important part to play in the wellbeing of children, families and society. Early childhood development, that is, the holistic care, education and protection of young children is a key element needing to be addressed for nations to meet the Sustainable Development Goals (United Nations, 2015). It is clear that a multi-sectoral approach that addresses the health, nutritional, cognitive, and educational rights of young children is essential to make significant progress. However what that actually means in practice is not often clear and those working in different countries, with different systems in place and completely different ways in which policy-makers understand and fund programmes, all have to find their own ways of developing and delivering early childhood development programmes. Last year the World Health Organisation, United Nations Children's Fund, and World Bank Group (2018), supported by authors of the Lancet's special childhood development issue published in 2017 (Black et al., 2017; Britto et al., 2017; Richter et al., 2017; Shawar & Shiffman, 2017), made available the Nurturing Care Framework (2018), a document that creates a coherent narrative around the messy network of multi-sectoral relationships to characterise what effective early childhood development means.

The Nurturing Care Framework (2018) makes it clear that to successfully implement effective childhood development programmes, nations need to consider ways to ensure:

- Children have adequate nutrition,
- Children's health and wellbeing rights are appropriately addressed,
- Children experience good quality, responsive caregiving,
- Children have opportunities to participate in good quality early learning experiences,
- Children are safe and secure.

In whatever ways governments organise their portfolio responsibilities, these elements must all be addressed, with the inevitable need for different ministries/portfolio areas to work together to develop, implement, and oversee appropriate early childhood development initiatives. The 2018 ARNEC Conference in Nepal provided a platform for stakeholders to share their experiences, to identify what worked for them, and what did not, and to learn from the experiences of others. In this 2019 edition of Connections, we share some of these stories in the hope that they will provide useful information for others who are treading similar paths.

There are eight articles in this issue.

Laxmi Paudyal discusses the attempts to incorporate early literacy and Maths learning opportunities into early childhood programmes in Nepal. A pilot implementation programme operating initially in 20 sites, then a further 7, identified key early literacy and numeracy skills, and provided resources (training resources, manuals, play materials) to these sites. The programme was evaluated showing positive results and there are ongoing efforts to incorporate the early literacy and Maths elements into a national early childhood curriculum. A video and booklet showcasing good practices was created.

In another project in Nepal, Bimala Rai Paudyal reflects on the process used to support the inclusion of early childhood development as a fundamental right for young children in the constitution.

Such an achievement is significant, as inclusion in the constitution of the country means that the state is both responsible, and accountable, for the development and implementation of appropriate early childhood development services. Having such a powerful legislative position is no doubt inspiring for others in the sector.

In Sri Lanka, the detection of developmental delays has been the responsibility of public health staff but this has been problematic as many children are not presented at child weighing posts. In contrast, a much greater proportion of 3 and 4 years olds are present at early learning programmes, creating an opportunity for staff in these programmes to be involved in the identification of developmental delays. Kalana Peiris reports on a pilot programme evaluating

the effectiveness of a comprehensive screening tool kit for preschool teachers to identify developmental delay. The results of the pilot suggest national implementation of the screening tool would be beneficial for children in accessing the relevant support and intervention they require.

Alice Wong shares her experiences with OneSky, a programme designed to create early learning opportunities for the children of migrant workers in Vietnam. Children of migrants generally are not able to access the usual early childhood programme options, partly because of residency issues. The Vietnamese government has funded a 3-year trial of the OneSky programme which offers access to early learning centres, training for home-based child care providers and parenting education. The impact of the programme has been

positive and there are attempts to now scale-up the intervention to work with 195 factory zones across Vietnam.

From the Philippines, Maria Perlita de Leon, Catherine Manzano and Whimcy Luck Sagpang report on the First Read project, which uses Home-based Mentoring focused on emergent literacy and numeracy (HoME) sessions, to educate parents living in poverty in ways they can provide a nurturing care environment for their young children. The success of the intervention has prompted the Philippine government to consider making participation in the programme a prerequisite for receipt of benefit income.

Moving on to India, Vrishali Pispati, Shiny Varghese and Asmita Naik Africawala report on the Mumbai Mobile Creches' Comprehensive Early Childhood Development Programme which works with children of migrant workers to address concerns of under-nutrition, child protection and early learning. The programme provides healthcare, nutrition, education, community outreach, and training interventions. This paper presents data on the prevalence of wasting, under-weight and stunting in children of migrant workers, demonstrating that these indicators of poor health demonstrate improvement in those children in areas where the programme is delivered.

Kirk Person turns our attention to language development, and in particular, the language learning of Hmong-speaking ethnic minority children in Northern Thailand. The paper presents a comparison between the language achievements of Hmong children who attended preschools/early primary schools where Hmong was used as the language of instruction and Hmong children who attended services where children were taught exclusively in Thai. A test of language skills in year 1 of primary school showed that the children who had early education in Hmong outperformed the comparison group of children in reading and writing. Follow-up research demonstrated this advantage remained up until Grade 5.

From Bangladesh, Happy Kumar Das and Shahriar Shafiq report that in 2013 the government adopted a Comprehensive Early Childhood Care and Development Policy which encourages sectors to work together to achieve comprehensive early childhood programmes. The paper focuses on the delivery of services in particularly disadvantaged areas of Bangladesh including developing access to basic services and improving the quality of services already available; addressing nutritional concerns; improving hygiene, sanitation and safe water practices, and supporting women's participation for sustainable development. The paper concludes that the availability of an agency to champion the multi-sectoral work is essential.

The articles show the diverse range of interventions and programmes that support early childhood development. To achieve the Sustainable Development Goals, coordination across sectors and levels is essential. The Nurturing Care Framework (2018) aims to support children around the world to not only survive, but to thrive in order to transform health and human potential. It reminds us "we must act urgently now to make investing in early childhood development a priority in every country, every community and every family" (p1). In ARNEC we fully support such a goal, and we reflect this in our mission: "All young children in the Asia-Pacific region realise optimal well-being and development" (<https://ar nec.net/about-us/vision-mission>). We hope that by providing Connections as a vehicle to share experiences, we are helping our members, and others who access our resources, to advocate for children's rights, and ways in which different nations and organisations can develop and implement inclusive and holistic early childhood development programmes.

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Early Literacy and Mathematics Programme in Nepal - An Innovative Solution for Early Learning & Development

Laxmi Paudyal, PhD ¹

Abstract

The Government of Nepal has demonstrated a strong commitment to its Early Childhood Development (ECD) programmes. Enrolment of aged four children in ECD centres has reached to 83 percent in 2016 and 62.4 percent of children in grade one having with ECD/Pre-Primary Class (PPC) experience. Despite good progress in improving the access of ECD programmes, enhancing the early literacy and Mathematical skills of children has been problematic in Nepal. About 14 percent of children repeat grade one (MoE, 2015/2016), and in one particular survey, 34 percent of the children in grade two could not read a single word (USAID & RTI, 2014). Save the Children, in collaboration with the Nepalese government, piloted an Early Literacy and Math (ELM) programme in the Kavre district of Nepal from 2015 - 2017. The objective of the programme was to set up high-quality ELM setting in ECD centre and advocate for the integration of ELM into the national ECD system. During this period, twenty ECD centres in Kavre were established as demonstration sites which were equipped with materials, trained human resources, and tools to track the learning and development of children. A framework of an ECD curriculum from an ELM perspective was submitted to the government. Baseline and End line surveys were conducted on child development, learning and caregiving practices by using International Children Development and Early Learning Assessment (IDELA) tools with 967 children and 662 parents. The IDELA scores have shown positive results for children in ECD centres receiving programmatic support which may support the rationale for replicating the results in other locations in Nepal.

1. Introduction:

Learning to read is a fundamental skill that affects a child's ability to pursue further education, and in turn his or her opportunity to achieve an educated and productive future. Literacy acquisition, or the process of becoming a reader and writer, begins in the earliest stages of a child's life. During the early years, young children will acquire the foundational skills and dispositions that they will need to learn to read and write. This is often referred to as emergent or early literacy. Even before children learn to add, subtract, multiply, divide, they learn many concepts about numbers and Mathematics that are a part of emergent or early numeracy. Early numeracy is more than the ability to add, subtract, multiply, but encompasses the ability to use Mathematical understanding and skills to solve daily problems (Department of Education and Skills, Dublin, 2011). The development of numeracy involves supporting learning opportunities at a young age, for instance babies hearing the language of Mathematics in rhymes, (Epstein, 2007). Early exposure to print and Math concepts also positively affects later school achievement (Jordan, 2007, as cited in AECDN & Save the Children, 2017). The foundational literacy and Mathematical skills that children develop in the early childhood years are crucial for their later education and development (Foy et al., 2007 as cited in Alliance for Early Childhood Development Nepal & Save the Children, 2017).

The Government of Nepal has demonstrated a strong commitment to ECD, for example through the introduction of a national ECD strategy 2004 (MoES,2004), ECD Council 2005, ECD Caucus of Parliament members, ECD curriculum and minimum standards of ECD centre, etc. Children's enrolment in ECD centres has improved over the years from 13 percent in 2001 to 83 percent in 2016. The proportion of students in grade one with ECD/PPC experience is 62.4 percent (MoE/DOE, 2015/2016). However, the quality of ECD programmes remains problematic. About 14 percent of children repeat grade one and only 37.9 percent of children in grade one reach grade ten (MoE, 2015/2016); 34 percent of the children in grade two could not read a single word in one particular survey (USAID & RTI, 2014). With this background, Save the Children, working in collaboration with the Nepalese government, piloted the ELM program in Kavre. Based on the results of the programme, other districts including Saptari have also adapted the ELM.

¹ Paudyal is Education Advisor for Save the Children Country Office Nepal

2. Objectives:

The ELM project aimed to support the development of emergent literacy and Math skills of three to four year-old children. The program has focused on following five emergent literacy and Math skills.



EMERGENT LITERACY SKILLS

1. Talking and listening
2. Understanding print
3. Knowing what books are
4. Knowing about the alphabet
5. Understanding sounds and words



EMERGENT MATH SKILLS

1. Numbers and counting
2. Patterns
3. Sorting and classification
4. Comparison and measurement
5. Geometry

(Save the Children, ELM toolkit, 2010)

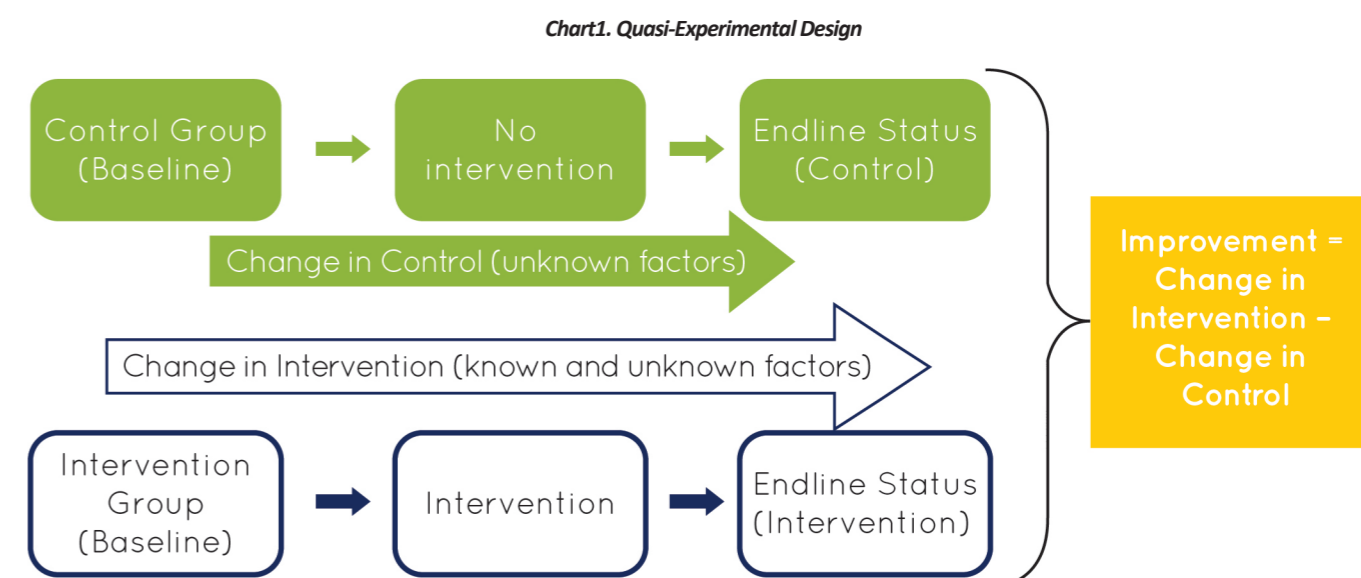
3. Key Achievements of Pilot Program

A total of twenty ECD centres of Kavre are established as demonstration sites. A key achievement of the programme was that all twenty ECD centres were supported with playing and learning materials. Efforts were made to train the project team, government staff, ECD sector organizations, and ECD facilitators on ELM. As a result, contextualized ELM manual/materials, trained human resources, tools to track learning and development of children were put in place. Influenced

by the project results, the approach was adapted in eleven other SCI programme districts and two municipalities of Kavre, which scaled up the ELM to twenty-seven ECD centres and were given an allocation of USD 33,495. UNICEF adapted the ELM programme in 500 ECD centres. A framework of an ECD curriculum from ELM perspective was submitted to the government. A video, booklet on good practices, and a resource book on ELM was produced and disseminated.

4. Measurements of Success

Baseline and end line surveys were conducted on the children's development, learning, and caregiving practices by using the IDELA tool (Save the Children, ELM toolkit, 2010). The IDELA includes the five domains: motor skills, emergent literacy, emergent numeracy, socio-emotional development, and executive function. In total, twenty-two items were included in the assessment with children. The survey with caregivers (the people in the home who raise the child) collected the information about caregiving practices, and various adversity and protective factors². A total of 967 children and 662 caregivers were assessed. A baseline study was conducted on July 2016 and an end line assessment was conducted between April – May 2017 in Kavre and Saptari (RIDA 2017).



² Adversity: Disasters, illness, shocks, conflicts, threats etc.; Protective factors: low adult-child ratio, remittances from migrant worker, accessible health facility.

The intervention community was selected from marginalised and excluded communities during the time of the proposal development phase. Hence, it was difficult to find an exact compatible area for intervention and control during the time of baseline data collection. In Kavre, the intervention area was lowly-ranked in terms of socio-economic status, education status of parents, exposure to the market, etc. Due to these reasons, the baseline score in some of the headings was higher in the control area than the intervention area in Kavre. Nonetheless, effort was made to compare the results by analysing the results of the control and intervention area both in the baseline and end-line study. This has helped to show the effect of the interventions, which are discussed in the section below – Findings of pilot programme.

5. Findings of Pilot Programme:

As a result of programme interventions, there was an increase in the availability of the playing and learning materials in the households. Similarly, the engagement of families with their children in various activities had also improved except reads to child in Kavre and takes the child out in Saptari. Below tables explain the same:

Engagement of families with children in key learning activities: Kavre

% of families engaged with their children	Baseline (2016)		Endline (2017)	
	Control	Treatment	Control	Treatment
Reads to child	83.7	81.0	64.2	80.7
Tells stories	62.9	64.3	61.3	75.7
Sings	58.9	65.9	67.2	73.6
Takes child out	78.1	67.0	76.6	75.5
Plays with child	66.3	67.6	64.2	79.3
Draws with child	64.6	69.7	70.1	74.3
Teaches new things	66.3	69.7	78.1	75.7
Teaches letters	80.9	83.2	81.7	90.8
Teaches numbers	80.3	80.5	83.9	85.7

Engagement of families with children in key learning activities: Saptari

% of families engaged with their children	Baseline (2016)		Endline (2017)	
	Control	Treatment	Control	Treatment
Reads to child	63.6	53.4	82.2	82.5
Tells stories	80.1	64.3	64.7	64.3
Sings	73.5	58.0	73.5	60.2
Takes child out	50.3	67.4	80.9	60.8
Plays with child	39.1	48.2	56.6	56.7
Draws with child	31.1	25.2	58.8	46.8
Teaches new things	34.4	27.9	66.2	59.7
Teaches letters	32.5	27.5	69.1	67.8
Teaches numbers	37.1	31.2	73.5	62.6

Source: RIDA, IDELA Baseline Study, 2016 & End-line Study, 2017

From the end line survey, parental engagement with children in the activities such as telling stories, teaching letters and numbers was found to be significantly higher in the treatment

sites/intervention sites in Kavre. In Saptari, parental engagement with their children in activities such as reading, teaching letters and numbers had also increased.

Similarly, as mentioned in below tables, the overall IDELA scores had also increased by around 19.7 and 10.8 percentage points in the treatment sites in Kavre and Saptari respectively whereas such increase in the control sites were around 5.8 and 19.5 percentage points. The average IDELA score was 39.8 percent and 39 percent for the treatment sites in Kavre and Saptari respectively.

Changes in IDELA scores : Kavre

IDELA Items	Control			Treatment		
	Baseline score	Score added till endline	% change	Baseline score	Score added till endline	% change
Motor skills	23.5	29.4	125.3	18.3	32.8	179.2
Early literacy	24.5	19.7	81.1	17.9	20.1	112.3
Early numeracy	28.6	18.1	63.3	27.3	16.8	61.6
Socio-emotional development	18.5	10.5	56.8	16.3	6.8	41.7
Executive Functioning	28.9	20.7	71.6	25.7	16.9	64.9
IDELA	23.9	19.5	81.6	20.1	19.7	98.0

Changes in IDELA scores: Saptari

IDELA Items	Control			Treatment		
	Baseline score	Score added till endline	% change	Baseline score	Score added till endline	% change
Motor skills	18.1	15.3	84.5	16.7	21.2	126.9
Early literacy	32.4	5.9	18.2	27.5	9.2	33.5
Early numeracy	44.8	0.3	0.0	35.7	10.5	39.4
Socio-emotional development	36.7	5.6	15.0	31.3	3.4	10.8
Executive Functioning	43.4	17.0	39.5	32.5	20.5	63.5
IDELA	34.1	5.8	17.0	28.2	10.8	38.3

Source: RIDA, IDELA Baseline Study, 2016 & Endline Study, 2017

The overall IDELA scores indicate that the children from the ELM programme in ECD centres had improved their learning in both districts. In Kavre, the scores are higher for motor and literacy skills compared to numeracy skills and socio-emotional development, whereas in Saptari, the scores are higher for motor skills, executive function and numeracy skills. The girls showed a proportionately higher increase than boys. In Saptari, the IDELA scores have increased by eleven percent in the treatment sites whereas in the control sites the increase is around seven percent for girls and five percent for boys. There was not a focused program on socio-emotional development in ELM program areas. The project location was also affected by earthquake in 2015. There might be a reason for the low score in socio-emotional development. However, the survey did not provide any further information on reasons behind on low socio-emotional development of the children, and gender difference.

Conclusions and Recommendations

The IDELA scores have shown to increase among the children receiving programmatic support, although the improvement in motor and literacy skills is more significant than numeracy skills and socio-emotional development. The socioeconomic index, availability of resources, activities involving children, and adversity faced by the family were thought to be possible factors that affected the IDELA score (RIDA, 2017). This study shows that learning does not happen only in the ECD centres, but in the family context which provides significant opportunities for learning. As the pilot project interventions triggered some improvements in IDELA score among children, there is a need to scale-up ELM in other locations to support better learning and development of all children in Nepal.

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Legislators to Advocates and Change Agents A story of ECD Caucus of Parliamentarians to promote Early Childhood Development in Nepal

Dr. Bimala Rai Paudyal¹

Introduction

It is widely accepted that improving children's educational outcomes and health, along with fighting poverty and inequality is best addressed through holistic Early Childhood Development (ECD) programmes. The Sustainable Development Goal (SDGs) make explicit mention of children's access to quality early childhood development programmes as important in achieving targets related to poverty, hunger, health, education and gender equality. Achieving such multisectoral impact demands engagement of multiple stakeholders to expand well-planned and well-resourced centres and strengthen the quality of the services they deliver.

All children are not fortunate enough to access quality ECD. This is especially true in Nepal where economic and social variables such as class, caste, gender and remoteness impact children's ability to access and participate in ECD programmes. Nepal is one of the youngest federal republics with a new constitution promulgated by the Constituent Assembly (CA) in 2015. After a continuous and consistent effort of multiple stakeholders led by the ECD Caucus of the Parliamentarians, the Constitution of Nepal has recognised ECD as one of the fundamental rights of children. The inclusion of ECD as a fundamental right in the constitution was a long process advocated and facilitated by a group of Parliamentarians organised in ECD Caucus. This legal provision in the constitution has far-reaching and important implications as it makes the state responsible and accountable to ensure universal access of children to quality ECD. This story is about the journey of ECD Caucus of the Parliamentarian in Nepal.

Early Childhood Development in the context of SDG

Nepal has witnessed remarkable progress in school enrolment of young children and achieving gender parity in school enrolments in the past few decades (NPC, 2017a). However, those who attended Early Childhood Development Centers (ECDC) continue to demonstrate much better school achievement levels than those who did not. With the increasing realisation that access to ECD has a positive impact on children's holistic development and performance in education, the Government of Nepal (GoN), especially through the Basic and Primary Education Programme (BPEP phase II 1999-2002) and School Sector Reform Programme (SSRP 2009-2015) emphasised expansion of early childhood development through schools and community-based canters and pre-primary classes (PPCs) and mobilisation of community resources for ECD respectively (Khanal, Rai Paudyal, & Dangal, 2017; World Bank, 2013; Seto Gurans National Child Development Services, 2017). The most recent School Sector Development Programme (SSDP 2016-2023) aims to expand one-year school based ECD in all schools and support community based ECD centres with technical assistance (MoE, 2016).

Early Childhood Development Centers (ECDCs) in Nepal are known by various names such as day care centers, early childhood development centers, childcare centers, nursery, kindergarten, preschool, and preprimary classes (PPCs). There are more than thirty-five thousand ECDCs in the country that serve more than one million children every year (MoE, 2016). The country aims for universal coverage by integrating

early childhood in school education and for 99% attendance of children to the centres by 2030 (NPC, 2017b). Multiple actors are involved in strengthening ECD, although types of involvement, expertise, and levels of investment vary. While non-government actors, mostly NGOs and INGOs are active in innovation and experimentation on ECD, private sectors promote ECD through institutional schools and kindergarten. The government has a major stake in policy formulation, integrating ECD in school education, monitoring the outcomes and creating an enabling environment for different actors to operate to expand the provision of quality ECD.

Despite the government's strategy to expand the coverage of ECD throughout the country, universal access is still a distant goal (Khanal, Rai Paudyal, & Dangal, 2017). Children in remote villages and those from poor and disadvantaged groups have limited access to ECDs. ECD facilities are mostly concentrated in urban areas. Quality of the services and facilities varies greatly and quality is positively linked with the prices. The poorest and most disadvantaged children cannot afford to access good quality ECD as these services are expensive (ibid). In a differentiated society where economic conditions and social identities such as caste, ethnicity, and gender determine access to ECD, the objective of universal and equitable access is challenging. Therefore, the access to childhood development needed to be established as a fundamental right of children.

The emergence of ECD Caucus of Parliamentarians and Achievements

The year 2006 marked a departure in the political and social history of Nepal. The country ended 12 years of armed conflict and a Comprehensive Peace Agreement (CPA) was signed between seven party alliances. This was followed by reinstatement of the Parliament, which paved the way towards developing a new constitution for the federal republic. General elections in 2006 resulted into an inclusive Constituent Assembly (CA) where women and people from different social groups were represented equitably. The CA therefore became a forum for raising the voice of those that were traditionally less represented and less discussed about, including the rights of women and children.

The assembly also became an opportune and important forum for advocates and practitioners of ECD to sensitise the lawmakers to include children's right to ECD in the constitution (Seto Gurans National Child Development Services, 2017). Capitalising on the political changes, in 2008, Seto Gurans, a national level resource organisation for ECD, facilitated a sensitisation workshop for the CA members. The outcome was a common understanding of ECD among the CA members and the formation of a loose network of parliamentarians to promote ECD in the constitution drafting process. This further paved a way to integrate ECD in the constitution as a fundamental right for children (ibid).

Despite this, ECD was still a new concept to integrate into the constitution particularly as children's issues were less visible in the constitution drafting process compared to many other contested issues and claims from different identity groups. People representing different social groups such as caste, ethnicity, gender, sexual minorities; professional and occupational groups such as business communities, farmers, artists, academia, journalists and medical professionals; and other disadvantaged groups such as persons with disability were all able to raise their voice collectively in the constitution drafting process. However, there was no representation from young children in the CA. This meant that ECD as an issue was neither visible nor accepted easily in the drafting process. It was soon apparent that the loose forum of MPs was not enough to create pressure to integrate ECD in the constitution. There was a need to create a critical mass of MPs in favor of ECD and children's rights.

To address this, the 2nd ECD workshop was organised in collaboration with Seto Gurans and supporting organisations. Eighty CA members representing different political parties participated in the workshop. The outcomes of this workshop included:

- Solidarity developed among CA members representing different political parties on the need to integrate ECD as a right for children in the constitution resulting in a political commitment for universal access to ECD

- An Advocacy plan was developed to increase investment and improve access and quality of existing ECDs in the country
- A task team formed consisting of 21 CA members representing different political parties to take the plan forward. The team was called as 'Constituent Assembly Members Coordination Committee for ECD' i.e. 'ECD Caucus' in short.

The Caucus continued raising awareness among different political parties. A subcommittee within the Caucus worked on the draft provision for the constitution with the specific focus on access of children from poor, minorities and disadvantaged backgrounds to ECD. It worked closely with the government and parliamentary committee of fundamental rights.

The Caucus, with technical support from UNICEF, Seto Gurans and Save the Children, continued discussions with different other stakeholders and expanded the advocacy circle. Apart from the engagement at the policy level, the Caucus also visited some ECD centers in different parts of the country and provided feedback for improvement. These activities also made the Caucus visible and recognised by different community groups.

With consistent efforts from the ECD Caucus, the constitution drafting committee was ready to recognise children's right to ECD in the constitution. The draft constitution shared with the public received positive feedback and the provision was confirmed in the Constitution of Nepal promulgated in 2015. As a result, part 3, Article 39 (3) of the Constitution established ECD as a fundamental children's right.

As the constitution now has provisioned ECD as a basic and fundamental right of children with the aim of leaving no one behind, it is expected that ECD will be expanded further for universal access and investment will be increased for better quality.

"Every child shall have right to Early Child Development (prarambhik baal bikas) and Child participation (baal sahabhagita)".

**Part 3, Article 39 (3) Constitution of Nepal
(Nepal Law Commission, 2015)**

¹ Dr. Bimala Rai Paudyal is Member of National Assembly of Federal Parliament of Nepal. She is also a member of ECD Caucus of the Parliamentarians.

Challenges and Opportunities

The major challenge is to implement this constitutional provision in practice. This requires ownership of the issue of 'universal access to quality ECD' at every level from policy-makers to bureaucrats and service providers. Such ownership is possible only when legislators take the lead role and make the necessary legal frameworks as well as continue advocacy, lobbying, and monitoring to make the government and other stakeholders accountable for implementation.

In addition to the constitutional provision for ECD, some other important processes have been started in Nepal with the involvement of the ECD Caucus that support effective implementation. For example,

- Following the constitutional provision, all major political parties have mentioned scaling up of ECD in their respective party's election manifestos indicating ownership of the issue and commitment to implementation.
- A high-level steering committee consisting of twelve sectoral ministries including health and education has been formed under the leadership of the National Planning Commission to integrate ECD in national and sectoral level planning and resource allocation. This committee provides guidance on planning and budgeting for ECD throughout the country. In addition, the steering committee is also responsible for policy review and monitoring.
- ECD has been integrated into the revised Education Act (8th Edition). This has recognised and mainstreamed ECD in the school education framework.
- Expansion of ECD facilities and improvement of quality has been planned and budgeted for in the Annual Plan and Budget of Government of Nepal in 2017 as well as in 2018.

These developments can be considered as opportunities to move forward to help achieve universal access to quality ECD in Nepal.

Way forward

Within the policy and institutional framework mentioned above, the Caucus has identified following areas of actions as the way forward:

- Continue lobbying and monitoring to scale-up ECD centres, to improve quality, access, and equity.
- Facilitate the process of sensitisation to the importance of integrating early childhood development into plans and policies at the province and local levels so that actual implementation is effective
- Collaborate to address the issues of affordability, accountability, sustainability, and social justice through innovations, experimentation and through equitable resource allocation.
- Document and exchange learning of ECD Caucus as a good practice and continue to make the ECD agenda political and global.

Conclusion

Over recent decades, early childhood development has been an integral component of the education system in Nepal mainly associated with institutional and public schools, pre-primary classes and community-based centres. This is also reflected in the country's plan and target to achieve the SDGs. Despite such rapid growth in ECD centres operated by multiple actors, however, a large majority of children, especially from remote villages, and from poor and marginalised households lack access to quality ECD.

Access to quality ECD requires well-planned and well-resourced services to be accessible along with the legal framework necessary to ensure access, affordability and equity. Nepal provides a good example of the process of sensitising and working with legislators to address this in an effective and sustainable way. While a multi-stakeholder approach is necessary to ensure universal access to quality ECD, working with parliamentarian and political actors increased ownership and political commitment, both of which are important for the sustainability of the processes and outcome. The story described above demonstrates that legislators, once convinced and sensitised, can not only lead the process of legal reform and the associated accountability framework for the expansion of ECD but also can act as advocates and champions to increase investment and ensure equity as fundamental children's rights. Though legal provisions are not enough to ensure universal access of children to quality ECD, it is certainly the most important, sustainable and effective entry step to move in that direction.

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Tool kit for engaging preschool teachers in screening for disabilities among children aged 3-5 years: results from the pilot study in 3 selected districts in Sri Lanka

Dr. Kalana Peiris

Abstract:

It is widely accepted that one of the best windows of opportunity to detect developmental delays and disabilities in children is the period between 2 to 5 years of age. Detection of developmental delays among children in Sri Lanka have been assigned almost entirely to public health staff of the Department of Health. However, platforms where children aged 3 to 5 and public health staff can engage with one another are limited because the attendance of children going to the child weighing posts drops from 85% in the first two years of life to below 60% beyond that. On the other hand, more than 85% of children between 3 to 5 years attend a preschool in Sri Lanka and this is over 90% for 4 year olds. This positive trend presents an opportunity to engage preschool teachers in early detection of developmental delays and disabilities.

Plan International commissioned the Centre for Disability Studies of the University of Kelaniya to pilot-test a simple but comprehensive tool kit for preschool teachers for the screening of preschool children. The process of the development of the tool kit was previously published and this paper presents the results of the pilot test conducted in three districts in Sri Lanka using 6650 children between ages 2 to 5 years. Out of the 6650 children, 671 children were screened positive and referred to an expert review. The Ministry of Child Development has initiated a process to validate this set of tools nationally and consistently apply them in every preschool in the country, and also develop protocols for referral and care for children who have been identified with developmental delays.

Introduction:

Preschool education programmes in Sri Lanka for children aged 3 to 5/6 years (henceforth called preschool programmes in this paper), are provided by private or not-for-profit institutions or individuals. There are "ECCD Authorities/Bureaus" in almost all provinces of the country to regulate the functions of preschool education under the support of the Ministry of Child Development and Women Affairs and the Ministry of Education. Plan International Sri Lanka, among others, has been contributing to the sector immensely during the last 15 years to improve the technical materials, infrastructure facilities and regulatory mechanisms. As a result, preschool enrolment rates have increased from 46% (The World Bank, 2014) in 2009/10 to 85% (UNICEF, 2018).

The most recent data on disability comes from the Census of Population and Housing conducted in 2012. The report notes that only persons aged 5 years and above were counted in the census because of the lack of accurate means to assess the younger children.

"Around 88,740 children between 5 and 19 years of age, of which 41,665 (47%) are girls, were identified as having one or more of the 6 categories of impairments counted in the survey. More than 31% of these children were not engaged in any educational activity at the time of survey. More than 20% of these children were between 5 to 9 years who are supposed to be receiving mandatory primary education.

Gender-disaggregated information on this is not available. Interestingly, around 2000 of the identified children in the ge category of 5 to 9 were still in preschool (Department of Census and Statistics, Sri Lanka, 2015)".

In addition to the lack of data and accurate information regarding the children with disabilities, there are three main issues with regard to supporting the optimal development of children with disabilities. The three issues are:

1. **Lack of systematic screening of children to identify disabilities or risk factors for development delays at an early stage (Key Issue: Identification)**

Although the public health system which is responsible for ensuring the well-being of pregnant women and children from birth to 5 years is well-established and has universal reach when it comes to maternal medical care, immunization and growth monitoring. However, children with development delays, learning difficulties and disabilities slip through the gaps in this monitoring. Identification of disability or developmental delays is not prioritized in practice in this growth monitoring mechanism. Screening instruments that are relevant to the local context to assess development milestones of children aged 0 to 5 are not routinely used because of the absence of organizational mechanisms to administer them.

2. Lack of systematic referral of the children who are identified (often by chance) as having disabilities or risk factors for development delays (Key Issue: Referral)

Children with disabilities or developmental delay need to be given specific health, educational or psychosocial support, but there is a lack of systems and support from the established healthcare and child development services necessary to achieve this. In addition, there are few services available so in many cases parents and preschool teachers are left without a possible accessible service.

3. Lack of preparedness of services to provide optimum, respectful and nurturing services to the children with disabilities or risk factors for development delays who approach them (Key Issue: Intervention/Response)

Health workers and preschool teachers lack capacity to respond to the children with development delays and disabilities. There are no mechanisms to build their capacity to respond to the needs of a child with disability as opposed to providing services for other children. Non-availability of specific services for children with disabilities, inadequate numbers of pre-school teachers to teach children and lack of criteria for standards of teacher competency contribute to the poor quality of education for such children. Despite a number of Ministries and institutions that have been established for children’s wellbeing, there is a lack of coordination in their efforts to deliver quality and inclusive ECCD services for children with disabilities. The lack of a comprehensive sectoral policy environment with responsive systems and the lapses in the technical and operational links between the line ministries and the Provincial Councils have constrained the effective implementation of ECCD programmes to reach children with disabilities.

As a large proportion of Sri Lankan children aged 3 to 5 years attend preschools and a government-led mechanism for quality assurance for preschools is already in place, preschool teachers can complement developmental monitoring, thus closing the gap in early detection to some extent.

Background:

The two most commonly used approaches/methods to assess a child’s development in the context of Development Programmes are 1) Direct assessment of the child and 2) parent/caregiver/teacher reporting. Both methods will usually provide a score for the child or a set of scores (for different developmental domains) which indicate where the child is on a continuum of development or whether they are on-track or off-track. Both methods have advantages and (Fernald, 2017) disadvantages.

Some of the tools/measures that have been tested and used in multiple countries (including in low and middle income) for assessing child development are given below:

- 3 – 6 years: International Development and Learning Assessment (IDELA) (SavetheChildren, 2019)
- 3 – 5 years: East Asia-Pacific Early Child Development Scales (EAP-ECDS). (Rao, 2013)
- 0 – 6 years: Malawi Development Assessment Tool (MDAT) (Melissa Gladstone, 2010)
- 6 – 35 months: Kilifi Development Inventory (A. ABUBAKAR, 2014)
- 0 – 3 years: Caregiver Reported Early Development Index (CREDI) (long form) (School of Public Health, 2019)
- 3 – 24 mo.: Development Milestones Checklist (DMC-II)
- 0– 18 years: Ages and Stages Questionnaire (ASQ) and ASQ – Social-emotional (Paul H. Brookes Publishing Co., 2019)
- Most of these globally-available child development assessment/screening tools are neither readily accessible for wide use nor are they validated for Sri Lanka.

It is widely accepted that one of the best windows of opportunity to detect developmental delays and disabilities in children is the period between 2-5 years of age. As a large proportion of Sri Lankan children aged 3 to 5 years, and a smaller yet significant proportion aged 2 to 3 years attend preschools and a government-led mechanism for quality assurance for preschools is already in place, preschool teachers can complement developmental monitoring. Therefore, the aim of this study was to design a simple and sensitive tool to monitor the development of 2 to 5-year-old children by preschool teachers.

Objectives and Questions:

1. To pilot-test and validate a tool kit, that can later be tested for use by pre-school teachers, to screen for disability and development delays in preschool-aged children
2. To determine the prevalence of disabilities among children aged 2 to 5 years through a screening process, in one Divisional Secretary division in each of the districts (Anuradhapura, Batticaloa and Moneragala)
3. To develop resource materials for training of pre-school teacher trainers on facilitating preschool education for children with disabilities

Method:

Study design: A community- based cross- sectional study

Study setting: A Divisional Secretary (DS) division each was purposively selected from the selected districts. The selected DS divisions are stated in the Table 01 with the respective populations. These divisions are selected either because they were the areas that Plan International was working in or based on the requests made by the health authorities at the District level.

Study sample: All the children in the selected Divisions who were at least 2 years of age and who had not yet reached their 5th birthday (referred to here as the “eligible children”) were invited to participate in the study through the area public health midwife and the preschool teachers. The number of children estimated in each DS division is identified in Table 01. The numbers of children who actually participated is in the table 02.

Table 01: Divisional Secretary divisions selected from each district and the population

District	DS Division	Population ¹	Estimated number of eligible children ²
Anuradhapura	Madawachchiya	46,743	2750
Batticaloa	Oddamawadi	22,144	1450
Moneragala	Moneragala	49,631	2450
Total		118,518	6650

¹Department of Census and Statistics; ²Local MOH office

Study process:

Development of tools: A multi-disciplinary working group was formed with experts from various specialties of child health, ECCD and public health. The working group was assigned the following tasks.

1. Development of indicators to assess disabilities in preschool aged children
2. Development of a tool kit to be used by the preschool teachers to screen the children for disabilities.
3. Development of a training manual to train preschool teachers on the application of the tools

The Working group met five times. Local and international literature were perused and local experts from the relevant fields were consulted. The tool was pretested in a preschool randomly selected from the Ragama area. The results of the pre-test were presented at the 127th International Medical Congress of Sri Lanka Medical Association held in Colombo in August 2014, with the aim of sharing it with the scientific community of the country (Plan International and University of Kelaniya, 2014).

Data Collection: The screening tool was developed and pretested prior to the pilot was used to collect data in the study-proper described here. Fourth year medical students, pre-intern medical students and graduates of a BSc degree programme in speech and hearing sciences were recruited and trained to apply the tool. Here the focus was validating the tool than testing whether it was appropriate for use by intended group (ie. Preschool teachers). A detailed instruction manual and training curriculum to train the Preschool teachers on how to use the tools was to be developed when the tool was first validated. In the next step the tools will be tested whether it can be used by preschool teachers.

The screening sessions were scheduled with the support and coordination of field health staff and the Plan Sri Lanka field staff in the respective settings too. The children were invited to come to a place well-known to them, the local preschool, the clinic centre or the weighing post. Socio-demographic details and past medical history were obtained prior to application of the tool after obtaining consent from the caregiver. Any child who was not able to complete any of the activities in the relevant age group was considered as a “screened positive” and was referred to a confirmatory session – expert review – on a subsequent day. The expert review was used to assess the predictive value of the screening tools.

Results:

Overall response rate for the whole study population was sixty nine percent (69%). The participation rates differed according to the DS division as illustrated in Table 02.

Table 02: Number and percentage of eligible children screened in each DS division

District	DS Division	Estimated number of children (2-5 years)	Children screened	
			No	%
Anuradhapura	Madawachchiya	2750	1864	68
Batticaloa	Oddamawadi	1450	863	60
Moneragala	Moneragala	2450	1838	75
Total		6650	4565	69

Around 15% of screened children were “screened positives” and were referred. Of those referred for expert review, around fifty percent (50%) followed up this opportunity (see Table 03).

Table 03: Referral rates for the expert panel session and participation of the screened children

DS Division	No of children Screened	Children Referred to the expert Review		Children participated to the expert Review	
		No	%	No	%
Madawachchiya	1942	287	14.8	159	55.4
Oddamawadi	863	107	12.4	51	47.7
Moneragala	1782	277	15.5	120	43.3
Total	4587	671	14.6	330	49.2

Of the children who were screened positive and who completed the expert review, around eighty-two percent (82%) were confirmed as having some form of disability. Thus, the predictive value of a positive screening test for the developed tool was eighty-two percent.

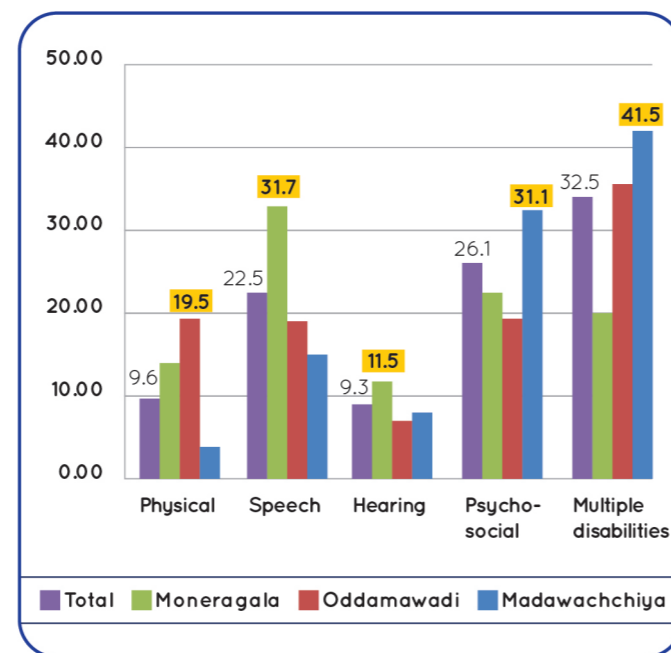
Taking into account the numbers who screened positive but did not complete the expert review, the prevalence rates were adjusted to improve the validity of the estimates. The overall adjusted prevalence rate was 121 per 1000 preschool-aged children. The adjusted prevalence rates for the different disability types are identified in the Table 04.

Table 04: Adjusted prevalence rates for 1000 preschool aged children

DS Division	Multiple Disabilities	Physical	Psycho-Social	Hearing	Speech
Madawachchiya	52	4	39	10	20
Oddamawadi	34	19	19	7	19
Moneragala	27	19	30	16	43
Total	39	13	32	12	30

Physical disabilities were highest among the children in Oddamawadi DS division and further studies are needed to determine whether this high rate may be linked to the prolonged armed conflict impacting the lives of people in this area until 2009. Speech and hearing impairments were highest in Moneragala DS division and psycho-social problems were highest among children in Madawachchiya DS division.

Figure 01: Proportion of children with different kinds of disabilities by Division



An instruction manual was developed in Sinhala and Tamil languages along with a DVD with a video demonstration on application of the screening kit. In addition, a training manual was developed by the working group to use as a resource in training preschool teachers on how to include children with disabilities in their classes. The manual comprised of nine chapters:

1. An introductory chapter that introduced the concepts of disabilities in childhood and inclusive education.
2. Chapter 2: norms of development in children from birth to five years in the domains of gross motor, fine motor, social, emotional and speech, language and hearing development according to the National Early Learning and Development Standards developed by the Family Health Bureau of the Ministry of Health, Sri Lanka.
3. Subsequent chapters are dedicated to provide an overview to the different types of disabilities and tips for classroom management. Physical disabilities; social and behavioural problems; learning disorders; hearing impairments and speech and language difficulties are the different types of disabilities that are discussed.
4. A chapter on medical conditions commonly found in preschool children with disabilities was also included to improve the comprehensiveness of the manual.

5. The final chapter contains the recommended modifications to the learning activities to include children with disabilities in the classroom.
6. A list of indicators that can be used to assess the development of children in preschool age and some examples of commonly-used adaptive devices are annexed at the end.

Conclusions and Recommendations:

The screening tool kit shows high predictive value indicating that it has the potential of being used to detect disabilities or development delays, if used accurately. The prevalence of disabilities and development delays among preschoolers in the areas assessed seems to be higher than the general estimates made by the District level authorities.. Therefore, it is recommended that a nationally-representative study be conducted to estimate the prevalence of disabilities in this age group. There is geographical variation in the types of disability and their prevalence. An exploration of the reasons for these differences if this trend is confirmed in a nationally-representative study in order to identify possible preventable factors is recommended.

One of the key limitations of the pilot study was that only the children who already attend a preschool or taken for services of the midwife were assessed. Some of the children with disabilities may not be attending either services due to practical constraints or stigma. It is recommended that the national level validation ensures that all children who satisfy the inclusion criteria irrespective of whether they attend preschool are screened.

Plan International, in collaboration with the Centre for Disability Studies of the University of Kelaniya and the Ministry of Child Development, has initiated a process of nationally validating the screening tool kit. The proposed initiative includes addressing the 3 main issues regarding the provision of services to the children with disabilities elaborated above. The first step of this process is to improve the tool kit through a national validation process with a nationally-representative pilot of the tools, which has been started and aimed to be completed by the end of 2018. Then a sample of preschool teachers from around the country will be trained on how to use the validated tool kit and they will carry out the assessment. Their ability to use the tool will also to be assessed in this process.

Plan International will then facilitate work nationally to build up an institutional mechanism to scale up early detection and referral system through preschools (preschool teachers). This requires working with the Ministry of Education, Health, Social services, Child development and women’s affairs, international agencies (WHO/UNICEF) and local administrative bodies to provide sufficient attention, policy and financial provision to make the systems more active and inclusive.

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OneSky: Building a Model for Children of Migrant Workers to Have Access to Early Childhood Development (ECD) in Vietnam

Alice Wong, Ph.D.

Background

Economic development in Vietnam is progressing at lightning speed. Thousands of families with their young children have migrated from rural areas to work in urban factories fuelling Vietnam's new prosperity. In Vietnam today, there are 1.2 million children of migrant workers labouring in 300 industrial parks in more than 30 economic zones (General Statistics Office, 2015).

For children under three years old, there is no public childcare. State-run kindergartens offering programmes for children 0-6 years of age are out of reach for these families due to high costs or the lack of residency status to qualify (UNESCO, 2013). An alternative option of home-based care providers has emerged to support those children who have no place to go whilst their parents work in nearby factories. These services are staffed by untrained workers overseeing as many as 49 children for 12 or more hours a day. In the context of large numbers of children coupled with untrained workers it is not surprising that service delivery is of low quality; young children do not receive the opportunities and stimulation for development and learning that is most critical in the early years.

This lack of quality early childhood options exists despite Vietnam's government having passed progressive maternal leave and child protection laws and being a signatory to the Convention on the Rights of the Child. The government has also signed both the UN Human Rights Council and the Convention on the Rights of People with Disabilities (UN Treaty collection, 2006; UN Human Rights, 2002). Despite making these commitments, and being willing to improving the lives of all its children, many continue to fall through the cracks. During the Conference of the National Action Plan, Deputy Prime Minister Vu Duc Dam assured that "the government will mobilize all resources and prioritize the implementation of social economic tasks towards sustainable development. Vietnam wishes to get support from international organizations in realizing its SDGs" (Dam, 2017). In 2017, OneSky, in partnership with the Vietnamese government, launched the Migrant Model to provide children of migrant workers with quality education and care. OneSky's Migrant Model is aligned with one of the United Nations Sustainable Development Goals: by 2030, all children will have access to quality care and early education so every child, including every at-risk child, can thrive in primary school (United Nations, n.d.)

OneSky for all children

OneSky trained teacher playing with a child at the Vietnam OneSky centre



OneSky began in 1998 as Half the Sky Foundation, working to improve caregiving and early learning opportunities

for China's most vulnerable population. This includes orphans institutionalized in China's state-run orphanages and later "economic orphans" whose parents had left their impoverished villages to find jobs in faraway cities. Now, our goal is to take what we have learned and use it to help vulnerable children in other parts of the world, starting with Vietnam's children of migrant workers.

OneSky creates and implements comprehensive replicable models that provide nurturing, responsive care, transforming the lives of thousands of at-risk children. Drawing on almost 20 years of experience in China, we know how to train and mentor large numbers of caregivers to provide the one vital thing all children must have: loving, responsive and appropriate care and attention. It has been found that a generation of children lost to economic growth is not inevitable, and that timely, early investment in their well-being can greatly mitigate poor outcomes associated with a large-scale sociological transition to all children (García, Heckman, Leaf & Prados, 2017).

OneSky Intervention

Migrant Model

OneSky introduced the Migrant Model in Vietnam in partnership with the Ministry of Department and Training (MOET) and local government leaders, supported by investments from government, corporations, foundations and individuals. The Migrant Model is a three-year pilot project. Subsequent to the pilot, the aim of the Vietnamese government is to bring the programme to scale across the country. The model consists of three main components: (1) an Early Learning Centre (ELC) for children aged six months to six years old modelling ECCE best practices; (2) Home-based care provider training for adults caring for young children of migrant workers; and (3) Parenting skills training for migrant parents. This paper mainly focuses on the work of the Early Learning Centre, which serves as a national model to be replicated across the country.

The Early Learning Centre (ELC)

The ELC in Da Nang was launched in September 2017 to provide high-quality early child care to migrant families working in factory zones at low cost. Da Nang has six factory zones and 40,000 children aged 0-6. The zone where the ELC lies has 10,000 children of the same age group. The operating hours of the ELC are from 6:30 am to 6:30 pm to complement the working hours of migrant workers. In the ELC, there are 69 staff members, including 44 teachers, an on-site early childhood education specialist, a finance team of two, an administrative team of four, three security guards, one cleaner, one part-time advisor, one part-time paediatrician, one part-time nurse, six cooks, and one part-time gardener. Currently the ELC serves 208 children (the goal is to increase that number to 250, 6.25% of the zone's total population of children six months to six years old)

OneSky trains local teachers to provide continuous care and education for children from six months to six years old. These trained teachers enhance healthy early development by blending age-appropriate, responsive care with best practices for early education, using a curriculum adapted to serve the specific needs of children in Vietnam. With this evidence-based methodology, they provide a stimulating and nurturing early learning environment that promotes healthy cognitive,

emotional and social development. The OneSky curriculum is inspired by the Reggio Emilia approach, respecting each child as unique alongside a teacher who co-learns and facilitates children's active learning and inquiry of the world.

At the ELC, the children are divided into five age groups and 17 classes. International standards of high-quality early childhood programs are taken from the Global Guidelines Assessment to guide the ELC's teacher-child high-quality interactions, responsive care and attention to every child (GGA, 2011). The ELC also enjoys ample play space both indoors and outdoors and child-sized furnishings that meet international recommendations for promoting active play and free movement.

At the ELC, there are four classes of children aged 6 months to 24 months with a ratio of two teachers for eight children. For children aged 24 months to 36 months, there are four classes with a ratio of two teachers for 12 children. For children aged 3-4 years old, 4-5 years old, and 5-6 years old, there are four, three, and two classes with a ratio of 2:16, 2:18 and 3:30 respectively.

OneSky Centre in Vietnam



The Teachers

OneSky recruits teachers who graduated from either a 2-3 year diploma programme or a four-year degree programme in early childhood education to work at the ELC and provides them with a two-week orientation training. Training modules include introducing teachers to topics such as brain development, responsive care, child development, learning through play as well as observation and documentation through interactive and reflective activities. Thereafter, teachers are supported by the on-site early childhood education specialist who works with them daily to apply the OneSky approach and promote a high-quality early childhood programme through modelling and coaching of good teaching practices.

Teachers and the education specialist are further supported by OneSky's global team of education specialists, who conduct four follow-up visits in the first year to conduct classroom observations and offer constructive feedback. From the second year onwards, OneSky conducts annual training workshops on topics such as block play, early literacy development, and emergent curriculum planning for infants and toddlers. Follow-up visits continue bi-annually, or more frequently as needed. Education specialists are in regular communication with OneSky and receive ongoing support in their quality management of the early childhood programs.

OneSky teacher training



OneSky teacher leading a small group activity



The Children

At the ELC, teachers conduct daily observations to understand how each child learns. These observations are used to support the planning of activities that extend and deepen children's learning. Each child has her/his own memory book, which contains a collection of teachers' observations, children's work, and a developmental checklist that charts the child's progress over time. Most children are quick to adapt to the ELC learning environment. They learn to become more independent and expressive compared to other home-based care.

For children who need additional care and attention, teachers are quick to identify and respond. For example, Shulin was 13-months old when she first arrived at the ELC. She would hide in her cot all day, without eating or talking to anyone and was emotionally distant. Shulin's father, Nguyen Hai, was worried, but he also saw how her teachers helped her enormously by talking to her, showing her love and responsive care, taking her out to see nature, and encouraging her to interact with other children. Day by day, Shulin transformed into a different child. She smiled more, played with other children, and showed love and emotions.

The Parents

It is estimated that in Vietnam, women account for 60-70% of all migrant workers. Without family and village networks for support, migrant workers face incredible difficulties on many fronts. Their low monthly salary of 220 USD is spent on rent (44 USD), food, and basic necessities with little left over for childcare (Parent, personal communication, 2017). Struggling financially, most migrant workers use home-based care providers who charge a monthly average fee of 39 USD with up to 50 children in a room. According to the parents, the children spend most of their time watching TV programmes with little or no nurturing activities. The ELC's low fees and the promise of high-quality early care and education attracts many parents to apply.

Shulin and her father Hai



Shulin (introduced earlier) and her older sister attended a home-based care provider when their grandmother returned to their home village. Hai, Shulin's father, reflects, "Whenever I visited the nursery, I saw all the children sitting quietly on tiny stools in front of the TV. They didn't get up or play, and even had meals in front of the TV. At the time I thought, it doesn't matter. The children don't know anything anyway". Hai now recognizes how wrong he was to think that "children do not learn anything at this stage anyway and the lack of children's play wouldn't do any harm on their development." Seeing Shulin thrive through responsive nurturing care at the ELC, Hai tries his best to spend as much time as possible with Shulin by visiting her at the nursery every day after work to play.

Implications

Creating any model for social impact replicability and scalability in any country has its challenges, including Vietnam. One of the main challenges relates to time needed to change teachers', caregivers', and parents' perceptions and behaviour towards children's learning and development. For instance, the transition from ELC teachers' traditional teaching approach to the OneSky's responsive care approach is a process that has been guided step-by-step through the direct, hands-on work of our education specialist and additional training and guidance from the OneSky Global Team. Teachers learn to share knowledge and experiences while recognising cultural differences between home-setting and ELC practices

OneSky's learning speaks volumes about the importance of introducing teachers, caregivers and parents alike to responsive care. In April 2018, OneSky launched the Home-Based Care Provider Training in the Hoa Khanh Industrial Zone in Da Nang. Eighty home-based care providers who serve the majority of children of migrant workers were recruited to deliver quality care and adopt, implement, and replicate best practices in their homes. By the end of 2018, parenting classes will be introduced in the factories and at the OneSky Early Learning Centre for migrant parents, fully implementing all components of the Migrant Model.

After just six months of ELC operation, the Vietnamese Government's Ministry of Education and Training has announced its intention to scale the OneSky model across 195 factory zones. An estimated 800 teachers and caregivers will be trained to provide life-changing care that directly impacts the lives of nearly 14,000 children of migrant workers. To make this happen, OneSky will continue to work with the government at all levels including the Department of Education and Training (DOET), trade unions, factory owners, and other stakeholders to ensure a successful multi-sectorial approach to early childhood development.

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Positive parenting as a critical element in child development: The Philippine experience

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Abstract

Parents are duty-bound to provide their children with a safe and secure environment. Parents living in poverty experience multiple stressors which tend to result in them using more harsh and punitive means to “discipline” their children. Whilst research indicates different strategies of child rearing are more effective in different contexts, there is a general consensus in literature that children’s development is better supported in a positive emotional and physical child-rearing context.

Save the Children is at the frontline in teaching positive discipline among child-carers in the Philippines. The First Read project, through its Home-based Mentoring on Emergent Literacy and Numeracy (HoME) sessions, aligned with the nurturing care framework (World Health Organization, 2018), teaches positive caregiving techniques and strategies for creating a worthwhile routine to enhance learning outcomes and positive socio-emotional development of children. Key messages such as “do not hit your child” and “praise and encourage your child” are offered as key take-away messages from the sessions. Thus far, qualitative feedback from the communities provides stories of parents adopting a more caring and nurturing parenting style. The project’s midline evaluation conducted in 2017 validated this by showing that parents who exercised positive parenting had more socially-adjusted children. Studies have shown that children who are socially- and emotionally-secure are more likely to succeed in school.

Since the early years is the groundwork for later life development, solid support from the State would help ensure that all children begin with a strong foundation which in turn will contribute to the achievement of 11 of the 17 Sustainable Development Goals. With this in mind, we collaborated with the national government to integrate the HoME sessions into the parenting component of the Conditional Cash Transfer Program to reach scale and impact a wider scope of children from the most deprived and marginalized families. This aimed for the First Read project to be sustainable and, at the same time, fulfil the requirements of UNCRC Article 5: “governments should assist families in fulfilling their essential role as nurturers of children.”

Key words: Positive discipline, nurturing care framework, ECCD, parenting, routine

Introduction

Through the years, the Philippines has been plagued with issues of child safety and security. Systematic reviews of literature on violence against children (UNICEF, 2016) and on child protection and maltreatment (Roche, 2017) in the country found that children most commonly experience physical maltreatment and this happens within their families through the use of corporal punishment. Runyan, Shankar, Hassan and Hunter (2010) likewise found that, in a survey of six countries, the Philippines ranked the highest in using spanking as the primary means of disciplining children. International literature indicates that such discipline practices negatively impacts children’s development; for example physical punishment is associated with lack of self-regulation (MacKenzie, Nicklas, Waldfogel, & Brooks-Gunn, 2012), manifestation of externalizing behaviors (Xiaopei & Meifang, 2017), mental health and executive functions (Xiaopei & Meifang, 2017), and depression in later life (Turner & Muller, 2004).

Experiencing extremes of physical punishment, we argue, is a form of toxic stress, and research literature is clear that early experiences of toxic stress are associated with poor long term outcomes (McEwen & McEwen, 2017). Supportive and nurturing relationships offer opportunities to buffer the impact of toxic early-life stress (Abraham & Feldman, 2019). (Lansford, et al., 2014) cross-cultural study of eight countries including the Philippines found that parental warmth among school age children could ameliorate the impact of previously experienced harshness. This improved the children’s self-regulation skills and they showed better appreciation of experiences in school. Despite the potential to reverse some of the negative impact, Save the Children in the Philippines posits the best way to maintain healthy psychological development and promote learning outcomes among children is to support parents to create a positive early years environment from the beginning.

Community-based Family Education

The organization recognises the challenges of raising children. Such toxic stressors as poverty, parental stress, and parental education (or lack thereof), often lead to harsh parenting styles (Mikolajczak, Raes, Avalosse, & Roskam, 2017). Thus, to help address this concern at the community level, Save the Children in the Philippines implemented the First Read (FR) Project. It is a home-based programme that supports emergent literacy and numeracy of children zero to four years using developmentally appropriate practice, positive parenting and discipline by capacitating adults at home and in the community in developmentally appropriate child care and stimulation practice. It believes that the early years is the foundation of later life development (Santrock, 2010) (Santrock, 2010) (World Health Organization, 2018) and can impact learning, health, behaviour and ultimately, adult social relationships, well-being and earnings which are all necessary aspects of effective and efficient human capital for nation building (Nurturing Care for Early Childhood Development, 2018). It also believes that improving the capacity of adults surrounding the child to offer nurturing care creates a buffer which can alleviate the negative impact of toxic stress such as poverty and violence not only upon the developing child but also upon the mental health of the caregivers themselves (Mikolajczak, et al., 2017) (Bigner, 2009) (Bigner, 2009).

To do this, the project has three pillars or main activity engagements which are (1) book development and gifting; (2) family learning; and (3) community action. Book development and gifting involves creation and publication of storybooks which are appropriate for very young children using the Book Quality Standards which we developed as part of this pillar. Family learning involves conducting parent education sessions for those who have children ages 0 to 4 years using the module we developed called the Home-based Mentoring on Emergent Literacy and Numeracy (HoME). Community action involves partnership between Save the Children Philippines with both the local (i.e., barangay, city, and provincial level) and national government units and other agencies in order to institutionalize the use of these strategies.

The HoME module has two parts which include concepts and principles covering parenting, child development, health and nutrition, and positive discipline; and parenting and child care strategies which are focused on activities for stimulating learning and development. The contents of HoME is aligned with the Nurturing Care Framework¹ as it likewise sees early life experiences an investment in an effective and efficient way of eradicating “poverty and inequality, boost shared prosperity, and create the human capital needed for economies to diversify and grow” (World Health Organization, 2018, p3)(Nurturing Care for Early Childhood Development, 2018)(Nurturing Care for Early Childhood Development, 2018). Parent volunteers are trained and local chief executives are regularly informed about the project so that they can use

¹ “The Nurturing Care Framework provides a roadmap for action. It builds upon state-of-the-art evidence of how early child development unfolds and of the effective policies and interventions that can improve early childhood development. It outlines: (1) why efforts to improve health, wellbeing and human capital must begin in the earliest years, during pregnancy to age three; (2) the major threats to early childhood development; (3) how nurturing care protects young children from the worst effects of adversity and promotes physical, emotional, social and cognitive development; (4) what families and caregivers need to provide nurturing care for young children. The Framework describes how a whole-of-government and a whole-of-society approach can promote and strengthen the Nurturing Care of young children. It outlines guiding principles, the required strategic actions, and the monitoring of targets and milestones that are essential progress and success.” (Nurturing-care.org, 2018)

their understanding to support the project’s sustainability.

Pillar 1: Literacy event and book gifting activity held in Caloocan City (August 2017); Photo credits – Alvin Claudio



Anecdotal evidence indicates that the HoME module related to positive discipline, and the five early stimulation activities offered as strategies to enact positive discipline (playing, counting, reading, talking, and singing with the children, otherwise known as the Five Fingers) are the most memorable for parents. Part of the positive discipline module includes emphasizing the role of establishing a healthy routine in the family’s daily activities, beginning from the child’s conception, as well as by teaching parents to be more sensitive and responsive to the cues of their young children. It is emphasised that a predictable routine makes the children feel safe and secure thereby promoting more positive behaviour among them. This paves the way for development of warm and secure attachment which later leads to positive bonds and ultimately to positive parenting behaviours (Edmond, 2016).

Pillar 2: HoME session in the Municipality of Alabel, Sarangani (April 2018); Photo credits-Elson Gilza

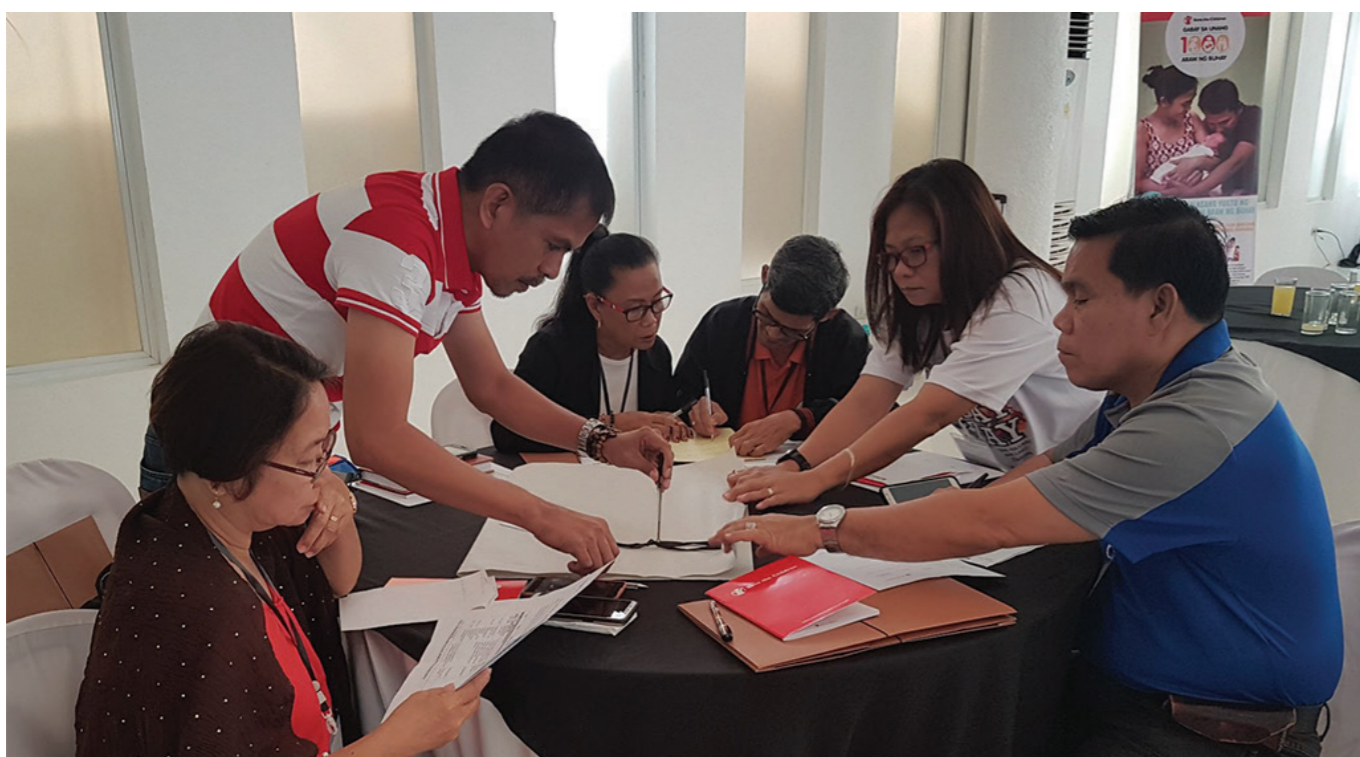


Findings of the project's mid-evaluation (Save the Children, 2017) saw that fathers who have participated in the family learning sessions have become more engaged in doing stimulation activities with their children². It was also found that, in general, caregivers who practice more home learning activities typically have children with higher Caregiver-Reported Early Development Instruments³ (CREDI) scores. These findings are important since they show that parental involvement and meaningful interaction during daily activities improves children's development outcomes, which in turn could result in higher quality of parent-child relations in later years. This is an important building block for positive parenting.

With respect to positive discipline, it was found that 65% of the parents are more aware that the practice of corporal punishment as a form of disciplining is not appropriate and that it could in fact lead to more externalising behaviours as children grow. Also, parents no longer use bribes, such as sweets or money; instead, they now talk with their children about inappropriate as well as expected behaviours. In the analysis of the scores, children who no longer experience negative emotional and physical violence, have improved scores in the socio-emotional development domain of the CREDI.

This shows that as children feel secure in a predictable environment with responsive adults, positive behaviours such as self-regulation, self-efficacy, and desire to learn is developed. This in turn diminishes the parents' stress levels thereby directly decreasing their negative parenting practices. Indeed, incorporating the Five Finger activities in the home routine is an effective strategy to support both the children's learning and development, as well as the parents' positive discipline technique.

Pillar 3: Budget advocacy and policy writing workshops with Local Chief Executives in Caloocan City (January 2018),
Photo credits: Christian de Jesus



² The study saw, from baseline (BL) to midline (ML) implementation, a 10% increase in fathers playing with their young children (BL-31%; ML-41%), 9% increase in teaching numbers (BL-17%; ML: 26%), 12% increase in singing with them (BL-21%; ML-33%); and teaching their children something new (BL-19%; ML-29%). This means that fathers' behaviors and attitudes towards engaging in stimulation activities with their little ones are improving.

³ The Caregiver Reported Early Development Instruments (CREDI) were designed by the Harvard School of Public Health to serve as a population-level measure of early childhood development (ECD) for children from birth to age three. As the name suggests, the CREDI exclusively relies on caregiver reports, and thus primarily focuses on milestones (i.e., fine motor control, gross motor coordination, emotional, social, and cognitive domains) and behaviors that are easy for caregivers to understand, observe, and describe (Harvard School of Public Health, 2018).

Partnership with the Government

Partnership has always been at the heart of the FR project in the same way that the 2030 Sustainable Development Agenda recognizes multi-stakeholder partnerships as crucial in achieving the SDGs (United Nations, 2015). Thus, in 2016, Save the Children in the Philippines and the Department of Social Welfare and Development (DSWD), the national agency that is responsible for the implementation of the government's social protection programs and the main agency that develops child protection related programs and services and ensures the quality of the implementation of these became partners in improving parenting behaviours towards improved nurturance of children through the adoption of the HoME module in the Family Development Sessions (FDS) of the DSWD's 4Ps. The project led a training of regional focal persons from all 18 regions on the facilitation of the Five Fingers. They, in turn, trained their respective municipal or city links and social welfare officers and assistants who are charged with rolling the contents to the beneficiaries of the program. The 4Ps facilitators were also trained in Positive Discipline in Everyday Parenting (PDEP) to ensure that positive parenting is emphasised in the FDS.

The Family Development Sessions (FDS) of the Conditional Cash Transfer Programme (otherwise known as the 4Ps) has proven to be effective in influencing perceptions and practice of beneficiaries. Results of the second wave project impact evaluation (Orbeta, 2014) using regression discontinuity design (Orbeta, 2014) (Orbeta, 2014), where a sample of 5041 families (2495 beneficiaries and 2546 non-beneficiaries) showed that:

- 74% of parents from the beneficiary families have higher hopes that their children will finish college compared to 68% of parents from the non-beneficiary families;
- 87% of parents from the beneficiary families expect that their children will have better lives than them compared to 81% of parents from the non-beneficiary families;
- 4Ps household spend USD3.91 more per school-aged children compared to non-4Ps parents;

These figures are encouraging in terms of the potential of the partnership between DSWD and Save the Children considering that as of 2017 the 4Ps has 4.4 million beneficiary families. If the programme was able to impact the behaviour of beneficiaries in certain areas, the project is optimistic that it would be able to do the same in relation to positive discipline.

The First Read Project and the Nurturing Care Framework

If one looks closely at the design of the First Read project, one could see that it mirrors the framework of Nurturing Care for children (Nurturing Care for Early Childhood Development, 2018). With the children's rights and best interest at the heart the First Read Project, it empowers and builds the capacity of the key people who influence their development. It works simultaneously from the ground through interventions with parents using positive discipline and parenting strategies; to the smallest unit of governance in the barangays, up to the city, regional, and national levels through advocacy learning sessions and policy development activities. This too is the essence of the Nurturing Care Framework. As we build a warm and enabling home environment for young children, our partnerships with the different sectors of the society prepare the way for their full development in the day-care, the formal school, and later on through higher education and employment.

To date, we are continuously improving the ways by which First Read could reach more families and monitor the development of young children. We continuously establish links with other national agencies to ensure that our model of intervention which highlights positive parenting practices and reflects the value of the Nurturing Care Framework, is adapted, implemented, and sustained to reach every single Filipino child and families so that all children are able to learn from quality education, and all children are protected against violence.

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Addressing Undernutrition among Children of Migrant Construction Workers in India

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Investment in Early Childhood Development (ECD) has been universally endorsed in the 2030 Sustainable Development Goals (SDGs) and is a pre-requisite for the attainment of many other SDGs. The World Bank, while recognising the value of well-designed ECD programmes, indicates the need to gather evidence supporting the linkage between nutrition and early stimulation programmes (The World Bank, 2017). Despite lags in attainment of targets, integrated multi-sectoral approach of the 2030 Agenda for Sustainable Development and its 17 goals offer an opportunity to promote development, social inclusion and equality for every child.

The Burden of Child Undernutrition

The Global Nutrition Report (2017) recognises undernutrition as a serious concern and calls for concerted action towards attainment of sustainable development goals. As per the report, in the 140 countries assessed, 155 million children below five years are stunted i.e. have low height for age and close to 52 million are wasted i.e. have low weight for height. Although, over a period of time the number of children under 5 affected by chronic and acute undernutrition has reduced, global progress is not sufficiently rapid to meet the SDG Target 2.2 – ‘to end all forms of undernutrition by 2030’ (Development Initiatives, 2017).

Adverse effects of undernutrition in the first 1000 days of a child’s life are irreversible. Restricted brain development due to stunting in early life can lead to neurological problems, poor school achievement, low skilled employment and poor care of children leading to intergenerational transmission of poverty (Save the Children, 2012). India faces a serious threat of undernutrition with over 40 percent women affected by anaemia, 38 percent children under five years stunted and 21 percent under five wasted (Development Initiatives, 2017).

Interlinkages between SDGs to Tackle Undernutrition

A multiplicity of causes is known to contribute to the burden of undernutrition and requires multi-sectoral and integrated approaches spanning several other SDGs to tackle it. Poverty is linked to undernutrition and 46 percent of the stunted population lives in extreme poverty. (Development Initiatives, 2017).

The Global Nutrition Report (2017) identified five key areas of development covering multiple SDGs for tackling issues of malnutrition; Sustainable food production for maintaining food diversity; improved infrastructure to ensure greater sanitation and improved access to nutrient rich safe foods; a well-functioning health system; equity and inclusion to address poverty and gender; specially-designed school meal programmes to reduce undernutrition and help children stay in school; and finally, peace and stability to reduce food insecurity (Development Initiatives, 2017).

A comprehensive ECD programme has the potential to directly contribute to the attainment of multiple SDG targets which includes:

- Target 2.2; by 2030 end all forms of undernutrition,
- Target 3.2; by 2030, end preventable deaths of new born and children under five years of age,
- Target 4.2; by 2030 ensure all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

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'To Leave No One Behind': What is the status of internally displaced children in India?

It is important to ensure that marginalised and vulnerable populations benefit from the interventions aimed at achieving SDG targets to realise the SDG commitment – 'to leave no one behind'. Migrant children are one of the most vulnerable populations globally that are underserved. (World Health Organization, 2018).

Uncertainties about earning a livelihood have displaced millions of people from rural India, to destinations where they earn a living in difficult situations. States with the lowest Human Development Index (composite index of life expectancy, education and per capita income) - Bihar, Jharkhand, Madhya Pradesh, Uttar Pradesh, Orissa, Rajasthan, and Chhattisgarh - also have high out-migration rates and thus are the primary source regions of internal migration in India (UNESCO, 2013).

The construction industry absorbs the highest numbers of migrant labourers in urban India (Deshingkar, Zeitlyn, & Holtom, 2014). Based on the National Sample Survey - 2008, the National Skill Development Corporation (2013) reported that 32 million casual labourers were absorbed in the construction industry of which only 9.8 million were registered workers. Despite increasing mechanisation of the construction industry, a large amount of construction work requires unskilled labour, which continues to attract family units.

Nearly 85 percent of children below five years of age migrate along with their families. When workers migrate as a family unit, children tend to be worst hit as they have to drop out of school. In absence of crèches at the construction sites, older siblings often care for the younger ones and remain out of school at the destination regions. When migration involves movement over long distances across the state boundaries, the linguistic diversity of India poses additional challenges for children in continuing their education. Living conditions at the work site are often harsh and hazardous, unfavourable for the growth and development of children. Consumption of poor quality food is common and the extent of undernutrition among children is high. Some of the health hazards faced by children are respiratory infections, waterborne diseases, and most importantly undernutrition (Srivastava & Sutradhar, 2016; Deshingkar, Zeitlyn, & Holtom, 2014; National Institute of Urban Affairs, 2014; Smita, 2008). Keshri & Prusty (2013) identified the prevalence of stunting to be around 42 percent among migrant children compared to 36 percent among non-migrants based on National Family Health Survey - 3. The prevalence of immunization was lower among migrants (46%) as compared to 50 percent among non-migrants. According to Government of India's Integrated Child Protection Scheme (ICPS), the children of migrant families are considered to be one of the vulnerable groups which need special attention (GOI - Ministry of Women and Child, 2014).

Mumbai Mobile Creches' Comprehensive Early Childhood Development Programme

Mumbai Mobile Creches (MMC) is one of the very few non-profit organisations working consistently for over four decades with children of migrant construction workers living on construction sites in Mumbai, Navi Mumbai and Thane. MMC annually runs 20-25 day care centres on construction sites and focuses on the holistic development of children aged birth to 14 years. Additionally, MMC also delivers ECD programmes at brick kilns and slums in Mumbai. In this paper we describe the role of MMC's comprehensive ECD programme in addressing undernutrition among children below five years of age. The comprehensive programme has a two-pronged approach to provide a safe and enabling childhood to vulnerable children:

- The programme ensures equitable access to quality health care, nutrition, protection and early learning.
- It supports parents and the community to provide nurturing care and safe environments to their children through family support and strengthening community-based interventions.

Healthcare, nutrition, education, community outreach, and training interventions form the corner-stones of MMC's comprehensive child care programme (Mumbai Mobile Creches, 2017). The programme is designed to ensure optimum health and nutrition for the children (Pispati, Naik Africawala, & Varghese, 2017) and aims to reduce the prevalence of undernutrition among them. A team of over 100 trained care-givers (Pispati & Naik Africawala, 2014), and doctors collaborate to provide a comprehensive set of preventive and curative interventions for the vulnerable children. The programme team routinely collaborates with the government and private organisations for prevention and management of child undernutrition. The critical components of prevention and management of undernutrition include:

Figure 1: Critical components of prevention and management of undernutrition at MMC (Annual Report, Mumbai Mobile Creches, 2017)

Nutrition Specific Interventions	Supplementary nutrition providing over 700 kcal and 25 grams of protein as a part of recommended dietary allowance per day with fruit six days a week
	Daily micronutrient supplementation to reduce the incidence of illnesses and resulting morbidity due to micronutrient deficiency.
	Facilitating provision of Take Home Ration under the Integrated Child Development Services for children aged 6 months to 6 years and for pregnant and lactating mothers.
	Special diet rich in proteins as per doctors recommendation for undernourished children.
Health Related Interventions	Referral and follow up of acutely wasted children to nearest Nutrition Rehabilitation Research Center located in government hospitals or health facilities
	Regular health examination and treatment of common ailments
	Promoting vaccination through immunization camps
	Regular growth monitoring by measuring weight and height regularly
Community Based Interventions	Bi-annual deworming to prevent worm transmitted infections
	Home visits for one to one interactions and/or group meetings for community involvement in decisions regarding health and well-being of their children
	Monthly discussions with parents on maternal and child nutrition, WASH and other related issues and an initiative commending them for their children's optimum health.
	Promoting food safety hygiene measures. Regular handwashing while handling food and after defecation

We treated this comprehensive multi-faceted programme with multi-sectoral public-private partnerships as the intervention and explored its impact on management of undernutrition among children in this study.

Method

In this study we assessed the prevalence of undernutrition among children under five years of migrant construction workers to facilitate early identification and intervention. We also assessed effectiveness of our programme in management of undernutrition.

Research Design

We compared baseline data collected from April, 2016 with end-line data gathered till March, 2017⁴. The study was conducted at the MMC centres established in informal temporary settlements of migrant construction workers on 23 construction sites in Mumbai, Navi Mumbai, and Thane, which is the field practice area of MMC. In addition, the study also included children living in temporary settlements at two brick kilns in Navi Mumbai and two slums in Mumbai with MMC intervention.

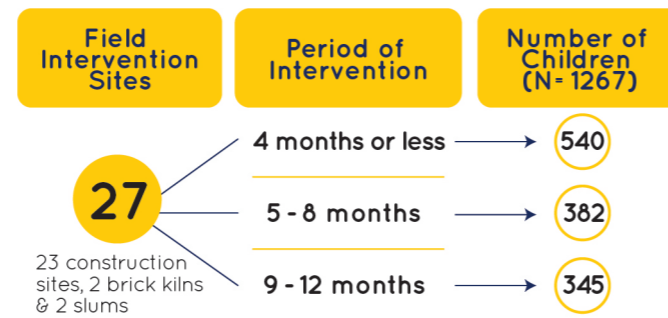
⁴ Since we cater to migrant children, baseline and end line dates vary for each child included in the study. Please refer to analysis section for details.

Measurement

We regularly captured anthropometric measurements (height and weight) to identify and address prevalence of undernutrition based on WHO Child Growth Standards (WHO, 2006) among under five children on three indicators - underweight (weight-for-age), wasting (weight-for-height) and stunting (height-for-age).

We recorded anthropometric measurements for 1267 children below 59 months (of the total 1,922 served). For 655 children we were unable to capture anthropometric measurements before they migrated. Figure 2 displays the emerged sample distribution for this study.

Figure 2: Emerged sample distribution for the study



Analysis

Since construction workers are constantly moving from site to site, over 75 percent of the children we cater to attend our programme for less than six months at a time. For this reason, we treated the children's first available measurement as the baseline and their last available measurement as end-line data. The number of months between a child's first and the last anthropometric measurement was defined as the 'intervention period' for the analysis. We used descriptive statistics for data analysis and compared baseline and end-line anthropometric measurements of children. We used secondary data from the National Family Health Survey-4 (Ministry of Health and Family Welfare, I. (2015-16)) and compared underweight, wasting, and stunting status of our children with the status of children in Maharashtra and India.

Details of the children assessed

Of the 1267 children assessed, 612 were girls and 655 were boys. A large majority of 1080 children (85%) were children of migrant construction workers living on construction sites scattered across Mumbai, Navi Mumbai and Thane, 34 children (3%) were living in temporary settlements on two brick kilns in Navi Mumbai and 153 children (12%) were residing in two slum settings in Mumbai with MMC's field intervention. There were 333 (26%) children in the age group of birth to 2 years and 934 children (74%) were 2 to 5 years old. Close to half of these children had migrated from rural areas of Maharashtra (48%). The remaining half of the children had migrated from Uttar Pradesh (12%), Bihar (9%), and West Bengal (7%), Jharkhand (7%), Chhattisgarh (5%) and other states of India.

Results

Figure 3 below shows the prevalence of moderate acute undernutrition and severe acute undernutrition (16%) which at the outset among our children was lower compared to undernutrition prevalence in Maharashtra (26%) and India (21%) and further declined with MMC intervention (9%).

Figure 4 shows at the outset, our children fared poorly on the underweight parameter with 39 percent underweight children as compared with 36 percent in Maharashtra and 35.7 percent in India. However, after exposure to MMC's programme, the percentage of underweight children dropped to 27 percent.

Lastly, there was a considerable reduction in the percentage of stunted children after MMC's intervention (Figure 5). Despite the reduction of 8 percentage points among children determined to be stunted at the outset, the prevalence of moderate and severe stunting among MMC children (40%) was higher compared to the prevalence of stunting in Maharashtra (34%) and India (38%).

Figure 3: Reduction in wasting at MMC compared to wasting prevalence in Maharashtra and India

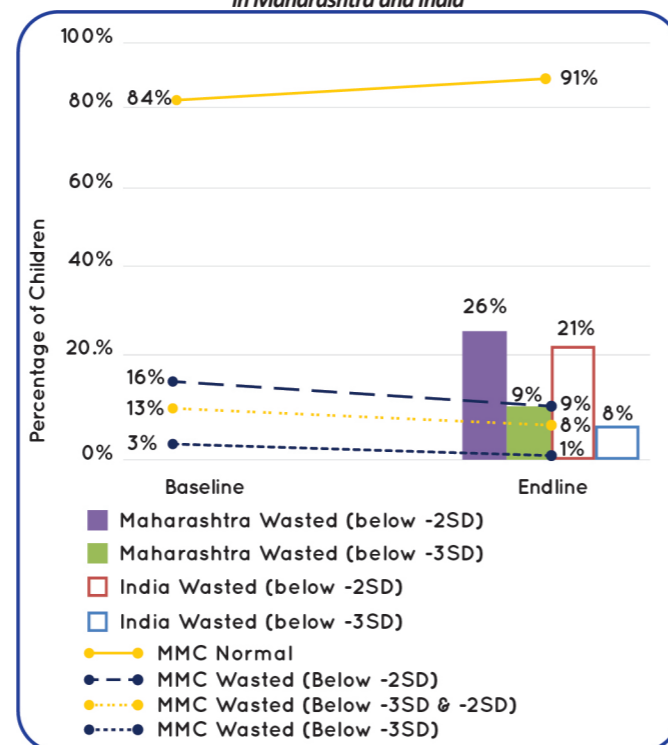


Figure 4: Reduction in underweight at MMC compared to underweight prevalence in Maharashtra and India

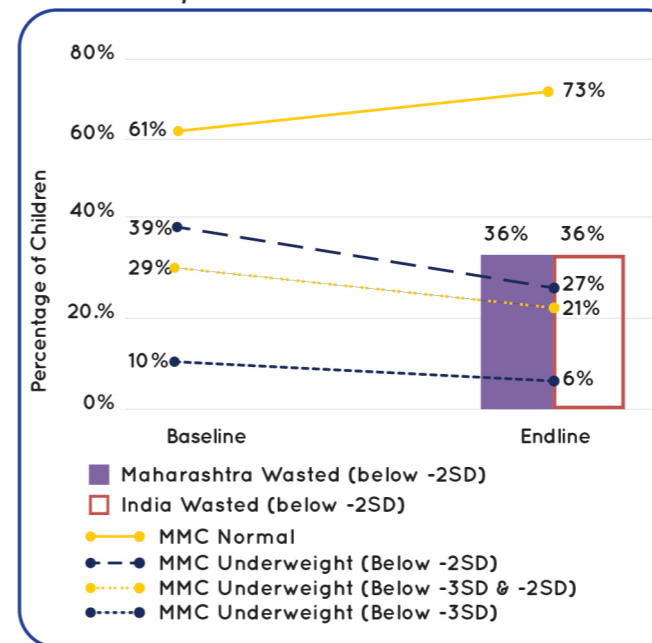


Figure 5: Reduction in stunting at MMC compared to stunting prevalence in Maharashtra and India

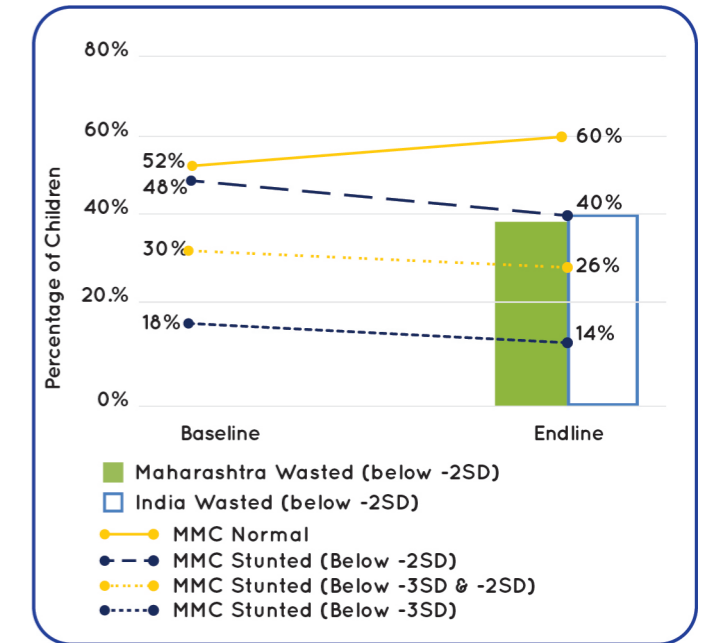


Figure 6: Change in wasting status of children at MMC by period of intervention

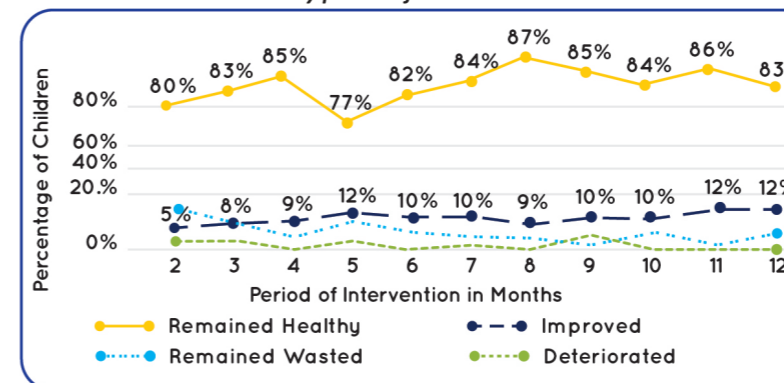


Figure 7: Change in underweight status of children at MMC by period of intervention

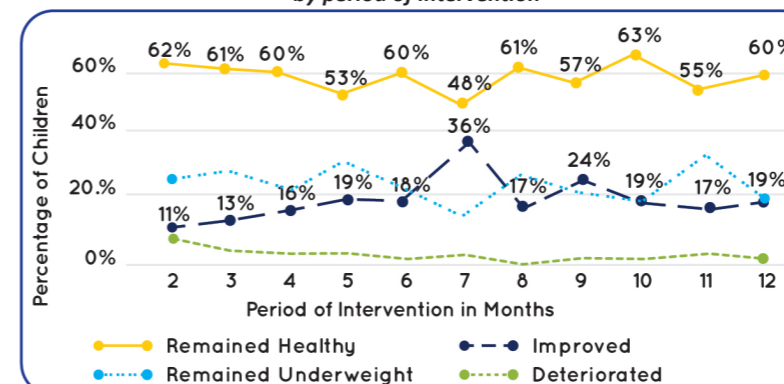
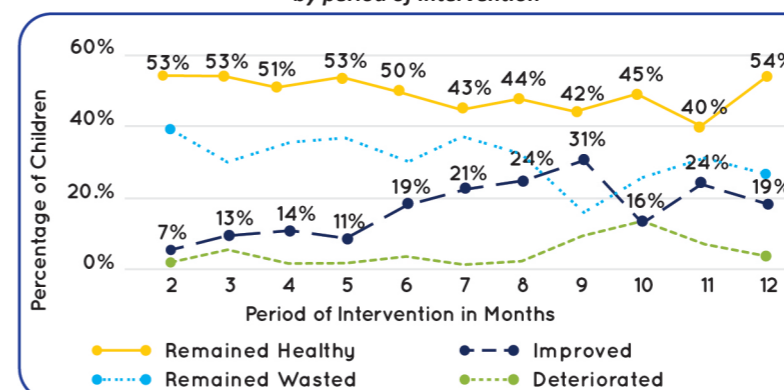


Figure 8: Change in stunting status of children at MMC by period of intervention



Figures 6, 7 and 8 depict an overall positive trend, wherein as children spent more time at the centres, the overall percentage of children showing health improvements increased across the three parameters of wasting, underweight and stunting.

Discussion

This study addressed a prominent data gap by assessing the prevalence of undernutrition among the vulnerable children of migrant construction workers in Mumbai, India. The data indicated higher prevalence of underweight and stunting among this population compared to the state and national prevalence.

Findings of this study indicated that MMC's comprehensive multi-sectoral ECD programme was successful in bringing down the extent of undernutrition on all the three indicators of wasting, under-weight and stunting among children of migrant construction workers. Regular screening of children in MMC's ECD programme ensured timely identification and treatment of undernutrition. Tie-ups with nearest public health centres and Integrated Child Development Service centres to facilitate vaccinations and ensure children's access to supplementary nutrition contributed to overall health and wellbeing crucial to tackle undernutrition. In the absence of any other interventions, these results point to the effectiveness of MMC's intense community engagement and persuasion to tackle undernutrition. It was observed that medical nutrition therapy provided to children with acute wasting at the government-run nutrition rehabilitation and research centres quickly improved status of children. At the time of intervention, the medical nutrition therapy was provided at only one location across Mumbai, Navi Mumbai,

and Thane regions; which is inadequate considering the magnitude of the problem. In addition to this, another significant challenge faced by the families of undernourished children when they accompanied their children for therapy was significant loss in their wages. Referring a child to the nutrition rehabilitation and research center meant parents had to leave work as the center was distant from their work site and their presence was mandatory for the treatment which entailed loss of wages.

Based on our findings we recommend:

- Strengthening community-based models to address undernutrition among children.
- Strengthening existing policy frameworks to address inclusion of hard-to-reach children in nutrition programmes.
- Strengthening Public Private Partnerships under government schemes such as the Rajiv Gandhi National Crèche scheme to ensure that migrant children are not left out of the public safety net.
- Increasing awareness regarding food security schemes among migrants.
- Improving access to Medical Nutrition Therapy/RUTF by including government and private health facilities for its distribution.

Conclusion

This study makes a significant contribution to the existing research on prevalence of undernutrition among children of migrant construction workers in India- an underserved population. The study highlights high prevalence of under-nutrition among these children and demonstrates the success of MMC's multi-sectoral intervention. The significance of multi-sectoral engagement and sustained public-private partnerships to realise SDGs vision 'to leave no one behind!' cannot be overstated.

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Language and the Early Childhood Agenda: The Impact of Preschool Mother Tongue Interventions on Hmong Children's Grade 1 Thai Literacy Skills

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Introduction

Our world is home to 7000 languages (Simons & Fennig, 2018). Despite this large number, the global push for early childhood education has been largely silent on the issue of languages. This has unintentionally provoked a crisis of linguistic loss in ethnic minority communities throughout Asia, as children are placed in Early Childhood Development (ECD) centres where caretakers do not speak their mother tongue. Some governments actively promote a specific national or international language (such as English, French, or Portuguese) as the “solution” to the language “problem” of minority children. Failure to provide early education in the language a child knows best can actually limit long-term achievement (Cummins, 2000; Thomas & Collier, 1997), while also violating the child’s linguistic and cultural rights as enshrined in the United Nations Declaration on the Rights of Indigenous People (2007).

This paper examines the link between “first language” or “mother tongue” preschools and national language literacy skills among Hmong-speaking ethnic minority children in Northern Thailand. It focuses on four schools piloting a “Multilingual Education” (MLE) programme in which the Hmong language was used as the main medium of instruction in preschool and early primary. For purposes of this research, the pilot schools were matched with four nearby comparison schools where Hmong children were taught exclusively in Thai, the national language.

Thailand’s New Grade 1 Literacy Assessment

In 2013, national testing showed that 8% of grade 3 and 4% of grade 6 children in Thai schools were illiterate. Most of the children who were illiterate were from ethnic minority groups (Khaosod English, 2013). Thus, in 2015, the Ministry of Education (MOE) launched a new literacy assessment tool for grades 1-5, in the hope of identifying and helping weaker students more quickly.

The key question for the MLE programme implementers was how the Thai literacy levels of Hmong children in the Hmong-language MLE programme would compare to Hmong children in the Thai-only schools. After all, most of their early education had been in the Hmong language, but they were being tested on their knowledge of the Thai language. Would the results confirm or contradict Jim Cummins’ claim that “Children...with a solid foundation in their mother tongue develop stronger literacy abilities in the school language” (2001:17)?



The Grade 1 Assessment

The grade 1 assessment is given during the first month of the school year, meaning that all students are at least six years of age. The assessment thus aims to capture what the children have learnt in preschool and serves as an indicator of academic readiness. It is divided into three parts, with a total of 30 points possible, as described below.

Reading Section One: Sounding out words

Students are presented with 10 simple Thai words, as shown in table 1:

Table 1 Grade 1, Semester 1 National Literacy Assessment: Words to be sounded out in the traditional manner

Thai	Phonetic	Cons class	Gloss
ตา	dtaa ^M	low	eye, grandfather
บา	baa ^M	mid	[no meaning]
งา	ngaa ^M	low	tusk
ขา	khaa ^R	high	leg
มี	mee ^M	low	have
สี	see ^R	high	color
ฟู	fuu ^M	low	fluffy
หู	huu ^R	high	ear
สาาคู	saa ^R khuu ^M	high, low	tapioca
ฝาาคี	faa ^R chee ^M	high, low	conical lid

Source: Office of the Basic Education Commission, Ministry of Education, 2016

The children are to sound out the words using the traditional, formulaic method. For dtaa^M, a child would thus be expected to say “dtaw-aa dtaa^M”; for mee^M, “maw-ee mee^M,” for faa^R chee^M “faw-aa chaw-ee faa^R chee^M,” etc. An unwritten default vowel, aw, is always inserted after the initial consonant. Although children in Thai schools are very accustomed to sounding out words in this way, this unwritten vowel could be slightly confusing as it requires children to “read” something that is not written or pronounced.

The issue of tone could also prove problematic to ethnic minority students whose languages either do not have tone (eg. Patani Malay, Thai Khmer) or have tones that do not match Thai’s five tones (eg. Hmong, Akha, Bisu, Lahu, etc.). As shown in table 1, seven syllables on the test carry mid tones and five rising tones. The tonal value is determined by the “class” of the initial consonant—low, mid and high-class consonants follow different tone rules. The Thai-based Hmong orthography does not use the high-class consonants (which are phonetically redundant), meaning that the MLE students might be disadvantaged on words 4, 6, 8, 9 and 10 because they had little exposure to the letters used.

Reading Section Two: Reading Words Out Loud

In the second part of the reading test, students are again presented with 10 simple words to read out loud, as shown below:

Table 2 Grade 1, Semester 1 National Literacy Assessment: Words to be read out loud

Thai	Phonetic	Cons class	Gloss
ตา	daa ^M	low	water bug
อา	aa ^M	mid	uncle/aunt
ซา	saa ^M	low	diminish
หา	haa ^R	high	seek, visit
ยี	yee ^M	low	crush
ผี	phee ^R	high	ghost
งู	nguu ^M	low	snake
ซู	hhuu ^R	high	[no meaning]
นาที	naa ^M thee ^M	low, low	minute
รูุุ	ruu ^M bpuu ^M	low, mid	crab hole

Source: Office of the Basic Education Commission, Ministry of Education, 2016

Writing Section: Dictation

In this section, the teacher reads a list of 10 simple words, mostly verbs, for the students to write. Again, a correctly spelt word gets one point, and an incorrect one zero, with no indication whether partial answers are accepted (e.g. correct consonant, incorrect vowel).

Table 3 Grade 1, Semester 1 National Literacy Assessment: Dictation words

Thai	Phonetic	Cons class	Gloss
จา	jaa ^M	mid	speak
ปา	bpaa ^M	mid	throw
มา	maa ^M	low	come
หา	haa ^R	high	visit
ดี	dee ^M	mid	good
ชี้	see ^M	high	command word
ชู	chuu ^M	high	raise
ถู	thuu ^R	high	wipe
วาจา	waa ^M jaa ^M	low, mid	words
บูชา	buu ^M chaa ^M	mid, high	venerate

Source: Office of the Basic Education Commission, Ministry of Education, 2016

All the words are meaningful, although one, buu^M chaa^M ‘venerate’, could be unfamiliar to students of non-Buddhist backgrounds (many Hmongs are Christian). Ten syllables are mid tone, two are rising, and again there is a mixture of all

three consonant classes. Thus, as mentioned above, there was concern that the Hmong students might do poorly on the high-class consonant words.

Reading, Writing and Meaning

The grade 1 assessment contains no link to meaning. For example, there are no questions in which words and pictures are matched. The assessment is clearly designed to test the student’s phonetic knowledge — the ability to match sound and symbol — in accordance with the MOE’s renewed emphasis on a bottom-up phonetic approach. Theoretically, a child could read/pronounce all the words properly, but have no idea what they meant — a clear weakness, in that reading should not be divorced from meaning.

How Did the Hmong Children Perform?

My hypothesis was that the Hmong children who had two years of mother tongue pre-primary would do well on this assessment — even better than their Hmong peers in Thai-only schools. This is because they had already developed strong mother tongue literacy skills that would transfer to Thai reading and writing.

This was confirmed by the test results. The graph below shows that ethnic Hmong first graders in MLE schools outperformed Hmong first graders in the Thai-only comparison schools on the reading assessment; roughly 60% of MLE students earned “excellent” or “good” marks, while most of the comparison students ranked “fair” or worse. Indeed, 22.2% of the comparison students were unable to answer a single question.

Figure 1 Grade 1, Semester 1 reading assessment for Hmong children in MLE and comparison (Thai only) schools (data extracted from Office of the Basic Education Commission, Ministry of Education, 2016)

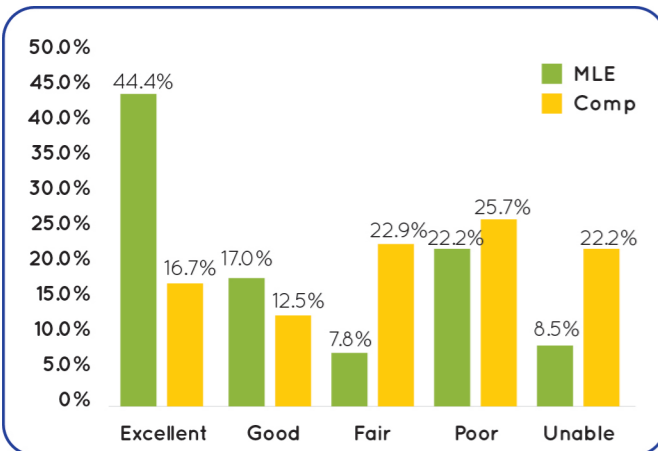
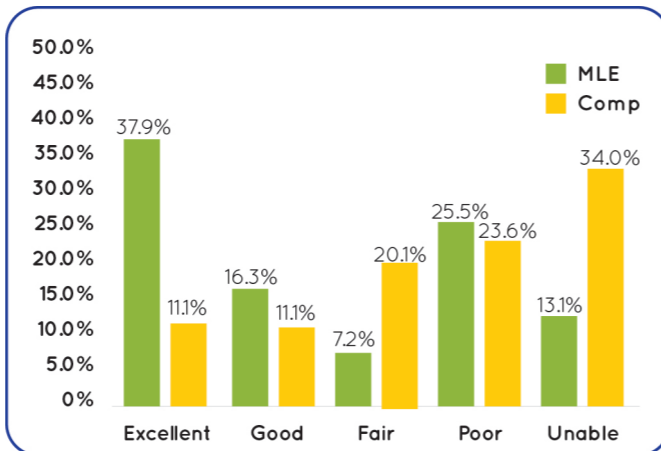


Figure 2 Grade 1, Semester 1 writing assessment for Hmong children in MLE and comparison (Thai only) schools (data extracted from Office of the Basic Education Commission, Ministry of Education, 2016)

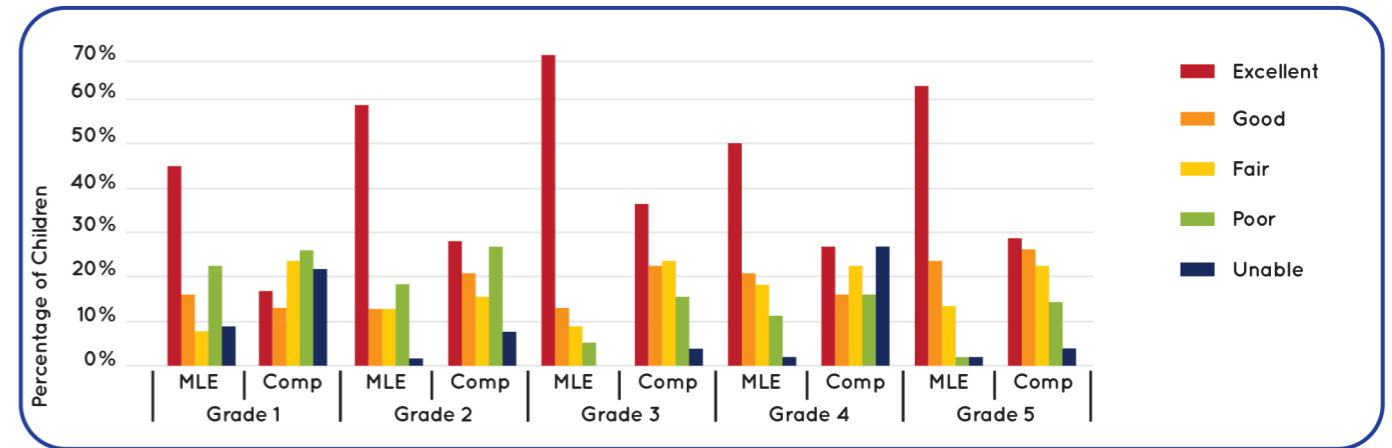


The difference between MLE and non-MLE (Thai only) students is even more dramatic on the writing test (right, figure 2). While 38% of MLE students ranked “excellent,” 34% of non-MLE Hmong children were “unable” to write even one word.

What is the long-term impact?

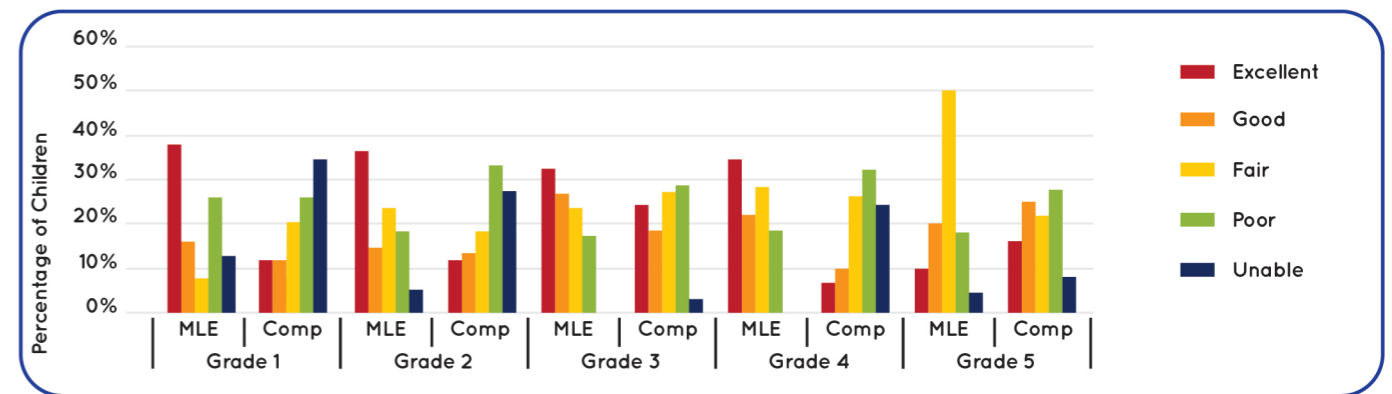
The new literacy assessment does not end with grade 1; all students in grades 1-5 are required to sit for this assessment every year. Thus, at the same time that the Hmong grade 1 students discussed above took their assessment, their older peers (grades 2-5) were also being tested. And while the mother tongue learning component of the MTB-MLE schools was mostly phased out by the end of grade 3, the Hmong children in the mother tongue MLE schools continued to read much better than the comparison group. Still, as shown in figure 3, the MLE students continued to outperform their non-MLE peers. The clear implication is that the benefits of the mother-tongue approach continued to accrue after the mother tongue had been phased out.

Figure 3 National literacy assessment results for reading: Academic year 2015-16, Grades 1-5 (data extracted from Office of the Basic Education Commission, Ministry of Education, 2016)



Similarly, as shown in figure 4, the MTB-MLE students continued to outperform the comparison students in writing, although by a slightly narrower margin (and with an anomaly in grade 5). This is not surprising, since writing is a more difficult skill to master than reading, and since writing is more difficult to assess than reading (Slomp, 2012):

Figure 4 National literacy assessment results for writing: Academic year 2015-16, Grades 1-5 (data extracted from Office of the Basic Education Commission, Ministry of Education, 2016)



Conclusions

The results from the grade 1, semester 1 national literacy evaluation demonstrate that Hmong students in the mother tongue pre-primary program showed significantly stronger Thai literacy skills than their peers in Thai-only pre-primary schools, and that the co-current development of Hmong and Thai language skills contributed to higher test scores throughout the primary grades.

The clear implication is that children in mother tongue ECD programs are better positioned for academic success in primary school. Cummins’ (2001:17) claim that “Children with a solid foundation in their mother tongue develop stronger literacy abilities in the school language” is supported by these results.

What does this mean for early childhood professionals globally? Sadly, many policy makers believe that “children can learn other languages easily” and that the best way to teach the national language to ethnic minority children is to “submerge” them in it, to the exclusion of their mother tongue or home language. This myth is contradicted by extensive research in places as diverse as Melbourne Australia, where the Victorian School of Languages provides mother tongue support to children speaking over 160 languages; in the Philippines, where a 2013 pro-mother tongue policy has spawned MLE programs in some 100 languages; and in India, where many local languages are used in schools (see UNESCO, 2016).

As such, governments and international development actors need to do more to raise awareness of the importance of the mother tongue, to see the mother tongue not as an obstacle to the acquisition of other economically important languages, but as a crucial tool for all kinds of learning.

UNESCO has declared 2019 the “International Year of Indigenous Languages.” Let’s work together to ensure that every child’s mother tongue is included in the early childhood agenda!

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PROMOTING AND EXPANDING INTEGRATED COMMUNITY-BASED CHILD DEVELOPMENT – The Integrated Community Development Project (ICDP)

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Md. Shahriar Shafiq

WHY INTEGRATED AND COMMUNITY-BASED CHILD DEVELOPMENT?

In Bangladesh, children who are both disadvantaged and younger than five are at considerable risk of poor development due to poverty, inadequate nutrition and a lack of appropriate health services. They are also likely to perform poorly in school due to a lack of school readiness (Frances, 2006). These problems of poor child development contribute to inter-generational poverty.

Comprehensive Early Childhood Development (ECD) programmes provide a strong foundation for children's good health, growth and development. International research (Heckman, 2008; Vegas & Santibáñez, 2010) shows that along with appropriate nutrition and healthcare, early stimulation, and quality preschool education [educational initiative before formal schooling i.e. grade 1 that includes both early childhood education and care] have multiple benefits for children. They motivate and prepare children to attend school, improve their enrolment and retention rates, and advance their academic performance. Along with these outcomes are improvements in adult income earning capacity and quality of life.

ECD IN BANGLADESH

UNICEF's work in ECD aims to enable young children in Bangladesh to participate in appropriate learning activities that assist their cognitive, social and emotional development. It focuses on promoting practices that endorse gender equality, interactive care and safe and child-friendly environments at home, in the community and in early learning centres. UNICEF supports the Government of Bangladesh's (GoB) Early Learning for Child Development Project (ELCDP), which focuses on the promotion of the cognitive, emotional and social development of children from birth to six years (Maxwell Stamp Limited and Institute of Child and Human Development [ICHD], 2015). As a major accomplishment during the period from 2006 to 2013 of ELCDP, the Comprehensive Early Childhood Care and Development (ECCD) Policy was adopted by the government in 2013. It encourages all stakeholders including government agencies and non-government actors including NGOs, community organisations and the private sector under the leadership of the Ministry of Women and Children Affairs (MoWCA), to be engaged in a coordinated and comprehensive national effort to meet the developmental rights of young children (MoWCA, 2013).

EXPERIENCE AND EVIDENCE

Among other early childhood development activities in the country, ELCDP was initiated on a pilot basis in selected urban slums and the Chittagong Hill Tracts (CHT). In Chittagong Hill Tracts area, Chittagong Hill Tract Development Board (CHTDB) and Chittagong Hill District Council (CHTDC) jointly implemented the Integrated Community Development Project (ICDP) as a comprehensive project covering interventions on health and nutrition, early learning and school readiness, water and sanitation, and child protection issues for hard to reach ethnic minority communities (Paras – neighborhoods) in the area. It is coordinated by the Ministry for Chittagong Hill Tracts Affairs at the national level.

Chittagong Hill Tracts (CHT): A Land of Beauty and Hardship

- Population: 1.6 million.
- Land Area: 13,390 sq. km.
- Population Density: 114/sq. km
- Terrain: Hilly and Marshy; Difficult or time consuming to access.
- Ethnicity: 11 different tribes with own language who are 51% of the total population.
- Economy: Most of the population are engaged in subsistent mode of agriculture with rice and fruit cultivation along with producing other essentials for a household.

Challenges:

- Faced long-standing (25 years) civil unrest.
- Excluded from Mainstream Development progress.
- Difficult to integrate and mobilize the population and to provide basic services to the marginalised.
- Ranked at the bottom of the social deprivation index among districts.

Approximately half of the population in the Chittagong Hill Tracts (CHT) is of ethnic minority origin. Development in this region has been slower than the national average due to a history of conflict and the hilly terrain that makes access to services difficult.

The three districts of the CHT are among the lowest performing in the country across a number of indicators (Maxwell Stamp Limited and ICHD, 2015). To achieve its goal of providing quality education for all children in the country, including those in CHT, the government has to address widespread disparities holistically as these disparities hamper achieving quality education.

Currently only one in five villages in the CHT has a primary school, compared to two schools for every three villages in the rest of the country. Language barriers also result in lower levels of attendance amongst indigenous children. Chronic teacher and personnel shortages mean that governance is weak and monitoring is inadequate.

Communication for Development (C4D) has been an integral part of the project as a cross-cutting effort for empowering people to take informed decisions, create awareness, change attitudes, and generate demand for services. Early learning services are provided through Para Centres and administered by Para Workers.

The project has initiated a pilot to implement Upgraded Para Centres in the remotest Paras (neighbourhoods), where access to primary education is a problem. The upgraded Para Centres will provide early primary classes (Grade 1 & 2) for children who otherwise would not enrol in primary school due to distance to the nearest school and difficult terrain.



Courtyard Meeting for Early Stimulation on Health, Nutrition and Education

Program Output:

According to ICDP Brochure (CHTDB, 2015) the outputs from the on-going early learning programme provided through ICDP are as follows:

- 200,000 parents and caregivers of children from 0 to 5 years are receiving integrated parenting education.
- 4,000 teachers and Para-workers have improved knowledge and skills in teaching early grade reading and math using a child-centred pedagogy;
- 20,000 members of Para Centre Management Committees (PCMC) better understand their roles and provide effective support to the Para Centres;
- 4,000 Para Centres have been provided with teaching and learning materials that support development of early grade reading and math skills in Early Learning and Pre-Primary Programmes;
- Mother Language Education materials (supported by UNDP) have been incorporated into the curriculum;
- 150 ICDP management staff and 400 senior Para-workers/teachers receive ongoing supervision and professional development to enhance their knowledge and skills.

PARA CENTRES PROVIDE ONE-STOP SERVICE TO ETHNIC COMMUNITIES By Ahsan Khan, UNICEF

Bandarban, 07 May, 2015 - In a remote village surrounded by mountains, crops and different shades of green, Amor Debi begins her morning by weaving cloth from strings of cotton using a simple contraption made of bamboo and wood. Her husband is at work in the fields, as most of the ethnic population are engaged in subsistence agriculture.

Right next to Amor Debi's house is the Murungkhang Para Centre in Rajbila, Bandarban, where her son Sujoy, 4, is enrolled in the early learning education programme. Sujoy plays with his mother who is already at work at 8 a.m. in the morning, eagerly anticipating the beginning of his classes with other children from the surrounding Marma and Tongsonga communities.

"Sujoy really enjoys the interactive sessions with Chinta Debi, the Para Worker at the centre. As it is so close to my home, I don't have to worry about looking after him while his father is working in the fields, and I am busy with my chores," Amor Debi says.

Chinta Debi plays with the children aged 3-5 years with colourful building blocks and simple puzzles made from paper drawings, and teaches them songs and rhymes. She uses colourful books and illustrated charts to teach them the alphabet in Bengali. At one point, they all sing the national anthem in a chorus.

Focus on Early Learning

UNICEF started the concept of the Para (neighbourhood) centre, which is the pillar of the Integrated Community Development Project in collaboration with the Chittagong Hill Tracts Development Board in 1980. The Para centres help to mobilise local resources and ensure community participation, with its primary focus on early learning and pre-primary education for children.

The early years of a child's life is a critical period that lays the foundation for long-term learning, intelligence and social behaviour. Para workers make sure that learning is fun for the children.

"My child is still young, when he grows up, I will bring him here too. When I wasn't a Para worker, people did not respect me or talk to me properly. But now, they respect me a lot," says Chinta Debi.

She also teaches children how to wash their hands properly with soap as part of a holistic approach to child development. Children are taught to wash their hands before eating and after using the latrine. Behavioural change messages on diarrhoea, proper hygiene and prevention of diseases are taught to them from an early age.

Vaccinations Improving Life

The Para centres also act as a centre for immunisation, which helps health workers to ensure that children, adolescents and women receive vaccines and important health information.

Health workers, with the help of Para workers who can speak to them in their native language, inform women about antenatal care, iodine deficiency, anaemia prevention, safe motherhood, breastfeeding and other health and nutrition issues. Children are given polio vaccines, tetanus shots, and vaccines they could have otherwise missed in the absence of the Para centre.

"I was told to keep the immunisation cards safely, because we would need it when the time comes for my son to enrol in the Para centre and later in primary school," says Mre Pru Marma, a young mother. She had taken Kay Suay, her 2-month-old son for an immunisation session there.

Ritisree Chakma, a senior Para Worker, appointed to oversee activities of ten other Para centres, ensures that immunisation cards are filled up properly. She also answers questions from adolescent girls who are given iron folic supplementation which is critical for preventing anaemia in women.

Senior Para workers like Ritisree are trained to facilitate the convergence of services and ensure that the quality is not compromised. She visits all 10 Para centres on a daily basis.

KEY FEATURES

The overall goal of ICDP is to reduce the impact of social, economic, and natural risks on vulnerable children through the provision of comprehensive community-based services such as:

- Ensuring access to basic services and improving quality of available services,
- Promoting sustainable development through women's participation.
- Providing age-appropriate care to children at their early stage of life,
- Reducing micronutrient deficiencies among children,
- Improving standards of hygiene, sanitation and safe water-use practices and behaviour,
- Empowering women, adolescent girls and children with appropriate knowledge, skills and awareness about realising children's and women's development and claiming their rights,



These specific objectives are achieved through the Para centres and the Para workers – the two distinctive elements of the ICDP model.

Para Centre. All of the activities take place at the Para Centre which is a 300 sq. feet house built for this purpose.

Para Centre serves the following functions:

1. A venue for pre-school for 3-5 year-old children.
2. A meeting place for the community (18 to 30 families).
3. An information and statistics centre for the village.
4. A multi-sector and NGO service delivery site
5. A centre for early childhood stimulation and parenting education
6. A demonstration site for kitchen garden, low cost hygienic latrine, safe water and other appropriate technologies.
7. A depot for vitamin A capsule, vitamin and mineral powder, de-worming tablets, fortified biscuits and other GOB health supplies.

Para Centre Management Committees (PCMC) are responsible for mobilizing community support and involvement and overseeing the activities of the Para Centre with support from ICDP staff.

Para workers. Each Para Centre is run by a trained worker called Para worker. She/he is selected from the same community of that village and is required to have a minimum of grade VIII level education. Ninety-five percent of the Para workers are female. They are given 25 days of basic training (13 days for ECD curriculum and 12 days on primary health care) after their recruitment. In addition, they are given refresher training, training on safe water and sanitation, and orientation on the rights of women and children. They perform a wide range of activities to serve the community.

Two other important elements of the programme include the Para Centre Management Committee and the ECD curriculum.

Para Centre Management Committee (PCMC). The PCMC consists of 5 members including the Para worker and another female member of the community. The headman or Karbari (Para Head) is the chairperson. The land-donor for the centre is also a member of that committee. This committee is responsible for looking after day to day activities of the Para Centre. The Upazila Coordination Committee (UCC) headed by Upazila Nirbahi Officer reviews periodically all activities of Para Centres.

Pre-school Education Curriculum. Drawing on the technical expertise of the National Curriculum and Textbook board and the Bangladesh ECD Network, a multi-grade and multi-level curriculum for 3 to 5 year-old children has been developed (UNICEF, May 2014). The curriculum takes into account the local ethnic culture, heritage and socio-economic condition. Supplementary books and learning materials also have been produced and are designed to help children enrol in primary school on time and be ready to learn.

PROMOTING AND EXPANDING THE ICDP MODEL

The ICDP model was designed and implemented for the especially disadvantaged hill tracts minority communities which have a history of conflict and violence. The results and benefits are evident from the children's participation in the early learning and development activities, their transition into primary education, as well as the participation and enthusiasm of parents and families. In addition, as reflected in high rates of community involvement, the programme has increased awareness of the importance of early childhood development.

Children's Activities at Para Centre



The ELCDP Review (Maxwell Stamp Limited and ICHD, 2015, p. 31) notes, "In terms of overall effectiveness the integrated approach in CHT (ICDP) could be regarded as efficient in reaching children at various ages and through varying methods on a relatively large scale. It was also stronger in terms of community involvement and participation."

The following insights emerging from our analysis of the ICDP should inform and promote further expansion of this approach.

i. An integrated and holistic approach in designing the ECCD programme. ICDP, as well as the Comprehensive ECCD Policy 2013 (MoWCA, 2013) is premised on a coordinated and holistic approach. The early learning and pre-school activities and curriculum need to include the following components in order to develop children who are ready to thrive in primary school:

- The continuum of development guiding the programme content and activities;
- Appropriate learning and pedagogy in the social context;
- Attention to local values and cultural uniqueness;
- Addressing gender barriers through positive early socialization; and
- Parenting engagement.

ii. Need for an executing and champion agency. ICDP demonstrates the critical need for the commitment and support of relevant agencies. In the case of the ICDP, the role of the Ministry for CHT, the CHT Development Council and the committed development partners including UNICEF and UNDP was instrumental. For national level promotion of the integrated ECCD approach, the 2013 policy clearly assigns the key role to MoWCA for leadership and coordination.

iii. Moving towards institutional and financial sustainability. Government and donor commitment has ensured the needed financial resources for ICDP and facilitated the development of organisational and institutional mechanisms. In considering the continued replication and expansion of this integrated approach, institutional and financial sustainability should be promoted by involving local government bodies at village, union and upazila (sub-district) levels (and their counterparts in urban areas). To ensure programme sustainability, the collaboration and support, and ownership of community organizations and NGOs is critical. As stressed in the ELCDP Review, at the national level, MoWCA and the proposed Child Services entity within it will need to generate support and promote policies that ensure an integrated services approach with local government and civil society participation (Maxwell Stamp Limited and ICHD, 2015). Exploration of this strategy can begin with demonstration projects, focusing on the more deprived and geographically isolated families and children.

iv. Support for Parenting Role. ICDP has demonstrated the value of parent participation. Parents' involvement and skill development needs to receive greater attention in all ECCD programmes. The full impact of ECD programmes can only be realized by enhancing caregivers' attitudes, knowledge and skills for improving the cognitive, emotional and social development of children in the first five years of life. The limited connections between the Para centre's early learning activities and the home environment must be addressed. As noted in the ELCDP review, as ECD efforts in Bangladesh continue to evolve, greater attention to the first thousand days of life, with a key role of the parents and family care-givers, will be an increasingly important challenge (Maxwell Stamp Limited and ICHD, 2015).

This study suggests a number of specific actions to be taken in promoting the ICDP model. Policy-makers need to be aware of the potential of this approach to improve the long term economic and social development of Bangladesh children and their families. UNICEF and the Ministry of Children and Women Affairs need to consider the necessary steps including case studies and programme evaluations to highlight and disseminate relevant lessons from these and other promising activities.

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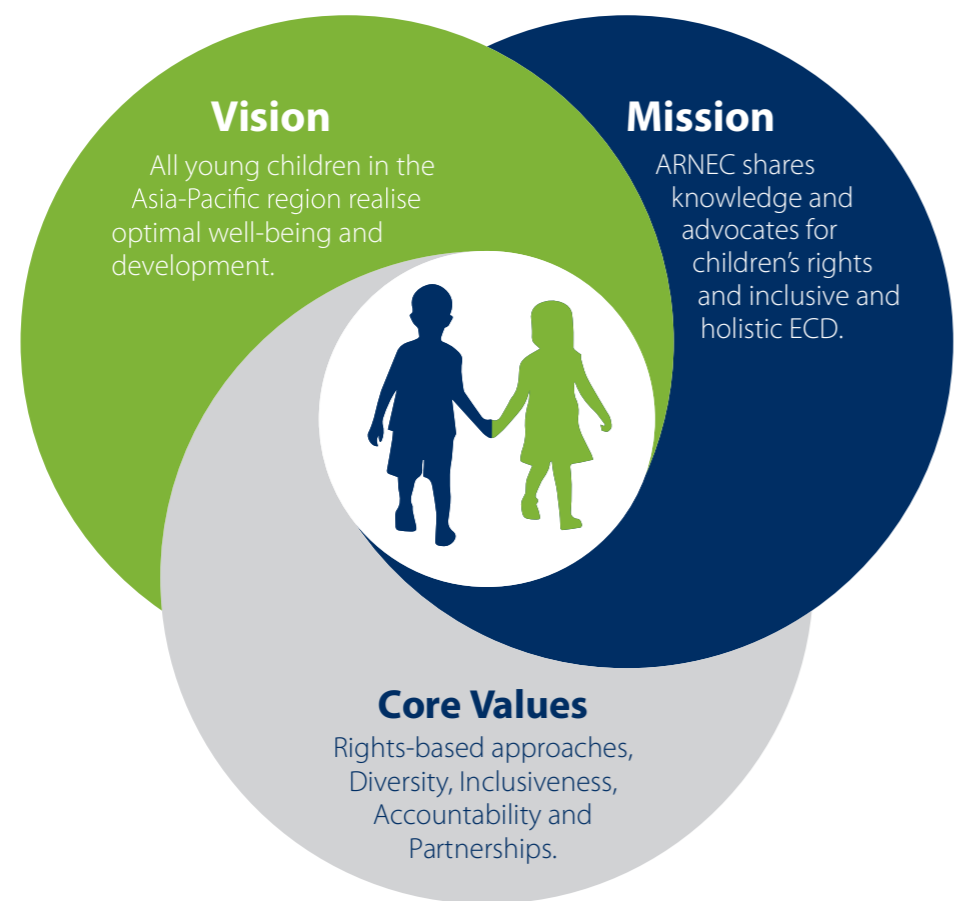
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ARNEC sets its vision for 2020



Our core values

ARNEC is rights based. We uphold the protection of children's rights in accordance with the UN Convention on the Rights of the Child.

We respect diversity and non discrimination in our membership and in the early childhood development (ECD) community.

We are inclusive, encouraging members to actively participate in our activities, as much as we respond to the needs of the ECD community in the Asia-Pacific region.

We are a group of equal partners, who consult and share information, ideas and good practices with each other.

And we value accountability. We hold ourselves responsible to our members, partners, donors and stakeholders.

ARNEC will serve as a leading knowledge platform for ECD in the Asia-Pacific region.

There are millions of young children in the Asia-Pacific region. They need no less than their rights upheld in homes, communities and societies, where their well-being and development are prioritised, guaranteed and protected.

Building on ECD challenges and opportunities in the region, ARNEC puts forward a new, expansive strategy that defines our contributions for achieving the ECD targets in the Sustainable Development Goals. We are committed to pursuing our four strategic goals, all in support of holistic and inclusive ECD .

Our Strategic Goals

Strategic Goal 1:

Improve advocacy for holistic and inclusive ECD

ARNEC will continue to engage policy makers and stakeholders, including members, advocating the holistic nature of ECD in policies and programmes, and the strong interlinkages of Target 4.2 of the Sustainable Development Goals (SDG s) with the rest of the SDGs.

Strategic Goal 2:

Increase the knowledge base on ECD

ARNEC will work with partners to generate and consolidate new knowledge through research, documentation of good practices, and development of ECD tools and other resources.

Strategic Goal 3:

Increase strategic partnerships and memberships

As a regional network, ARNEC will encourage more institutional and individual members, ensuring full participation from highly diverse partners and members.

Strategic Goal 4:

Strengthen ARNEC's reach and impact at the country level

Improving country-level linkages will widen and deepen ARNEC's reach and impact. This involves continued advocacy, informed by knowledge generation and management, including broadening partnerships within and beyond the Asia-Pacific region.

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