ARNEC
Asia-Pacific Regional Network
for Early Childhood

Noteworthy ECD Parenting Programmes in support of Young Children's Holistic Development and Protection in the Asia-Pacific Region

A resource pack
2019

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We dedicate this resource to all of you who selflessly and tirelessly work for the welfare, development and protection of young children. We hope that this resource pack provides you with greater inspiration and insights on how you can better design, implement and monitor parenting programs and interventions for the benefit of all our young children in the Asia-Pacific region and beyond.

Evelyn D. Santiago

EXECUTIVE DIRECTOR
ASIA-PACIFIC REGIONAL NETWORK FOR EARLY CHILDHOOD

Introduction

The '*Documentation of ECD Parenting Programs in Support of Young Children's Holistic Development and Protection*' is a collaboration between the Asia-Pacific Regional Network for Early Childhood (ARNEC) and the implementing agencies of the three programs documented in this resource pack: Save the Children – Philippines, OneSky for all Children; Seto Gurans and UNICEF Nepal. This initiative was supported by Bernard van Leer Foundation, the UNICEF Regional Office for South Asia (ROSA), the UNICEF-East Asia and Pacific Regional Office (EAPRO) and the Open Society Foundations (OSF). The initiative aims to contribute to improving the quality of ECD programmes, especially raising caregiver capacity to mitigate vulnerabilities and risks children are exposed to.

The documentation exercise builds on previous initiatives responding to the increasing rise in displacement, instability, violence, and conflicts that adversely affect young children and their families. Community-based parenting programmes is of importance here, not only to cushion against adversities children are being exposed to, but also to define entry points for building more cohesive, conflict and violence-free communities and societies for all.

- In 2012, the Mother and Child Education Foundation (ACEV) partnering with the Yale Child Study Centre and McMillan Centre, published a ground breaking working paper on peacebuilding and early childhood entitled 'Building a Generation of Reconciliation: The Role of Early Childhood Development in Peacebuilding', which offered a conceptual framework for the linkages between early childhood development and peacebuilding (ACEV, 2012).

- Building on this momentum, UNICEF and Yale University launched the Early Childhood Peace Consortium (ECPC) in 2013. The ECPC aims to elaborate on the links between ECD and peacebuilding through sharing best practices and findings from research to inform policy and programming. It further seeks to realise Sustainable Development Goal 16, which highlights the potential of early childhood interventions to reduce violence and to promote peace and greater social cohesion in communities, and are well aligned with the vision of the UN's Convention on the Rights of the Child (United Nations, 1989), the Declaration on the Culture of Peace (United Nations, 1999) as well as the goals of the UN's Peacebuilding and Sustaining Peace Resolutions (United Nations, 2015, 2016).

- From 2012-2016, UNICEF and the Government of the Netherlands had a multi-year partnership entitled *Peacebuilding, Education and Advocacy Programme* (PBEA), also known as '*Learning for Peace Project*'(UNICEF, n.d). The objective of this programme was to test how education could help mitigate drivers of conflict in fragile and post-conflict societies through research and analyses, providing a wealth of information on the linkages among ECD, violence reduction and peacebuilding.

- In 2014, the Ecology of Peace Conceptual Framework was developed (Britto, Gordon, Hodges, Sunar, Kagitsibasi & Leckman, 2014), which presents a set of hypotheses on the associations between ECD and peace building. To connect bio-behavioural models with socio-ecological models of development, experts identified five components: (i) the neurobiology of peace, (ii) affiliative bonding, (iii) parenting and peacemaking, (iv) early learning and peacemaking, and (iv) peacemaking to peace building, corresponding to concentric circles of influence around the child from the immediate interpersonal level to the wider, structural level.

- Based on earlier ACEV work, and in partnership with MIT and UNICEF, Leckman, Panter-Brick & Salah produced the landmark publication Pathways to Peace: The transformative power of children and families (2014) offering a multi-disciplinary review

of the linkages between ECD and peacebuilding. The findings mirror earlier reviews, which called for establishing clear evidence of the linkages between ECD, which benefit caregivers (i.e. family interventions), and how these impact on peace-building, including effects on children, families, communities and beyond (Sunar, Kagitcibasi, Leckman, Britto, Panter-Brick, Pruett, Reyes, Hodges, Zonderman, Yazgan, Göksel, & Sirali, 2013).

- Most recently, Yale Professor James Leckman, courtesy of the **Brain Behavior Research Foundation's 'Meet the Scientist' Webinar Series**, has provided a synopsis of the emerging epigenetic, neurobiological and clinical evidence supporting the well-being of children and families as an agent of change for sustainable peace. See Leckman (2016) for more details.

- At the **regional level**, in 2013 ARNEC established the Working Group on Peace-building and ECD to promote research and greater understanding of peace-building and ECD in the Asia Pacific, as well as to enable more effective programming for children's protection and to promote more cohesive, peaceful societies in the region. A priority aim of the Working Group has been to identify ways in which resilience, social cohesion and peace-building can effectively be incorporated into ECD parenting programmes.

- To date ARNEC has undertaken two pieces of work on ECD and peacebuilding. The first is a review of the literature on peace-building and ECD, identifying gaps in research and providing recommendations for addressing those gaps (Ang, 2014). The other is a guidance note elaborating the linkages between ECD parenting programmes and peace-building, and proposing a conceptual framework and theory of change for understanding how parenting programmes can protect children from violence, and promote resilience amongst children and their caregivers (Landers, 2016).

These early initiatives have guided the documentation of noteworthy parenting interventions in the Asia-Pacific region.

The resource pack is divided into five sections: The **first** section outlines the purpose and need for the initiative, highlighting previous work in the region and globally, and outlining the gaps in current information and data on ECD parenting programmes and their role in child development and protection. The **second** section provides definition of the key terms in the documentation exercise and provides conceptual underpinnings of parenting programmes and their role in ECD and child protection. The **third** section offers a documentation framework, and outlines the methodology and process for documentation. The **fourth** section features the selected noteworthy case studies in the Philippines, China and Nepal. Finally, the **fifth** section integrates the key findings and conclusions from the case studies.

The Purpose and Scope of the Project

The Project Purpose

There is a compelling need to document ECD parenting programmes for holistic child development and protection in the Asia-Pacific region for the following reasons.

- **The first reason is that, despite an overall slowing population growth in the region, the Asia-Pacific has 60% of the world's population (UNESCAP, 2019) and is home to some of the most densely populated places in the world. The Region is diverse in culture, geography and economy. Such diversity is also reflected in the state of the region's children: .birth registration rates range from 9.6 to 98.9 per cent; number of children with disabilities from 14.6 to 38.6 per cent; and number of women aged 20–24 years who were married before the age of 18 years, from 9 to 64.1 per cent (McCoy & Peet et al, 2017).**

  In particular, with the region's vast cultural, socio economic, and territorial diversity, there is a need to understand and demonstrate how ECD parenting approaches embedded in peculiar linguistic, religious, socio economic and territorial realities can be (a) successfully designed and implemented in content- relevant and context-specific ways, and (b) effectively address the domains of the Nurturing Care Framework (NCF) to holistically improve the wellbeing of children and their caregivers, especially in the increasingly high risk and fragile settings/environments they are in.

  Ang (2014), for example, argued that the rapid shifts in demography and geopolitical factors have precipitated a profound change in the scale and perceptions of risk and fragility. Fragility is no longer confined to low-income and developing countries, Ang explained, but has now engulfed almost half (30 out of 58 as of 2017) of all fragile states, including countries classified as middle-income economies. This signifies that pockets of fragility exist in seemingly stable countries (OECD, 2018).

  There has also been a rapid rise in the actual *number* of fragile states compared to a decade ago. Ang has cited the OECD 2013 Fragility Report that of the 47 countries considered as fragile, nine are in the Asia Pacific. Less than a decade later, in 2018, the OECD notes the number of fragile states climbed to 58 and 10 are located in the region. This means that the Asia-Pacific is emerging with a growing number of children and families exposed to risk or vulnerability on account of poverty, conflict, disaster, corruption or other forms of adversity. According to a 2010 review of child protection in the Asia Pacific (Pouwels, Swales, McCoy & Peddle, 2010), such threats often erode vital systems of social support and result in family separation or extreme destitution, increasing children's susceptibility to violence, abuse, neglect and exploitation. In such situations, risks or vulnerabilities are often times internalised within the family or community with little or no support from government and other institutions in the society.

  A recent global report *(Know Violence in Childhood, 2017)* reveals that, second to West and Central Africa, the Asia-Pacific region carries a heavy burden of violence. This is often hidden in the mesh of familial and intimate relationships in homes, families, schools, and communities. For corporal punishment alone (see Figure 1), about 831 per 1000 children between one to 14 years old in South Asia and 713 per 1000 in East Asia and the Pacific are adversely affected, nearly double the number found in industrialised countries (582 per 1000 children).

Figure 1: Regional Burden of Violence Against Children

West and Central Africa: 862 | 960 | 460 | 0.099
Eastern and Southern Africa: 817 | 880 | 422 | 0.054
Middle East and North Africa: 801 | 821 | 342 | 0.023
South Asia: 831 | 790 | 294 | 0.023
Central and Eastern Europe/CIS: 620 | 718 | 161 | 0.016
East Asia and the Pacific: 713 | 581 | 202 | 0.015
Latin America and the Caribbean: 665 | 638 | 158 | 0.013
Industrialised Countries: 582 | 616 | 83 | 0.016

Numbers abused per 1000 children in that age cohort

- Corporal punishment (1-14 years)
- Bullying and physical fights (13-15 years)
- Physical and sexual violence against adolescents (15-19 years)
- Child Homicide (0-19years)

Source: Shiva Kuma et al 2017 for Know Violence in Childhood 2017

- **Second**, the Asia and Pacific is estimated with the highest number of children with low cognitive and socio-emotional skills linked to caregiver competencies and parenting skills. A recent empirical study measuring family and parenting skills in low and medium-income countries (LMICS) using Early Childhood Development Index (ECDI), estimates low scores for the Asia Pacific on indicators of cognition and socio emotional functioning compared to other regions (see Table 1). The study used a more direct quantification of the percentage of children with caregiver-reported limitations in cognition and socio-emotional functioning using caregivers' reports rather than proxy measures. About 81 million children ages 3 and 4 years experienced low cognitive and/or socio-emotional development in 2010, with the largest number of affected children in sub-Saharan Africa (29.4 million or 43.8% of children ages 3 and 4), followed by South Asia (27.7 million or 37.7%) and the East Asia and Pacific region (15.1 million; 25.9%) (McCoy et al., 2017). The combined estimates for South Asia and the Pacific regions show 42.8 million out of 81 million children between 3 and 4 years old are with low socio emotional and cognitive skills in all LMCIs.

Table 1: Family and Parenting Skills in LMCIs | Estimated Number of Children Experiencing Poor Cognitive Socio Emotional Functioning

Region	Total population ages 3 and 4 yrs in millions	Estimated percentage of children with low cognitive and/or low socio-emotional ECDI scores (95% CI).	Estimated number of children with low cognitive and/or low socio-emotional ECDI scores in millions (95% CI).
East Asia/Pacific	58.5	25.9% (12.5%, 39.3%)	15.1 (7, 3, 23)
Latin America/Caribbean	21.9	18.7% (5.9%, 32.1%)	4.1 (1, 3, 7)
North Africa/Middle East/Central Asia	24.5	18.4% (6.3%, 31.8%)	4.5 (1.5, 7.8)
South Asia	73.4	37.7% (24.3%, 51.1%)	27.7 (17.9, 37.5)
Sub-Saharan Africa	67.0	43.8% (30.5%, 57.2%)	29.4 (20.4, 38.4)
All LMICs	245.3	32.9% (19.7%, 46.3%)	80.8 (48.4, 113.6)

Confidence intervals are based on the root mean square errors computed in Table 3. Population numbers are based on the number of children born by country and year in 2010 as reported in *World Population Prospects: The 2015 Revision.*

Figure 2: World Map Showing Estimated Proportion of Countries with Low ECDI.

Legend
Estimated proportion with low ECDI

- 0.00-0.15
- 0.16-0.26
- 0.26-0.37
- 0.38-0.48
- 0.49-0.60
- Non LMICs
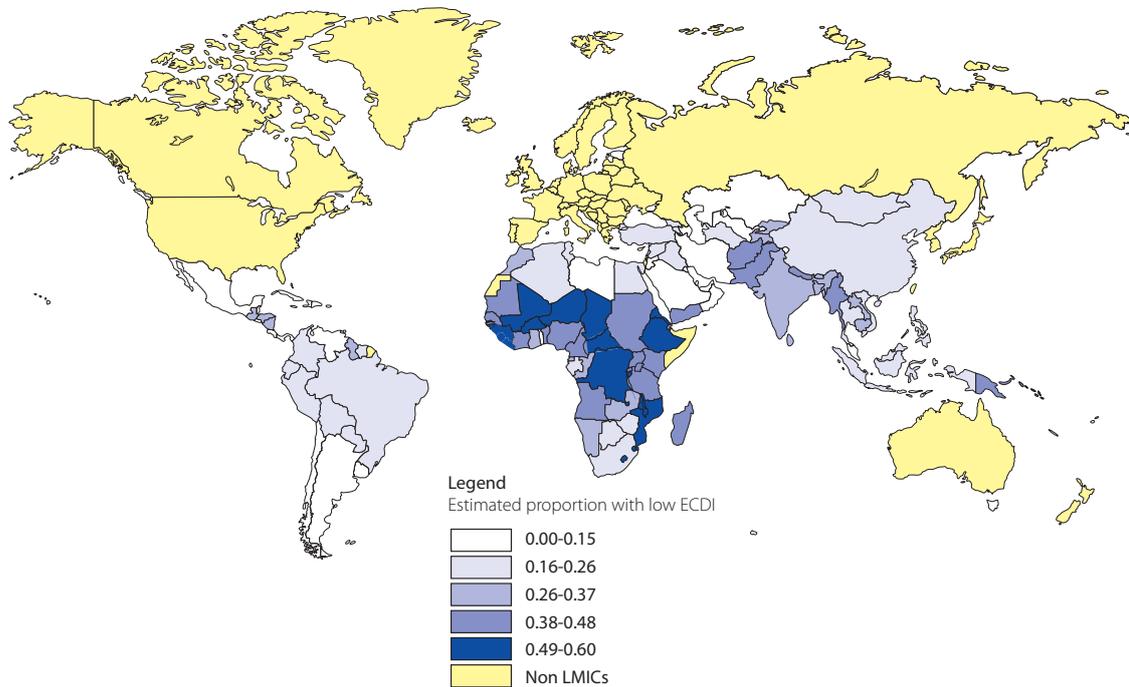
Source: McCoy, et al. (2017)

- **Third**, there is a gap in our knowledge and understanding of effective parenting programmes (UNICEF, 2015). Much of the evidence on programmatic effectiveness is from high-income countries, with more advantage on account of resources, capacities and motivation for programme implementation compared with low and middle-income countries. Findings therefore could not be generalised. Another gap is the tremendous variations in ECD parenting programme focus, content and service delivery mechanisms. There is also little systematic information on the scaling up of parenting programmes, their sustainability and integration into existing systems of service delivery to reach the most marginalised and disadvantaged population. Finally, the literature on the development of parenting programme curricula and content is limited and often does not include 'bottom-up' approaches that could promote uptake and sustainability, given that parenting represents the demand side and social norms (UNICEF, 2015).

- **Fourth**, there is a global push and a deepening in the understanding of the importance of parenting programmes, especially those that cut across multiple sectors and which have far reaching impacts. The recent Lancet Series (2016), the Nurturing Care Framework for ECD (2018), the Every Woman Every Child Global Strategy (2016), the Global Partnership to End Violence against children INSPIRE framework (where parent and caregiver support is a key lever) all place a central importance on caregiver's responsiveness as one of the central pillars for holistic optimal child development and protection.

Furthermore, although most studies documenting the effects of direct exposure to armed conflict or the consequences of exposure (such as refugee status and loss of family members) involve children older than 5 years, the few studies that exist found that infants and pre-school children exposed to violence document higher levels of psycho-social stress (Magwaze, Killian, Peterson & Pillay, 1993), aggression (Liddell, Kvassvig, Quotyana & Shabalala, 1994) , and attention problems and depression (Barbarin, Richter & DeWet, 2001; Thabit, Karim & Vostanis, 2006) than control groups. The research evidence points to a compelling need

to better understand and document parenting programmes for the younger age groups in humanitarian and conflict settings if we are to effectively reduce developmental risks and promote long term development.

- **Finally**, and linked to the reasons above, Leckman and Britto (2018) pointed out that there is only limited evidence that explicitly examines how ECD programs can lead to violence prevention (VP) in the context of LMICs. With the noted rise in violence, discrimination, civil unrest, and the collapse in social cohesion among communities and societies, there is a real urgency and need to support a global movement for peace, social justice, and prevention of violence. ECD interventions at the family and community levels can make an important contribution in reducing violence and promoting cohesive societies.

The Project Scope

This initiative involved documentation of noteworthy ECD parenting approaches covering three cases in the Asia-Pacific region. These cases constitute the first phase of the documentation exercise, with more phases of documentation soon. Each case is presented with (i) a narrative highlighting the noteworthy features of the parenting approach, focusing on ways in which the design, tools and pedagogy effectively fit with, or respond to, the unique cultural, social, economic and/or geographical and physical context in which the programme is situated; (ii) a video providing valuable insights on the realities of each approach; and (iii) prompts/key questions for practitioners to consider.

Documenting these cases was guided by a conceptual framework developed in consultation with a panel of experts in early childhood in the Asia Pacific region and from ARNEC's membership base. A synthesis report of key findings is presented at the end drawing from evidence collected during the documentation process. When combined, these narrative reports and videos of selected ECD parenting approaches provide a starting point for practitioners and policy makers to learn, particularly:

- **contextual and multi-dimensional nature of ECD parenting programmes, which help address the needs of young children, as well as their families and communities;**
- **strategies and approaches in which existing resources and structures within organisations and communities can be built upon, to enhance community-based, low cost parenting support, and education programmes; and**
- **ways in which collaboration and partnership can be developed and maintained to support, enhance and sustain the implementation of ECD parenting interventions.**

This set of resources is designed for use by:

- **Practitioners, educators and researchers (the programmes provide insights and practical ideas for application/adaptation in practice across diverse contexts);**
- **International development partners (the tools promote understanding of how locally grown, community-based ECD parenting interventions can respond effectively to localised, as well as broader, development and protection needs and priorities of children); and**
- **Policy development professionals (the tools may be used to raise awareness about policy needs and development solutions to effective parenting programmes).**

Definition of Terms and Conceptual Framework

Defining Key Terms

The following section presents a set of concepts used in this resource guide and how they are defined and operationalised. A caveat is offered at the outset: said concepts and definitions have yet to arrive at intellectual and practical consensus, as these still attract much debate among experts and practitioners. However, this Resource Pack offers pragmatic working definitions to assist in realizing the purposes of documentation and to allow readers to draw meaningful insights from the three case studies.

Holistic Early Childhood Development (ECD) refers to the process through which infants and young children, from conception to age 8, develop optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn (Landers, 2016, ibid). Development in each of these domains is inter-related and inter-dependent, such that development in one domain cannot be prioritised over any other. A critical component of the process is context. Development in early childhood results from interactions between the child and the environment. From an ecological perspective, a host of factors influence early development—from the most proximal (e.g., family) to the more distal contexts (e.g., national and international policies) (UNICEF, 2015). These proximal and distal bi-directional influences have been referred to as the Ecological Model of ECD (see Figure 3).

Parents and Parenting

Parents/Caregivers, if used interchangeably, refer to any guardian or individual providing consistent care to an infant or child. Caregivers may extend beyond biological parents to include the individual or individuals, who look after the infant and young child and/or provide the bulk of the care in a home or family context. Although the caregiver is often assumed as the biological parent, it may also be the case that the primary caregiver could be foster or adoptive parents, grandparents, stepparents, and/or elder sibling or other adults proximal to the child, if they provide consistent care to the child (Moran, Ghate, & van der Merwe, 2004). Child care providers, who play a significant role in caring for infants and young children, are also considered primary caregivers (UNICEF, 2017). For this Resource Pack, 'caregiver' is a multi-dimensional concept referring to those who provide care to infants and young children beyond biological parents.

Parenting or caregiving refers to the behaviours and practices of caregivers to provide food, health care, stimulation and emotional support necessary for children's healthy survival, growth and development. The range of interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care, encompassing health, nutrition, responsive caregiving, safety and security, social-emotional well-being, and early learning, comprise parenting or caregiving. Parenting or caregiving also includes protecting the child from harm; keeping safe and secure environments; fostering child independence, socio-emotional development, and self-esteem; supporting the development of a cultural identity; and allowing for child privacy and agency (UNICEF, 2017). Moreover, 'playful parenting' refers to parenting techniques that rely on playing with children to improve caregivers' well-being and children's development (UNICEF & WHO, 2012).

Responsive Caregiving is the prompt response to a child's behaviour that is appropriate to the child's needs, rights and developmental phase (UNICEF, 2015). Young children's cognitive and socio-emotional competence and later adjustment in life is closely tied to responsive caregiving. Responsive caregiving encompasses cognitive stimulation, caregiver sensitivity and responsiveness, caregiver affect and emotional availability, interactional synchrony, and contingency and social referencing (Walker et al., 2007; WHO, 2004). Responsive parenting thus occurs when mothers,

fathers and caregivers do their best to invest in their children and meet their emotional, cognitive, nutritional and physical needs during gestation and the early years. A responsive caregiver has skills to provide prompt, safe and attentive care due to their knowledge of infant and child development, nutrition, health, and early learning/stimulation (ChildFund, 2016).

Toxic Stress refers to strong, frequent, or prolonged stress caused by adverse experiences, which become toxic. Experienced early in life, toxic stress can have a cumulative toll on an individual's physical and mental health, derailing healthy development. Scientific evidence from Harvard's Centre for the Developing Child reveals that toxic stress in the early years may have long-life developmental consequences, and that poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence—the common precipitants of toxic stress—can have a cumulative toll on an individual's physical and mental health (Harvard Centre for the Developing Child, 2015). Adverse Childhood Experiences (ACEs) can thus have damaging effects on learning, behavior, and health across the lifespan. Exposure to these risks can adversely affect the social and emotional development of young children, increase the risk of behavioural problems, and reduce young children's ability to regulate their own emotions (Walker et al., 2011; Kithakye, Morris, Terranova & Myers, 2010).

Social-Emotional Learning (SEL) is a process through which children and adults become more aware of their feelings, learn to relate more harmoniously with others, develop the ability to make responsible decisions and to handle challenges effectively (UNICEF & ARNEC, 2017). Overtime, young children become increasingly competent at social emotional capabilities. The process through which they develop these competencies is described as SEL, which encompasses the development of empathy, the ability to take the perspective of others, and read other's emotions. SEL also includes how children learn to demonstrate helping, sharing and caring behaviours towards both strangers and family members (Knafo et al., 2009). Fostering SEL is crucial to increasing children's effectiveness to enter and manage interpersonal relationships, strengthening their ability to cope with stress, and to manoeuvre themselves in difficult environments, making them better equipped to become more active participants and change agents in societies, even those affected by fragility or conflict and/or exposed to other forms of adversity.

SEL takes place through the development of skills in three key domains: social development, emotional development and cognitive development (UNICEF, 2017). Social development refers to the ability to apply social rules to empathise with others, resolve conflicts, and respect diversity. Emotional development, on the other hand, refers to the ability to differentiate feelings, regulate emotions, and respond appropriately to others. Finally, cognitive development refers to the child's acquisition of executive function skills and the ability to take the perspective of others. Executive Function (EF) skills enable self-regulation; the ability to plan, focus attention, remember instructions, juggle multiple tasks successfully, and engage in goal-oriented behaviour. The three developmental achievements are interrelated; for example, emotional wellbeing and social competence provide the foundation for emerging cognitive abilities (Landers, 2016).

There is evidence that integrating SEL and peace education into early childhood education has a positive impact on a child's development, and reduces behavioural problems later in life. Evidence also shows that well-designed programs can help promote children's willingness to play with others (including those different from themselves), their ability to understand how being excluded makes one feel, and their ability to recognise instances of exclusion without prompting (Connelly et al., 2007). In fragile contexts around the globe, communities with a history of tension and conflict have come together to promote the well-being of young children; thus places like ECD centres that bring families together can help build trust and harmony between diverse groups (Connolly, Hayden & Levin, 2007).

Child protection refers to all appropriate legislative, administrative, social and educational measures, including both formal and non-formal community-based mechanisms, to prevent and respond to all forms of physical or mental violence, maltreatment, abuse, neglect and exploitation affecting children. Recognising that the nature and scale of child protection issues are diverse, multifaceted and inter-connected, for the purposes of this Resource Pack, child protection refers to measures that prevent and respond to direct and indirect violence as they relate to children, who are exposed to (1) physical or emotional abuse, discrimination and rejection, (2) neglect through poor caregiver's unrecognised or willful failure to provide the basic requirements of a child's development and survival, (3) sexual abuse, (4) exploitation, such as through trafficking and child labour, (5) refugees and internally displaced children, stateless children, and children affected by migration, commonly referred to as 'children on the move', (6) children affected by humanitarian crises, which include natural disasters and armed conflicts, and (7) Orphans and Vulnerable Children (OVCs), such as those in alternative care settings, with disabilities, from minorities or indigenous groups or who are otherwise affected by exclusion. Child protection may also include elements of **social protection** which is generally understood as a set of public actions that address poverty, vulnerability and exclusion and provide means to cope with major 'shocks' throughout the life cycle, and which relate more to the notion of what has been termed 'structural violence' (Dawes & van der Meuwe, 2014).

ECD Parenting Programmes are a set of resources or services designed to increase parents' capacities to foster children's health, development and education. Optimal parenting includes a wide range of activities to ensure that children are cared for physically (providing nutritious food, health care, and adequate sleep routines), cognitively (offering opportunities to learn and use language), socially (responding to the child with consistent, loving care), and emotionally (supporting the child's sense of self-worth). Because these are key challenges in parents' ability to provide optimal care for their children, parenting programmes are designed to improve one or more of these aspects of caregiving.

Said programmes share a set of characteristics:

- *Information* about child and how to manage day-to-day challenges;

- *Positive Parenting* and skills for communicating with children to support possible behaviour and improved parent-child relationships;

- *Understanding* child developmental behaviours and age-appropriate needs;

- *Promotion of Pro-Social Behavior,* including the development of cooperative social behaviours, and how to resolve problems through verbal skills and negotiation, rather than physical aggression; and

- *Responding to Parents' Needs* by empathising with parents' concerns, encouraging and providing feedback about their parenting efforts, and providing them with social support.

The Conceptual Framework

The Nurturing Care Framework (NCF) for ECD (WHO & UNICEF, 2018) provides the guiding framework for the documentation exercise. The NCF has five key components: good health; adequate nutrition; responsive caregiving; security and safety; and opportunities for early learning. The Framework describes how a whole-of-government and a whole-of-society approach can promote nurturing care for young children. It outlines guiding principles, strategic actions, and ways of monitoring progress. Leckman and Britto (2018) state that the NCF should be conceived as a crucial entry point for multi-sectoral collaboration to support families and reach young children, particularly those

living in conflict zones, transitional or refugee contexts, and in marginalised communities exposed to structural violence and inequity. The five components are inter-related with emphasis on the critical role of caregivers, particularly improving their capacities in fragile contexts in support of optimal child care and protection in the early years.

Figure 3: Nurturing Care Framework and Ecological Model for ECD
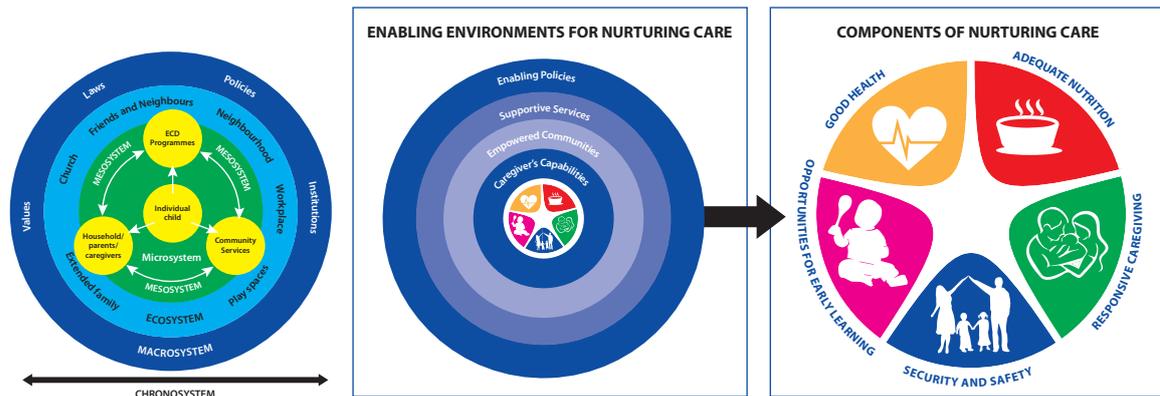
Source: Adapted from Bronfenbrenner (1979)   *Source*: Nurturing Care Framework for ECD (2017).

Figure 4: The Multi-Dimensional Effects of Adversities and their Impacts on Development Outcomes

Note: The main contributor to structural and sytemic risk factors lies in the hands of the government and institutions, not in the hands of individuals, as protrayed in this visual. However, if many individuals experienceearly adversities in childhood, this can significantly exacerbate existing structural and systemic problems such as poverty, inequality and widespread crime.

Can directly affect the child

Can affect the family which affects the child

Macro Level causes of Adversity

Physical & Environmental

- Natural disaster
- Biochemical hazards
- Violent conflict & fragility
- Economic shocks
- Climate change

Structural, Systemic & Societal

- Marginalisation & inequity
- Lack of cultural recognition and representation of identities in systems & decision-making • Faulty education system • Widespread crime • inadequate social service • Public health deficiences
- Poverty & unemployment
- Forced displacement

Community & Cultural

- Vengeance & prejudice against other groups
- Norms of violence
- Gender-based violence
- Child rearing practices lacking 'nurturing care'(e.g. no breast feeding, no playing, harsh discipline etc.)

Caregiver & Family-level Causes of Adversities

- Lack of parental understanding of CD
- Child abuse/neglect
- Domestic violence
- Poor parental mental health
- Lack of times/resources to provide nurturing care (inadequate income, mental/physical health, etc.)

The Nurturing Care Framework for ECD complements the Ecological Model of Child Development (Bronfenbrenner, 1979). The model places the child at the centre of development and conceives a child's development as being intertwined within an ecological network of interdependent and concentric circles of causality starting at the caregiver and family level, and extending beyond (Figure 3).

Such dynamics contribute to shaping the way a child will perceive and respond to the world in adulthood (Leckman, Panter-Brick and Salah, 2014). The model posits that the growth of the young child is shaped by and shaping, 'micro-systems' within the household and immediate environment (mother, father, siblings, other caregivers), which gradually extend into wider community contexts of health clinic, preschool, church, etc. The interconnections amongst these micro-systems comprise the 'meso-system', which more indirectly shapes each child's development. More distal exo-system influences include mothers' and/or fathers' employment as this shapes their resources for housing, nutrition, education, and childcare. Public health infrastructure, transport networks, media and communications are also part of the 'exo-system'. Each of these sub-systems is, in turn, embedded in a 'macro-system' of laws, policies, and institutions, across multiple sectors, as well as the cultural norms and values that moderate their impact on children's lives. Finally, these are dynamic systems, within and across generations, signalled by the concept of 'chronosystem'. This conceptualisation places the child at the centre of development, and emphasises that development is bi-directional and multi-layered. Hence, changes at one level of the system impact other levels, and vice-versa (Woodhead et al. , 2014).

Violent Conflict Risks

Adversities in Early Childhood (Lack of Nurturing Care)

Work stress   Disrupted bonding   Malnutrition   Poor health

Short term risks in Childhood

- Hypersensitivity to stress
- Poor socialand emotional development
- Poor physical growth/health
- Disrupted learning

Long term risks in Adulthood

More likely to continue intergenerational cycles

More likely to contribute to cycles of poverty, inequality, violence and more*

More likely to continue harmful norms

- Reduced economic productivity
- Increased mental and physical health problems • increased likelihood of violence/ aggression • unhealthy sexual and family relationships • increased likelihood of unwanted and teenage pregnancies

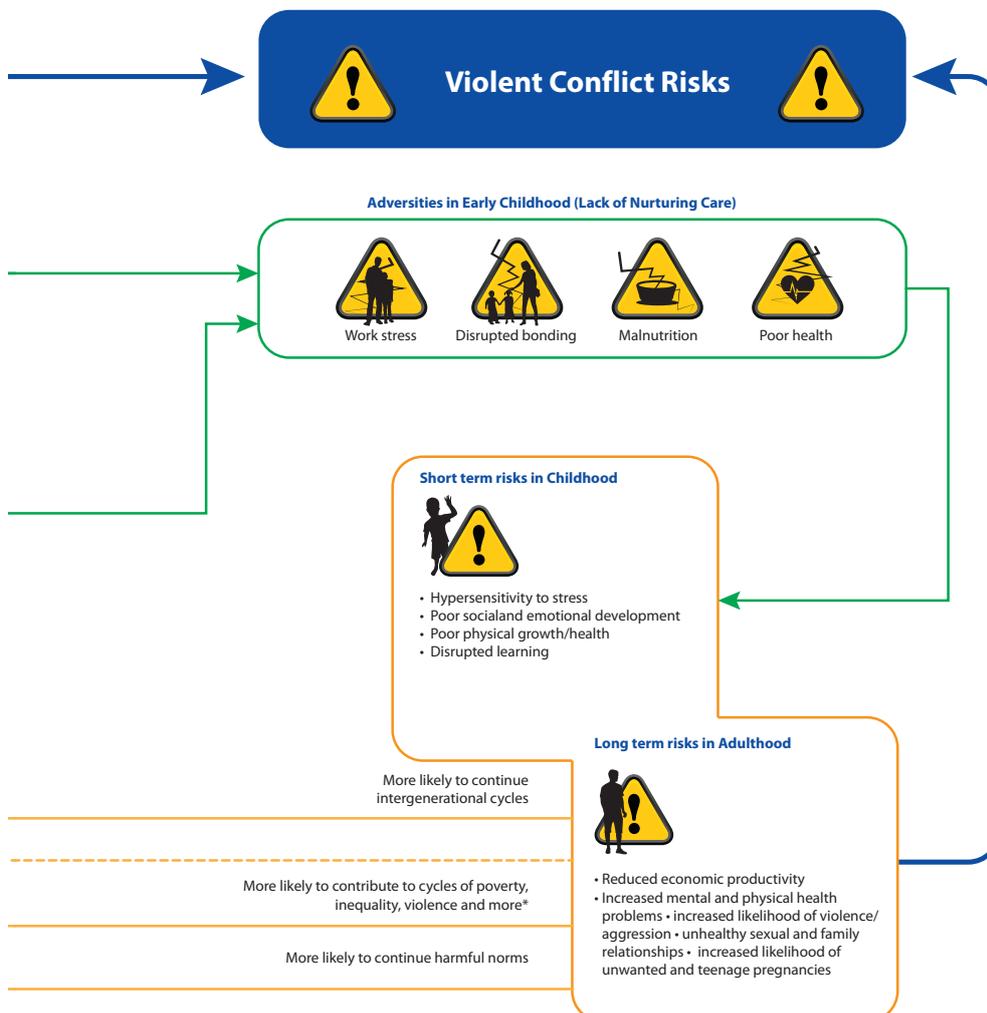Figure 4 represents a theory of change demonstrating how early dynamics influence systemic changes, starting with the parent-child affective bond and the interplay of influences at the family level. It shows how the lack of nurturing care can have negative consequences for caregivers, which has not only short-term risks to children's development, but also long term negative outcomes. Within the dynamic interplay of causality and influence, parents (and their communities) are at the centre of this development. It shows how the influence of these early dynamics extends beyond the child's immediate family and can have lasting long-term consequences far beyond the child's household and immediate surroundings, and how these influences in adulthood can result in a cyclical process affecting future generations (ECPC, 2018).

The Impacts of ECD Parenting Programmes

Parents are the first line of defense against adverse childhood experiences. Although adverse events and toxic stress can have negative short- and long-term consequences for both children and their caregivers, parents and the immediate family are the immediate and fundamental buffers against the risks that can derail early childhood development. The evidence shows that parenting programmes help improve outcomes for both children and caregivers. Their influence extends beyond the family to wider communities and to formal systems, which affect policy, governance, and the distribution of resources.

Child development outcomes of ECD Parenting Programmes

Empirical evidence links caregiver responsiveness to positive child development outcomes across the multiple domains of the NCF. Across a range of countries and contexts, parenting programmes have been associated with improved social, emotional, cognitive, language and motor development in children, especially when combined with nutrition and health programmes or with interventions targeting caregivers' mental health, when necessary.

Positive child outcomes relate to (1) child protection in terms of safety and injury prevention, (2) child protection in terms of physical abuse, (3) psychosocial stimulation and responsiveness, (4) responsive feeding and integrated health and development approaches (ECPC, 2018). Responsive parenting has been linked to multiple beneficial outcomes, such as a heightened sense of competence and self-worth, greater security, more interest in environmental exploration, enhanced communication abilities, more advanced cognitive activity, greater assertiveness and peer competence, greater sensitivity and responsiveness, and better social adjustment and protection from psychopathology in long-term studies (UNICEF, 2015).

A meta-analysis of research on ECD parenting interventions in low and medium-income countries (LMICs) also found links to greater child physical wellbeing, improved nutrition and growth, reductions in early morbidity (UNICEF, 2015). Parenting support programmes aimed at reducing harsh parenting practices or child maltreatment and promoting positive parenting practices in at-risk families have been found to help reduce and even prevent incidences of child maltreatment (Geeraert et al., 2004; Eckenrode et al., 2000) and to decreased rates of child abuse and neglect (Bunting, 2004).

Caregiver Outcomes of ECD Parenting Programmes

Parenting programmes also have multiple benefits for caregivers. These include increased parental knowledge of child development and parenting skills, improved parent-child communication, more effective parental monitoring, effective rule setting and positive discipline, reducing parental stress and promoting caregiver wellbeing (Layzer et al., 2001). In addition to improving parenting skills and knowledge to reduce child developmental risks and improve child outcomes, successful initiatives have focused on increasing parental social support, raising education of the parent, improving the

economic situation of the family, reducing subsequent pregnancies, and improving psycho-social functioning of the parent, all of which can reduce the risk factors associated with child maltreatment (Geeraert et al., 2004).

Given that poverty, inequality, low education attainment, and poor economic and employment opportunities contribute to the risks of conflict, violence and fragility (e.g., Stewart, 2002), ECD services that immediately address these risk factors for caregivers have the potential to also contribute to sustainable development and peace in both the short and long term. Thus, building the competencies of vulnerable caregivers can also contribute to increasing human and social capital.

Although more research is needed on ECD approaches that specifically address caregivers' needs, several studies have found that participation in ECD services, which included caregiver-focused components were associated with improved mental health, family relationships, education, and employment, and reduced violent behaviours among vulnerable caregivers (e.g., Benasich, BrooksGunn and Clewell, 1992; Kagitcibasi, Sunar and Berkman, 2001, p. 352; Shonkoff, 2012, as quoted in ECPC, 2018).

Parenting programmes that engage both parents in child rearing have had beneficial impacts on children (UNICEF, 2017). Findings from programme evaluations demonstrate stronger effects on both child and parenting behaviours, when fathers are involved in the programme (Lundahl, Tollefson, et al., 2008). Male caregivers have a substantial impact on child development and well-being, and family functioning (Panter-Brick et al., 2014). Playful interaction or playful parenting between fathers and children has been associated with positive socio-emotional skills, such as self-regulation and empathy with peers and others, and encourages greater career and economic success in their children through lowering of depression, fear, and self-doubt.

A review of ECD parenting programmes in LMICs presents a summary of the multiple beneficial outcomes of parenting programmes (see Figure 5).

Figure 5: Outcomes of ECD Parenting Programmes in LMICs
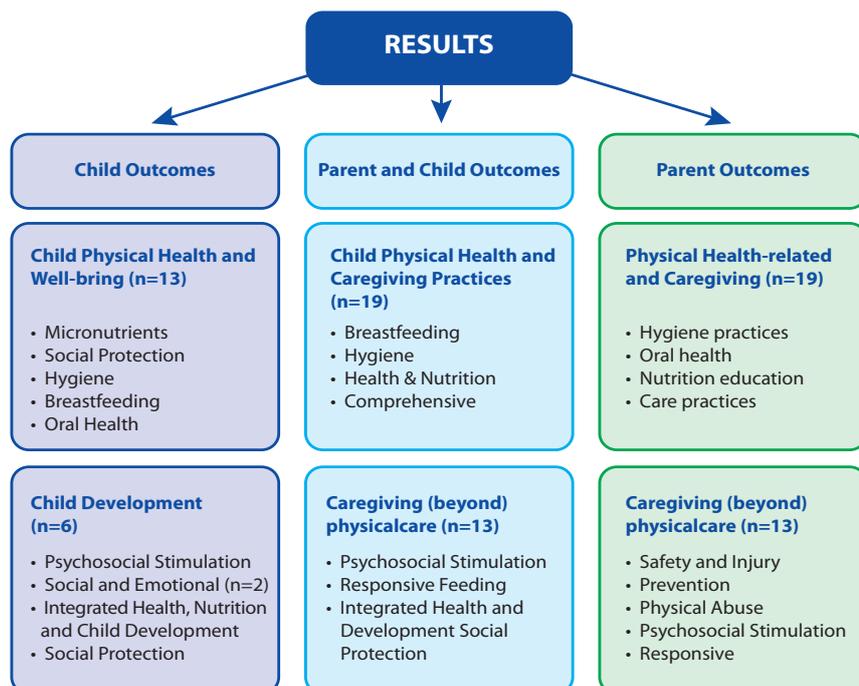
Source: UNICEF (2015)

The meta-analysis also identified a number of key gaps in knowledge and research in the early parenting literature. These include:

- **Under representation of social protection programmes, such as cash transfer programmes, which are an important mechanism in many countries to reach poor families. Further research is needed to address the feasibility of integrating ECD parenting education into cash transfer programmes. Research is also needed to assess the impact of such integration on improving or mediating the effects of cash transfers on child and parent outcomes.**

- **Limited research on caregiver's wellbeing and mental health, despite the fact that it is a key determinant of parenting and an important mediator of child outcomes. A key research priority involves programmes that account for the psychological, emotional and mental state of caregivers.**

- **More research and evidence needed on the scaling up of ECD parenting programmes. Much of the literature is based on small-scale demonstration programmes; it is crucial to address the impact of programmes at a larger scale and to characterise their programmatic attributes.**

- **A crucial need for more efforts to engage fathers in programme design and evaluation. Only three studies across the entire review looked at fathers as recipients of parenting programmes.**

- **More attention needed on the social and emotional outcomes amongst children. Studies examining social and emotional development were a minority.**

- **A need to strengthen formative research in the field, particularly on the role of the 'demand-side' of parenting programmes, and ways to integrate cultural preferences to the programmes' designs.**

- **Metrics for impact evaluation of parenting programmes largely rely on self-report. There is a need to optimise instruments for evaluation as well as diversify the inquiry of potential programmatic impacts (biological outcomes, hormonal and stress outcomes and epigenetic outcomes).**

- **Need to distinguish between *potential for abuse* and *actual abuse* in assessing the impacts of parenting programmes on children. Although impacts were found for parental knowledge, attitudes, and practices, only one study focused on actual abuse.**

- **There is not enough research to connect ECD programme outcomes to crucial global processes, such as peacebuilding, sustainability and social transformation using multidisciplinary and longitudinal evaluation in LMICs to bolster programming, advocacy and sustainable financing. For example, the UNICEF's 2017 ECD Parenting Programme Standards does not mention peacebuilding in the context of child protection, despite peacebuilding being recognised as a dimension of child protection.**

Documenting ECD Parenting Approaches

The Documentation Framework

Figure 6 presents the framework for documenting parenting approaches. The various circles in the framework represent the different influences that impact on children, caregivers, social, and structural outcomes. Relationships among these circles may vary in importance and intensity depending on the context they operate, including the focus and objectives of a particular parenting intervention.

Figure 6: Documenting ECD Parenting Programmes

Chrono and Macro (policy) Level
- Structural causes
- Regulatory mechanisms
- Dominant discourses

Exo (environment) Level
- Community Values and Attitudes
- Resources Funding
- Services and Support Structures

Micro and Meso (Caregiver and Child)
- Values and Goals
- Knowledge and Skill Sets
- Local Practices and Customs
- Children's Characteristics/ Parental Resources
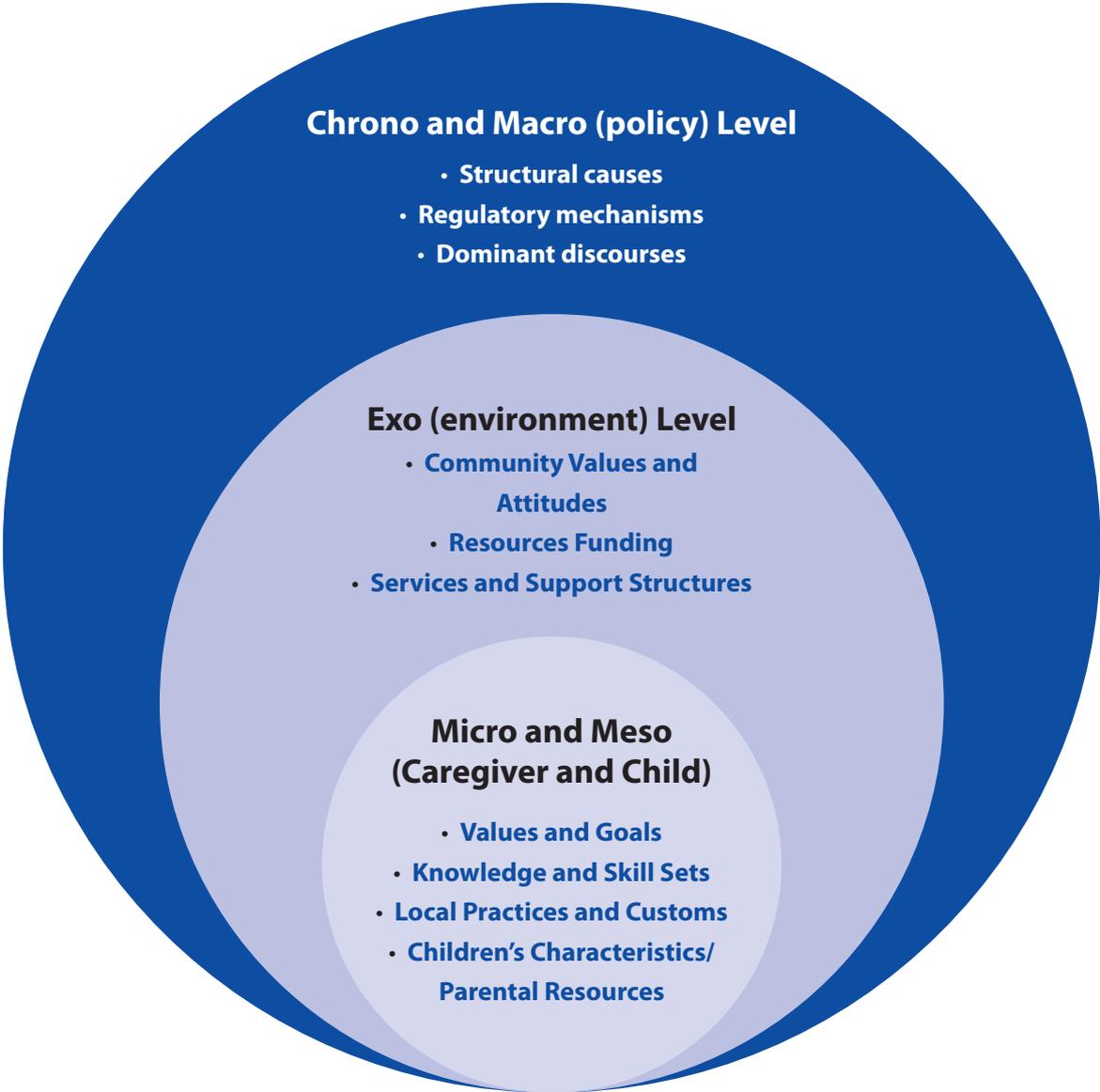
In documenting noteworthy ECD parenting programmes, consideration is given to measures or approaches that transform all or specific levels of the ecosystem:

- **Micro level: Interventions at the level of individual family members as primary caregivers and their capacity to provide nurturing care in the early years. Measures taken at this level address caregiver resilience to cope with stress and manage factors affecting sustained ability to provide nurturing care.**

- **Meso level: Interventions at the household level addressing the negative impacts of wider community or value systems to which the family belongs. The interventions here relate to local customs and practices, values and goals, and skills sets, including those addressing the effects of inclusion issues, resulting to poor nurturing care at the level of the household arising from social and material disadvantage, ethnicity or geographical disparities due to poor access to publicly provided services, low income, high mobility, single parent households, children without adequate parental care, discriminatory gender norms, and disability, among other social realities that reinforce exclusion and deprivation.**

- **Exo level: Programmes at the community level that affect the resources available to families, often influencing group dynamics and distribution/redistribution outcomes. Community-level networks play a significant role in promoting the physical, psychological, social, and spiritual well-being of individual community members and families. Exo system influences may relate to mother's or father's employment as it constrains resources for child care. Other exo-system factors may relate to group dynamics relating to ethnicity, gender, disability, location, and other forms of disparity that define opportunity and capacity to access publicly provided services, such as public infrastructure, transport networks, media and communication. They may also relate to other external circumstances and conditions, such as humanitarian crises, displacement, and other environmental risks, which adversely impact both caregivers and children.**
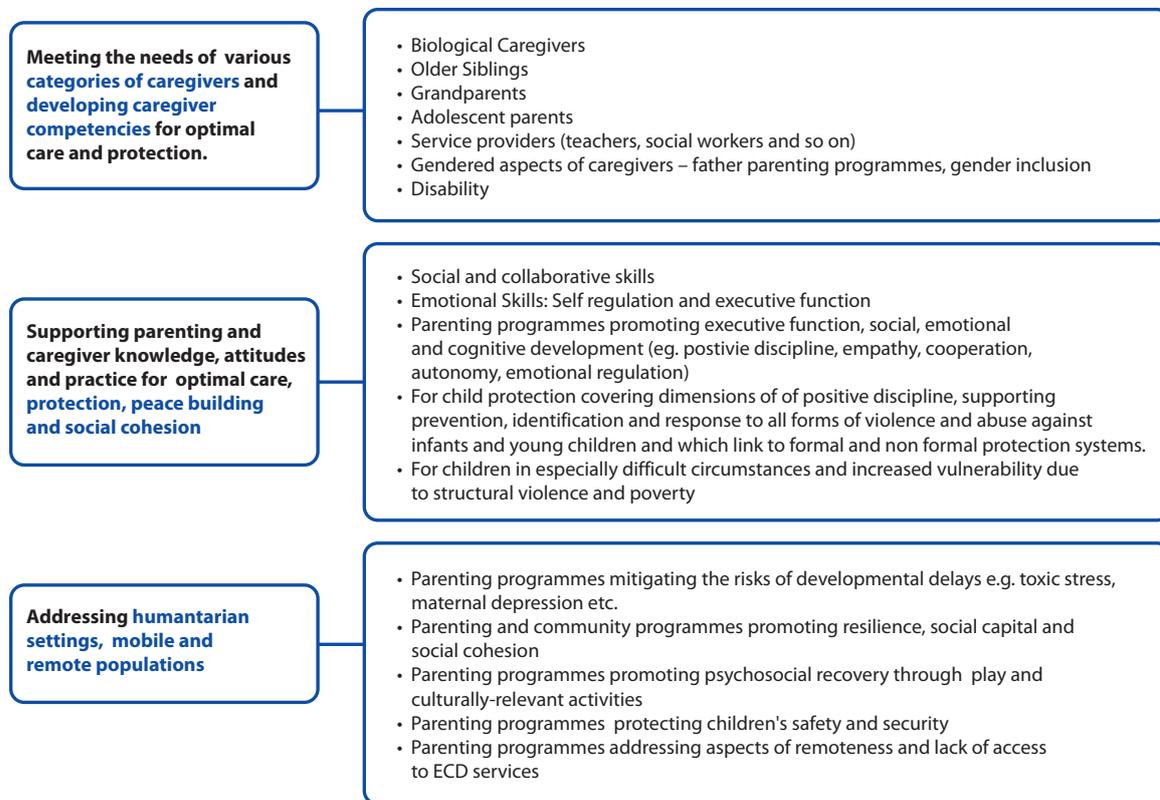
- **Chrono and Macro level: Interventions addressing underlying or structural causes that give rise to developmental risks, such as overarching laws, policies, and institutions that govern access to resources. Measures at this level address the lack of enabling environment, where policies and resources for families and children are scarce or inconsistently implemented across geographical contexts leading to inequality, poverty, instability, conflict, and fragmentation adversely affecting communities and reinforcing structural violence that erodes social capital over time.**

For the purposes of the documentation exercise, evidence has been gathered from the Asia-Pacific region demonstrating how ECD parenting programmes:

- **enhance caregivers' competencies across the components of the NCF;**

- **ensure that the care-giving environments at the household and community levels provide the necessary enabling condition;**

- **ensure that the needs of the child are met to promote optimal development and resilience, and reduce or mitigate developmental risks;**

- **are based on global or country-specific cases of effectiveness supported by a robust evidence base;**

- **are monitored, measured, and evaluated;**

- **put value in having sustainability plans to build on gains at local levels and broaden opportunity and readiness capacities for scale up; and**

- **identify emerging evidence that influence at the different levels of the systems', from macro to micro and vice versa,to promote holistic development and protection, as well as resilience and social cohesion.**

Figure 7 presents how ARNEC prioritised ECD parenting programmes, based on a set of criteria to select cases for documentation.

Figure 7: Priorities for Case Study Selection

Meeting the needs of various categories of caregivers and developing caregiver competencies for optimal care and protection.	• Biological Caregivers • Older Siblings • Grandparents • Adolescent parents • Service providers (teachers, social workers and so on) • Gendered aspects of caregivers – father parenting programmes, gender inclusion • Disability
Supporting parenting and caregiver knowledge, attitudes and practice for optimal care, protection, peace building and social cohesion	• Social and collaborative skills • Emotional Skills: Self regulation and executive function • Parenting programmes promoting executive function, social, emotional and cognitive development (eg. postivie discipline, empathy, cooperation, autonomy, emotional regulation) • For child protection covering dimensions of of positive discipline, supporting prevention, identification and response to all forms of violence and abuse against infants and young children and which link to formal and non formal protection systems. • For children in especially difficult circumstances and increased vulnerability due to structural violence and poverty
Addressing humantarian settings, mobile and remote populations	• Parenting programmes mitigating the risks of developmental delays e.g. toxic stress, maternal depression etc. • Parenting and community programmes promoting resilience, social capital and social cohesion • Parenting programmes promoting psychosocial recovery through play and culturally-relevant activities • Parenting programmes protecting children's safety and security • Parenting programmes addressing aspects of remoteness and lack of access to ECD services

The Documentation Process

Documentation of noteworthy ECD parenting approaches from the three programme sites was undertaken following a highly rigorous process, which involved feedback and collaboration between and amongst project stakeholders.

- **Formation of the Technical Advisory Panel:** ARNEC facilitated the formation of a group of regional experts, with five specialists in ECD, parenting, and child protection from different sub-regions of the Asia-Pacific region. The advisory panel agreed on the draft conceptual framework and approved the cases for documentation.

- **Development of a conceptual framework for ECD Parenting:** A conceptual framework and theory of change for documenting noteworthy ECD parenting programmes was developed and agreed. The framework included the following elements: (1) overview of the importance of documenting noteworthy ECD parenting approaches and gaps in current knowledge, practice, approaches and tools; (2) conceptualisation of 'ECD parenting', 'protection', and 'holistic early childhood development', and proposed definition that could be adopted for the purposes of the project; (3) a theory of change outlining the linkages between parenting programmes and child and caregiver outcomes supported by empirical evidence, and (4) a set of considerations in moving forward, including a call for expressions of interest.

- **Applications**: A Call for Expressions of Interest was made in September 2018 and copies of the Application Form were made available (see Appendices 1 & 2) emphasising the following:

  1. An interactive approach to facilitating and extending children's holistic development and protection in specific social, cultural or physical contexts;

  2. An approach whose implementation can strengthen the capacity of different groups of caregivers, practitioners or local authorities for optimal multi-level impacts; and

  3. An approach whose process of implementation can be documented in order to inform others about how to incorporate/adapt such approaches in their own contexts and that can be effectively scaled up.

  In line with the NCF for ECD and the theory of change, the Call also requested that applications would need to demonstrate one or more of the following principles in the documentation: (i) child-centeredness; (ii) holistic development; (iii) playful parenting; (iv) SEL and social cohesion; (v) sustainability; and (vi) cultural relevance.

- **Selection of cases, approaches and tools from the applications**: The applications received by ARNEC were evaluated using a scoring sheet based on a set of criteria. Scoring was done independently by pairs of reviewers. Applications which scored highest were selected.

- **Development of narrative reports**: ARNEC engaged national researchers to do the documentation and case write up, in collaboration with participating organisations. ARNEC and a lead consultant provided overall guidance in data gathering, writing and review of outputs. The draft narrative reports received several rounds of review to ensure rigor and quality.

- **Video documentation**: ARNEC engaged local videographers to do the video documentation. Following the outline of the draft narrative reports for each of the cases, the video documentation focused on capturing what makes each ECD parenting programme noteworthy, demonstration of the methodology and tools used, testimonies of project beneficiaries, and the emerging outcomes or observed changes at the level of the child, family, and wider local and national context. Video clips underwent a series of reviews before they were finalised.

- **Review and finalisation**: A face to face workshop was held in Singapore in April 2019 to review the drafts narratives and videos. Inputs were agreed to improve and finalise the outputs.

Brief Description of the Selected Cases

Seto Gurans & UNICEF (Nepal): A Flexible Modular Approach to ECD Parenting Education. This is a modular multi-topic parenting education approach that has been designed to meet the needs of parents and children across the varied settings of Nepal, and which can be adapted across the diverse terrains, and ethnic and linguistic groups from the Terai to the remote villages situated in the Himalayas. This approach integrates culturally relevant topic selection and messaging for caregivers to promote care and development of 0-5-year-old children with an intensive programme of centre- and home-based coaching and instruction. A key feature is its flexible, participatory approach for working with different ethnic groups and types of caregivers, and highly nuanced subject matter based on local realities through module choices made by the beneficiaries.

OneSky for all children (China): Creating Better Beginnings for Children Left Behind. The OneSky programme was designed to be a scalable low-cost approach to improving caregiving

capacities that would, in turn, mitigate the damage to young children left behind without adequate parental care as a result of more than 60 percent of parents migrating out of the province for work. The programme adopts a highly participant-centred approach focusing on demonstrating responsive and play-based parenting techniques. It is supported by women, who are locally recruited to work with the caregivers, often grandparents, and parents of children left behind who may be unable to attend the group sessions. A key feature is community engagement to strengthen social cohesion and resilience amongst the villagers for optimal child care in remote rural communities. It takes a village, indeed, to raise a child, one of the core principles of the programme. This has received national acclaim and is considered a model case by local and national authorities.

Save the Children (Philippines) First Read: A Culturally Sensitive Parenting Approach to Promoting Early Childhood Literacy and Learning. The First Read project was developed to meet the early learning and development needs of children from the Indigenous Peoples (IPs) in Mindanao and the semi-urban Metro Manila area. The innovative approach is that children's books for children under six years are developed in partnership with IPs to incorporate indigenous knowledge, cultural heritage and folklore, and the use of mother-tongue instruction in parenting education and early learning. The project recruits local women volunteers from within the tribal communities and uses social media and ICT platforms to reach caregivers, who are unable to attend physically. The initiative addresses the gap in service delivery to IPs, who are largely excluded from mainstream educational settings because of their remote locations and poverty. The programme has successfully provided an early learning educational foundation for the children using adult- child centred, interactive activities, and enhanced parent and family capacity to provide valuable early learning opportunities for young children.

The Three Programs

NEPAL

A Flexible Modular Approach to ECD Parenting Education
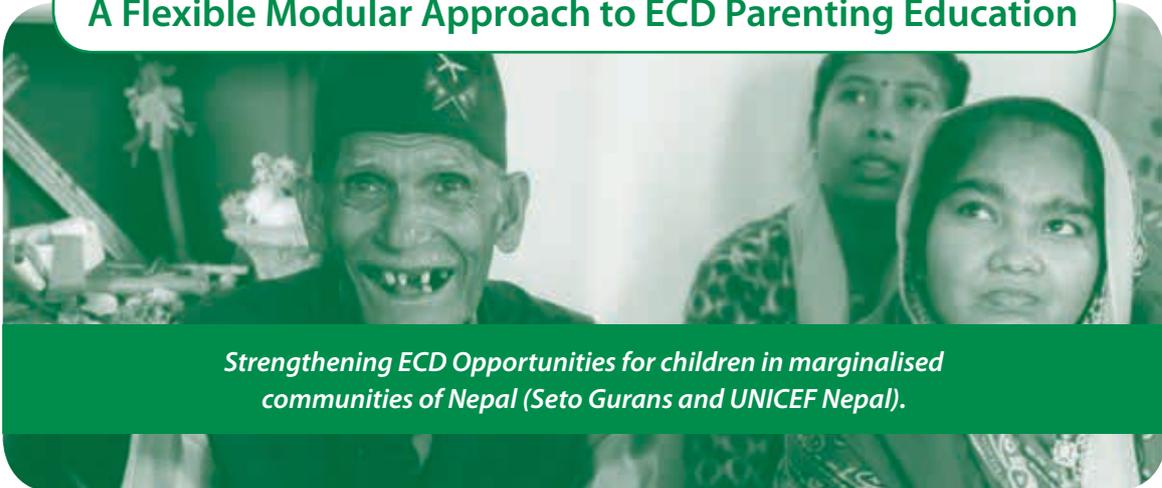
Strengthening ECD Opportunities for children in marginalised communities of Nepal (Seto Gurans and UNICEF Nepal).

PHILIPPINES

First Read Project
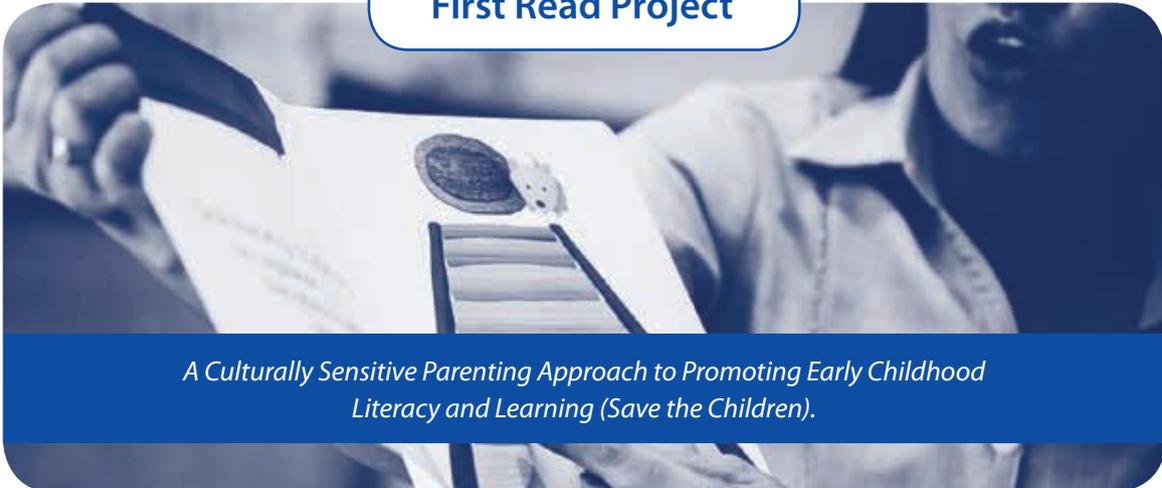
A Culturally Sensitive Parenting Approach to Promoting Early Childhood Literacy and Learning (Save the Children).

CHINA

Creating Better Beginnings for China's Left-Behind Children

The OneSky Family Skills Programme (OneSky for all Children, China)

A Flexible, Modular Approach to Early Childhood Development (ECD) Parenting Education

Strengthening ECD Opportunities for Children in Marginalised Communities in Nepal

Table of Contents

Figures and Tables

Abbreviations

ECD	Early Childhood Development
ECE	Early Childhood Education
KAP	Knowledge Attitude and Practice
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NPC	National Planning Commission
PE	Parenting Education
SDG	Sustainable Development Goals
TOT	Training of Trainers

The Country Scenario: Context and Challenges in Nepal

The Socio-Geographical Context

Figure 1: Nepal Geographical Map
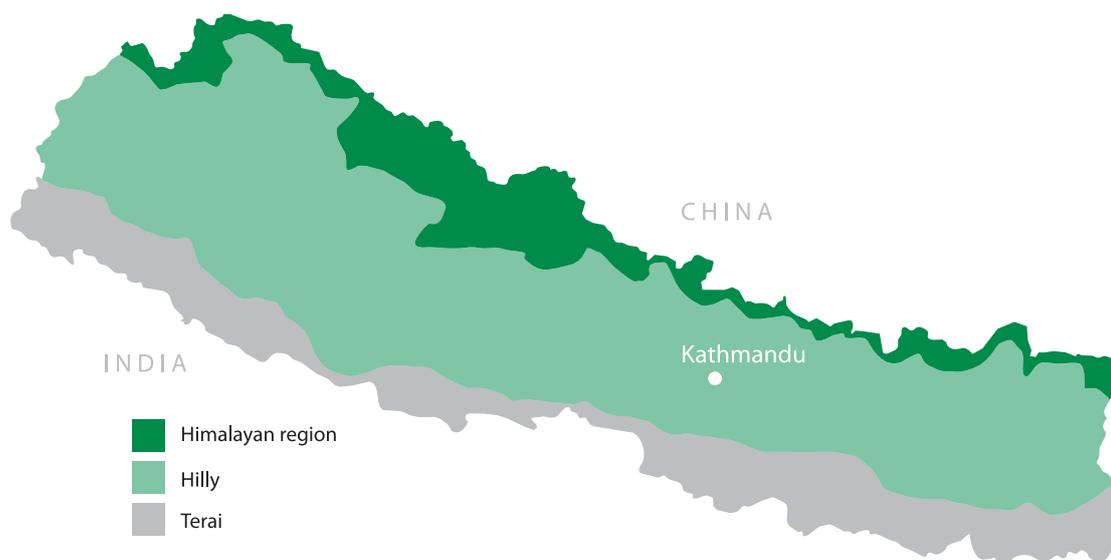
Nepal is a geographically diverse country with a mix of urban, rural, and tribal populations. It consists of three main geographical regions: the Terai region, the Hill region, and the Mountain region. Nepali is the mother tongue for the majority of the population (more than 50 percent), followed by Maithili (12 percent) (Government of Nepal, 2015). The other main languages are Bhojpuri, Tharu, Tamang, Newari, Magar, Rai, and Abadhi.

As a result of declining birth and death rates, as well as an improvement in life expectancy within a relatively short span of time, Nepal is one of the few countries that has accomplished remarkable improvements in human development over the last two decades (NPC, 2015). But, like other countries, Nepal has a finite **'demographic window of opportunity'** to build the foundations for maximising benefits for the country.[1] If the current trends remain, Nepal will continue to enjoy a higher proportion of working age population, fewer children to feed, and fewer elderly to look after, which is projected to reach its peak in 2025. The implications of this projected 'demographic gift' or dividend are crucial for the country's continued and sustainable growth. But having started from a very low base, Nepal still ranks low on the human development index (NPC, 2015).

1 This demographic window of opportunity refers to the number of years between the time when the percentage of working-age population (15 to 64 years of age) vis-a-vis the total population starts to increase and the time when the same percentage starts to decrease. During this demographic window of opportunity, the number and proportion of working-age population is particularly high compared with dependent-age population, which provides very favourable conditions for a country's socio-economic development.

The Status of Early Childhood Development (ECD) in Nepal

Nepal's notable progress in children's development can be seen in its performance in meeting the Millennium Development Goals (MDGs) for which it received an MDG award in 2010 (GoN and UNICEF, 2018). This progress largely consisted of reducing the infant mortality rate, the under-5 mortality rate, and the maternal mortality ratio. Nevertheless, there remains a substantial need for further efforts in other areas of children's development. Currently, a staggering number of children are in need of early care, protection and education, with malnutrition, illiteracy, and poverty levels prevalent (UNDP, 2016). About 36% of the children below 5 years were stunted (Ministry of Health, 2017); and only 4.8% of the children under age 5 had access to three or more children's books (UNICEF, 2014). In addition, attendance in early childhood education (ECE) was low at 51% among 3 to 5-year olds (UNICEF, 2014). Only 12% of the children of the poorest quintile were developmentally on track in literacy and numeracy compared to 65% from the richest quintile (Ministry of Education, 2017). Eighty-two percent children aged 1 to 14 years had been subjected to at least one form of psychological or physical punishment by a household member (UNICEF, 2014).

Similarly, with respect to child-rearing in Nepal, the trends are even more alarming. For example, only 66% of the children aged 0 to 5 months were exclusively breastfed and 20.6% of the children under 5 were left alone or in the care of a child younger than 10 years for more than an hour at least once in the last week (UNICEF, 2014). These observations reflect that many children younger than 5 years in Nepal are at risk of not reaching their developmental potential. To improve the children's situation, prioritising ECD with planned and targeted interventions to address health, nutrition, protection, and early learning through a holistic and integrated ECD programme is needed in Nepal.

In light of this dismal situation of children in Nepal, and the country's commitment to achieving the Education for All (EFA, 2000) and Sustainable Development Goals (2015), Nepal has undertaken a number of policy and programmatic initiatives through the development of a number of national plans and strategies. Key national level initiatives taken up to improve the situation for the most vulnerable and disadvantaged children include:

- **Nepal's new Constitution (2015) incorporated ECD as a basic right for all children. It states, *'children under six years of age shall have the right to learn in a manner suitable to their age and development stage and to early childhood development.''***
  (Government of Nepal, 2015)

- **ECD guidelines for developing a curriculum to run a centre-based programme.**

- **Goverment-run ECED programme for 3-6-year olds under education sector plans and Minimum Standards to be followed by these ECED programmes for maintaining the quality of centres.**

- **Development of Early Learning and Development Standards (ELDS) for 48-60 months of children to facilitate holistic and shared understanding of children learning and development among children and the Nepal's national plan, which spells out the ECD policy and programme (NPC, 2015).**

The need for parenting education and strengthening caregiving capacities derived from the growing concern over the status of children, particularly the alarming child rearing trends mentioned earlier above, and a recognition of the role of positive parenting in reversing these trends in Nepal.

Several programme-level interventions exist with particular focus on parenting education (PE). It has been a critical area of work for the government by the Centre for Education and Human Resource Development (CEHRD) and various other international organisations (such as UNICEF Nepal, Plan international, Save the Children, World Vision etc.) and national organisations (like Seto Gurans National Child Development Services).

UNICEF Nepal, the Centre for Education and Human Resource Development (CEHRD) formerly the Department of Education (DoE), together with the Seto Gurans National Child Development Services (Seto Gurans) developed and implemented the current ECD Parenting Education (PE)programm. It was conceived to fill the current gap in our understanding of responsive early care and early learning through positively influencing the knowledge, attitude, skills and behaviour of caregivers towards their child's development and by creating awareness of the importance of their role in supporting children's growth and development. Designed to holistically addressing the needs of the youngest children in living in disadvantaged and remote areas, its aim is to promote an enabling environment for young children's holistic development as envisioned in SDG 4.2. The PE package of materials was developed in 2016 based on the Government of Nepal existing six sessions PE package but extended to 32 sessions and later finalised as a 30 session package.

About the Programme

Concept and Plan

The PE Initiative is intended for children from 0 to 5 years old and has been implemented since April 2016 in five districts of Nepal. Selection of the locations was based on the Child Deprivation Index, which identifies the most marginalised populations (namely, Achham, Bajura, Kalikot, Mugu and Mahottari). In the districts, the programme has targeted 41 local municipalities and 500 ECD centres 100 per district, trained 500 ECD facilitators, and reached 15,805 parents and caregivers (UNICEF, 2017). The target beneficiaries include disadvantaged marginalised communities, such as the urban poor, rural households, ethnic minorities and displaced persons. All caregivers included pregnant women, mothers, fathers, siblings, grandparents and newly married couples (UNICEF, 2017). The data from the formative study also revealed that elder brothers and sisters under 20 years are also included in the programme, with the majority of the participants (88 percent) being between the ages of 21 and 50 (UNICEF and Seto Gurans, 2016).

The PE sessions are delivered by ECD facilitators after they have delivered the ECD programme in the centres. As community volunteers, they get Rs. 200 (Nepali Rupees) per session as a stipend. The stipend norms for ECD facilitators for conducting the PE have been aligned with government norms to ensure the sustainability and cost effectiveness of the programme.

The PE programme aims to strengthen child care practices to improve caregivers' competencies for improving child's health and health care, hygiene habits, food safety, education, play, free-time activities, and protection. A key feature of the programme is its flexible and participatory approach of working with caregivers and the large choice in topics, which caregivers can select from the PE package, that suit their particular contexts and localities.

The programme's Theory of Change (ToC) is that **if** the contents and time of delivery of the PE package were appropriate and based on parental choice, **then** the attendance of parents or caregivers would be high, and would positively influence their knowledge, attitude, skills and behaviours towards their child's optimal care, well-being and development.

Through strengthening caregiving capacities, the programme aims to increase the physical, mental, emotional, social and linguistic development of children, and reduce the rates of maternal and child mortality, exposure to infectious diseases, malnutrition, and even accidents in the long run.

The Programme Design: A Flexible Modular Approach

The ECD PE programme presents an illustrated, field-tested, integrated, and holistic package, which includes information on maternal and child nutrition, protection, health, water, sanitation and hygiene practices, child development, security and safety, playing and games, making toys from local materials, early stimulation learning, gender roles and equity (UNICEF & Seto Gurans, 2016). The topics are covered through 30 sessions as listed below.

Selection of Topics: The programme is based on a participatory approach, which provides opportunities for parents or caregivers to discuss challenging practices and finding possible solutions. The 30 topics are grouped under five components (Table1). Caregivers are encouraged by the faciliators to select the topics that they want to learn about. The first five topics, under the component of ECD and role of caregivers, are mandatory. From the rest of the 25 topics, the caregivers are expected to select any 15 topics, according to their interests and priorities.
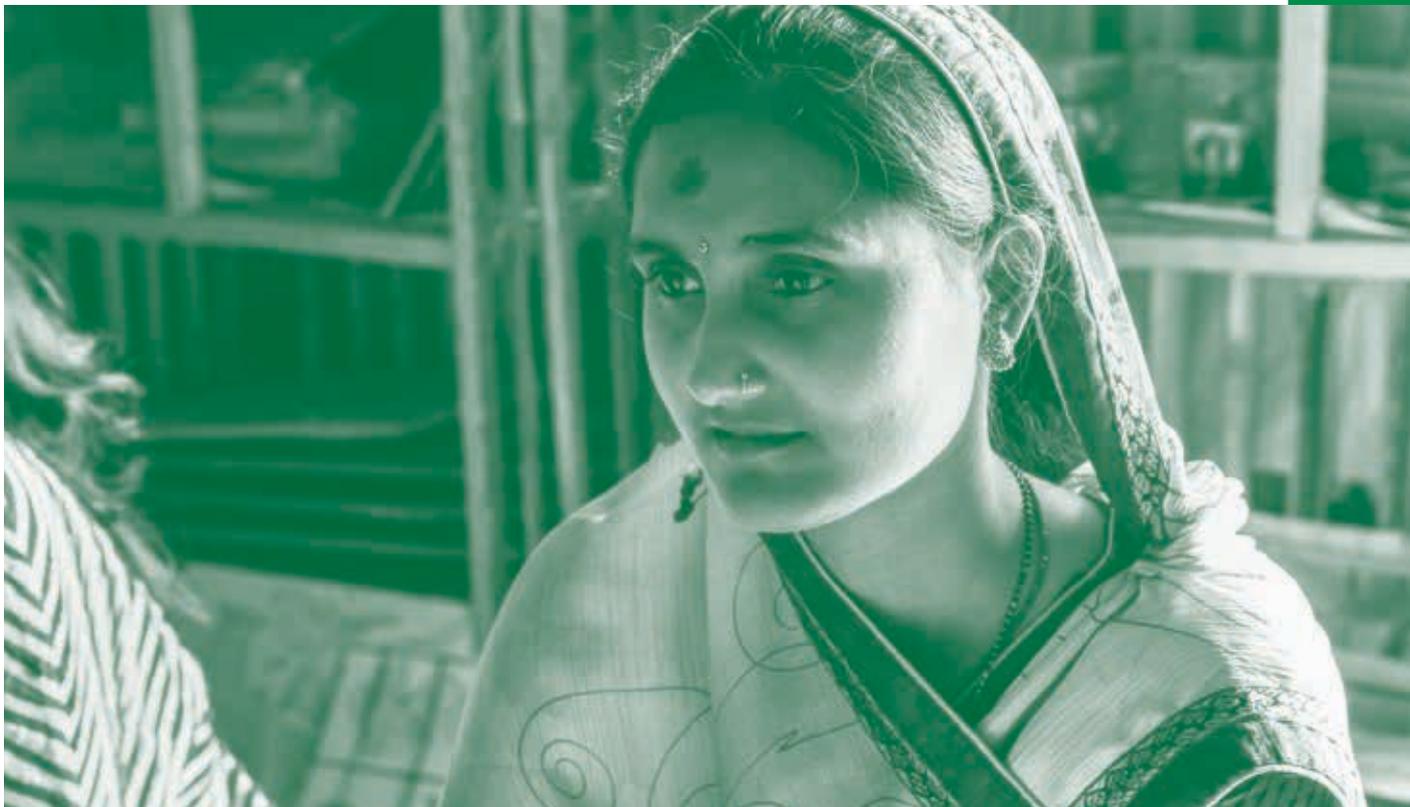
Table 1: Components and Topics of the PE package

Key Components		Topics
Early Childhood Development and Role of Caregivers *(Mandatory sessions)*	1	Introduction and importance of parenting education
	2	Introduction and importance of early childhood development
	3	Basic child rights of all children and ECD
	4	Role of fathers in ECD
	5	ECD programmes and responsible sections/institutions
Development stages of children and nurturing care *(Optional sessions – Choose 15 out of 25)*	6	Care of pregnant women and children
	7	Care of newborn and lactating mother
	8	Stimulation in early childhood
	9	Golden thousand days
	10	Components of early child development
	11	Early childhood development stages and characteristics
	12	Early detection of children with special needs
Child health, nutrition and hygiene	13	Importance and methods of breastfeeding
	14	Supplementary food for children beyond six months
	15	Cause and prevention of child malnutrition
	16	Importance of safe water
	17	Personal and environmental hygiene
	18	Child health and care
	19	Prevention of harmful transmittable disease in children
Child protection and care	20	Positive discipline
	21	Protection of children from violence, abuse, and punishment
	22	Safety and protection from accidents
	23	Child protection and learning in emergencies
	24	Inclusive participation of all children
Early Learning	25	Importance of early learning
	26	Child-centered learning activities
	27	Utilisation of local learning materials
	28	Interaction and communication with children
	29	Early literacy and math skills for children
	30	ECD Centre and pre-primary classes

The common steps involved in selecting the topics are:

INFORM ➤ **DISCUSS** ➤ **SELECT**

ECD facilitators follow a simple protocol to (1) first inform the participants about about each topic and its importance, followed by (2) a discussion among the facilitators and participants to select a subject matter, following which (3) topics are decided and selected. A KAP study conducted in 2017 found that the major criteria used to select the topics was the interest and needs of the community and the participants' own knowledge- or lack thereof-of the topics (UNICEF, 2017).

The KAP data also revealed that all the topics were selected in all five districts, but their popularity and frequency of selection varied from district to district. The topics most commonly selected were on physical development, the importance of the golden 1000 days, and social development because they were important and relevant to the communities, according to participants and facilitators interviewed (UNICEF, 2017).

On the other hand, other topics were less popular and not selected as often. Topics related to early literacy and maths, protection of children from HIV infection, participation, and play and other activities with children 4 to 5 years old were the least selected topics. According to a facilitator from Mahottari:

> *'the participants did not select 'care of mother and child during pregnancy', 'care of mother and new born children', 'stages, characteristics and behaviour in early childhood', 'identification of disability in time', 'homemade nutritious food for children', 'inclusive participation of all children' and 'child safety and learning during disasters'. 'They knew about these topics; therefore, they did not select them,' she said (UNICEF, 2017).*

In some cases, the facilitators read aloud the topics and the participants agreed, and no discussions were held. All the facilitators from Achham district stated that:

> *'they did not use the participatory approach for selection of topics since the participants were unresponsive. In this case, the ECD facilitators and the district chapter representatives of Seto Gurans suggested the topics.'*

Frequency of Intervention: The programme is delivered at least fortnightly and each session/topic lasts from 1 ½ to 2 hours. It takes 10 months to complete 20 sessions/topics. The frequency of the programme is largely dependent on the caregivers' availability and the schedule is set flexibly and participatively. ECD facilitators noted that:

> *'the time and venue are fixed as per the convenience of the caregivers. Sometimes, we conduct sessions in community spaces, when caregivers find difficulty in coming to the ECD centre for attending the PE.'*

Delivery Modality: PE sessions follow five steps (Table 2) (PE Guidebook, 2017):

Table 2: Five Steps of the Parenting Education Session

	Steps	Description
Step – 1	Local level positive and informative practices	Generate a discussion on local level positive child rearing practices in the community and promote the demonstration of some best practices in the session.
Step – 2	Problem analysis	Discuss the problems and issues related to the topic (use questionnaire during discussions to get tothe core of the problems).
Step – 3	Information and subject-related messages	Share key information about the session's subject indicating caregiver's role and responsibilities. Ask participants to share their understanding and how much they know about the subject.
Step – 4	Commitment and development planning	Garner commitment of the parents (asking questions about what they learned in the session and how they will implement what they learnt with their children).
Step – 5	Reflection of session	Ask and discuss with the participants whether or not the objective of the subject was fulfilled, based on evaluation questions per subject.

The delivery of sessions includes both lectures and practical hands on methods. The use of plays, songs, puppets, posters, stories, pictures, and interactions is encouraged during the PE sessions. Facilitators, who are often from the same communities, also ensure the use of local language and songs are integrated into their interaction with caregivers and children. The KAP study found that dancing, singing, storytelling, and acting to deliver lessons were commonly used by the ECD facilitators in all districts (UNICEF, 2017).

However, the consistency of maintaining this engagement varied from place to place. For example, one female participant interviewed said that:

'the delivery of the PE package was mostly one-way with little interaction.'

Others added:

'the facilitator lectured from the front and participants listened. Limited discussion was held inter-mittently, and few posters were shown.'

Furthermore, participants found the non-lecture methods useful and felt it gave them an opportunity to gain knowledge more effectively about the topics under discussion. In sum, caregivers reported to have liked the active delivery modality, with some exceptions noted due to the lecture format by some facilitators (UNICEF, 2017).

Photo 1. Participants use picture cards during PE sessions.

Photo 2. Participants use play and learning materials and explore ways of using these during PE session.

The PE Programme Implementation Plan

The programme is implemented by the District Chapters of Seto Guran through the National SetoGurans, in technical partnership with UNICEF and the GON. The Seto Gurans district chapters are separate entities, and are formed after intensive training with the National Seto Gurans. As district partners, they are expected to work closely with the municipalities and the district education development coordination units to strengthen institutional capacity for the programme. Each district is managed by a district trainer and coordinator, with a pool of mentors covering approximately 20 ECD centres.

The PE manual has a number of steps to be followed before the implementation of PE which are as follows:

Community Orientation: Community mobilisation is a critical component of the programme. To build buy-in and ownership, community activities, such as village gatherings and home visits are organised. The activities are aimed at stressing the importance of ECD, the role of parent and the community, understanding the community needs for parenting education, and suggesting how the programme can meet those needs to mobilise support and buy-in before the sessions are actually run. The aim of community orientation is to motivate caregivers to ensure their genuine participation to benefit their children and not for the sake of receiving the allowance or stipend for participating. Programme staff and facilitators usually conduct *extensive* community dialogue mainly through the community gatherings.

Buy-in is often a gradual process: The KAP survey found that at the beginning the participants avoided the facilitators, made excuses, and also asked what they would get in return for attending the classes. In response, the facilitators made house-to-house visits to convince caregivers to participate in the programme. In addition, at community gatherings, programme staff encourage local elected representatives at the ward level to participate in the activities in order to build local government ownership in parenting education. Apart from this, parenting fairs are also organised where PE messages are disseminated to the community.

Tools and Resources for Early Parenting Education: The parenting education package includes a guidebook and pictorial cards, which provide a step-by-step guide to facilitate the sessions based on the five steps in Table 2. (PE Guidebook, 2016)**.**

Session plan and pictorial cards on the importance of early learning and safety.

Follow-Up and Reporting: The Guidebook includes sample formats/tools for reporting and follow up and emphasises periodic organisation of caregiver meetings to review the changes experienced and challenges faced as set out in the Table 3 on the following page.

Table 3: Formats and Tools for Reporting

Format	What is the objective of the format?	Who fills it?	When to fill it?
Registration form	To register the details of caregivers, who are interested to attend the PE programme.	ECD centre facilitator	This format is filled during the first PE session or community orientation
Topic update form	To update the list of selected 20 PE topics, which includes mandatory as well as the optional topics selected by the participants.	ECD centre facilitator	Filled before session starts
Attendance form	To record attendance and regularity of the caregivers in the PE sessions.	ECD centre facilitator	When caregivers come to attend a session
Update learning and challenges	To identify the key learning and challenges faced by the facilitators and caregivers during each session.	ECD centre facilitator	During the PE session
Joint monitoring observation	To track and monitor how the caregivers are applying information presented in the PE sessions.	District Seto Gurans/Seto Gurans National level/local level stakeholders	Three times quarterly through home visit

Mentors selected from within the villages are recruited to support eight sessions each month. They undertake regular observation and monitoring, including follow-up and home visits to see changes in parents and children's behaviour, and to support the ECD facilitators during their regular sessions. They are invaluable in addressing attendance difficulties and continuing the sessions during times of seasonal migration. The home visits by the mentors and the ECD facilitators focus on monitoring changes in child health, nutrition, stimulation, learning, play, toys, safety and security, sanitation, interactions and childcare. In addition to tracking child and adult level outcomes, they also ensure the adequacy of measures to sustain an enabling home environment. As one mentor puts it:

> *'we visit homes not only to see the changes in the home environment in terms of availability of variety of play materials for children, cleanliness of home etc., but also to ensure the sustainability of this environment'.*

Training and On-Going Support

In order to build the capacity of programme personnel, who will be able to further train the frontline ECD facilitators on the delivery of the PE programme, a 10-day training residential training of trainers (ToT) is provided. ToT training is reinforced six months after the basic five-day residential fresher training of ToT, which focuses on the challenges, bottlenecks, successes, best practices and expected barriers in applying the PE sessions and undertaking training of others. This training also emphasises

practical steps using a variety of tools, such as group exercises, role plays, simulation sessions, etc. The trainers then deliver seven days basic training to the ECD faciltators, which is jointly delivered with the mentors and district coordinators, who also received ToT training. The training focuses more on the practical aspects of childcare and less on the theoretical aspects and includes group exercises and practical demonstration of techniques, such as how to conduct community orientation, simulations of the home visits, techniques to engage parents/caregivers through role play, the use of puppets and other materials etc.

On-the-job coaching is also provided to ECD facilitators after the basic training when conducting the PE sessions and during home visits. The district Seto Gurans team makes on-site visits to provide on-the-job coaching and technical support. The on-site coaching also includes working with local level stakeholders, including elected representatives and local and district level officials to boost coordination.

Monitoring and Evaluation of the Programme

The quality of the programme is monitored through robust monitoring and mentoring systems, systematic documentation, and periodic monitoring and evaluation by programme staff members. Table 4 shows the monitoring mechanisms at the central, district, and field levels:

Table 4: Project Monitoring System

Level	Organization	Key activities
Central Level	Ministry of Education, Science and Technology	Overall monitoring and supervision and package development
	UNICEF Nepal	Funding, technical guidance, documentation, and monitoring & evaluation
	Seto Gurans NCDS	Technical support to all levels, monitoring, and documentation
District/ Municipality Level	District/Municipality level	Approval, supervision and funding (in some cases)
	District Seto Gurans	Technical support to community, monitoring, data collection, and documentation
	Ward level local representatives (local/community leaders)	Community orientation, monitoring, and supervision
Community level	Mentors (District Seto Gurans)	Technical support to facilitators, home visits (4-8 homes), and data collection In current expansion phase, each mentor has increased ECD centres (between 24-28) and they are supposed to prioritise the weak facilitators. The mentor's role is supporting the PE programme and supporting the ECD facilitator.
	ECD centre facilitator (supported by government of Nepal)	Conduct community orientation and PE sessions, and home visit (4-8 homes)

Apart from ongoing monitoring, two evaluations have been conducted:

- **In 2016, Seto Gurans with UNICEF conducted a baseline study. Before implementation of parenting education in the community, a baseline study was conducted to assess the situation of the project intervention area. This study formed the basis for understanding the gaps, what sort of content is needed which informed the development of the PE package (UNICEF and Seto Gurans, 2016). The second evaluation was done, after a year, to assess the relevance and the effectiveness of the intervention.**

- **In 2017, UNICEF commissioned a Knowledge, Attitude and Practice (KAP) Study to national research institution, Institute for Integrated Development Studies (IIDS)to review ongoing work on parenting education programme. The purpose of the study was to contribute towards measuring the effectiveness of the PE package to improve caregivers' knowledge, attitude and practice in parenting skills and child development (UNICEF, 2017).**

Key Challenges Faced in Implementing the Programme

One of the common challenges faced, especially at the beginning of the programme, was to convince caregivers to participate in the programme. As one official stated:

'In poor, uneducated, and deprived communities, families do not care as much about their children as they do about their animals because animals are a source of income. Hence, changing this attitude and the way of thinking was and still is a challenge in some communities.'

Neverthless, after parents attended a few sessions their interest in continuing to attend increased, with 74.1% of caregivers attending more than 50% of the sessions overall (UNICEF, 2017).

District coordinators pointed out that the challenge of ensuring caregiver's regularity was a critical one which all of them faced. Irregularity in attendance mostly happened during festivals and rice harvesting season. As one ECD facilitator noted:

'It becomes difficult to engage parents, who are busy and do not have time for a two-hour session.'

Maintaining the momentum and motivation of the ECD faciliators was also as a key challenge. District coordinators believed that the motivation levels of the ECD facilitators were affected by the low stipends they receive. A district coordinator stated that:

'Retaining and motivating ECD facilitators sometimes becomes a challenge-especially after the convergence of ECD centres in schools- because they see that a primary teacher gets a higher salary… so they feel they should leave this job and also become primary teachers.'

Another challenge is that some topics do not receive adequate attention because they are not selected by the caregivers. For example, an observation from the KAP survey was that 'child protection' was a topic least likely to be chosen in almost all the districts (UNICEF, 2017). Hence, although allowing

Photo 3. Mother plays with her children using material she developed for them.

parents to select session topics may lead to choosing sessions, which caregivers think are important for them, without further prompting and encouragement by the facilitators, they may actually miss out on information that is necessary or missing in their knowledge base and skills sets.

Moreover, there have been some district-specific challenges, especially those related to working in remote areas and visiting hard-to-reach households. One district coordinator from Kalikot interviewed remarked that:

> *'in [the] district, some of the areas are located quite remotely and have very difficult terrain, so accessing these areas is a challenge. In those cases, we try to come up with alternatives, such as reaching out to the remote families with the help of local representatives, conducting group session in these areas, etc. so that we can reach out to the remote households.'*

Hence, ECD facilitators get support from mentors, district coordinators, and other local stakeholders.

Results and Impacts

Impacts at the Level of Children, Caregivers and Families: Micro-Level Outcomes

Despite these challenges, the programme has had a very visible impact on key beneficiaries, especially parents.

The baseline survey (UNICEF and Seto Gurans, 2016) initially conducted before the launch of the programme pointed to a lack of parental awareness of their children's developmental needs, particularly weak parental involvement in children's learning, lack of play materials at home, and not enough focus on parenting education by the local government. A subsequent KAP survey (UNICEF, 2017) comparing baseline to results after one year noted positive improvements in caregivers' knowledge, attitudes, and practices. Parents were making more post-partum visits to health centres; washing hands with soap and water after defecation and before eating, declining diarrhea rates among children; increased participation in ECD centres; and more male caregivers were talking and reading stories to children before bedtime.[2]

One ECD facilitator said:

> *'Now parents have started picking up and dropping their children to the ECD centre. Their involvement in the centre and PE sessions has improved… caregivers' participation in the sessions has become consistent. Some parents even help in cooking the mid-day meal or serving meals at the centre… because parents understand the importance. It has impacted children's regularity and participation in the ECD centre as well. Now children come to the centre and stay for the full day.'*

Changes at the level of the child-caregivers include significant increases in the percentage of caregivers telling stories to the children (23.3%), playing with children (13.3%), using toys made from local materials (7%), keeping story books (6.6%) and picture books (6.5%) for children. There were similar increases in the trend encouraging children to learn new things (14.4%) and regularity in the attendance of children at the ECD centres (11.4%).

The programme's impact is also evident in the statements made by the beneficiaries of the programme:

One ECD facilitator said:

> *'Previously, parents were less aware of their children's needs, cleanliness and hygiene. Hardly any of the parents were aware of the importance of storytelling and telling stories to their children. With such poor awareness and understanding, it was difficult to start parenting education in the community. Most of the parents were of opinion that it was a waste of their time. But we did not give up… with the help of mothers' groups, we mobilised communities and convinced caregivers. Slowly, parents and communities started understanding the importance of parenting education.'*

One mother said:

> *'I learnt how to make play and learning toys from locally available material for my children during the parenting education session. I have made these for my children so that they can play at home.'*

Another mother said*:*

> *'The programme has been quite helpful in terms of knowing what kind of food I should give my children for their development.'*

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2   Statistically significant increases were noted in the practice of washing hands with soap and water before eating food (14.6 per cent) and after defecation (28.7 per cent) among children and before feeding children among caregivers (8.6 per cent). There was a significant decline in the incidence of diarrhoea and fever, which seems to be linked to the increased practice of hand washing. (reference)

Impacts at the Level of the Community and Municipalities: Meso and Macro-Level Outcomes

At the level of local municipalities, impacts were noted in terms of their commitment and ownership of the programme. Most of the local municipalities acknowledged the benefit of the parenting education programme for the community:

One mayor stated:

> *'Preparing children is not enough. Preparing families is equally important during early childhood.'*

Another mayor said:

> *'This programme is a key lever to bridge the gap between teachers, parents, and children. In addition, by engaging caregivers, particularly mothers, women are being empowered and this is very much needed.'*

There has also been significant increased interest and ownership of the programme by the local governments. Local municipalities are planning to step up collaboration with NGOs and INGOs to secure more funding to implement the programme in other areas, develop videos and documentaries on ECD to creat awareness among parents, launch advocacy and awareness campaigns, and integrate components of parenting education to municipality action plans and budgets.

As one district coordinator noted:

> *'Now there is an awareness of the need for the parenting programme, especially at the local government level. They now acknowledge this need and are thus taking steps to incorporate parenting education in their action plans.'*

Lessons Learned and Key Take-aways

Diversity among the target beneficiaries has helped in supporting social cohesion: The flexible and participatory approach of the programme has been a key lever in tailoring the programme to the different geographical locations and groups. The modular flexbile approach allows for the selection of topics according to caregivers' interests, priorities and situational realities. Survey results showed that most of the topics selected were important to the communities and children (UNICEF, 2017).

In addition, the flexibility in adopting and adapting solutions to specific local situation ensured the further contextualisation of the programme and ensured its continuity. When caregivers began to learn about new and relevant topics, their motivation increased and they began to actively participate in the classes. The programme was also acknowledged by various programme officials to bring people from diverse ethnic groups together, which was important for social cohesion and inclusion.

As one community leader said:

> *'All the caregivers from different ethnic groups come to the same place and attend the PE programme. They share their problems and discuss the best practices. This is promoting inclusion among diverse groups.'*

A UNICEF representative explained:

> *'We are flexible in implementation, particularly on the platform. There is some basic methodology for sure in the guidebook, which needs to be followed, but this can be adapted to the local context by the facilitators. Capacities are built in a way that they can take care of the approach and follow the implementation keeping in mind contextual issues as five districts covered have different challenges.'*

Building the capacities of different stakeholders at various levels: Effective implementation depended on enhancing the capacities of facilitators for community mobilisation and active interface with caregivers, which increased the sense of ownership of the programme by local stakeholders. The buy-in of local government and being able to effectively communicate the importance of parental support and education resulted to increased investment in the programme, and led to tangible progress and results.

Community orientation helped in convincing the caregivers to participate in the programme and facilitated community ownership: Extensive community dialogues through home visits and caregiver meetings facilitated community involvement and were instrumental in bringing about informed participation. These meetings helped in generating awareness and spreading the word about the PE programme in the community. In the course of implementation, it became apparent that when parents understand the value of parenting education, their participation is sustained even in the absence of incentives like snacks or stipends.

The programme's participatory approach had a positive impact among caregivers: The KAP study data showed that 74.1% of the caregivers attended 11–20 sessions (more than 50% of the sessions). Among the caregivers who attended the first three sessions, the possibility of attending the rest of the sessions increased by more than 50% (UNICEF, 2017). In addition, caregiver participation in the programme exceeded its target of reaching10,000 caregivers by 58%, this without incentivising attendance through lunches or stipends.

Strategies adopted for engaging local government/leaders helped in bringing the changes at the level of local government: One of the district coordinators mentioned that:

> *'district coordinator's continuous engagement with local government helped in convincing them to take initiative at local level. For instance, recently, in my district (Kalikot) local government is in the process of including PE programme in their action plans.'*

One mayor said:

> *'I am coordinating with some NGOs and INGOs working with children, especially in the area of ECD to explore funding… if they can support some components it will help us scale-up the programme.'*

Sustainability was ensured through local and national partnerships: The partnership between UNICEF Nepal, the GoN's Centre for Education and Human Resource Development (CEHRD) and the Seto Gurans National Child Development Services has been a critical feature of the programme and instrumental in ensuring its sustainability. Currently, the programme involves ECD facilitators, who are recruited and financially supported by the Government of Nepal for running centre-based ECD programme. For delivering a PE sessions, ECD facilitators get additional Rs. 200 (Nepali Rupees) per session as motivation to conduct the PE. Sustainability is also strengthened by the programme's coherence and consistency with national operating frameworks. Hence it is aligned with and builds on the government's existing planning process and advocates for increased investments in ECD through integrated local action plans.

Future Directions: Potential for Scale-Up and Replicability

Focusing on socio-emotional learning (SEL) while conducting the PE sessions: Evidence from the studies on parenting points to the fact that focusing on SEL where parents and children attend sessions together, leads to greater impact (UNICEF, 2017). During PE sessions, ECD facilitator can model how to play with children, demonstrate feeding techniques and provide other hands on experiences to the caregivers, which will not only support better understanding of the development and learning needs of young children, but also help in strengthening the caregiver and child social and emotional bonding and relationship.

Tapping existing human and financial resources for further reach and impact: Tapping into existing and available human resources is important to capitalise on existing assets at the local levels. For instance, one ward chairperson said:

> *'the local government has a provision of a social mobiliser for parents/community awareness. This needs to be used for the PE programme. We should engage graduate students who are currently studying by giving them some stipend for this. This will be good for both the students and for the sustainability of the programme.'*

An ECD facilitator added:

> *'there is a teacher in the school who has a health background. So, I take support from him while conducting the session related to the topic of health. The school principal is aware of the ECD parenting education programme and he supported the programme by providing a fund of Rs 9,000.'*

Increasing men's participation: Specific strategies need to be established to involve more male caregivers in children's learning and development. Although male caregivers participated in the programme, they were only 22% of the attendees, and only 18.4% of them were fathers. This may have been due to high rate of migration for work, with nearly 30% of males were away in Mahottari on work, but other avenues for including brothers, uncles and grandfathers should be developed (UNICEF, 2017).

Regular follow-ups with local municipalities: Many functions related to children have been delegated to local government. For example, basic education and basic health services fall under local government jurisdiction. This provides opportunities for public action to improve children's situation in response to local conditions. The municipalities also have a lead role in integrating services for different sectors.

Promoting social cohesion and instilling socio-emotional learning: Although the programme does not have an explicit focus on building social cohesion and developing into skills in aid of socio-emotional learning (SEL), SEL is incorporated in the design through building the capacities of caregivers and in the use of positive discipline techniques, encouraging meaningful social interaction and play, and through enhancing caregiver capacities for the protection of children from violence, abuse and punishment. For future programmes, specific strategies are needed, which focus specifically on tools and techniques to promote SEL to support inclusive, diverse, conflict free communities.

Building on existing knowledge: It is very important to recognise and respect people's knowledge and practices while imparting new knowledge and practices. Linking new knowledge and practices with indigenous knowledge and caregiving practices was necessary to make the participants own the new knowledge and practices. Walking caregivers through a critical reflection process on the benefits and harms of different types of practices and continuous follow-up support was required to sustain new knowledge and practices. This mechanism will help participants reinforce the unlearning and re-learning processes (UNICEF, 2017).

Increasing multisectoral coordination: Last but not least, there is a need to integrate parenting education with other measures to support caregivers. Broadening the nature of parental support through income generation, literacy and other programmes, aims to address the wider social and economic burdens, which challenge carers and families from optimally caring for their children. Broadening the delivery modality of the programme through various platforms, particularly the health platform, would also enable coverage of more children under 3. This advocacy of sharing the programme design at the country level helped influence partners like Plan International to implement the PE package through the health platform resulting to a wider scale implementation (Seto Gurans, 2018).

What Makes This a Noteworthy ECD Parenting Programme?

The Nepal PE programme is noteworthy for a number of reasons:

- The programme's **flexible and participatory modular approach** was able to address multiple ethnically and geographically diverse communities spread over a wide geographical area, and in many cases high up in remote mountainous regions.

- The **adaptability of the programme** was a key feature of its design, largely brought about by its syllabus and the large selection of topics for parents to choose from, which provide opportunities for caregivers to engage based on priorities of the different groups.

- The **ability to service families in remote areas where human resources are often weak or absent** was another notable strength of the parenting intervention. This was made possible by involving local ECD facilitators from within the same communities. Doing so had several direct and indirect effects. By strengthening local resources, the programme was able to ensure continuity of messaging and local adaptation of the approach to an audience with limited literacy skills and education, and in their own indigenous mother tongue languages. It also gave skills to the ECD facilitators in child rearing. which they could use in their own families.

- This programme has been implemented as a crucial entry point for **multi-sectoral collaboration** to support families and young children. Experts in other sectors, such as health, nutrition, and protection reviewed the ECD parent education package to validate its content and ensure the quality of the messages.

- To ensure **sustainability**, the programme made use of existing government platforms, such as education and health for delivering the sessions to the caregivers. PE sessions are delivered by the ECD facilitators after conducting the centre-based programme. The stipend norms for ECD facilitators for conducting the PE are aligned with the government norms to ensure the sustainability and cost effectiveness of the programme. This provides a practical model, which can be easily replicated in other districts of Nepal and even in other countries.

Future Plans for Scaling-Up

Overall, the programme has evolved as a noteworthy practice based on its approach. Its acceptance and popularity suggest that the critical features of the PE programme can be relevant in creating a useful and successful model of parenting education for other economically deprived communities. The data generated and used during the implementation of the programme demonstrate an evidence-based approach to implementation. Data were used to guide the possibility of further scale-up of the programme. As a result, the programme will be implemented across three more districts in Nepal by Plan International, using the health platform and will cover additional 176 communities.

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References

GoN (2015). Constitution of Nepal, 2015. Kathmandu: Government of Nepal.

GoN and UNICEF. (2018). Country Programme Action Plan (2018-2022).Government of Nepal, Kathmandu, 2017

MoE (2017). Administrative records of Ministry of Education, 2017. Kathmandu: Ministry of Education.

Ministry of Health, Nepal; New Era; and ICF, Nepal Demographic and Health Survey (NDHS): Key indicators, Government of Nepal, Kathmandu, Nepal, 2017.

NPC. (2015). Sustainable Development Goals 2016–2030: National (Preliminary) Report. *Kathmandu: National Planning Commission*.

Save the Children. 2010. Situational Analysis Report: Early Stimulation and Nutrition Survey in Pyuthan.

UNICEF and SetoGurans. (2016). Formative Study on Parental Education in Five Districts of Nepal 2016. UNICEF Nepal, Kathmandu, 2017.

Discussion Points

1. Why, in this context, do you think it is important for community to 'take ownership' of ECD Centres? How does this link with the sustainability of the approach?

....

2. Based on what you have read and viewed about the communities in Nepal, why do you think is it important in this context for caregivers to be able to make use of natural resources and materials?

....

3. This programme uses different ways to interact and engage with caregivers. Discuss how this participation is encouraged and what makes it successful with these children. What methods or approaches from this example could work in your own programme?

....

4. The programme is designed around a flexible, modular curriculum for parenting education to adapt to the various socio-ethnic and regional settings in Nepal. What can you learn from the way in which materials and resources have been developed for this programme?

....

5. What have you learned from this approach and how can you make use of this new knowledge in your own context?

....

Feedback and Comments

1. What did you find most useful about this case study?
   Was the case study clearly laid out and able to demonstrate the project approach?

....

2. Were there components of the programme you would have liked to learn more about? What were they?

....

3. Did the video provide a good demonstration of the project's design and activities? Was there anything you would have liked to see more of?

....

4. What, if anything, would you add to the case-study to facilitate your understanding of the approach and methodology?

....

5. In future, what ECD parenting topics would you like to see documented?

....

Any other comments?

Please send your feedback to: **secretariat@arnec.net**

Save the Children Philippines' First Read Project

A Culturally Sensitive Parenting Approach to Promoting Early Childhood Literacy and Learning

Table of Contents

Figures and Tables

Abbreviations

4Ps	Pantawid Pamilyang Pilipino Program
BDRC	Book Development Review Committee
BQCT	Book Quality Criteria Tool
CREDI	Caregiver Reported Early Development Index
CSO	Community Social Organization
DSWD	Department of Social Welfare and Development
ECCD	Early Childhood Care and Development
Five Finger	Playing, Counting, Reading, Talking, Singing
HLE	Home Learning Environment
HoME	Home-based Mentoring on Emergent literacy and numeracy
IDELA	International Development and Learning Assessment
IP	Indigenous People
PV	Parent Volunteer

Overview of ECCD in the Country

The Philippines is the twelfth most populated country in the world with a total population of 100.98 million people.[1] Almost half of its population is composed of children, with almost 40% of the population under 18 in 2010.[2] Economically, the Philippines is characterised by slow human development, persistent poverty, and slow and uneven economic growth (NEDA & UNICEF, 2018). With 31.4% of children living below the basic needs poverty line, challenges for Filipino children include:

- **low and declining immunisation coverage;**
- **high levels of stunting and underweight;**
- **high rates of out-of-school children; and**
- **prevalence of the use of corporal punishment.**

Specifically for children under 6, there are low levels of access to Early Childhood Care and Development (ECCD) services, poor quality of existing services, and a lack of understanding of early childhood development among parents and caregivers that lead to children who are not prepared for school. Indeed, compared to pre-primary enrollment rates of 83% in developed countries, the Philippines lags behind with only 60% of children between three and six years old enrolled in daycare centers, kindergartens, pre-primary classes and ECCD services as of 2012[3] despite strong evidence that shows the lifelong benefits of pre-primary education.[4]

In addition to the low coverage, these services are not comprehensive. They lack appropriate curricula and professional development opportunities for ECCD facilitators, and they fail to adequately support children under the age of four in particular (Save the Children, 2016).

To add to these challenges, most commercially available children's books in the country are for older readers (5 years old and up). Filipino writers who specialise in writing books for children 0-4 years old are relatively few. If there are materials available for this age group, they are usually developed and produced overseas and do not reflect the Philippines context, particularly its diverse and multiple indigenous cultures. Indeed, the Philippines is home to over 110 ethno-linguistic groups, 61% of which are in Mindanao,[5] according to statistics from the United Nations Development Programme (UNDP, 2010). However, existing educational systems and materials for these indigenous peoples (IPs) are largely inappropriate and not adapted to the peculiarities or diversity of these various ethnic groups (Abayao, 2014).

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1   Based on 2017 statistics

2   Philippine Statistics Authority, 'Census of Population and Housing 2010', <www.psa.gov.ph/psada/index.php/ catalog/64>

3   Estimated by ECCD Council based on the 2012 National Statistics Office data on children population by age for 2012.

4   https://www.unicef.org/education/early-childhood-education

5   According to *Indigenous Peoples/ Ethnic Minorities and Poverty Reduction* (Asian Development Bank, 2002), there are at least 13 Islamized ethnolinguistic groups indigenous to Mindanao. They are the Maranaw, Maguindanao, Tausug, Yakan, Samal, Sangil, Molbog, Kalibugan, Kalagan, Palawani, Iranun, Jama Mapun, and the Badjao. The 18 nonMuslim or Lumad groups are the Bagobo of Davao del Sur, South and North Cotabato, and Sultan Kudarat; Mansaka of Davao del Norte; Mandaya of Davao Oriental; Subanen of the Zamboanga Peninsula; B'laan of Davao del Sur, South Cotabato, North Cotabato, Maguindanao, and Sultan Kudarat; T'boli of South Cotabato; and Tiruray of North Cotabato, Maguindanao and Sultan Kudarat. The Manobo encompass various tribes that are also considered Lumad because they are found in Mindanao—in Agusan del Sur and Norte, Davao, and Cotabato. Other Manobo tribes include the Higaonon of Agusan and Misamis Oriental; Bukidnon of Bukidnon and Misamis Oriental; Talaandig of Bukidnon; Matigsalug of Bukidnon and Davao del Sur; Umayamnon of Agusan and Bukidnon; Dibabawon of Agusan and Davao; Banwaon of Agusan and Misamis Oriental; Talaingod of Davao del Norte; Tagakaolo of Davao Sur; Ubo of South Cotabato; Tasaday of South Cotabato; B'lit of South Cotabato; and Mangguangan of Davao del Norte and Sur, and Cotabato.

In the area of child protection, the Philippines has also been plagued with issues of child safety and security. A systematic review of the extant literature by Roche (2017) showed that physical violence is commonplace among families. Corporal punishment or physical abuse is widely used and accepted as a norm by Filipinos as the primary means of discipline (NEDA & UNICEF, 2018). Ramiro (2016) noted that two out of three Filipino children experience physical violence, mostly in the form of spanking.

While the Philippines signed and ratified[6] in 1990 the United Nations Convention on the Rights of Children, several landmark laws that reflect an increased national focus on the youngest children have only been passed in the last two decades. The laws focus on promoting better understanding of children's needs and a deeper commitment to building systems to help ensure that these needs are met. Table 1 below summarises the laws that have laid the foundations for improved ECD programs in the Philippines. In addition, the Republic Act 8371, also known as the Indigenous Peoples' Rights Act (IPRA) of 1997, recognises and protects the rights of IPs 'to preserve and develop their cultures, traditions and institutions,' and also acknowledges the State's obligations in ensuring that education, health, and other services respond to the needs of the IPs.

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6   Other international treaties, which directly or indirectly advance children's rights, signed and ratified by the Philippines include the following: optional protocols on the Rights of the Child on the involvement of children in armed conflict (2003) and on the sale of children, child prostitution and child pornography (2002); Convention for the Elimination of All Forms of Discrimination Against Women (1981); the Convention on the Elimination of Racial Discrimination (1967); the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1995); Convention against Torture and other cruel, inhuman or degrading treatment or punishment (1986); and the ILO Worst Forms of Child Labour Convention 1999 (2000).

Table 1. ECCD Laws in the Philippines

Title	Year passed	Description
Early Childhood Care and Development (ECCD) Act (RA 8980)	2000	• promotes the rights of children (ages 0-6 years old) to survival, development, and protection with full recognition of the nature of childhood and its special needs • enhances parents' knowledge and capacities about their roles as the children's first teachers by ensuring that special support is provided to the poorest and most disadvantaged families • endorsed a national, multi-sectoral, and comprehensive framework on Early Childhood Development (ECD)
The Kindergarten Act (RA 10157)	2012	• requires children to attend Kindergarten in order to start Grade 1 • paved the way for free Kindergarten education for Filipino five-year-olds
Early Years' Act (EYA) (RA 10410)	2013	• recognises the first four years of a child's life as the first crucial stage of their educational development • calls for the implementation of a national ECCD system, consisting of an age-appropriate curriculum, parental education, human resources development and ECCD management committees • enhances the ECD system in the Philippines by appropriating funds and identifying the Early Childhood Care and Development Council as the national body responsible for the development of children from 0- 4 years old • establishes an ECD system which promotes the holistic development for children age 0-8 y.o. through the integrated management of services, specifically health, nutrition, early education and social services
Kalusugan at Nutrisyon ng Mag-Nanay Act (RA 11148) also known as the 'First 1,000 Days' Law	2018	• aims to provide children the nutrition and health services they need from birth to the age of three and to level out the playing field by ensuring children from poor families will have access to quality health and nutrition services to help them achieve optimum growth and development • lays down the groundwork for evidence-based nutrition interventions, nutrition-specific and nutrition-sensitive mechanisms, strategies, programs, and approaches to eradicate malnutrition and hunger

Before the passing of the 2013 Early Years Act, ECD services were mostly for children 3 years old and above and there was very little focus on children 0-2 years old. As noted by the Executive Director and Vice Chair of the ECCD Council of the Philippines, Dr. Teresita Inciong, 'Now [the situation] has drastically changed. [ECD programs now] serve children from 0-8. So this encourages the participation of more parents. [The EYA has also] mandated the local government to look into the welfare of the young children, who are considered future of the country.'

This underscores the continuing need to strengthen services, especially those that focus on emergent literacy and numeracy skills for children under 4. Literacy skills and a culture of learning need to be encouraged in culturally and developmentally appropriate ways. Thus, additional outreach and support services are needed to support caregiver capacities and creating an enabling and protective home environment.

The First Read Project

The different settings in the Philippines' landscape give rise to diverse sets of risk factors and stressors which challenge caregivers ability to care for their children. For those who reside in Luzon, particularly in the urbanised area of Metro Manila, extreme poverty exposes children to prolonged, toxic stress, while children in the far-flung areas of Mindanao, specifically those that belong to indigenous groups, face discrimination and lack access to basic services, and the absence of context-specific indigenous materials that reflect their culture.

Save the Children UK and Philippines launched the **First Read** project in 2013 in response to these gaps in programme delivery. The programme, funded by the Prudence Foundation, primarily focuses on promoting emergent literacy and numeracy of 0-4 year old children in select areas of Luzon and Mindanao. Its approach is centered on working with parents and caregivers through different community channels to create optimal parenting and home environments to aid children's early development, literacy and learning.

The First Read project aims to address key challenges:

- **few government interventions for children below 3 years old;**
- **poor or inequitable access to ECCD services: the remoteness of most communities in Mindanao makes it harder for its members to participate in ECD programs for parents and caregivers;**
- **most children's books commercially available in the country are for older readers (5 years old and up); and**
- **most books do not reflect the Philippines context, particularly indigenous cultures.**

The programme intervention is designed around **three** main activity pillars:

Inclusive Book Development and Gifting

The focus is on developing age-appropriate, context-focused, and culturally-sensitive reading materials for indigenous groups (Blaan, Maguindanaoan, Tagakaolo, and Tboli) in Mindanao, and involves the creation and publication of age-appropriate and culturally-sensitive storybooks in mother tongue for very young children, particularly those from the abovementioned indigenous groups;

Community Action

This involves partnership with both the local government units and national government agencies in order to institutionalise the use of these strategies. The project promotes the formation of social capital by tapping parent volunteers (PVs), who facilitate the HoME sessions, and Book Development Review Committees, which facilitate the creation of culturally-sensitive and context-appropriate books for

children in the communities. In addition, partnership with local government units and public libraries paved way for the establishment of the so-called ECCD corners, spaces where families with kids 0-4 years old can access age- and developmentally-appropriate toys and reading materials for children.

Family Learning

This involves parent education sessions for those who have children ages 0 to 4 years using the Home-based Mentoring on Emergent Literacy and Numeracy **(HoME)** modules The HoME modules can also be accessed remotely by parents in areas not reached by the First Read program through the mobile application *iMulat* which is available on Google Playstore.

To date, the program has been implemented in two phases. The First Phase (2013 to February 2016) had reached more than 35,475 children and 42,216 adults directly in 126 barangays.

In its Second Phase (April 2016 to February 2019), First Read was implemented in five cities in Luzon (Navotas, Caloocan, Taguig, Malabon, and Manila) and three municipalities in Mindanao (Alabel and Malungon in Saranggani Province, and Tboli in South Cotabato). Barangays were selected through consultation with local leaders and using data from the National Household Targeting System for Poverty Reduction National Survey, the same survey used in identifying beneficiaries for the Pantawid Pamilyang Pilipino Program (4Ps).[7] The Second Phase of the programme had reached a total of 58,862 direct beneficiaries and 200,260 indirect beneficiaries.

Program Approach

To achieve change, First Read employs a four-pronged strategy (Figure 1).

Figure 1. First Read and Save the Children's Theory of Change

Be an Innovator
Introduce unique initiavies such as the inclusive book development process for indigenous groups, HoME sessions (with focus on the Five Finger strategy) for families with children 0-4 years old.

Build partnerships
Partner with major government agencies (such as the ECCD Council, DSWD, National Book Dev't. Board), CSO's and local government units in cnducting HoME and establishing corners.

Be the voice
Facilitate an ECD program in areas that are poverty-stricken and populated by indigenous groups

Achieve results at scale
Scale up through the use of ICT (via mobile application iMulat) and module in the Phil. CCT program (via DSWD partnership).

7   Pantawid Pamilyang Pilipino Program (4Ps) is the Department of Social Work and Development conditional cash transfer program. Through the 4Ps, beneficiaries receive cash grants when they comply with the conditions required by the program. These conditions aim to encourage the poorest of the poor families to invest in education and health. Beneficiaries are selected through the National Household Targeting System for Poverty Reduction, known as *Listahanan*, which is based factors affecting families' living conditions (such as physical structure of houses and number of occupants).

As an **innovator,** the programme:

- **introduces an ECCD program in the Philippines context that focuses on emergent literacy and numeracy of the underserved 0-4-year-old age group.**

- **establishes an innovative community engagement approach through the inclusive book development process, which involves community elders, parents, and others in the creation and production of culturally-sensitive and age-appropriate reading materials for children 0-4 years for different indigenous groups. The book development initiative serves not only to facilitate the production of more reading materials for the communities, but also to help in the preservation of the rich and diverse culture of select IP groups in Mindanao (the Blaan, Maguindanaoan, Tagakaolo, and Tboli).**

- **spearheads the creation of the HOME parenting education sessions using an innovative, easily accessible approach to family learning – *the Five Fingers approach* – to guide parental learning for a strengthened early learning environment within the family.**

The project serves as a **voice** to the marginalised communities in the Philippines living in poverty-stricken areas in Luzon and areas populated by indigenous groups in Mindanao. First Read empowers members of the communities by equipping them with knowledge about child-rearing and responsive caregiving, and providing them with access to parenting skills training (e.g. HoME sessions, book and toy-making workshops) and services they need to preserve their culture and heritage, while creating learning materials for their children (as highlighted in First Read's inclusive book development process).

To **build partnerships,** the First Read project partners with various stakeholders and institutions at both local and national levels. It forged a partnership with the Department of Social Welfare and Development (DSWD) to integrate the HoME modules into the Conditional Cash Transfer Program of the DSWD as part of the Family Development Sessions. It has worked collaboratively to revise and streamline policies, extend technical assistance, and works with the ECCD Council, National Book Development Board, CSOs, and local government units, all of which have been beneficial in securing the project's goals and in promoting comprehensive ECCD programs in general. Through its book development initiative, the First Read Project forged partnerships with two major publishing houses in the country (Adarna House, Inc. and Ilaw ng Tahanan) and formed the so-called Book Development Review Committees in Mindanao (composed of elders, community leaders, parents/caregivers from the indigenous groups of T'boli, Maguindanaoan, Tagakaolo, and Blaan), which facilitate the development of culturally appropriate books for the children from the IP groups.

To achieve result at scale, the project uses ICT technology to reach more caregivers and achieve wider impact. Through the mobile app iMulat, parents/caregivers who cannot attend face-to-face HoME sessions (and even those who beyond the project's reach) can now access a condensed version of the HoME module.

How Does the Program Work?

First Read has been able to help build a strong foundation for young children by strengthening the capacity of parents and caregivers on appropriate child care and stimulation practices as well as encouraging positive parenting and discipline.

To better understand the First Read's components discussed above, the following sections present a more elaborate discussion of First Read's change process, as well as the challenges faced, lessons learned, and future sustainability and scale up plans.

Book Development and Gifting

First Read produces age-appropriate and culturally-sensitive books in mother tongue for children in various communities in Luzon and Mindanao, particularly for the indigenous groups of Blaan, Maguindanaoan, Tagakaolo, and Tboli in the Mindanao region. It does this by partnering with local publishers and institutions to make books for children under six commercially available based on a participatory and inclusive community- based book development process (Figure 2).

Figure 2. First Read's Inclusive Book Development Process

Pre-planning
- Agree on themes/topics to be covered
- Determine methodologies for data-gathering

Data gathering
- Consult with partner communities
- Coordinate with teachers
- Interview community member
- Gather photos from areas and illustrations from learners

Book development
- Draft storybook contents
- Validate with community
- Edit with assistance from reading expert
- Lay-out
- Print
- Turn-over printed books to communities

Community involvement and ownership are part of the production of age-and context-specific indigenous reading materials in Mindanao through the formation of the Book Development Review Committees (BDRCs). BDRCs are composed of tribal leaders from the select indigenous groups, day care workers, writers, illustrators, editors, parents and caregivers. The BDRCs train their respective community members on creative writing and writing for children 0-4 years old. This inclusive book development process aims to empower parents, caregivers, and daycare workers through the process of creating and/or translating children's books in their mother tongue. The process also ensures culturally-appropriate representation in storybooks. *(See Appendix A for a more detailed, step-by-step description of the First Read's inclusive book development).*

In addition to the BDRCs, First Read developed the 'Book Quality Criteria Tool' used to ensure consistent quality standards of its publications. Original and translated books are distributed among First Read's target communities through various activities such as literacy events and seminars, spearheaded by the First Read Project across communities. Parents also receive book bags after

completing the HoME sessions. Book gifting ceremonies, book fairs, and other literacy and learning-related events and events further strengthen the community-based ownership and indigenous values among IP caregivers.

Indeed, in its First Phase, First Read not only produced original content representing indigenous cultures, but was also able to document (making them available in books and CDs) original folklore, and indigenous children's stories and songs that were previously only passed from one generation to the next through the oral tradition of story-telling. During its Second Phase, innovative book publication continued with additional books produced.[8] For example, recently published under First Read's Second Phase are 1) *Pitong Tsinelas (Seven Slippers),* which promotes numeracy and inclusivity using font for Open Dyslexia; 2) *Diin Makadto (Where Will I Go),* which discusses safe places to go to during emergencies; 3) *Kayang-kaya! (We Can),* the first interactive book locally manufactured in the country and written by HoME graduates; and 4) *Limpyo Na 'Ko (I am clean)*, the first soft book produced by the project.

Family Learning and Home-based Mentoring on Emergent Literacy and Numeracy (HoME)

The project uses a community- and-home-based approach to deliver parenting sessions that promote reading, singing, playing, talking and counting with children at home. The Home-based Mentoring on Emergent Literacy and Numeracy (HoME) sessions cover concepts and principles about parenting, child development, health and nutrition, and positive discipline. HoME sessions also teach activities for stimulating early learning and development that can be done at home, and which are embodied in the so-called **Five Fingers approach** – a simple and easily remembered communication strategy for promoting playing, counting reading, talking, and singing with children at home– these five key components corresponding to the five fingers of the hand.[9]

Figure 3. Five Fingers Activities

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8   Other books developed and published during Firs Read's Second Phase include *Balay Kalerekanan* (Tagakaulo), *Tay Klehew i Smala*f (Blaan), *Yom Lem Hulu* (Tboli), *Pagbilagan* (Ilokano), *Tik-Tak* (Tagalog), *Sino siya* (Tagalog), and *Sya ka, Magab'das ta* (first Maguindanao board book by First Read).

9   Each finger represents a simple activity that must be done regularly at home. **So five fingers activities include 1) playing, 2) counting, 3) reading, 4) talking, and 5) singing (See Figure 3)**. These are simple activities that can be conducted at home which facilitate children's holistic development. Practicing the so-called Five Finger activities on a regular basis also strengthen the bond between caregivers and children

Table 2: Application of the Five Fingers Approach

ACTIVITY	Application of the Five Fingers Approach
Playing	HoME sessions emphasise the importance of play in early childhood development. A toy-making workshop is included in the module for play. Parents/ caregivers are taught how to make age-appropriate toys using locally available, easy-to find materials. They are encouraged to play with children on a regular basis not only as part of early stimulation, but also to strengthen the bond between parents and caregivers.
Counting	Parents are encouraged to engage children in household activities that encourage early numeracy development, such as sorting utensils, grouping household items together, and counting plates.
Reading	A book-making workshop is conducted during HoME sessions. Parents are encouraged to create books in their mother tongue which tell stories about children's daily activities and other familiar experiences at home and in the community.
Talking	Engaging children in meaningful conversations with parents and caregivers is promoted during HoME sessions as part of strengthening socio -emotional bonding and socio-emotional learning (SEL). Parents and caregivers are encouraged to ask children about their day, how they feel, and what they observe about their surroundings. Mother tongue must also be used in conversing with children. Story-telling is equally important in stimulating early learning. Parents/caregivers are reminded to talk to their children using mother tongue when telling stories. They are also highly encouraged to use household items and home-made toys as props during story-telling time. During home sessions, parents and caregivers are told to set aside time for regular reading and story-telling time with children.
Singing	Parents are taught how to write poems and songs to children. Just like talking, singing is a vital component in early learning. Use of the local language is also highlighted in choosing and creating songs for children. Aside from facilitating language development, singing with matching dance and movement also helps in developing children's coordination and motor skills.

HoME sessions are facilitated by **parent volunteers (PVs),** who are either assigned by local government units (e.g. barangay health workers, barangay nutrition scholars, and day care workers) or are former parent participants of HoME sessions. PVs are at the core of the programme.

The HoME Module consists of nine sessions divided into two parts: The first part focuses on the principles of child development, child development, health and nutrition, and positive discipline. The second part contains strategies that are focused on activities for stimulating learning and development.

Table 3. Home-Based Mentoring on Emergent Literacy and Numeracy (Home Modules)

HoME	Session	Modules
PART ONE (concepts and principles covering parenting, child development, health and nutrition, and positive discipline)	Session 1	Firm, Fair, and Fun parenting
	Session 2	Understanding Child Development (incl. Children's Rights and Child Safety)
	Session 3	Positive Discipline
PART TWO (activities for stimulating learning and development)	Session 4	Playing with Children
	Session 5	Counting with Children
	Session 6	Reading and Storytelling
	Session 7	Singing with Children
	Session 8	Talking with Children
	Session 9	Health and Nutrition in First 1,000 Days

To empower PVs, they are trained to conduct HoME sessions by First Read staff through the PV training, which normally lasts from three to five days. The training familiarises the PVs with the syllabus content, the First Read approach, and facilitation and engagement techniques to work with caregivers and children. Most PVs rollout the HoME sessions as part of their official functions as barangay health workers, barangay nutrition scholars, or day care workers. In select areas, PVs receive allowances/honorarium as incentive.

One PV working in Mindanao since 2013 noted:

> *'The training we received enabled us to learn new things and we became better equipped, even though not all parent volunteers have been formally educated. The training seminar provided us with new information and skills to deliver support to caregivers' for their children's early childhood development.'* [10]

Once trained, PVs recruit parents and caregivers to the programme through attending community activities, such as feeding programs, visiting day care centres and doing house-to-house visits.

Caregiver education sessions take place in the community and are supplemented by home visits. The local government units (barangay and/or city/municipal levels) provide the venues for the community sessions in the day care centres, health facilities, basketball courts and gyms, or wherever participants can gather and listen to lectures. These can range from nipa huts to open spaces under a tree.

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10 *'Maganda yun kasi may natututunan din kami dun sa ganung paraan. Kasi hindi naman lahat ng nagkaron sa parent volunteer is may pinag-aralan. Dun sa seminar pa lang natututo na kami.'*

Photo 2. Male caregivers learn how to make toys using locally available materials in the toy-making workshop during one of the 'father sessions' in Tondo, Manila.
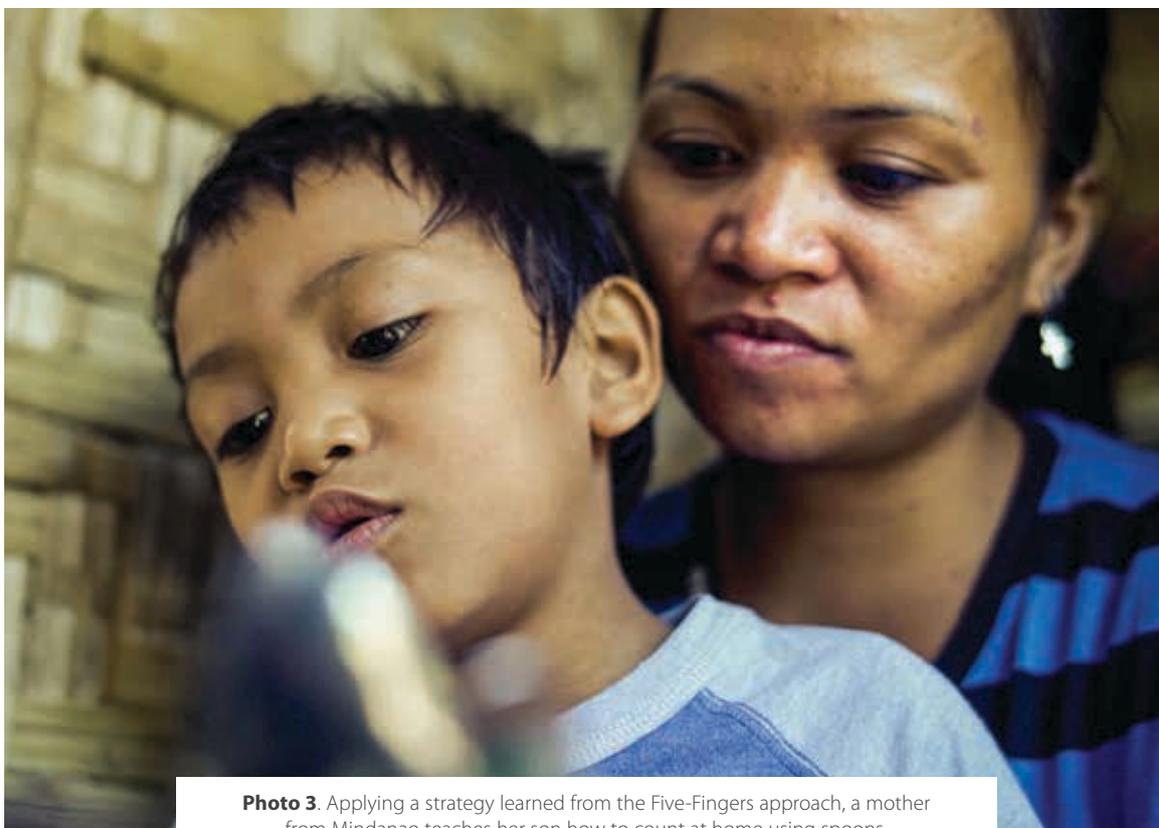

Photo 3. Applying a strategy learned from the Five-Fingers approach, a mother from Mindanao teaches her son how to count at home using spoons.

Photo 1. Parents gather in an ECD centre for the HOME session.

The length of the programme varies according to participants' schedules, availability of venues, and other community activities. In some areas, participants can complete the HoME sessions for as short as a week and a half (granted that the sessions are conducted daily). In other areas, HoME sessions are conducted once to twice a week, and in select cases, participants only get to meet a few times in a month. The frequency of the conduct of the HoME sessions really depends on the agreed schedule of the participants, as well as the availability of venues where they can gather. For instance, there are mountainous areas in Mindanao, where participants travel by foot for more than half a day to get to the venue of the HoME sessions, making it hard to conduct HoME sessions on a regular basis. In such cases, two or more modules are discussed per meeting.

While venues are more accessible in Metro Manila, parents also tend to drop out of the classes because of other tasks they need to attend to. For parents in Metro Manila, iMulat can easily be accessed by those who fail to attend the face-to-face sessions regularly.

Male participation is encouraged by conducting 'father sessions' which are all-male caregiver HoME sessions intended to reinforce the role of fathers in children's development and to promote gender-sensitive parenting by instilling the concept of 'shared parental responsibility.' *(See Appendix B for the HoME Session Format).*

Mindanao PV recounted that the lessons she had learned from the HoME sessions were highly beneficial not only to her as a PV, but more importantly as a parent:

> 'When I started my training, we were asked to make books, storybooks, and toys for children. We were also asked to improvise children's songs and poems. It feels like we are just playing but in reality, we are also working on improving our knowledge and skills for the children we want to serve.' [11]

She highlighted how appealing and understandable the play-based experiential pedagogy was to the caregivers saying:

> 'What I like best about conducting the [HoME sessions] is seeing the parent participants enjoying the lectures, not just because you're teaching them something, but because they feel like you're a friend chatting with them. They have fun singing like children whenever we have the exercises. Unlike other programs focused on heavy-to-digest lectures, it feels like we're just storytelling during our [sessions].' [12]

Photo 4. Parent Volunteer from Blaan indigenous group reads to a group of children using First Read books.

Going to Scale Using ICT through the iMulat

The project sees ICT as supplemental to traditional format. In 2018 the project launched a parenting support mobile application, **iMulat**, which allows parents and caregivers to remotely access a condensed version of the HoME modules. Available in English and Filipino on the Google Play Store, the iMulat, was designed to be accessed by parents, who cannot attend face-to-face parenting sessions or are outside of project areas, and who want to learn how to support their children's holistic development. Most recently, as of April 2019, more than 500 users have downloaded the app in four months.

11 'Ginagawa namin, unang-una nung isinalang po ako sa training, gumawa po kami ng books, story books gumawa po kami ng laruan na pang bata. Gumagawa po kami ng kanta, tula saka yun. Para lang ding naglalaro na parang kumikilos kami na ayon sa bata po na napaglilingkuran namin.'

12 'Ang pinakagusto ko dito pag nagco-conduct ako ng session, yung makita mong masaya sila na naglelecture ka nga. Hindi lang dahil nagsasalita ka kung di parang nakikipagkwentuhan ka lang parang wala lang. Nag-e-enjoy, kumakanta na parang bata na parang katuwaan lang. Hindi katulad nung ibang naglelecture na parang focus masyado kami kasi ginagawa namin parang wala lang parang nagkatuwaan lang, nagkuwentuhan lang kayo.'

The iMulat contains the 10 topics covered in the HoME module. Key concepts about the topics are briefly discussed, followed by an easy-to-follow step-by-step guide on how parents and caregivers can apply what they have learned at home (Figure 4).

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Figure 4. iMulat Mobile App HoME Module Sample Session Guides Example

What Results Has First Read Been Able to Achieve?

At the Level of the Caregiver and Child

First Read's end-line evaluation revealed that parental involvement in children's activities and meaningful interaction with children during their daily activities improved as a result of participating in the programme. It also increased caregiver-child learning activities like singing, reading, and story-telling to their children. The end-line evaluation also showed that 86 percent of parents and caregivers attributed changes in behavior and practices to the First Read programme.

The end-line study revealed that the First Read Programme led to improved home learning environments (HLE), evident in the presence of more drawing materials, toys, and age-appropriate reading materials at home of children with parents and caregivers, who participated in the First Read Programme. There was an increase in the home learning environment (HLE) composite score measure a combination of reading frequency and the number of types of book in the home from 8.1 to 8.5. In addition, parents and caregivers who attended First Read also improved the type of home learning activities that caregivers engaged in with their children (i.e. reading, storytelling, counting, singing, and talking).

Furthermore, results of the end-line study proved that children who have access to richer learning environments and more parental engagement develop at a quicker rate. The findings revealed that the number of reading materials in the home was significantly associated with both the Total IDELA and Overall CREDI score *(See Appendix D)*.

By encouraging healthy caregiver-child interactions and the use of positive discipline during the critical period of the child's earliest years, First Read was able to equip parents and caregivers with positive reinforcement and early stimulation techniques needed to engage with child proactively. An emphasis on the role of the caregivers in protecting children's rights, and on fostering optimal nurturing care also empowered and motivated parents and caregivers to create a safe and secure environment that encouraged the child to build healthy social bonds, and supported the building of children's confidence and creativity in exploring and learning about their environments.

Incorporating positive discipline into their child care practices contributed to a reduction in the use of corporal punishment, reflected in the testimonies of project beneficiaries interviewed in the final project evaluation. As one PV explained:

> *'At the beginning of the sessions, most of the caregivers resorted to corporal punishment. We most often introduce the parents to 'positive discipline' in our community HoME sessions. Then, slowly we teach and train them how to apply positive discipline at home).'[13]*

The qualitative research undertaken for the Project also showed that First Read caregivers are changing their behavior regarding positive discipline. The research found that 50% of the caregivers (i.e., qualitative sample) who were practising the positive parenting techniques they learnt through the First Read activities now talked calmly and rationalised with their children when presented with undesirable behavior, and 28% confirmed that they no longer use physical or humiliating punishment with their children at all. PVs also noted the significant change in caregivers' attitudes stating that in their experience, whereas initially most of the caregivers spanked, shouted, and swore at their children whenever they had misbehaved, after they had attended the First Read project this behavior ceased or greatly reduced.

At the Level of the Community

The seven Book Development Review Committees (BDRCs) formed out of the project in Mindanao (Blaan, Maguindanaoan, Ilokano, Cebuano, Ilonggo, Tagakaolo, and Tboli) have been recognised by the Tribal Council of the Philippines. As noted earlier, the BDRCs ensure the proper representation of the IPs in the storybooks produced by the project, an inclusive book development process which reinforces social cohesion and a sense of cultural and indigenous identity among IP groups, allowing them to preserve their culture and heritage through the process of creating children's books.

Similarly, the involvement of PVs who are also parents and barangay workers from the communities, promotes volunteerism and empowers members of the communities in raising awareness on good parenting practices and encourages application at home.

Community events and gatherings, such as literacy events, book fairs, book gifting ceremonies further reinforce community ties, and raise awareness of the importance of early literacy and optimal parenting for children's optimal development.

....

13 *'Noong una kasi yung dito, karamihan samin gumagamit sila corporal punishment. Kadalasan, yung pagano nung children dun namin na unti-unti yung ipinapaalam namin sa mga parent sa community na yung positive discipline is dapat ano na maiapply na sa bahay.'*

At the Level of Local and National Governments

By working with local government representatives and national government agencies First Read has been able to influence policies and programs by mainstreaming the project into national scale programmes and lobbying at sub-national levels.

A key achievement of the programme has been its partnership with the Department of Social Welfare and Development (DSWD). In 2016, Save the Children signed an MOU with DSWD to integrate the HoME sessions' Five Fingers Module into the nation-wide conditional cash transfer (CCT) programme as supplementary modules in select[14] **Family Development Sessions** (FDS). Beneficiaries from the poorest families receive cash grants conditional upon attending or accessing various child services, including parenting sessions to promote behaviour changes for improved education and health outcomes. The FDS is a monthly group activity and discussion attended by grantees, mostly mothers, to discuss topics, such as parental roles and responsibilities, and health and education-promoting behaviors for families and children.[15]

Division Chief of DSWD's Family Development Division, Maricel Grace Gomez explains:

> *'We are trying to trigger the specific behavior of these families and the parents in particular, to firstly bring their children to schools and hence access educational programmes and services, and secondly, for these families and parents to bring their children to the health centres and health facilities. In achieving these major goals, we recognise also the contribution – the significant contribution of Save the Children. But aside from Save the Children, we would also like to recognise the support and assistance of other government agencies, such as the Department of Education and Department of Health. Based on our partnership with them, and based on the modules that we are supposed to be implementing with them [...] we wanted our parents to become more aware of the rights of children, to respect these rights and to adequately address the needs of their children.'*

Through the partnership between DSWD and SCP, training on facilitation of regional focal persons in all 18 regions of the Philippines has been conducted using the Five Fingers approach. Trained regional focal persons have, in turn, trained the municipal or city links and social welfare officers and assistants under them who are now responsible for rolling out the information to the beneficiaries of the program. The 4Ps facilitators have also been trained on Positive Discipline in Everyday Parenting (PDEP) to ensure positive parenting is emphasised in the FDS.

Lessons Learned and Challenges Encountered

Prior to launching the programme in a new community, First Read drums up local government commitment through orientation meetings with local policy makers. Save the Children staff hold orientation sessions with local chief executives (i.e. barangay chairpersons and mayors) to raise awareness of the programme's purpose and activities. The orientation reinforces the programme's benefits, creates buy-in, and promotes the sustainability and mainstreaming of ECCD provisions

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14 The FDS follow their own module/ syllabus. HoME's modules on the Five Fingers approach are used as supplementary lessons in select FDS modules focusing on early childhood. Use of the Five Fingers module is NOT mandatory; FDS facilitators have the prerogative to choose which lessons they'll integrate in their respective sessions.

15 https://www.dswd.gov.ph/issuances/MCs/MC_2018-022.pdf

in local government plans. Other advocacy activities with local authorities include the conduct of budgeting and financial planning for ECD and advocacy learning sessions and policy workshops in drafting and crafting relevant ordinances/resolutions. Over the years, this has resulted in a number of resolutions and policies surrounding ECD provisions. (See Appendix E for a list of the ordinances/resolutions passed in support of the First Read Project and other ECD programs).

Through these resolutions, local government units have been able to allocate child-friendly budgets that aim to sustain the successes of the First Read project through capacity-building of its representatives, supply of learning materials, and creation of safe spaces for children. Partnering with barangays and community libraries paved the way for establishing **ECCD corners**, where high-quality early learning materials and developmentally appropriate toys and books for children ages 0 to 4 years old can be easily accessed by families for the entire year, including summer break. The ECCD corners are established in community health stations, nutrition offices, barangay reading centres, birthing homes, and *Kapit-Bahay Aralan* (KBAs or supervised neighborhood sessions).
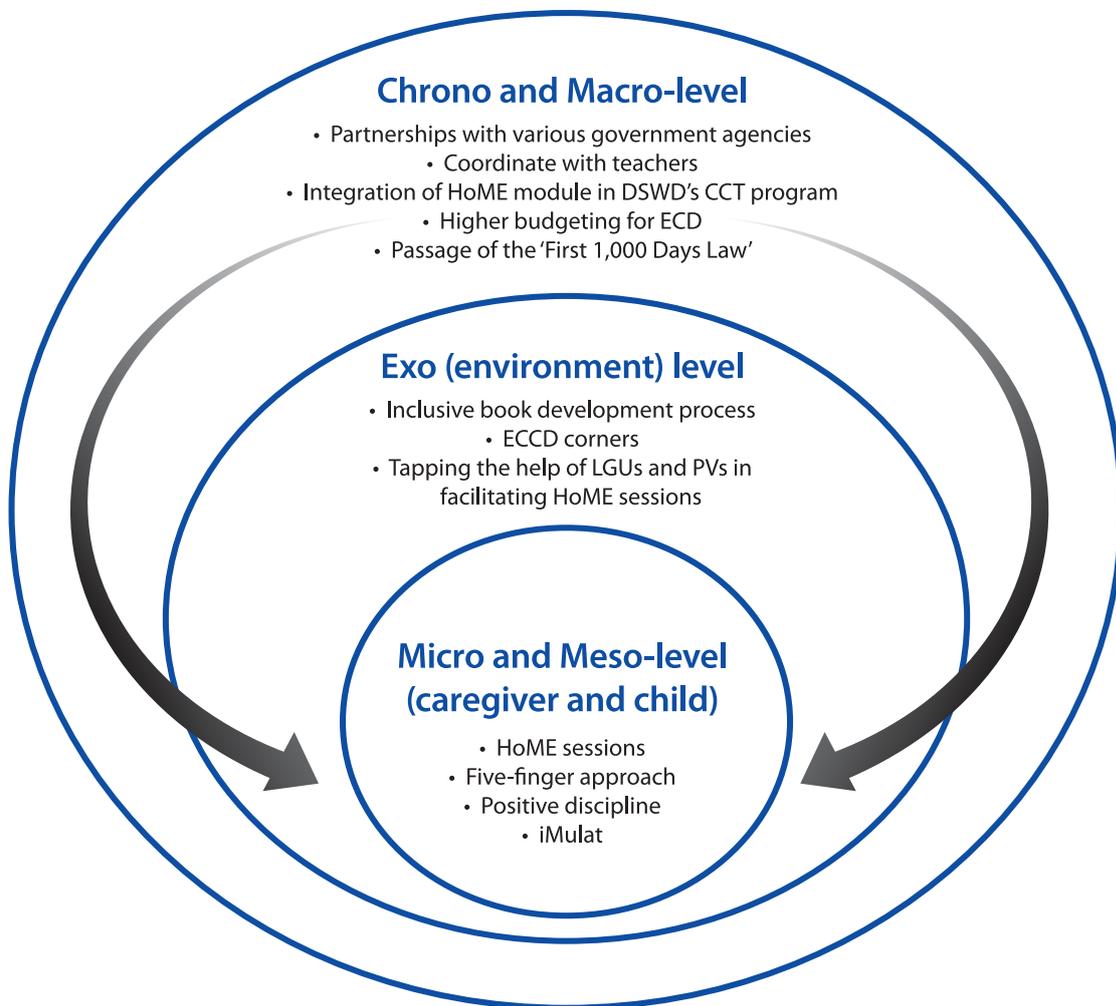
Despite the above efforts and achievements, there have been challenges in implementation:

- **The sustainability of the project was found to be a challenge, especially when new public officials were elected. Hence, staunch lobbying for the passage of ordinances/resolutions / laws that promote and support First Read, and ECD programs as a whole, is vital to sustain these beyond political transitions.**

- **While the partnership with DSWD is one of First Read's key achievements, completing HoME sessions through 4Ps sometimes takes longer, especially when the national government instructs regional offices to prioritise other FDS modules over HoME modules. In addition, discussion of modules under HoME is not 100% guaranteed since facilitators have the prerogative whether or not they would integrate topics from the HoME module in the FDS. To bridge this gap and expand learning through HoME, scaling up through ICT (iMulat) is crucial in reaching more families with children 0-4 years olds. In addition, iMulat is also a key solution in addressing the problem of high attrition rate in attendance (around 40% in Luzon and 28% in Mindanao based on First Read's midline study) by providing opportunities to continuously learn despite not being able to attend face-to-face parenting sessions in communities**

- **While the iMulat app is a key achievement in scaling up the project, it must be noted that the application is only available in two languages: English and Filipino. As the Philippines has diverse ethnolinguistic groups across the country, the HoME module should be translated to other major languages, particularly in Mindanao, to be more easily understood by users from various regions in the Philippines. It is also worth noting that the iMulat is not highly recommended for members of IPs as most of them live in remote and mountainous areas, where access to electricity is a concern.**

- **The past two decades have seen a spurt in early years programmes, services, and systems in the Philippines which continue to demonstrate the benefits of investing in the first years of the child's life. However, a major weakness of most programmes, services, and systems is their limited integration at the local and national levels, ultimately leaving children at a disadvantage. In order for children to reach their full potential, the different sectors need to come together to address children's needs in a holistic manner, integrating the different domains of development and working through – a 'whole-of government and whole-of society approach' (WHO, UNICEF, World bank Group, 2018).**

What Makes this Programme Noteworthy?

The First Read programme is based on delivering holistic[16] results for children aged three years and below. It has developed a multi-pronged, multi-layered approach to strengthening caregiver capacities to foster a nurturing caregiving home environment, which promotes early literacy and learning *(See Figure 5 below)*. The approach has successfully worked across very diverse topographies from semi-urban areas to remote, hard-to-reach villages consisting of indigenous ethnic groups with little or no education, and poor access to vital child services.

Figure 5. The First Read Ecological Model for ECD Parenting

Chrono and Macro-level
- Partnerships with various government agencies
- Coordinate with teachers
- Integration of HoME module in DSWD's CCT program
- Higher budgeting for ECD
- Passage of the 'First 1,000 Days Law'

Exo (environment) level
- Inclusive book development process
- ECCD corners
- Tapping the help of LGUs and PVs in facilitating HoME sessions

Micro and Meso-level (caregiver and child)
- HoME sessions
- Five-finger approach
- Positive discipline
- iMulat

16 While First Read does not have a direct partnership with the country's Department of Health (DOH) and Department of Education (DepEd), First Read has partnered with the ECCD Council, which directly coordinates with the DOH and DepEd. Similarly, DSWD's 4Ps program is already directly linked with the DOH. In terms of policy-making, First Read/ Save the Children was able to lobby for the integration of early learning and responsive caregiving components of the First 1,000 Days Law. The main agency in charge of its implementation is the DOH.

To summarise the noteworthy components of the First Read Project:

1. The HOME sessions' Five Fingers approach is effective, easily understandable to caregivers from very diverse ethnic backgrounds and those who have little or no education. Furthermore, evidence showed that the First Read programme improved children's home environments and caregiver interactions, which facilitate development of children at a quicker rate.

2. The creation of the iMulat and the uploading of HoME module, including the Five Fingers approach, has allowed the programme to be scaled up to reach more people, particularly those who cannot attend face-to-face HoME sessions and those who are outside First Read's covered areas.17

3. The inclusive book development process initiated by First Read has helped in strengthening social cohesion and a sense of group identity among indigenous groups by providing venues for its members (including parents, caregivers, day care workers, tribal and community leaders) to work together in creating context-specific and culturally sensitive reading materials for children in indigenous communities.

4. The book development initiative led to the preservation of indigenous culture. The process has allowed them to chronicle their folklore and capture traditional songs and values preserving dignity, and cultural and linguistic heritage for generations to come.

5. First Read led to the establishment of ECCD corners, in partnership with LGUs and public libraries, ensuring that families with children 0-4 years old have access to developmentally appropriate toys and books within their communities.

6. An equally important component of the First Read project is the participation of LGUs and PVs in the conduct of HoME sessions in their areas. Involvement of volunteers in family learning promotes knowledge sharing within the communities, further improves social cohesion and ownership of the First Read project within communities, and ensures sustained impacts through community PVs.

7. The First Read project has also successfully built partnerships with caregivers, local governments, publishers, parent volunteers, and national government agencies (as discussed in the previous sections). Building partnerships with key stakeholders and institutions has allowed the programme to scale up it impacts and has supported the integration of ECD parenting into policy and programme plans.

8. First Read's active lobbying has resulted in the passage of resolutions and ordinances at the local level aimed at improving ECCD programs in the country. It also allowed Save the Children Philippines to influence national policy through the addition of early learning and responsive caregiving components in the recently enacted First 1,000 Days Law and will follow through until the finalisation of its implementing rules and regulations.

17 As discussed in the Lessons Learned and Challenges section, iMulat primarily targets parents in Metro Manila who are not able to attend f ace-to-face HoME sessions. However, the case in Mindanao is different. Use of iMulat is NOT highly recommended for the IP groups as most of them live in remote, mountainous areas, some of which don't even have access to electricity.

1. Discuss your understanding of culturally sensitive parenting education and caregiver support for ensuring holistic child development and protection based on the video clip and narrative.

2. The PVs interviewed mention that they provide opportunities for parents and children to have access to locally-made materials that they are familiar with and which are culturally and linguistically relevant to support children's learning and to help foster closer relationships between children and their caregivers. Why do you think this is important?

3. In what ways does this 'case' illustrate the importance of ECD parenting approaches that emphasise close community involvement in efforts to enhance early childhood education provision and practice (i.e. what factors supported the international agency in making sure that the ECED programme was accepted by parents and the community)? Why is this integration of community and ECED settings important in contexts like the ones depicted in this video? How might this apply to your own setting?

4. The key feature of this ECD Parenting approach has been the development of a 'structured' curriculum that guides facilitators and caregivers using the 'five fingers approach', along with resources and training to support its implementation. Why do you think these are important for (i) building PVs' confidence and (ii) enabling parents to see the value of the caregiving skills and knowledge for their children?

5. Another key feature of the programme is the iMulat to scale up the reach of the project. Do you think this is an effective approach? What would you do to make it more effective in delivering support to caregivers?

6. What have you learned from this approach and how can you make use of this new knowledge in your own context?

Feedback and Comments

1. What did you find most useful about this case study?

2. Did the Video provide a good demonstration of the project's design and activities?

3. What, if anything, would you add to the case-study to facilitate your understanding of the approach and methodology?

Any other comments?

Please send your feedback to: **secretariat@arnec.net**

References

Abayao, L. E. (2014, July 22). *The Philippines Indigenous Peoples' Core Curriculum.* Retrieved June 1, 2015, from University of the Philippines: http://www.up.edu.ph/the-philippines-indigenous-peoples-core-curriculum/

Asian Development Bank. (2002). *Indigenous Peoples/ Ethnic Minorities and Poverty Reduction Philippines.* Manila: Asian Development Bank.

Bigner, J. J. (2009). *Parent-Child Relations: An Introduction to Parenting (Eighth Edition).* Upper Saddle River: Prentice-Hall.

Bohlin, G., & Hagekull, B. (2009). Socio-emotional development: from infancy to young adulthood. *Scandinavian Journal of Psychology, 50*(6), 592-601.

Deray, Ian J (2000). Looking Down on Human Intelligence: from Psychometrics to the Human brain. Oxford: Oxford University Press.

Heckman, J.J. (2008). Schools, Skills and Synapses. IZA Discussion Paper No. 3515

Heckman, J. J. (2012). Invest in early childhood development: Reduce deficits, strengthen the economy. *The Heckman Equation, 7.*

Knerr, W., Gardner, F., & Cluver, L. (2013). Improving positive parenting skills and reducing harsh and abusive parenting in low and middle-income countries: A systematic review. *Prevention science*, *14*(4), 352-363.

National Economic and Development Authority, United Nations Children's Fund. (2018). Situation Analysis of Children in the Philippines. Pasig: National Economic and Development Authority.

Phillips, D. A., & Shonkoff, J. P. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development.* National Academies Press.

Ramiro, L. (2016). *National Baseline Study on Violence against Children Preliminary Findings*. Quezon City: Council for the Welfare of Children.

Roche, S. (2017). Child protection and maltreatment in the Philippines: a systematic review of the literature. *Asia & the Pacific Policy Studies*, *4*(1), 104-128.

Santrock, J. W. (2010). *Life Span Development.* New York: McGraw-Hill Companies.

Save the Children. (2016). *Proposal Prepared for the Prudence Foundation.* United Kingdom: Save the Children.

Tickell, D. (2011). *The Early Years: Foundation for life, health and learning.* 1st ed. [ebook] London: Gov.uk, pp.90-93. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/180919/DFE-00177-2011.pdf [Accessed 23 April 2019].

United Nations Development Programme. (2010, February). Fast Facts (Lagom). Makati, Philippines.

UNICEF (2014) Building Better Brains: New Frontiers in Early Childhood Development. Key messages generated from a Neuroscience Symposium organised by UNICEF on April 16, 2014

Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., … & Gardner, J. M. M. (2011). Inequality in early childhood: risk and protective factors for early child development. *The lancet*, *378*(9799), 1325-1338.

World Health Organization, United Nations Children's Fund, World Bank Group (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.* Geneva: World Health Organization.

Appendices

Appendix A

Steps to the Inclusive Book Development Process

Step 1   *Organise a Book Development Review Committee (BDRC)*

The BDRC consists of representatives of each indigenous community – such as the tribal chieftains, community leaders, teachers, and parents – who will participate in the translation and development of original content for children in their communities. They serve as the official guiding body regularly consulted by First Read in developing books for the community. The BDRCs are the identified experts on the ground and holds precious records of traditions and practices of the tribe, albeit in oral forms. The BDRCs role is to bring their indigenous knowledge, systems and practices to life so these can be documented and created into a book or learning material. Through the BDRCs, First Read produced books that highlight the unique culture and tradition of each tribe written by their own people.
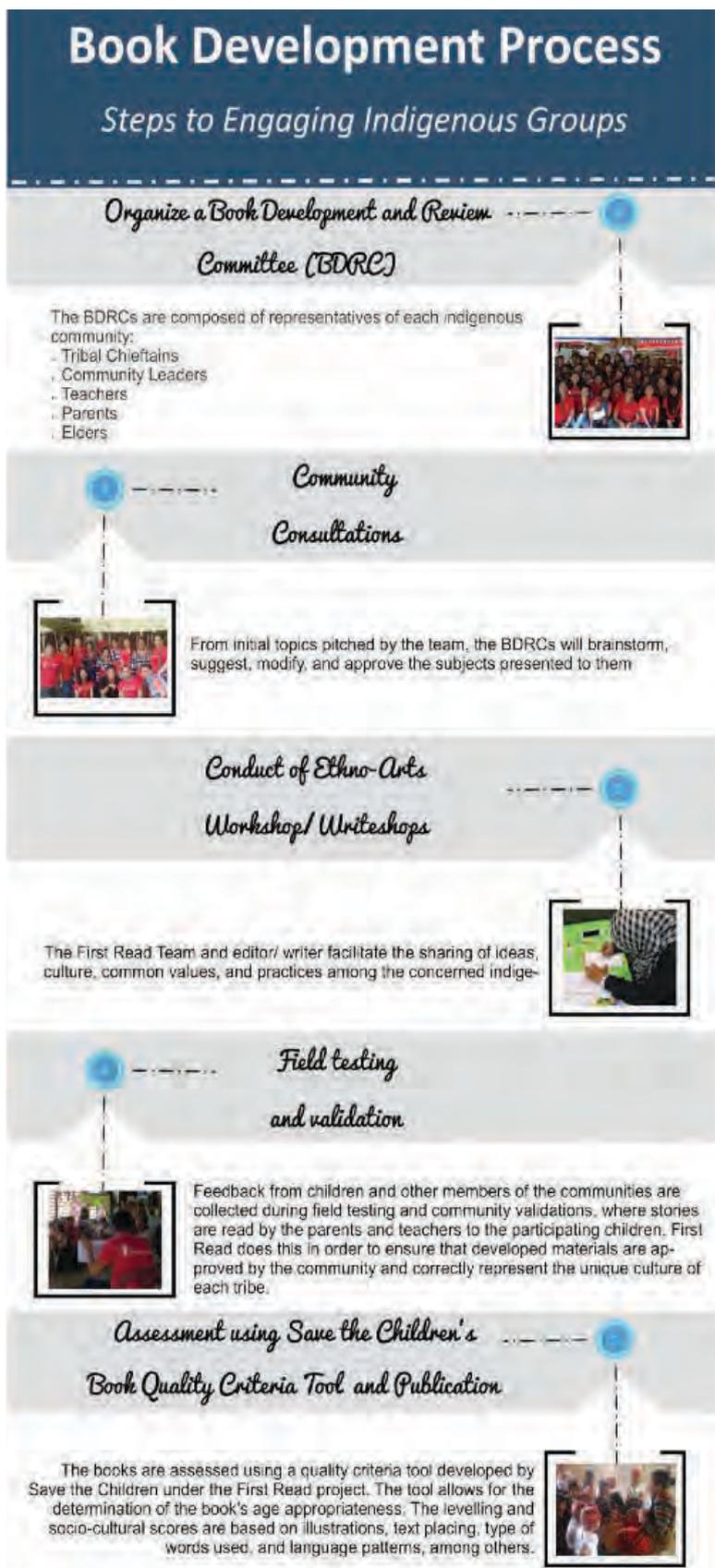
Step 2   *Community Consultations*

During consultations, the First Read team pitches possible topics that can be explored. From initial topics presented by the team, the community will approve, modify, and suggest subjects that can be covered in the books to be developed. The BDRCs then brainstorm for possible stories to be written and developed for children 0-4 years old from their groups.

Step 3   *Conduct of Ethno-Arts Workshop/Writeshops*

The ethno-arts workshop is when the First Read Team and editor/ writer facilitate the sharing of ideas, common values, culture, and practices among the concerned indigenous groups. These are then processed and possible storylines are agreed on. The BDRCs then draft the stories based on the agreed storylines ensuring that the content is both age-appropriate and context-specific. The illustrator also drafts the accompanying art, basing heavily on what is actually seen and observed in the communities and following as well SCP's standards.

Step 4   *Field testing and validation*

To ensure that the stories drafted are understandable to the children and accurately reflect the culture of tribes, field testing and community validations are conducted. The storylines, words used and even the characters are shown to the children and other community members to check for their appropriateness and representation of what is in the story. Feedback from children and other members of the communities are collected during field testing and community validations, where stories are read by the parents and teachers to the participating children. First Read does this in order to ensure that developed materials are approved by the community and correctly represent the unique culture of each tribe. The field testing and validation also help the team guarantee that the books are fun to read, interesting, enjoyable, and something that children from indigenous

Book Development Process

Steps to Engaging Indigenous Groups

Organize a Book Development and Review Committee (BDRC)

The BDRCs are composed of representatives of each indigenous community:
- Tribal Chieftains
- Community Leaders
- Teachers
- Parents
- Elders

Community Consultations

From initial topics pitched by the team, the BDRCs will brainstorm, suggest, modify, and approve the subjects presented to them

Conduct of Ethno-Arts Workshop/ Writeshops

The First Read Team and editor/ writer facilitate the sharing of ideas, culture, common values, and practices among the concerned indige-

Field testing and validation

Feedback from children and other members of the communities are collected during field testing and community validations, where stories are read by the parents and teachers to the participating children. First Read does this in order to ensure that developed materials are approved by the community and correctly represent the unique culture of each tribe.

Assessment using Save the Children's Book Quality Criteria Tool and Publication

The books are assessed using a quality criteria tool developed by Save the Children under the First Read project. The tool allows for the determination of the book's age appropriateness. The levelling and socio-cultural scores are based on illustrations, text placing, type of words used, and language patterns, among others.

groups can easily relate to. The illustrator revises the drawings based on input from the community members. Colors, size, appearance, and shapes might be minor details, but these are major details that for the tribes that must always be taken into consideration.

Step 5 *Assessment using Save the Children's Book Quality Criteria Tool and Publication*

Lastly, books are assessed using a quality criteria tool developed by the First Read Project. This tool determines book age appropriateness based on elements such as illustrations, text placing, type of words used, and language patterns. Once there are final validated versions of books, the materials would be printed in Manila by a commissioned printer by Save the Children. The First Read team is also currently exploring opportunities and ways to partner with the leading local publishers in the Philippines so that books for indigenous groups can also be made commercially available.

Appendix B

Table 4: HoME Session Format

Registration	Participants list their name on an attendance sheet and are given name tags.
Pre-test (See Appendix B.1)	Participants complete a pre-test to determine their knowledge of the topic for the day.
Warm-up	An interactive icebreaker is conducted to set the mood.
Session proper	PVs impart knowledge and oversee activities.
Discussion	Participants are given time to talk amongst themselves and to consult the PV if necessary.
Post-test (See Appendix B.1)	Participants complete a post-test to identify changes in their knowledge of the topic.

At the beginning of each session, participants are asked to register and are given a pre-test *(See Appendix B.1 for a sample of pretest)* to assess their knowledge about the topic for the day *(See Table 2.1 for a complete list of the topics of HoME).* Discussions followed by workshops are conducted every meeting. A post-test *(same as the pretest)* is then administered at the end of each session to assess change in participants' knowledge about the topic.

To supplement the community group sessions, home visits are conducted by the PVs to reinforce the community sessions and to assess if the parents are able to apply at home what they've learned during the sessions. They evaluate caregivers' progress based on a set of criteria contained in a 'Home Visitation Tool' which uses observer measurements of parental attitudes, health and nutrition-related practices, literacy and numeracy activities with children and how often, and also measures children's school readiness through parental reports and observations (see Appendix C and Appendix D for a complete and description of First Read's tools and resources).

Appendix B1

Pre-test and Post-test (Sample)

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HOME-BASED MENTORING ON EMERGENT LITERACY AND NUMERACY (HoME)

Knowledge Attitude Practices (KAP) Checklist

LAYUNIN NG KAP CHECKLIST

Ang layunin ng checklist na ito ay upang malaman at masukat ang mga natutunan, saloobin, at pagsasagawa ng mga magulang na kaugnay sa mga HoME Sessions. Layunin ng checklist na ito na sa pagsuri ng mga natutunan, saloobin at pagsasagaw ng magulang, ay mas mapalalim ang pagintindi at paggamit ng mga magulang ng kanilang natututunan sa HoME sessions. Nagsisilbing pangalalay sa mga magulang ang KAP checklist na ito sa pagbigay diin ng *key messages*.

TUWING KAILAN ISINASAGAWA?

Ang KAP Checklist ay isinasagawa tuwing isang (1) buwan matapos ang HoME. Ito ay dapat maisagawa sa isa hanggang isa't kalahating oras.

ANO ANG NAGAGANAP SA BAWAT KAP CHECKLIST HOME VISIT?

- Pagtibayin ang *key messages*
- Alalayan ang mga tagapag-alaga nā gawin sa mga anak ang mga gawain (*activities*) sa HoME
- Pag-ibayuhin ang kaalaman at pagkuha sa mga impormasyon (*access sa information*)
- Palakasin ang loob at tiwala ng mga magulang sa kanilang kakayahan sa pagpapalaki ng anak
- Kumbinsihin ang mga magulang na ipagpatuloy ang pagsali sa mga HoME sessions

PARA SA MGA PARENT VOLUNTEERS (PV)

- Bago pangasiwaan ang checklist, siguraduhing dala ang PV Checklist, lapis/ bolpen/ o anumang panulat.
- Kapag isinasagaw ang checklist, laging humingi ng permiso sa magulang.
- Laging isulat ang oras ng pagsimula at pagtapos ng pangangasiwa ng checklist. Ipaliwanag din ng maigi ang layunin ng pagsasawa ng checklist na ito.
- Sa pangangasiwa ng KAP checklist, basahin ng mahinahon at may kalinawan ang mga katanungan.
- Bigyan mo rin ng panahon upang makapagisip ang magulang ukol sa kanyang kasagutan.
- Kung may mga nakaligtaan na sagot o maling sagot ang magulang, palalahanan sila ng mga key messages mga aralin, at mga halimbawa na napagusapan sa HoME session upang mas mapagpatibay ang kanilang kaalaman sa wastong paggabay sa pagunlad ng kanilang mga anak.

Appendix C

Home Visitation Checklist

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Barangay: _____ Lungsod / Bayan: _____

Ngalan ng Binisita: _____ Kasarian: ☐ Babae   ☐ Lalake

Ngalan ng PV/Bumibisita: _____

Oras ng pagsimula: _____ Oras ng pagtapos: _____

	Petsa ng Pagbisita	Oras ng simula at pagtapos ng bisita	Pirma ng Maybahay	Pirma ng Bumisita
Home visit 1				
Home visit 2				
Home visit 3				
Home visit 4				

Ilan ang inyong anak na may edad 0 – 4 na taon? (Lagyan ng numero katumbas ng bilang ng anak sa patlang)	_____ Ipinagbubuntis pa lamang _____ 1-2 taong gulang _____ 0-6 na buwan _____ 2-3 taong gulang _____ 7-12 na buwan _____ 3-4 taong gulang
Nakapagpa-prenatal check-up po ba kayo habang nagbubuntis?	☐ Oo Tuwing kailan? _____ ☐ Hindi ☐ Hindi maalala
Uminom po ba kayo ng mga vitamins at supplements habang nagbubuntis?	☐ Oo Ano-ano ang mga ito? _____ ☐ Hindi ☐ Hindi maalala
Nagkasakit po ba kayo habang nagbubuntis?	☐ Oo Ano-ano ang mga ito? _____ ☐ Hindi ☐ Hindi maalala

Para sa PV na bumibisita: *I-focus ang inyong home visit interview sa isang anak lang para hindi maging masyadong matagal para sa mga kalahok. Sa ganitong paraan ay hindi masyadong maaabala ang schedule mo at ng iyong mga binibisita. Mas mabuting pag-usapan ninyo ng iyong kapwa PV ang paghahati ng mga bibisitahin base sa edad ng mga bata para matiyak na lahat ng mga magulang ay mabibisita.*

Impormasyon tungkol sa anak:

Pangalan ng anak	
Edad ng anak	
Kasarian ng anak	☐ Lalake ☐ Babae

Appendix C

Home Visitation Checklist

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Wika na ginagamit sa bahay	☐ Tagalog	☐ Tboli
	☐ Ingles	☐ Bisaya
	☐ Cebuano	☐ Blaan
	☐ Ilonggo	☐ Tagakaulo
	☐ Ilocano	☐ Manobo
	☐ Bikolano	☐ Iba pa:

Part I: ATTITUDES

Para sa PV na bumibisita: *Itanong sa magulang na binibisita kung gaano kahalaga sa kanila ang mga sumusunod na paksa*
   1 – Hindi mahalaga
   2 – May konting halaga
   3 – Neutral (hindi masabi kung mahalaga o hindi mahalaga)
   4 – Mahalaga
   5 – Mahalagang-mahalaga

I-check ang sagot ng magulang.

		5	4	3	2	1	KOMENTO (itanong bakit)
1.	Pagkakapantay-pantay ng gender o kasarian						
2.	Tungkulin ng komunidad sa pagpapalaki ng bata						
3.	Estilo (style) ng tagapag-alaga sa pagpapalaki ng bata						
4.	Kalusugan ng nagbubuntis						
5.	Kalusugan at nutrisyon sa unang 1000 araw ng bata						
6.	Kaalaman sa pagpapabakuna sa anak						
7.	Paggamit ng malinis na tubig para sa kalusugan						
8.	Karapatan ng mga bata						(Ano ang alam na mga karapatan ng mga bata?)
9.	Kakayahan / abilidad ng mga bata sa bawat taon (developmental milestones)						(Ano ang alam na kakayahan ng anak?)
10.	Pamamaraan ng pakikipag-usap sa bata						
11.	Pamamaraan ng pagbabasa at pagkukwento sa bata						

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12.	Pamamaraan ng pagbibilang kasama ang bata					
13.	Kahalagahan ng pakikipaglaro sa bata					
14.	Kahalagahan ng pagkanta at pagririma (rhyming) sa bata					
15.	Positibong pamamaraan ng pagdidisiplina					(Anong pamamaraan ng disiplina ang inyong ginagawa?)
16.	Kahalagahan ng pagpasok sa day care					

Part 2: KALUSUGAN AT NUTRISYON

Para sa may anak 0 hanggang 4 na taon

1.	Nagpasuso / nagpapasuso ba kayo ng inyong anak?	☐ Oo ☐ Minsan ☐ Hindi	1.a Bakit minsan/hindi?
2.	Kumakain ba ang inyong anak ng pagkaing may balanseng nutrisyon?	☐ Oo ☐ Minsan ☐ Hindi	2.a Bakit minsan/hindi?
3.	Napabakunahan ba sa tamang schedule ang inyong anak mula ng ipinanganak siya?	☐ Oo ☐ Minsan ☐ Hindi	3.a Bakit minsan/hindi?
4.	Ano-anong bitamina ang ibinibigay ninyo sa inyong anak? (lista kung magbanggit ang magulang)		
5.	Dinadala mo ba ang iyong anak sa health center o sa ospital kung ito ay nagkakasakit?	☐ Oo ☐ Minsan ☐ Hindi	5.a Bakit minsan/hindi?
6.	Kung may nakikita / naoobserbahan kang kakaiba sa iyong anak, kumukunsulta ka ba sa ibang tao tungkol dito?	☐ Oo ☐ Minsan ☐ Hindi	6.a Bakit minsan/hindi?
7.	Kung oo ang sagot sa 6, kanino ka kumukonsulta?	☐ Sa health worker ng barangay ☐ Sa kapitbahay ☐ Sa kamag-anak ☐ Sa asawa ☐ Iba pa: _____	

Appendix C

Home Visitation Checklist

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8. Ineherysisyo ma ba ang iyong anak?	☐ Oo ☐ Minsan ☐ Hindi	5.a Bakit minsan/hindi?

Part 3.A: GAWAING PARA SA *LITERACY AT NUMERACY*

Para sa PV na magsasagawa ng Home Visit: *Alalahanin na ang mga magulang ay maaaring busy sa maraming gawain. Maaaring sabihin sa kanilang, "Sa nakalipas na 3 araw, nagawa po ba ninyo ang mga activity na babanggitin ko?" I-check ang lahat ng sasabihing sagot ng magulang.*

Activity	Nanay	Tatay	Kapatid	Iba pa	Wala
1. Kinuwentuhan ang / nakipagkwentuhan sa anak					
2. Dinidisiplina ang anak					
3. Kinausap / nagsimula ng pakikipag-usap sa anak					
4. Kinantahan / kumanta kasama ang anak					
5. Gumuhit kasama ang anak					
6. Nagbilang kasama ang anak					
7. Binasahan ng libro ang anak					
8. Naglaro kasama ang anak					
9. Ipinasyal sa labas ang anak					

Part 3.B

Para sa PV na magsasagawa ng Home Visit: *Alalahanin na ang mga magulang ay maaaring busy sa maraming gawain. Maaaring sabihin sa kanilang, "Sa nakalipas na 3 araw, nagawa po ba ninyo ang mga activity na babanggitin ko?" I-check ang lahat ng sasabihing sagot ng magulang.*

Gawain	Gamit	Tuwing Kailan
Pag-didisiplina *Nabanggit po ninyong dinidisiplina ninyo ang inyong anak. Ano-ano po ang mga paraan ng inyong pagdisiplina?*	☐ Nagpapaliwanag ng mahinahon kapag nagkamali ang anak ☐ Itinuturo ang paghini ng paumanhin ☐ Pinupuri at kinikilala ang magandang ginawa ☐ Pagbuo ng schedule ☐ Iba pa: _____	☐ Paggising ☐ Bago matulog ☐ Habang naglalaro ☐ Habang naliligo ☐ Iba pa *(Ilista ang iba pang sagot)*
Pag-usap/Pag-kwento *Nabanggit po ninyong kinakausap/kinukwentuhan ninyo ang inyong anak. Ano-ano po ang mga sinasabi ninyo sa kanya?*	☐ Mga pangalan ng bagay sa paligid ☐ Mga hugis ☐ Mga numero ☐ Mga kulay ☐ Iba pa: _____	☐ Paggising ☐ Bago matulog ☐ Habang naglalaro ☐ Habang naliligo ☐ Iba pa *(Ilista ang iba pang sagot)*

Appendix C

Home Visitation Checklist

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Part 3.C

Para sa PV na magsasagawa ng Home Visit: I-check ang lahat ng sasabihing sagot ng magulang.

Pagbasa (Para sa hindi binabasahan ang anak) *Hindi po lahat ay nakakapagbasa sa kanilang mga anak. Ano po ang dahilan ng hindi ninyo pagbabasa sa inyong anak?*	☐ Masyado pa siyang bata ☐ Walang babasahin na magagamit ☐ Walang panahon sa pagbabasa ☐ Hindi marunong magbasa sa bata	☐ Hindi marunong magbasa ang kasama ng bata sa bahay ☐ Iba pa (Ilista ang iba pang sagot)
Pakikipaglaro (Para sa hindi nakikipaglaro sa anak) *Hindi lahat ng mga magulang ay nakikipaglaro sa anak. Iba-iba po ang dahilan. Kaya po, ano ang inyong dahlia sa hindi pakikipaglaro sa inyong anak?*	☐ Masyado pa siyang bata ☐ Walang magamit na laruan ☐ Walang panahon para makipaglaro ☐ Hindi mahalaga ang paglalaro ☐ Iba pa (Ilista ang iba pang sagot)	

Part 4: KAHANDAAN SA PAGPASOK SA DAYCARE

Para sa PV na magsasagawa ng Home Visit: Ang mga sumusunod na katanungan ay tungkol sa kahandaan ng bata sa pagpasok sa Daycare. I-check ang sasabihing sagot ng magulang.

1. Nakikihalubilo ng masaya ang aking anak sa kapwa bata	☐ Oo ☐ Hindi ☐ Hindi ko alam
2. Nakikipaglaro sa kapwa bata	☐ Oo ☐ Hindi ☐ Hindi ko alam
3. Nakakasunod sa simpleng utos ang aking anak	☐ Oo ☐ Hindi ☐ Hindi ko alam
4. Marami nang kayang gawing mag-isa ang aking anak	☐ Oo ☐ Hindi ☐ Hindi ko alam
5. Nakakapanakit ang aking anak ng kapwa bata o ng mga nakakatanda	☐ Oo ☐ Hindi ☐ Hindi ko alam
6. Madaling mawala ang focus ng aking anak sa kanyang mga gawain / papalit-palit ng gawain ang aking anak nang hindi nakakatapos ng isa sa mga ito	☐ Oo ☐ Hindi ☐ Hindi ko alam
7. Nagtatanong ako sa ibang tao tungkol sa paghahanda ng aking anak sa pagpasok sa daycare	☐ Oo ☐ Minsan ☐ Hindi

Appendix C

Home Visitation Checklist

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7.a Kung oo/ minsan: Ang ilan sa mga taong pinagtatanungan ko tungkol sa pagpasok sa daycare ng aking anak ay sila:	☐ Asawa ☐ Kamag-anak ☐ Kapitbahay ☐ Teacher	☐ Daycare worker ☐ Healthcare worker ☐ Iba pa *(Ilista ang iba pang sagot)*
7.b Ano ang inyong madalas itinatanong tungkol sa pagpasok sa daycare ng inyong anak:		

Part V. PAGDALO SA HoME SESSIONS

Para sa PV na magsasagawa ng Home Visit: Ang mga sumusunod na katanungan ay tungkol sa pagdalo ng magulang sa mga HoME Session. I-check ang sasabihing sagot ng magulang.	
1. Marami akong natutunan sa pagdalo ng HoME sessions	☐ Oo ☐ Hindi ☐ Hindi ko masabi
2. Ilan sa mga natutunan ko ay:	☐ Pag-aalaga sa kalusugan ko bilang nanay ☐ Pag-aalaga sa kalusugan ng aking anak ☐ Kahalagahan ng pakikipaglaro sa anak ☐ Kahalagahan ng pagbabasa, pagkanta, at pakikipag-usap sa anak kahit ito ay maliit pa ☐ Kahalagahan ng paghahanda sa daycare ng aking anak
3. Kung magkakaroon ng iba pang mga parent mentoring sessions tulad ng HoME ay dadalo rin ako.	☐ Oo ☐ Siguro ☐ Hindi
4. Ako ay mag iMulat application	☐ Oo ☐ Hindi
5. *OPTIONAL Para sa mga may natangap na parent card. Nagagamit ko ang mga parent card sa aking pagkalinga sa aking anak	☐ Oo ☐ Minsan ☐ Hindi

Sangunian

Department of Health. (2011). *Unang Yakap (Essential Newborn Care Protocol for New Life)*. Retrieved August 16, 2017, from Department of Health: http://portal.doh.gov.ph/content/unang-yakap-essential-newborn-care-protocol-new-life.html

Save the Children, Inc. (2017, August). Home-Based Mentoring on Emergent Literacy and Numeracy (Unpublished Manual). Quezon City: Save the Children, Inc.

UNICEF. (2014, December). Study on Parental Knowledge, Attitudes, and Practices Related to early Childhood Development. Solomon Islands: UNICEF Solomon Islands Ministry of Education and Human Resources.

Appendix D

How it Works: Tools and Resources for the First Read Project

Save the Children staff work closely with PVs in arranging the logistics of sessions, coordinating with barangay and city officials, and providing materials. Programme staff also observed PVs as they conduct sessions and maintained regular communication, allowing them to identify what support PVs need.

In line with its objectives and in order to carry out its different activities, the First Read project uses various tools as described in the table below:

Table 5: First Read's Tools and Resources

Tool	Description	Who uses it?	When is it used?
Session Guide	The session guide, written in Filipino, is complete guide in facilitating and training volunteers using the HoME module. It contains the nine sessions that focus on improving the capacity of caregivers to help promote their children's holistic development, encompassing the different domains and development and emphasise the establishment and strengthening of positive caregiver-child relationships. The sessions also provide fun early learning activities, which support the development of early literacy and numeracy skills that allow caregivers and children to be ready for kindergarten. In addition, the session guide contains the materials and activities that are incorporated in the modules. To add to these, the HoME module also includes sessions on positive discipline, identifying red flags and referral pathways for children with disabilities, and dealing with cases of child abuse.	Parent Volunteers	During trainings for PVs and parenting education sessions/ HoME sessions
PV Competency Index	The PV Competency Index ensures that the competency and capacity of every volunteer are held to a set standard. Project staff observes PVs as they conduct sessions using the checklist and uses information from the observation to determine the required support the different PVs need.	First Read's Project Staff	During HoME sessions
Child Milestones	This information card contains important milestones that are distributed to parents and/or caregiver and provides them with handy information about child development. In case developmental delays are observed, parents and/ or caregivers must be referred to health specialists.	Parents, caregivers	At home

Tool	Description	Who usesIT?	When is it used?
CREDI (Caregiver Reported Early Development Index, for monitoring)	Developed by Harvard University's Center for the Developing Child, the Caregiver Reported Early Development Index (CREDI) tool measures child development and learning in young children up to 3 years old. Containing 146 questions (focused on motor, socio-emotional, and cognitive development), the tool has three different forms given to children between the following age range: 0 to 12 months, 13 to 24 months, and 25 to 42 months.	Daycare teachers trained by Save the Children	During Baseline, Midline, and Endline studies (for research, evaluation, and monitoring efforts)
IDELA (International Development and Learning Assessment, for monitoring)[18]	Launched in 2014, the International Development and Learning Assessment (IDELA) is a child assessment tool that is administered to children aged 3 to 6 years old. Done mostly through games and tasks, the assessment looks into children's motor functioning, language and literacy, numeracy, and socio-emotional development.	Daycare teachers trained by Save the Children	During baseline, Midline, and Endline studies (for research, evaluation, and monitoring efforts)
Pre-test and Post-test (for monitoring)	Participants answer questions that are related to the topics in the module. This helps determine what they know (pre) vis a vis what changed (post).	Parent volunteers	Pre-test: Start of HoME sessions; Post-test: End of HoME sessions
Home Visitation Tool (for monitoring)	PVs take this checklist with them when they visit participants of the HoME sessions. Through observation and dialogue with parents and caregivers, PVs evaluate the home environment, including prent-child interactions. This also provides an opportunity to strengthen key messages, build parents confidence, and convince them to continue attending sessions.	Parent volunteers	During home visitations

Assessing ECCD Corners Using Complementary Tools[18]

Complementing these tools used for HoME sessions are ECCD corner tools. Through First Read's partnership with key barangays and community libraries, ECCD corners were established. These corners contain developmentally appropriate toys and books for children ages 0 to 4 years old, allowing families in the community to access age-appropriate and high-quality early learning materials. Having ECCD corner quality benchmarks (QBs) ensures that relevant and appropriate and quality standards are implemented across all ECCD corners.

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18 https://sites.sph.harvard.edu/credi/

- **ECCD Corner Quality Benchmarks (QBs):** The ECCD QBs is a document that contains the ECCD Corner Assessment Matrix which is used for evaluating existing ECCD Corners. This assessment matrix hopes to determine key areas in the ECCD Corner that needs improvement and upgrading, as well as the evaluation of the involvement of the local government in providing safe and child-friendly spaces for children. Through the remarks and recommendations, the ECCD Corner Assessment Matrix hopes to improve ECCD Corners to be able to serve its purpose to the community.

- **ECCD Corner Guidelines:** This tool contains fundamental guidelines in the set-up and upkeep of ECCD Corners. The guidelines also contain the structure and the key personnel needed for the ECCD Corners.

Appendix E

Table 6: List of Resolutions/ Ordinances Passed in Support Save the Children's First Read Program

Save the Children office	City/ Municipality	Barangay	Document	Document title	Description
LPO	Taguig	Ligid-Tipas	Resolution	Resolution No. 9 Series of 2017 – Brgy Council of Ligid-Tipas, Taguig	Brgy Resolution No. 9 S. 2017. A resolution to support and adopt early learning simulation literacy and numeracy as part of barangay ECCD program through the implementation of Save the Children's First Read project and thereby allocation an amount of Php 100,000.00 for that purpose.
LPO	Caloocan	Barangay 185	Resolution	Barangay Resolution of Barangay 185 Caloocan City	Brgy Resolution No. 013 S. 2018. Resolution to support and adopt early learning stimulation, literacy, and numeracy as part of barangay ECCD programming through the implementation of Save the Children First Read Project and Thereby allocating an amount of Fifty Thousand Pesos only for that purpose.

Save the Children office	City/ Municipality	Barangay	Document	Document title	Description
LPO	Malabon	Longos	Ordinance	Ordinances – Malabon City	Brgy Ordinance No. 06 S. 2018. An ordinance adopting Save the Children's early learning stimulation literacy and numeracy modules as part of the barangay's ECCD program and allocating an amount of P20,000.00 for its implementation.
LPO	Malabon	San Agustin	Ordinance	Ordinances – Malabon City	Brgy Ordinance No. 01-11-RRB S. 2018. An ordinance supporting and adopting early learning simulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children Philippines' First Read project and thereby allocating an amount of P85,000.00 for that purpose.
LPO	Malabon	Niugan	Ordinance	Ordinances – Malabon City	Brgy Ordinance No. 003-ADG S. 2018. An ordinance supporting and adopting early learning stimulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children Philippines' First Read project and thereby allocating an amount of Eighty Thousand Pesos for that purpose.
LPO	Tondo	Barangay 42	Ordinance	Ordinance_ Brgy 42_ Tondo_#005 S2018	Brgy Ordinance No. 005 S. 2018. An ordinance adopting Save the Children's early learning stimulation literacy and numeracy modules as part of the barangay's ECCD program and allocating an amount of P 23,743.00.

Save the Children office	City/ Municipality	Barangay	Document	Document title	Description
LPO	Taguig	San Miguel	Ordinance		Brgy Ordinance No. 003 S. 2018.
LPO	Taguig	Ibayo	Resolution		
LPO	Taguig	Lower Bicutan	Resolution		Brgy Resolution No. 27 S. 2018. A resolution to support and adopt early learning simulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children Philippines First Read project and threby allocating an amount of Three Hundred Fifty Thousand One Hundred Thirty One and 39/100 funds to be taken from 1% IRA-BCPC for that purpose.
LPO	Malabon	Bayan-bayanan	Ordinance	Brgy Ordinance No. 01-2018 S 2018 Bayan-bayanan Malabon	Brgy Ordinance No. 01-2018 S. 2018. An ordinance adopting Save the Children's early learning stimulation literacy and numeracy modules as part of the barangay's ECCD program and allocating an amount of Php 30,000.00 for its implementation.
LPO	Caloocan	Barangay 4	Resolution	Barangay Resolution of Barangay 4 Caloocan City	Brgy Resolution No. 06 S. 2019. A resolution to support and adopt early learning simulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children Philippines First Read project and thereby allocating a certain amount for that purpose.
LPO	Caloocan	Barangay 186	Resolution	Barangay 186_ Resolution_ Certification	Brgy Resolution No. 186-010 S. 2018. A resolution to support and adopt early learning simulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children Philippines First Read project and thereby allocating an amount of Php 50,000 for that purpose.

Save the Children office	City/ Municipality	Barangay	Document	Document title	Description
LPO	Caloocan	Barangay 185	Resolution		Brgy Resolution No. 023 S. 2019. Resolution to support and adopt early learning stimulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children First Read Project and Thereby allocating an amount of Php 30,000 only for that purpose.
LPO	Caloocan	Barangay 179	Resolution	Barangay 179 Resolution	Brgy Resolution No. 018 S. 2019. Resolution to support and adopt early learning stimulation literacy and numeracy as part of barangay ECCD programming through the implementation of Save the Children First Read Project and Thereby allocating an amount of Php 290,000 only for that purpose.

Creating Better Beginnings for China's Left-Behind Children

The OneSky Family Skills Programme

Table of Contents

Figures and Tables

Abbreviations

CDRF   China Development Research Foundation

ECD   Early Childhood Development

HDI   Human Development Index

MDG   Millennium Development Goals

SEL   Socio Emotional Learning

TOC   Theory of Change

The Early Childhood Development (ECD) Context and Challenges in China

China is the world's most populous nation with a total population of 1.3 billion, of which about 100 million are under the age of 6. It currently ranks 90 out of 188 countries in the Human Development Index (HDI) ranking (UNDP, 2015). The country had great success in achieving all the Millennium Development Goals (MDGs) by 2015. China is one of the most rapidly developing economies in the world but is also one of the biggest sufferers of massive income inequalities. Within country, its large rural population downsizes the dividend for each person (The World Bank, 2016). This has a huge impact on the younger generation with about one-third of its children living in rural areas dropping out of high school because they cannot catch up and have far lower cognitive and social skills as compared to their urban counterparts. In terms of caregiving trends, the data shows that antenatal care visits by mothers is at 97%, but, only 27% of mothers exclusively breastfeed their children (UNICEF, 2017).

Due to the incredibly rapid development of China's economy, many parents migrate to the cities for work. This changing economic landscape has led to an estimated 9 million young children being left behind in poor, rural villages while one or both of their parents seek work in distant cities. About 2.5 million children under 7 have been left without nurturing care during their critical early years. Most of the children see their parents only once a year. These are China's *'economic orphans.'* The responsibility of taking care of these left-behind children often falls to their grandparents and extended family members. Generally, these caregivers are less educated than their parents and tend to use the same child rearing practices that have been used for decades. They care deeply about the children, but they have little time for caregiving because they must plant, maintain and reap crops in the field, and some are also dealing with health challenges due to old age. Studies have shown that these rural children left in the care of other family caregivers can have a direct negative influence on their physical and emotional state (Ye & Pan, 2011; Zhao, Wang, Zhou, Jiang, & Hesketh, 2018).

Against this backdrop, OneSky for all children (OS) decided to launch an ECD village model program in one county in the selected province. The province selected for the intervention was chosen for multiple reasons including:

- **It is one of three provinces in China with the largest numbers of migrant workers,**
- **It is one of the most populous and poorest provinces in China, and**
- **Government officials were eager to collaborate with OS.**

The program was established in partnership with the Chunhui Children, a Beijing-registered public foundation, the Ministry of Civil Affairs, the China Development Research Foundation (State Council), the Ministry of Health, the Ministry of Education, and the All-China Federation of Women. It was designed to be a scalable, low-cost approach to improving caregiving capacities that would in turn mitigate the damage to young children left behind without adequate parental care as a result of more than 60 percent of their parents migrating out of the province for work.

A baseline survey completed by China Development Research Foundation as a part of a larger evaluation of the program, found 2,829 children, aged 0.5-4 years living in the 60 selected villages. In addition, they found:

- **11% of the sampled children were born prematurely;**
- **Mothers and grandmothers were the dominant caregivers;**
- **Almost 90% of the caregivers had less than nine years of education;**
- **Key parenting styles were categorised as primarily authoritative or uninvolved; and**
- **Roughly 35% of the surveyed children experienced challenges in their social-emotional development.**

The program consists of three main components. The details are discussed in the sections below. The components of the program are focused on the premise that all children deserve a great start in life and through the provision of evidence-based methodology in responsive and supportive environments, children can thrive.

About the programme

Scope and Coverage of the Programme

The programme is intended for children 0 to 3 years old but also covers caregivers with children 3-6 years of age. Launched in 2015, it has been implemented in 51 villages, and has impacted 10,443 children aged 0-6 years, training 16,147 caregivers in best practices of early childhood care and education in the process.

As identified in the baseline survey by China Research Development Foundation (CDRF), beneficiaries of the family skills program are 88% female with 56% being mothers and 32% grandmothers, 12% males with 6% being fathers and 6% grandfathers. Thirty eight percent of the caregivers are over 45 years of age and 90% have less than nine years of education. Other beneficiaries include 250 local women who were hired and trained in best practices in early childhood care and education. These women work as family mentors, training parents through group training sessions and home visits.

The direct beneficiaries of the community engagement programme are the children, the caregivers and others that live in the community. For example, as community members gather together for activities such as building a playground, they renew or build new friendships with others and they experience the satisfaction of working together to accomplish a goal. The playground then becomes a place where children and other community members gather for individual or group activities. Community engagement activities such as this one, unite the community around common interests and goals. These activities have positive benefits to children and families in the community.
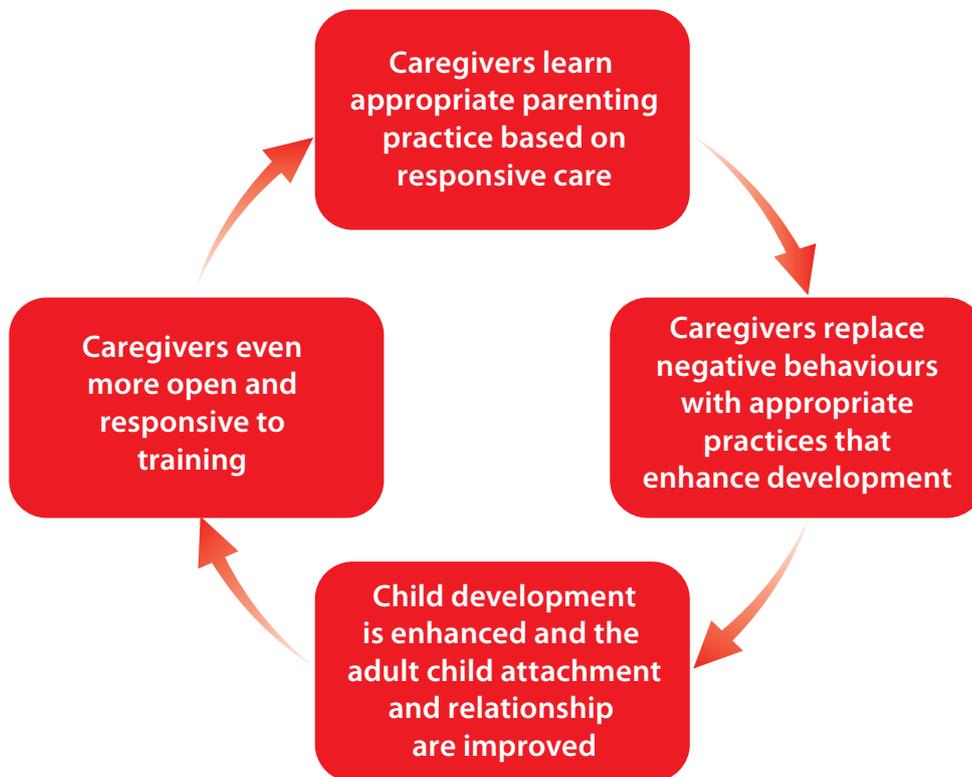
How it Works: the OneSky Theory of Change (ToC)

This programme focuses on how to apply responsive care practices to promote children's holistic development. The theory of change (ToC) underlying the implementation of the programme is based on the model represented in Figure 1. The theory of change proposes that children's development is enhanced as family caregivers respond to children using responsive care.

Training and support provided in the Family Skills programme teaches family caregivers how responsive care meets children's needs and interests in ways that support development. As caregivers apply what they learn, child development is enhanced, and relationships are strengthened. This has a positive impact on caregivers leading them to engage more with the children and makes them more open and receptive to training. Increasingly, positive parenting skills replace neglectful, harsh, or inconsistent behaviours toward the children. This replacement of negative behaviors with positive behaviours is reinforced and accelerated as family caregivers see further improvement in the children and experience the satisfaction of having rewarding adult–child relationships.

Responsive care is child-centred since it requires adults to base their responses on children's observed needs and interests. Caregivers learn the elements of the responsive care cycle – observing, interpreting, and responding to a child's needs. Their role is that of a partner, nurturer, and advocate; they explore and discover with the children and they create a foundation that allows children to learn to trust others and explore the world around them. By doing so, adults in children's lives promote holistic development.

Figure 1: Programme's Theory of Change (ToC)

- Caregivers learn appropriate parenting practice based on responsive care
- Caregivers replace negative behaviours with appropriate practices that enhance development
- Child development is enhanced and the adult child attachment and relationship are improved
- Caregivers even more open and responsive to training

The programme is designed to meet the needs of various categories of caregivers including grandparents, parents, aunts, and uncles and helps in developing caregivers' competencies for optimal care and protection. It centers on three main objectives.

- **Train primary caregivers to provide responsive care giving.**
- **Provide children opportunities for early learning so that they can successfully reach age-appropriate developmental milestones and enter preschools at par with their peers from more advantaged communities.**
- **Provide a safe and secure environment for the children by mobilizing the community to create a nurturing network of support.**

While there are contextual variations depending on the specific activities and target groups, there are certain basic aspects that form the foundation for all efforts.

Structure of the Village Model Programme: How it Operates?

The village model program is based on OneSky's proven approach for training caregivers in ECD best practices to meet the specific needs of rural Chinese villagers. The intervention for families with left-behind children consists of three components around which activities are organised.

Programme Components

Family Skills

The Family Skills component provides parents training so that children benefit from a more positive, nurturing home environment. Caregivers learn how to respond to a child and manage behaviour in a positive way, rather than physically punishing or neglecting a child out of frustration or from inherited caregiving practices. The curriculum of the family skills program includes 71 lesson plans for trainers to use in small group settings of no more than 20 caregivers. These lesson plans focus on fostering an understanding of how young children develop and how caregivers can foster development in each area. The topics covered include responsive care, attachment, reading aloud to children, positive child guidance, and others. Lesson plans are designed for caregivers to be active learners. The focus is on providing nurturing care in daily life, with an emphasis on attachment and bonding, brain development and stimulation, and fostering early communication.

Delivery Platform: OneSky has created one family centre in each village where family skills training is provided. These family centres have toys and equipment appropriate for young children. They serve not only as a location for training, but also a place where families can play together any day of the week. Caregivers apply what they learn under the guidance of the family mentor and as they play, the caregiver-child relationship is strengthened. Full sentence should be: The centres are open five days a week and one family mentor provides staff services to support caregivers and build a sense of community among themselves.

Photo 5: Caregivers play with children in a family centre.

DELIVERY MODALITIES*:* Different modalities are used for delivering this component of the program which include group parenting sessions at the family centres, weekly home visits, neighbourhood visits, and a social media platform.

Group sessions: Group sessions with the caregivers are conducted at the family centre by the family mentor. These provide the caregivers an opportunity to learn parenting concepts and information about child development, to practice what they learn with the children under the guidance of the family mentor, and to discuss and solve problems with other caregivers.

Photo 6: Group session with caregivers at a family centre.

There are five types of family sessions. Each type is designed to achieve a different purpose. Table 1 explains the lesson types.

Table 1: Lesson Types

Lesson Type	Description
Concept	These sessions focus on introducing a new concept (such as attachment, responsive cycle, and development). The trainer presents the information using active learning methods.
Method	These sessions teach practical strategies on how to apply concepts taught in the concept lesson to children. Strategies are taught using demonstrations and role plays.
Concept and Method	These sessions combine the introduction of a concept with practical strategies on how to apply the concept to the children. Information is presented using active learning methods (demonstrations and role plays).
Guided Practice	In these sessions, the caregiver has an opportunity to practice what they learned in concept and method sessions with their child. The Family Mentor observes and guides the trainees.
Observed Practice	These sessions provide the trainees an opportunity to continue practicing what they have learned while the trainer observes and takes notes on the caregiver's actions using the observation checklist. The family mentor uses these observation notes to provide constructive feedback to the trainees.

The coaching to the caregivers is delivered using multiple methods that match the ways that adults learn. Lesson plans are developed, using simple terms and appropriate learning methods for adults, to ensure family mentors actively engage caregivers in the learning process. During the sessions, the caregivers are introduced to a topic, and then various methods are used to explain, practice, and reinforce its core concepts. These include active learning techniques such as sharing experiences, participating in or observing role plays, problem solving with peers, and practicing what they learn with the children. During this process, caregivers are also asked to complete simple home-based assignments that involve applying what they have learned. In the next session, caregivers share their homework experience and family mentors review the previous session before moving to the new topic. The program follows a step wise weekly plan to facilitate the family skills sessions (Annexure-1).

Dosage: There are 71 group lessons in the family skills training program, so the duration is over one year. Sessions are not held on national holidays and there is a one-month break in the summer.

Home Visits: Caregivers who cannot travel to attend family skills sessions due to personal or geographical circumstances or the family mentor believes the family needs more attention, receive home visits. Family mentors spend the time teaching and modeling basic concepts, observing how the caregiver interacts with the child and working with the caregiver to create a more nurturing environment.

Family mentors make a plan prior to the home visit using home visit planning form. This form details the goals for the visit, key points to share with methods for presenting content, and how the Family Mentor will assess understanding.

There are two types of Home Visit forms. The first is for planning a home visit when the caregiver misses a group family session and the second is for planning home visits for any other purpose. Both types contain similar planning steps.

Photo 7: Home visit by the family mentor.

Table 2: Home Visit Forms

	Steps	**Description**
Step-1	Plan to Build Rapport	The purpose is to plan how to make the caregiver feel at ease and to build trust between mentor and caregiver. The family mentor can use various techniques such as greeting the caregiver warmly, thanking the caregiver for inviting her to the home, and initiating simple conversations about the child.
Step 2	Prepare to Share Key Points	In this step the mentor states key concepts to be introduced and modeled, and specifically how these points will be presented. This could include using posters, demonstrating the concept with the child or the caregiver, or even playing a game.
Step 3	Consider How to Evaluate Understanding	Mentors identify how they will know the caregiver understands the concepts or methods. This could include identifying how to observe and interpret caregiver words or non-verbal communication, what questions to ask, and how caregiver will model understanding when applying the concepts or methods.
Step 4	Consider How to Give Constructive Feedback	Mentors plan how they might give constructive feedback to the caregiver's understanding and application of key concepts.
Step 5	Plan to Follow Up on Application	In the final step, a family mentor makes a plan with the caregiver on how she or he will use the information that she or he has learned and helps her think about any challenges she or he may face and together create solutions to the challenges.

Photo 8: Family mentors conducting a neighbourhood visit.

Neighbourhood Visit: At least twice a week, family mentors target families who are located far from the family centre and conduct neighbourhood visits. They find a location where families can easily gather and then announce the visit using the social media platform – WeChat. The timing and venue are decided at times convenient for families.

The purposes of the neighbourhood visits include:

- **Providing family education including group training sessions**
- **Modelling and facilitating positive parent child interactions**
- **Providing counseling as needed on child safety and security**
- **Identifying problems that could impact the program and brainstorming solutions**
- **Collecting routine data**

Social Media Platform: The social media platform i.e. WeChat is used to create groups that speed communication. WeChat has been found to be a powerful tool in raising awareness about the importance of parenting within the broader community. It also serves as a sharing and discussion forum led by family mentors. Every village has a WeChat group. In the group, the training topic is presented and after training, family caregivers share the activities they have completed during the week. Photos of the children and descriptions of how the children are interacting with caregivers and others are shared. Additionally, parents who leave the villages for jobs, are involved through these groups. As a result, parents become more involved in their children's learning, start interacting with their children more often, and visit more frequently.

Frequency of Intervention: Family skills training is held one day a week; however, mentors will review lesson content at any time with parents who cannot attend the session. Home visits are ongoing and are planned as needed, with each home visited at least once per quarter. More visits are made to certain households as per the need. Neighbourhood visits are held at least twice a week.

Photo 9. Community members participating in an engagement.

Community Engagement

The Community Engagement intervention is geared towards strengthening rural communities and providing nurturing homes for young children despite parental absence. As per the experience of the program, a significant investment in community engagement was critical so that village members understand their vital role in creating the change they also seek.

To build community ownership, the programme begins with community orientation activities, such as community meetings, home visits etc. As reported by the programme implementers, community orientation was critical for building trust among community members and convincing them to participate in the programme. One of the family mentors said:

> *'It was important to build trust among the caregivers. For building trust, I visited their homes and played with the children. I developed a bond with the children first which helped in building trust with the caregivers.' One field trainer said, 'Initially, convincing caregivers, especially grandparents was challenging as their old child rearing style runs deep and they think they knew everything. But when we conducted activities with the children in their homes and they saw the response of their children, they were convinced to use our parenting concepts and attend the sessions.'*

Delivery Platform and Key Modalities: A variety of trainer facilitated activities are used in this component. The table below describes the activity, how often they occur and a description.

Table 3: Community Engagement Activities

Activity	Frequency	Description
Festival celebration	At least three times each year	Large-scale celebration activities for festivals such as Children's Day, Lantern Festival, and welcoming parents back for Spring Festival, etc.
Community interest group	Frequency varies with different groups	Each village has at least one community interest group such as Chinese opera or dancing. Support and maintenance is provided accordingly to create an active and united community.
Individual or family focused	As needed	Special attention and help is provided to specific left-behind children, children left-behind, with disadvantage, and/or disability or caregivers, and families with special needs such as those without a job, single parent families and families with a disabled member.
Children's interest group	One meeting each week	After-school interest groups are mainly focused on music, PE and arts. A teacher is hired to facilitate cultural heritage and promote development in these areas.
Interactive experiential courses	Saturday	Children to age 18 participate in a variety of activities such as science exploration, handicraft and painting, that give them opportunities to explore and learn. A variety of materials are provided for them to freely explore.

Dosage: Community engagement activities are ongoing; some activities are short term (such as building a playground) while others are longer term with groups that are focused on common interests that strengthen children, families, and the community.

Frequency of Intervention: The frequency of community engagement varies from village to village. Many activities are often repeated based on villagers' interest. Since this component is now mostly self-managed and driven by the villagers, they choose the frequency. In some villages, activity groups such as a dance group, meet weekly. In 2018, on average, 69 activities per quarter were facilitated in every village.

One Sky Community Centre

OneSky government partners are in the process of adding centres in high poverty areas where children up to 18 years of age can participate in stimulating after-school activities, games, learning opportunities, and tutoring. Centres are also placing where community engagement activities are held, and other services are provided to families.

OneSky is cooperating with the government partners by creating Children's Centres in 11 of the villages. The OneSky Community Centre provides a place for children to participate in innovative early learning experiences that support healthy physical, language, social-emotional, and cognitive development. It also offers a safe learning environment outside the home where children can develop a strong sense of self and form trusting relationships with caring adults.

Key Features of OneSky's Parenting Approach

Playful Parenting

The programme focuses on playful parenting by strengthening the caregiver's capacity to nurture the child's development through playful activities that match the child's needs and interests. The playful activities include positive interactions and learning opportunities a caregiver can provide during daily activities such as feeding, bathing and changing clothes and during times when they play together. A caregiver learns these activities during the family skills sessions.

In addition, at the community level, caregivers and children engage in playful and healthy community activities that not only nurture children's development, but also foster a strong support network among the caregivers. This network is critical for young children to thrive.

Socio-Emotional Learning

The programme is designed to promote social-emotional learning in caregivers and children. The programme's content is designed for caregivers to become more aware of their feelings, to relate more harmoniously with others, and develop abilities to make responsible decisions and handle challenges effectively. In the group sessions, the caregivers recognise they have similar challenges, and each has something to contribute.

During family skills sessions caregivers learn how to support their child's social-emotional learning. Family mentors model how to play with children, demonstrate feeding techniques, and provide other hands-on experience to the caregivers which not only supports a better understanding of the development and learning needs of young children, but also strengthens the caregiver – child bond and relationship.

At the community level, the programme provides opportunities to build a vast network of social support in the larger com-munity through community engagement activities. These events increase camaraderie between villagers, and this in turn helps make local communities more socially cohesive and resilient.

Local Women as Family Mentors

OneSky selects and trains local women who might otherwise leave their families for jobs in cities to become family mentors, providing them with the training and support they need to help instruct and support other child caregivers in their communities. They develop specialised skills through ongoing training from OneSky to act as advocates of early childhood education in their

Photo 10. Family mentor conducting a session.

communities. Once trained, family mentors use prepared lesson plans and posters that can be individualised to present parenting concepts in a group setting at the family centre and via home visits and also support the community engagement activities.

Training and Ongoing Support

The training feature focuses on enhancing the capacities of all related stakeholders – programme personnel, family mentors, caregivers and others. The capacity building inputs are seen as a continuum involving structured training, follow ups, meetings, ongoing support mechanisms, and other interactions. For conducting the training, OneSky creates model training centers where all stakeholders attend training and replicate best practices in their environment.

In order to build the capacity of different stakeholders who will be able to support the delivery of the programme, the programme follows a systematic training mechanism as shown in table 4.

Table 4: Training Mechanisms

Trainees	Trainer	When	How Long	Focus
Field Trainer (FT)	Program Director	Quarterly	One Day	Program quality management, child nutrition, breastfeeding, child development principles, methods for promoting development, and meeting child's basic needs
Field Trainer (FT)	Online learning	Different times of day according to time available	Varies	Articles on parenting and child development, expert consulting, training resources, and information exchange among staff
Field Trainer (FT)	Child development experts	Once a year	2-3 days	Training for trainer (TOT) on early childhood development topics based on trainer needs and interests
Family Mentors	Program Director and Managers	Before beginning work	6 days	Basic child development principles, how to nurture child development, and how to conduct a home visit
Family Mentors	Program Director and FTs	Quarterly & Summer and Winter Holidays	2 days in a quarter; 4 days during summer and winter holidays respectively	Review content of lesson plans and how to present the lesson. Toy making and how to conduct parent-child activities and music and movement. How to carry out community activities and work. How to work effectively in the community
Family Mentors and caregivers	Program Director and FTs	Every other week	At least one day visit to each village in 2 weeks	Parenting skills and knowledge, community engagement activities, and quality management
Caregivers	Family Mentors	Once a week	1.5 hours	Child development topic determined by lesson plan
Caregivers	Family Mentors	Daily	0.5 hour	Share bedtime story and parent-child activity through Wechat.
Caregivers	Family Mentors	At least one home visit to each family in one month	1 hour	Family Skills session and content related to child development
Pregnant women (around 40 each session)	Program Director & Training Center Manager	Twice a year	1 to 2 days	Life coaching during pregnancy and basic child development principles

Monitoring and Evaluation of the Programme

A systematic monitoring and evaluation system is used to analyze implementation and outcomes. Findings are used to improve program quality. Ongoing monitoring and evaluation is completed by both internal and external professionals.

Internally, the OneSky team examines program implementation and program quality using procedures and forms designed for this purpose. The data collected during the monitoring process helps the team to understand the progress, overall impact, and any programmatic challenges. This includes the involvement and response of caregivers through constant observations and interactions with them. Their suggestions are taken seriously during this process for making further improvements to the program. In addition, continuous monitoring of family mentors by the field trainers helps effective mentoring to ensure quality in the session delivery as well as the quality of the performance and capacity building plans. Table 5 displays the monitoring tools used, their purpose, the key person who is responsible and when the tools should be completed.

Table 5: Project Monitoring Tools

Monitoring Tool	Purpose	Person Responsible	When Completed
Family Center Sign-In	To document who is visiting the centre and times when the centre is most frequently visited.	Caregivers	When caregivers come to the family centre for any activity other than to attend a family session.
Family Session Attendance	To record attendance in the family sessions and identify the caregivers who are not attending so family mentors can follow-up with them.	Caregivers or Family Mentor	At each family session
Family Information Form	To collect information about the families through casual conversations and in-home visits; and to measure change in parent child interactions and the home environment as a result of participating in the program.	Family Mentor	First week after joining the program 6-12 months after joining the program
Home Visit Review and Report	To reflect and report on the home visit to assess how well the home visit's goals were met.	Family Mentors and Field Trainers	After conducting the home visit.
Trainer Observation Checklist	To identify how caregivers are applying information presented in the family sessions and in the home environment.	Family Mentor	During specified family sessions and home visits.

Monitoring Tool	Purpose	Person Responsible	When Completed
Child Development Checklist—Birth to Seven Years of Age	To identify milestones that children have reached.	Family Mentors	Twice a year
Program Quality Evaluation Form	To assess the quality of the program elements	Field Trainers and Program Director	Yearly
Staff Evaluation	For staff to self-assess their work performance and for annual assessment of staff	Self-assessment Supervisor	Weekly for self-assessment Yearly for staff assessment

An external evaluation of the programme was conducted to measure programme outcomes. The China Development Research Foundation (CDRF), with technical assistance from the Amsterdam Institute for International Development, led a three-year study (August 2015-July 2018) of the program. This three-year independent evaluation utilised a randomised control design with 30 treatment villages and 30 control villages. It compared parent behavior and child development between treatment and control villages at four points: baseline in August 2015, another baseline in July 2016, second data collection in July 2017, and a third in May 2018. The research team produced a baseline report is August 2016, midline report in December 2017 and an endline report is in process.

The study measured caregivers' knowledge and practices and child development in five dimensions (physical, social, emotional, cognitive, and interpersonal) using existing instruments adapted to China's context. The instruments used were: Parenting Styles, Home Observation Measurement of the Environment, Ages and Stages Questionnaire, and the Early Human Capability Index. Midline results confirmed practices and provided guidance on how to improve the programme.

Key Challenges of the Programme

One of the common challenges faced as noted by programme implementers, especially at the beginning of the programme, was building trust among the caregivers and convincing them to attend the sessions. One of the family mentors said:

'It was important to build trust among the caregivers. For building trust, I visited their homes and played with the children. I developed a bond with the children first which helped in building trust with the caregivers.'

One field trainer said:

'Initially, convincing caregivers, especially grandparents was challenging as they said that they knew everything. But when we conducted activities with the children in their homes and they saw the response of their children, they were convinced to attend the sessions.'

Another challenge pointed out was related to recruiting family mentors. One field trainer said:

> *'Family mentors are important. Identifying women who are motivated and ready to be a part of this program is critical and challenging. The program invests a lot in building the capacities of these family mentors.'*

To deal with such challenges, family mentors get support from field trainers who provide both onsite and offsite support to them.

Finally, another challenge is older family caregivers often do not bring their child to the family centre until age 1 when the child is walking. In order to help mothers, understand the importance of stimulation in the first 1000 days of a child's life, family mentors are focusing on educating pregnant moms of the importance of the first year of life. The response has been positive.

Results and Impacts

Impact on Children, Caregivers, Families, and Communities: Micro-Level Outcomes

The external evaluation's results clearly show the effectiveness of the programme, especially at the level of the caregivers. It found a significant difference between the control and treatment groups. Parents in treatment villages scored higher in warmth and consistency and lower in hostile parenting behavior. They also report implementing more games and learning activities and providing age – appropriate toys and books than caregivers in control villages.

One family mentor said:

> *'Now caregivers understand the importance of interacting with their children during daily activities such as while having food, changing clothes, or walking.'*

Another family mentor said:

> *'Parents have become less hostile. Now, they use more positive behavior and spend more time with their children.'*

Family centres are designed to be an exciting place not only for children, but also for their caregivers. One mother noted that since she had started attending, she had become more attentive to her children, saying:

> *'With the help of the programme, I have understood how important I am in my child's life. Now, I am more aware of my child's development and my role in supporting that development. I engage with my child through reading, talking, playing, and providing opportunities for learning.'*

One grandparent said:

> *'Initially, I did not want to attend the training, I don't know how to read or write so I was intimidated and embarrassed. But I learned so much just by watching the family mentors interact with the children. In class, I was surprised how easy it was for me to understand and learn the material. I also made new friends and now we get together weekly to let the children play. I never miss a training session anymore. It is great to have this support in our village.'*

Children showed improvements in the domains of gross-motor, personal-social skills, and cultural knowledge as compared to children tested in control villages. The developmental assessments Ages and Stages Questionnaire and Human Capability Index were used to measure changes. The program has also improved readiness to learn in children older than 3 years through enhancing their writing skills.

At the community level, community engagement activities increased camaraderie among villagers. This helped make local communities more socially cohesive and resilient. Empowerment of the communities for implementing community building activities on their own enabled them to work as change agents in building stronger communities. In most OneSky villages, community engagement is now self-sustained and driven by the villagers who have come up with culturally-relevant activities such as calligraphy clubs, paper cutting, Chinese opera, and dance groups for both caregivers and children. The resulting supportive network has created a nurturing environment for the communities and their children so that they rely on each other for social and emotional support and share childcare duties when needed.

In addition, family centres in the villages have brought families together to not only nurture children's development but also to create a sense of community with families that were disconnected. Family mentors report that as a result of community engagement activities, communities that were disintegrating are revitalised and formed a strong support network around the children and their caregivers, creating a healthy and happy environment that is critical for young children to thrive.

One family mentor remarked:

> '*Community ownership has increased. Communities contribute materials and also help us in cleaning the room after the session.' She added, 'Old people have various skills. They know calligraphy, opera, and wood crafting so we encourage them to conduct sessions with the children.'*

Impact on Service Providers: Meso-Level Outcomes

Family mentors' understanding of how children grow and change and how to nurture children has improved. They have gained confidence and see potential in themselves to do more than they imagined.

One mentor said:

> '*Two years ago, I was a house woman who liked playing mahjong. Now I'm a family mentor who influences and changes nurturing concepts among villagers. I'm proud of being a family mentor which I couldn't even imagine before!'*

Another mentor said:

> '*I came to understand the importance of child development which is not only helping me but the whole community.'*

Another noted,

> '*I was shy participating in music and movement activities in the public especially in the beginning. But I practiced these activities at home with my own child to get confidence.'*

Impact at the Structural or National level: Macro-Level Outcomes

OneSky has successfully influenced the provincial government address the concerns facing the left-behind children. As mentioned in the programme document:

> *'Seeing the impact of the Village Model, they became co-funders and advocates of the model. The government partners have demonstrated confidence in OneSky's approach and plan to have Child Welfare Directors take part in OneSky training and post-training, manage Community Centres in other villages in accordance with their methodology.'*

In addition, the government invited OneSky to join the effort to build the community centres, therefore OneSky had expanded its impact age group to older children.

This year, OneSky has successfully built 11 Children's Centres in partnership with the Government, providing children with education, health, entertainment, social, psychological and other services.

Lessons Learned

Some significant lessons learnt in the implementation of the programme:

Focusing on socio-emotional learning (SEL) aspects while conducting the sessions helped in developing and strengthening social-emotional bonding

The family skills programme promotes bonding and improves relationships between children, strengthens connections between families, and vitalises neighbourhood networks. During family skills sessions, family mentors model how to play with children, demonstrate feeding techniques, and provide other hands-on experience to the caregivers which not only supports a better understanding of the development and learning needs of young children but also helps in strengthening the caregiver – child social and emotional bonding and relationship. In addition, the joint group sessions make all caregivers feel that they have similar challenges, and each has something to contribute towards solving group problems.

Intensive training of family mentors and their capacity building has helped in making them confident and independent

Considering the modest educational levels and experience of the family mentors, their capacity building and continuous on-site support is of critical importance. The supervisory role of the field trainers is more focused on mentoring rather than supervising or inspecting. Their main role is mentoring and capacity building of family mentors so that they can become self-sufficient and independent in conducting the program activities. The transformation of the family mentors from being local women to independent women is suggestive of the successful capacity building of family mentors and mentoring by field trainers.

Dissemination of information by family mentors especially through media platforms is helpful in sustaining connections

The media i.e. WeChat have been found to be a powerful tool in raising awareness about the importance of parenting within the broader community. It serves as a sharing and discussion forum, which is led by family mentors. Caregivers use this platform to talk about activities they can do

during the week. Additionally, parents who leave the villages for jobs, are involved through WeChat groups. As a result, parents become more involved in their children's education, start interacting with their children more often, and visit more frequently.

The selection of local women from the community as family mentors in the program was crucial not only in ensuring its success but also for its sustainability

The programme provides a critical step towards healing rural communities that are disintegrating through the loss of young workers. It actively engages adults who stay back in villages to help in caring for and nurturing children. Involving local women as 'family mentors' has led to their empowerment and increased the standard of living and their abilities to keep their families intact as they no longer have to travel far distances to support their families. Engagement of local women has also ensured that the training is relevant, accepted, and driven by the local communities.

Future Plans: Potential for Scaling-up and Replicability

OneSky's programme has evolved as a valuable and evidence-based model for parenting education. Its proven approach is building the capacities of caregivers in ECD best practices suitable for the specific needs of rural communities.

Moving forward, the programme has now added 11 new villages where services are provided in government-designated 'poverty counties' targeted by the State Council's *Plan for the Development of Children in Impoverished Areas 2014 – 2020*. The project will be replicated starting with approximately 10-15 new villages and then spreading to villages in another province.

OneSky is in the process of exploring potential public/private replication scenarios, wherein businesses support training for home-based childcare for migrant workers' children near their factories or workplaces (the Migrant Model) and pledge equal funding for establishing rural village centres like the OneSky village model in cooperation with the government.

The OneSky model training centre serves as a model demonstration center where government officials, administrators, teachers, and parents observe and attend training, and replicate best practices in their context. Through this training, the government partners will be scaling up parts of OneSky's project on their own. In 2019, OneSky will train approximately 50 child welfare directors using the OneSky approach at the OneSky training centre.

The programme directors will staff the centres for children and families in their respective villages. The programmes in these villages will be managed entirely by the government. While OneSky will provide training and support, government partners will fund the salaries of these individuals as well as the expenses of the community centres that they will staff.

The community engagement component of the programme is now self-sustainable as villagers are motivated to organise and lead activities on their own after seeing the positive benefits. The increased determination of community members to actively plan and participate in engagement activities in their communities is the principal driving force of the programme.

Key Noteworthy Features of the Programme

The OneSky programme may be regarded as a noteworthy ECD parenting programme for a number of reasons:

The programme's solutions go beyond the children by paying even more **attention to training and transforming caregivers**. The programme believes that the changes we witness in children are miraculous, but no more so than those we see in the adults responsible for their welfare.

It is based on a **proven and evidence-based methodology** of training caregivers in ECD best practices suitable for the specific needs of Chinese villagers. Training sessions' lesson plans are designed to share child development information in simple terms and also in ways that engage adults in the learning process such as through role plays, discussions, and hands-on practice with the children.

The programme's **multimodal approach**, which includes home visits, group parenting sessions, and building awareness through community engagement activities, addresses diverse communities spread over a wide geographical area, and in many cases in remote regions. Since it is challenging for some parents to come to the family center, the family mentors go to them and hold training sessions or conduct home visits. The family skills program believes that pulling the community together is important for the children. Therefore, the staff members work to bring groups of people together for activities such as creating a playground for the children, cleaning up the community, and supporting each other through dance groups, crochet groups or other social events. This connects and strengthens families.

The family skills programme is designed to be appropriate for **meeting the needs of any type of caregiver** of young children, including grandparents, parents, aunts, and uncles. Trainers adapt the lessons to fit the needs of a particular group. While a particular order is provided for the lessons, topics can be exchanged and modified according to the training group's needs and interests.

One of the noteworthy features is about **investing in the human capital.** Beside imparting skills to the caregivers, the programme focuses on building the capacities of family mentors as well. It actively engages adults who stay back in villages to help in caring for and nurturing children. Involving local women as 'family mentors' has led to their empowerment and increased the standard of living and their abilities to keep their families intact as they no longer have to travel far distances to support their families. The programme also tapped on the existing resources and strengths of the community, e.g. people living in the community have various skills such as they know calligraphy, opera, and wood crafting etc. so the programme encourages them to teach those skills to children.

Lastly, the **strong and successful partnerships with government** and the transfer of ownership to government is the self-sustaining feature of the programme. The programme helped in influencing the government partners to change their policy-making approach for left-behind children. Seeing the impact of the Village Model, they became co-funders and advocates of the model. The government partners have further demonstrated confidence in the approach by funding an estimated 50 Child Welfare Directors who will be trained by OneSky and post-training, manage Community Centres in other villages in accordance with OneSky methodology.

Based on the experiences and successful implementation of OneSky's programme, this model has proven to be easy to adapt to meet challenges in diverse situations wherever young children live in adversity, particularly in developing countries.

Discussion Points

1. The OneSky model uses a strong community engagement component. Discuss your understanding of its importance for investing in human capital and in creating responsive parenting education and caregiver support for ensuring holistic child development and protection based on the video clip and narrative.

....

2. How has the OneSky approach ensured that the quality of training and education of caregivers is maintained? What elements make this a successful model for skilling and transforming caregivers?

....

3. Discuss the importance of OneSky's approach in focusing on responsive interactive parenting and socio-emotional learning to meet the needs of different types of caregivers. How is this woven into the design of the programme?

....

4. In what ways does this 'case' illustrate the importance of ECD parenting approaches that emphasise close community involvement in efforts to enhance early childhood, supplement or provide services in remote, low resourced areas, and involve parents leaving away from their children?

....

5. What have you learned from this approach and how can you make use of this new knowledge in your own context?

....

Feedback and Comments

1. What did you find most useful about this case study?

....

2. Did the Video provide a good demonstration of the project's design and activities?

....

3. What, if anything, would you add to the case-study to facilitate your understanding of the approach and methodology?

....

Any other comments?

Please send your feedback to: **secretariat@arnec.net**

References

World Bank. (2016). China Early Childhood Development -Saber Country Report 2016.

The World Bank (2016), 'World Bank Data.' Available at: http://data.worldbank.org/.

UNICEF. (2017). The State of the World's Children 2017 Statistical Tables. Retrieved 29 June 2018 from https://data.unicef.org/resources/stateworlds- children-2017-statistical-tables/.

UNDP (2015), 'Human Development Report 2015: Work for Human Development,' Available at: http://hdr.undp.org/sites/default/Ye, J. & Pan L. (2011). Differentiated childhoods: impact of rural labor migration on left-behind children in China. *The Journal of Peasant Studies, 38(2)*,355-377.

Zhao, C., Wang, F., Zhou, X., Jiang, M., & Hesketh, T. (2018). Impact of parental migration on psychosocial well-being of children left behind: a qualitative study in rural China. International Journal for Equity in Health 17(80).

Annexure

Table 6: Weekly Plan to Facilitate the Family Skills Sessions

Date	Time	Activity
Tuesday	8:30–9:00	Morning meeting: Preparing the teaching plan and materials, making sure the environment is safe and clean, getting ready for the children and parents.
	9:00–9:30	Music and movement
	9:30–10:00	Parenting courses for 0-6 year old children and parents in the village.
	10:00–10:30	Responsive Practice: Encouraging children to explore the centre freely and observing their needs and interests. Family mentors provide guidance to the parents on how to meet the children's needs and promote holistic development by using responsive care.
	10:30–11:00	Free exploration
	15:00–16:00	Home visit
	15:00–16:30	Responsive practice
	16:30–17:20	Happy reading time
	17:20–17:30	Good-bye time/ Tidy the room
Wednesday	8:30–9:00	Morning meeting
	9:00 –9:30	Responsive Course
	9:30–10:00	Music and movement
	10:00–10:30	Parent-child activity: Activities such as reading picture books, painting, music, and hand craft to promote the overall development of the children.
	10:30–11:00	Free exploration
	15:00–17:20	Neighbourhood visit
	15:00–17:20	Responsive practice
	17:20–17:30	Good-bye time/ Tidy the room

Date	Time	Activity
Thursday	8:30–9:00	Morning meeting
	9:00–9:30	Responsive Course
	9:30–10:00	Music and movement
	10:00–10:30	Responsive practice
	10:30–11:00	Free exploration
	15:00–16:30	Home visit
	15:00–16:30	Responsive practice
	16:30–17:20	Happy reading time
	17:20–17:30	Good-bye time/ Tidy the room
Friday	8:30–9:00	Morning meeting
	9:00–9:30	Responsive Course
	9:30–10:00	Music and movement
	10:00–10:30	Parent-child activity
	10:30–11:00	Free exploration
	15:00–16:30	Responsive practice
	16:30–17:20	Making preparations for weekend activities
Saturday	9:00–9:30	Preparing the teaching plan
	9:30–10:00	Morning activity: Gross motor skills
	10:00–11:00	Interactive experience courses guided by adults for children aged 3-16 years of age.
	11:00–11:30	Tidy the room
	14:30–16:00	Parent-child Activity /Roll Call
	14:30–16:00	Child Interest Group
	16:00–17:00	Happy reading time
	19:00–20:00	Community engagement activity
Sunday		Closed
Monday		Closed

Synthesis of the Findings and Conclusion

Findings and Conclusions

Insights

On the whole, the three cases highlighted meaningful engagement to bring about positive changes in parental knowledge, attitudes and practices that:

Are informed by a set of tried and tested modalities for delivering parenting support to various categories of caregivers.

DESIGN

- **Are based on contextually and developmentally appropriate pedagogies, tools and techniques embedded in community values and local realities**
- **Are designed with the involvement of all key caregivers and based on collective concerns and needs regarding children's development and wellbeing within various operational contexts**
- **Are designed for flexible adaptation, retaining core elements while being attuned to local circumstances**

DELIVERY

- **Are informed by a set of tried and tested modalities for delivering parenting support to various categories of caregivers**
- **Engage trained workforce and service providers**
- **Integrate into existing delivery platforms**
- **Build partnerships and alliances to achieve common goals**
- **Mobilise local communities and champions to generate demand and to create child- and caregiver-friendly environments**

ASSESSMENT

- **Utilise monitoring, evaluation and research data for continuous improvement**
- **Use results to motivate action at the policy and practice levels**

SCALABILITY

- **Make use of technological advances to deliver at scale**
- **Use cost-effective delivery modalities**
- **Use innovative financing mechanisms (public-private partnerships), where appropriate**

- **Are aligned with government priorities, policies and programmes**
- **Utlise windows of opportunity (tailored to developmental stage and aligned with country priorities)**
- **Generate community participation and ownership of the programme**
- **Use results for policy advocacy with government**
- **Create social cohesion and resilience amongst families, communities, and societies**

An important aspect of the selected cases is that they have been designed and delivered in the face of significant challenges. Hence, these examples provide insights on how to manage adversity associated with restricted availability of resources, poor awareness, inequitable policies and other challenges.

Key Features of the Cases

Key features are broad lessons or so-called 'take-aways' that can improve understanding of the ingredients of successful ECD parenting approaches in the Asia Pacific region.

DESIGN

Intervention design is a key factor in the success and effectiveness of the programmes driven by a strong theory of change, beneficiary consultations, and flexible adaptation. The three cases were framed with clear Theories of Change (TOC), including the pathways of change to address risks facing the target population, mapping problems in a given context, defining goals, and allocating resources to achieve desired results. The interventions were designed in response to local demand arising from consultations with caregivers through multiple channels. These included field visits, community meetings, meetings with local authorities and community leaders, and systematic assessments.

Community consultations were instrumental to assessing demand, acceptability of programmes, and mapping needs and priorities. For example, in Nepal, selection of locations was based on the Child Deprivation Index to identify the most marginalised populations, followed by formative research to identify and target beneficiaries in disadvantaged communities (e.g. the urban poor, ethnic minorities, rural households, etc.). In China, an independent baseline survey was conducted to assess the needs of caregivers of children left behind. And in the Philippines, a situation analysis and baseline survey mapped the gaps in service delivery and resources for indigenous and marginalised communities in order to design the interventions. Save the Children staff conducted intensive field consultations with families and communities to generate the collective needs useful in designing the intervention and identifying appropriate resources. As such, the programme designs were contextually and developmentally appropriate to local values and realities, ensuring that unique cultural values and experiences were considered in the planning and implementation of caregiver support programmes and learning experiences.

A core feature across the three programmes was **flexible adaptation** (Robinson et al. 2016). The programmes identified and retained core elements of effective parenting support approaches and replicated these across contexts, while adapting the rest to local circumstances. The case studies established an important balance between those elements that were non-negotiable and replicated across contexts and the other flexible aspects responsive to each location. The challenge is striking the right balance between local adaptation and fidelity to the original model. In both Nepal and

the Philippines, for example, the parent education syllabus contained a set number of compulsory modules, but the selection of other topics was dependant on parental choice and contextual factors.

DELIVERY

Five essential features characterise successful delivery: (1) programme dose and delivery mechanisms; (2) leveraging community buy in and expertise; (3) integration into existing platforms; (4) training and supervision; and (5) partnerships.

The two key components of parental programming were **programme dose** and **delivery mechanisms**. Programme dose refers to frequency (how often); *intensity* is the length and depth of the sessions; and *duration* is how long the programme lasts. These were determined and adjusted with respect to the expected outcomes of the specific parenting programme, and customised based on available resources and context. Dose, in general, was established taking into consideration the availability of parents and caregivers. For example, the OneSky programme dose included a weekly group session, which took place at centres, and weekly home visits for caregivers who were unable to attend. They also included bi-weekly neighbourhood visits for caregivers living at a distance. In addition, community activities took place weekly and quarterly. In addition, the family centres were open 5 days a week and staffed with a family mentor. In Nepal, fortnightly meetings were held, but could be varied depending on the availability of caregivers. In the Philippines, where large distances were a constraint (in some cases it took parents half a day travel to attend sessions), meetings varied greatly; some met once a week, others once every two weeks, while others opted for once a month schedule. All three varied the times of the programmes, used various locations (under a tree in Nepal and the Philippines, for example), and adjusted the dose based on seasonal and other demands.

Duration of parenting programmes has been linked to the types of outcome. For instance, in order to improve a child's physical health, cognitive development and social and emotional development, the UNICEF review of parenting programmes (UNICEF, 2014) suggests that *12 months should be the minimum duration of a parenting programme*. Programme that lasted over two years had a more consistent impact, particularly for vulnerable and disadvantaged populations. Simultaneously analysis also suggested that shorter duration programmes may work for parent level results (for instance, programmes under one year targeting harsh discipline and oral health practices).

There was also significant variation in duration depending on the available resources, context, and the desired outcome. In China, where the focus was on promoting psychosocial development and strengthening adult-child bonds, programme duration was over a year and consisted 71 group lessons. In Nepal, where the aim was to deliver parenting support for better health, nutrition, protection, early learning and psychosocial development, the programme was spread over approximately a year. In the Philippines, the focus was more directed towards creating an early learning environment and targeted against the use of corporal punishment.

Moreover, the duration of the HoME sessions in the case of the Philippines varied greatly from community to community. In some cases, the duration was a week and a half (granted that the sessions are conducted daily); in others, where sessions took place once to twice a week, it took longer. In other cases, participants met once a month due to travel distance. In the case of those taking the sessions through the Philippines conditional cash transfer (CCT) programme of the government, completing the sessions took longer because the priority focus of the sessions constantly changed with the HoME modules often being sidelined to prioritise emerging government modules.

Higher frequency parenting programmes are usually more effective in improving parent and child outcomes (UNICEF, 2014). In China, OneSky delivered an intensive family skill training one day a week; however, mentors review lesson content at any time with parents that cannot attend the session. Home visits are ongoing and are planned as needed, with each home visited at least once

per quarter. More visits are made to certain households as per the need. Neighbourhood visits are held at least twice a week. The frequency of the programme delivery also took into account the frequency with which the families *applied* the learnt lessons. In the OneSky lesson plans, caregivers are asked to complete simple home-based assignments that involve applying what they have learned. In the next session, caregivers share their homework experience and family mentors review the previous session before moving to the new topic. The program follows a step-wise weekly plan to facilitate the family skills sessions. The frequency of the programmes could also be paced, as noted in the case of the Philippines. In the Setu Gurans programme, intervention frequency was at least fortnightly, but was decided by the group.

In terms of intensity, or how much of the intervention is delivered in each session, evidence suggests that more intensive approaches, such as those that include direct interaction with the child, are needed to improve both parenting level outcomes (e.g. the ability of the caregiver to be emotionally responsive) and child level outcomes (e.g. language ability of the child). This was found to be a common feature in the three cases. In general, low dose programmes across duration, frequency and intensity yield non-significant programme impacts (UNICEF, 2014).

The three programmes used multiple modalities of delivery. They included home visits, centre-based activities, group sessions, neighbourhood visits, social media platforms, CCTs, educational programmes, community events and awareness campaigns. The modalities of delivery were selected based on a number of considerations which included: (1) alignment to the needs and characteristics of the parents, caregivers and children and their communities; (2) desired outcomes; (3) content requirements; and (4) availability of human, technical and financial resources. All the parenting approaches combined home visits with group sessions to varying degrees depending on the focus outcomes.

However, in general, programme outcomes influence the modality. Child cognitive outcomes, for example, are significantly improved across both home-based modalities and centre-based programmes that use group settings with active engagement between the caregiver and the child to improve children's cognitive development. In the case of parenting outcomes to improve child protection, providing demonstrations or examples of contrasting approaches to safety are effective in informing parental practices. Consistently, programmes that use more than one modality achieve better results than programmes that only use one modality (UNICEF, 2014).

The means of intervention, or how the programme is delivered, was also important. While there is no yardstick or recipe for the optimal combination of intervention means to bring about different types of desired outcomes, parenting programmes are generally more effective when they are delivered using active, rather than passive learning techniques, such as role-playing situations or actual interactions with children (UNICEF, 2017). Evidence points to the fact that an *intergenerational approach*, where parents and children attend sessions together, leads to greater impact. This is supported by psychosocial stimulation studies, which showed that programmes that require direct interaction with children are successful in improving children's information processing skills, language skills, and social and emotional well-being (UNICEF, 2017).

Strategies associated with improving both child and parent outcomes included training parents how to interact positively with their children on a daily basis in real-life everyday scenarios, modelling newly learned skills for parents with their own child, and giving parents the opportunity to role play with a peer or trainer. The OneSky approach, for example, used methods that matched the way adults learn using simple terms and appropriate learning methods to actively engage caregivers in the learning process. In addition to instruction and demonstrations by family mentors, sessions included active learning and playful parenting techniques, participating in or observing role plays, problem solving with peers, and practicing what they learnt with the children.

Leveraging community buy-in and expertise was crucial for gauging community interest, driving demand, and promoting ownership and accountability. It enabled the programmes to overcome the challenges of implementation in the resource constrained settings, and to do so cost-effectively at scale. In China, community orientation and mobilisation were a cornerstone intervention, bringing together whole villages around child care activities through festivals, community interest groups, children's interest groups, etc. This resulted in the formation of strong social and childcare support networks, which became self-sustaining and empowered the communities to implement community-building activities on their own, acting as change agents in building stronger more child-friendly communities. It leveraged community expertise by employing and training local women from within the villages to become 'Family Mentors' who delivered the programme activities. In the Philippines, community involvement and ownership were an integral part of the production of age-and context-specific indigenous reading materials in Mindanao through the formation of the Book Development Review Committees (BDRCs) composed of tribal leaders from the select indigenous groups, day care workers, writers, illustrators, editors, parents and caregivers. The project similarly used 'Parent Volunteers' from the local communities to deliver the activities using mother-tongue instruction. In Nepal, similarly, in addition to intensive community mobilisation, the programme used community volunteers, 'ECD Facilitators', from within the communities to deliver the parenting programme.

Using a community co-investment model, in this case labour, generates a different set of expectations for project outcomes, creates a real sense of partnership, and increases the likelihood that projects will not only be implemented on time, but also that communities are more inclined to sustain project activities for the longer term (Robinson et al. 2016).

Training and supervision were essential in ensuring quality of delivery. Capacity building of service providers ensured their ability to deliver and maintain the programme effectively. Due to the fact that the parenting programmes were, and often are, delivered by community workers or paraprofessionals with limited academic qualifications, these facilitators need fairly intensive training not only in the programme approach, but also in terms of techniques and follow-up support. An important aspect of the training was the frequency of training rounds, how the training was delivered, and the strength or intensity of the follow up and mentoring support. Providing ample opportunities for community workers to practice and hone their skills, while receiving timely feedback through supportive supervision, are key to ensuring programmes were able to enhance quality and generate intended child outcomes. Although the three programmes developed their own training and monitoring systems, the important features included a training (and often re-training) component, a follow up and support component, and multi-pronged, multi-layered monitoring systems by different actors, including tracking beneficiaries at the home level, and processing the information for continuous improvement.

The ECD parenting programmes were **integrated into existing delivery platforms**. For example, in the Philippines, parent volunteers (PVs) were either assigned from local government units (e.g. barangay health workers, barangay nutrition scholars, and day care workers) or were former parent participants of HoME sessions. Local government units (barangay and/ or city/ municipal levels) provided the delivery platforms for the community sessions in the day care centres, health facilities, basketball courts/ and gyms, and it integrated the four core HoME modules into the CCT programme, enabling the programme greater outreach. In Nepal, ECD centres were set up in existing local government platforms and community settings, which provided low cost safe spaces for children and families to come together around structured activities using local resources. Advocacy and lobbying of local government made it possible for the programme to be incorporated as part of local planning and district plans of action. In addition, the programme worked alongside local authorities to strengthen multi-sectoral collaboration through the use of health and education platforms. In China, the OneSky model is in the process of integrating its approach into government delivery platforms through its

training centre, where government officials, administrators, teachers, and parents observe and attend training, and replicate best practices in their context. Through this training, the government partners are able to scale up parts of OneSky's project on their own. In the next phase of the project, child welfare directors trained using the OneSky approach will staff the centres for children and families in their respective villages. The programs in these villages will be managed entirely by the government, while OneSky will provide training and support. Government partners will fund the salaries of the directors, as well as the expenses of running the community centres.

Partnerships were essential in bringing all the right skills sets to the table and to building scalability and sustainability. In Nepal, the successful partnership of Seto Gurans and UNICEF with the government enabled the programme to be embedded in government-led initiatives and extended the scope and impact of parenting programme. Effective partnerships for scale required aligning incentives so that the efforts of multiple individuals are channelled in ways that produce jointly valued outcomes. OneSky is in the process of exploring potential public-private partnerships, wherein businesses support training for home-based childcare for migrant workers' children near their factories or workplaces (the Migrant Model) and pledge equal funding for establishing rural village centres like the OneSky village model in cooperation with the government.

ASSESSMENT

Data for monitoring and assessing outcomes plays a central role by motivating informed action at the policy and practice levels. It is important not only to determine whether programmes are meeting their intended goals, but also to pave the way for long-term sustainability; policymakers are more likely to fund programmes that are demonstrated to be effective. Therefore, beyond performance measures, programmes are also advocacy tools that can be leveraged for integrating programmes into government policies, plans and budgets, and to scale up parenting programmes. Impact evaluation can play a role in building a knowledge base of 'what works here' and support evidence-based decision making. The role of data also extends beyond persuading decision-makers to invest scarce resources into scaling an initiative, it can also have an impact on sustainability. Once data demonstrate improvements, it is difficult to reverse progress.

The three cases used various assessment tools to track progress and measure outcomes. Three types of data were collected in the course of the programmes: (1) data to identify population trends and assess needs; (2) monitoring systems data to track the quality and progress of programme implementation; and (3) data to assess outcomes and impacts.

Even with the limited sample size, there was wide variability in both tools and methods of measurement in the cases reviewed. This variation is a general characteristic of ECD programmes and ECD parenting programmes in particular. A recent World Bank review of ECD measuring tools in LMICS (World Bank, 2017) notes the proliferation of assessment tools over the past few years. In 2004, 41 ECD assessment tools had been developed for children ages 0–5 years. By 2009, there were 106 new tools for children ages 0–8 years, and since then, many more developmental assessment tools have been created. Ultimately, the purpose of the assessment will determine the type of assessment tool (Figure 7).

Figure 7: Reasons for Assessing Child Outcomes

1 Global or National Population Monitoring

Goal: Detecting broad trends in child development to inform policy

Application: May be intended to be comparable across populations; may not be sufficiently detailed to be sensitive to interventions

Requirements: Alignment with content of national standards for preschool and primary education to ensure policy relevance

2 Programme Evaluation

Goal: Demonstrating impacts of specific programmes or polices

Application: Must be suffficiently detailed to quantify impact on child development

Requirements: Alignment with programme or policy goals to detect possible range of impacts; alignment with cultural or national standards to detect programme effects relevant to local policy

3 Hypothesis Driven or Exploratory Research

Goal: Exploring a range of impacts on child development in line with theory and existing understanding of neural mechanisms

Application: May be sensitive to wider range of effects, both predicted and not specifically predicted enabling new discovery; may use new technologies to advance the field

Requirements: Alignment of the method to the local culture and contect to ensure valid results

Source: World Bank, 2017.

In Nepal, a formative study, a baseline and an end-line survey were conducted by SetoGurans NCDS. Additionally, UNICEF Nepal conducted an independent KAP study. In China, an external evaluation of the program was conducted. The three-year (August 2015-July 2018) independent evaluation, which utilised a randomised control design and compared parent behaviour and child development between treatment and control villages, measured caregivers' knowledge and practices and child development in five dimensions (physical, social, emotional, cognitive, and interpersonal) using existing instruments adapted to China's context: Parenting Styles, Home Observation Measurement of the Environment (HOME), Ages and Stages Questionnaire, and the Early Human Capability Index at four points; a baseline in August 2015, another baseline in July 2016, second data collection in July 2017, and a third in May 2018. The approach demonstrated the evidence driven nature of the intervention. In the Philippines, the mid-line and end line evaluations used Caregiver-Reported Early Development Instruments (CREDI) scores, and Save the Children's IDELA scores. Unlike data from MICS and the Early Development Instrument (EDI) which measure population level trends, these survey instruments generally aim to serve dual purposes of generating globally comparable data and yielding measures sensitive enough to detect impacts in program evaluations or research.

However the UNICEF 'Systematic Review of Parenting Programmes for Young Children in Low and Middle Income Countries' (UNICEF, 2014) cautions that measures to assess the impact of programmes on the knowledge, beliefs, attitudes and practices of parents and caregivers rely primarily on self-reports, which present risks of bias. It advises that evaluations should also report on bio-physiological impacts of programmes at the child level. Similarly, most reports on the physical effects of the programmes address anthropometric indicators, but should also include dimensions, such as biomarkers of stress and attachment.

Using caregiver reported measurement does not tell us if the changes in knowledge and attitudes are reflected in practice, without some form of independent direct measurement. In addition, most children are cared for by more than one adult, and maybe even by older children, with whom the child

establishes attachments. If the goal is to change not just parents' knowledge, beliefs and attitudes, but also parents' practices and children's outcomes, the assessment of the parenting programme should engage all key caregivers. Changing one of the parent's or caregiver's practices may not be enough to create conducive environments for the positive development of children. In the same vein, most of the instruments focus on child outcomes, despite the fact that caregiver well-being has both short term and long-term consequences for children's development outcomes. Hence, assessment should also pay attention to the well-being of parents and caregivers (UNICEF, 2017). Finally, parenting programmes should include measurement of the home environment, as in the China programme.

SCALABILITY

Across the three cases, scalability was achieved through four main strategies: (1) use of technology to deliver at scale; (2) integration of programmes or components of programmes into existing government initiatives; (3) use of cost-effective delivery mechanisms; and (4) use of innovative financing.

In China and the Philippines, using mobile platforms extended the reach and scale of the approaches through the iMulat and the WeChat platforms. Although still relatively new, the use of ICT technology to scale up and extend outreach has shown promise.

Integrating the programmes into existing government initiatives was a common feature in all three approaches. The OneSky programme is scaling up the reach and scale of the intervention through government partners, who have funded an estimated 50 Welfare Directors to be trained in the OneSky approach to manage community centres in other villages. In the Philippines, the First Read integrated essential modules from the HoME sessions into the national CCT programme, which provided the opportunity for the intervention to scale, even outside the programme areas. In Nepal, in addition to its efforts to integrate into government programmes, advocacy at country level by sharing the programme design and outcomes helped influence partners like Plan International to implement the PE package through the health platform resulting to a wider scale implementation.

Using volunteers from the communities in all three cases was not only effective in generating sustainability, it was also a cost-effective delivery mechanism. The relatively low cost of stipends enabled the programmes to deliver at scale. In the long run, however, going to scale requires building core operational capacity, operating systems, and robust infrastructure. This requires flexible financial support. Unfortunately, this type of flexible financing for core system support is more often the exception than the norm. However, this is now changing with the proliferation of innovative financing mechanisms and public-private partnerships (see for example Gustafsson-Wright, 2016) . Amongst the present examples, the OneSky project is now exploring innovative financing mechanisms through public-private partnerships to expand its reach (the Migrant Model).

The challenge of scaling up often relates to how or what to scale up to retain the quality of the programmes. ECD parenting programmes may vary significantly in terms of demographics, techniques, use of technology, and other important factors. While the diversity may lead to more rapid innovation and discovery of improved methods, policymakers may struggle to ensure that their regulatory tools, such as standardised tests or curriculums, evolve as rapidly as the sector. As governments in the region move to recognise and scale up multiple ECD parenting models, regulating quality and standards, and determining core essential components of effective quality programming, becomes more complex but necessary.

SUSTAINABILITY

At family and community levels, sustainability was generated through the intervention's success in changing attitudes towards childrearing and parenting, the gaining of knowledge on early childhood development and the role of caregivers, and through improved ECD parenting practices. Close engagement with communities and local authorities enabled the benefits of the

interventions to be retained and sustained beyond the families, and beyond the lifespan of the projects. Dissemination of information by family mentors was helpful in sustaining the benefits of the programme through their connections with the communities. Building an intensive community engagement component, enabled the creation of child-friendly environments not only at home but also in whole communities.

In some cases, community activities became self-sustaining, as in the case of China. In the Philippines, through the book development process, the project redressed the dearth in young children's books for marginalised groups, which are now available through the book publishers. The approach also generated a positive sense of beneficiaries' own ethnic identity and cultural heritage and ultimately ensured that cultural and linguistic traditions are preserved. By engaging with local authorities through workshops on budgeting and financial planning for ECD, advocacy, and drafting and designing relevant policies, a number of resolutions and policies on ECD provisions have been established, which have enabled local government units to allocate child-friendly budgets to sustain the gains of the First Read project.

In Nepal, the partnership between UNICEF Nepal, the GoN's Centre for Education and Human Resource Development (CEHRD) and the Seto Gurans National Child Development Services has been instrumental in ensuring sustainability. The ECD facilitators are recruited and financially supported by the Government to run the centre-based ECD programme. Sustainability was also generated by the programme's consistency with the national operating frameworks. The parenting approach was aligned with and built on the government's existing planning process. It was strengthened by its integration into existing government platforms, such as education and health centres for delivering the sessions to the caregivers, and through advocacy for increased investments in ECD through integrated local action plans.

Sustainability required investment in human capital. Intensive training and capacity building of local mentors and volunteers was crucial to ensuring that the initiatives were relevant, accepted, and driven by the local communities, and that the learnings extended beyond the immediate reach of the intervention. Sustainability also depended on creating an enabling policy environment and aligning with government priorities, policies and programmes. The case studies collectively demonstrate that the environment in which a program or policy operates can be just as important in contributing to or impeding the process of going to scale and sustaining the programme. Political, institutional, economic, cultural, and other factors play a critical role in 'success' or 'failures' in scalability and sustainability. Often, creating an enabling environment for the intervention to flourish can be more important than specific action required for an individual program to grow. This underscores the importance of creating enabling policy environments, including human capital, culture, and other critical aspects that affect scaling prospects and their sustainability.

Future Directions

As outlined in the conceptual framework, there is a crucial need for implementing holistic and comprehensive ECD services that focus on the whole child and engage his or her ecological context, starting first and foremost with the caregivers and the family home environment. As demonstrated, the purpose behind these services is not only to improve child development outcomes, but also to strengthen competencies among caregivers, address constraints in the community, and build institutional capacities to reduce the negative consequences of structural inequities on families and children. Without an integrated approach for children and their immediate caregivers and family environment, evidence suggests that cycles of violence, poverty and adversity may continue for

generations (e.g., see Bird, 2007; Early Childhood Peace Consortium, 2017; Fehringer and Hindin, 2009; Leckman, Panter-Brick and Salah, 2014; Martorell and Zongrone, 2012; Pears and Capaldi, 2001; Stith et al., 2000; Wright and Fagan, 2013).

The three cases, although few, demonstrate key ingredients of successful parenting approaches outlined in the literature. The ECD parenting approaches in the Asia Pacific region may, among other things, be characterised by tailored approaches to reach the most vulnerable children and families; the mobilisation of communities in supporting caregivers and children's wellbeing and protection; the adaptation of well-established systems and tools to make space for localised solutions; flexibility of delivery using multiple modalities and channels to accommodate different types of caregivers, diverse settings, and contextual constraints; the expression of unique cultural values and experiences in the planning and implementation of parenting support programmes and learning experiences; use of active child- and caregiver-centred active learning techniques with children's participation; interactive experiential learning and use of mother tongue instruction; innovative use of ICT and mobile technology to expand reach and scale; use of cost effective community-based delivery mechanisms; the provision of professional development opportunities to Parent Volunteers and ECD facilitators (including the skills of reflective practice) in resource-constrained environments; and the ability to go to scale.

Linking to the earlier review of ECD parenting programmes in LMICs (UNICEF, 2015), some recommendations to substantiate the evidence base for improving our understanding of what works and what does not include the following suggestions:

First, address the variability of resources, personal capacities and understanding of programme implementation across the low and middle-income countries in the region to strengthen the generalisability of the findings.

Second, undertake further research to map out the tremendous variation in ECD parenting programme focus, content, curricula and service delivery mechanisms to address the challenge in delineating effectiveness factors.

Third, improve the collection of systematic information and understandings on the scaling up of parenting programmes, their sustainability and integration into existing systems of service delivery to reach the most marginalised and disadvantaged populations.

And **fourth**, strengthen the measurement and assessment of parenting interventions by mapping out regionally appropriate tools and instruments for tracking and measuring ECD parenting outcomes for children and adults.

The cases documented here provide a valuable opportunity to examine lessons learnt from the different approaches by reflecting on:

- **The cultural and situational-bound nature of the solutions to ECD parenting challenges and how they have shaped the design and content of the interventions.**

- **The role of community orientation and participation to generate demand and buy in, and the role of multi-level and multi stakeholder partnerships to maximise sustainability and scale up.**

- **The role ECD parenting programmes can play in promoting social cohesion amongst different groups and in bringing together communities around the care and protection of children.**

- **The importance of involving all caregivers in identifying needs and designing solutions around a particular set of caregiver and child needs, based on systemic evidence-based assessment.**

- **The vital role of community-based volunteers in the implementation, delivery, scalability and sustainability of the interventions.**

- **The critical importance of monitoring and assessment data for implementation, quality control, continuous improvement, evaluation of outcomes, and policy advocacy.**

- **The importance of using multi-modal interventions based on a well-designed Theory of Change.**

In moving forward, recommendations that aim to strengthen parenting practices, and generate better understanding of how to support and improve ECD parenting programmes include:

- **Documentation of noteworthy practices which demonstrate effective ECD parenting programs to substantiate the limited evidence, notably on effective co-parenting programmes, humanitarian settings, inclusion and disability; family economic strengthening; and caregiver well-being;**

- **Topics and subthemes for Phase II documentation of ECD parenting case studies to cover more countries and diversify the settings and approaches;**

- **Platform for countries to share and learn different ECD parenting approaches and strategies; and**

- **Collaboration with others on addressing research and design gaps like the need to ensure caregivers' well-being, involvement of male caregivers, integration of social-emotional learning, playful parenting, co-parenting, inclusion and disability, humanitarian settings, financial strengthening and social protection, to support effective programming and for evidence-generation.**

In conclusion, the case studies presented here are important because they provide us with an opportunity to better understand the ways in which parenting approaches can be developed and tailored to the diverse contexts and challenges specific to the Asia Pacific region. The set of cases document some of the innovative approaches taken to bring about transformative change by addressing all dimensions of children's ecosystems, from enhancing adult-child relationships to enabling policy and resource reforms at local and national levels to address inequity, exclusion and the under resourcing of ECD provisions.

They are underpinned by concerns about promoting children's early development and protection through sustainable, community-based approaches, which are appropriate to different caregivers' needs and are rooted in culturally appropriate activities and embedded in locally constructed notions of childhood. In doing so, they demonstrate how ECD parenting approaches can have transformative change not only for children and their families, but for whole communities and societies. The programmes, collectively aimed at addressing the limited government and childcare services in the most remote, marginalised areas, demonstrate how interventions implemented in resource-poor settings can address structural inequalities caused by constraints, terrain, location and ethnicity. It is hoped that this resource will help guide policy makers, practitioners and programmers in their efforts to assist families and support caregivers deliver nurturing care in support of the survival, healthy growth, development, and protection of young children.

References

ACEV (2012). *Building A Generation of Reconciliation: The Role of Early Childhood Development in Peacebuilding.* Istanbul: Turkey. http://www.en.acev.org/wp-content/uploads/2018/01/2.Building-a-Generation-of-Reconciliation-The-Role-of-Early-Childhood-Development-in-Peacebuilding.pdf

Ang, L. (2014). *Early Childhood and Peacebuilding in the Asia-Pacific Region: A Literature Review to Inform a Regional Research Agenda*. Singapore: ARNEC and UNICEF EAPRO.

Asia Pacific Regional Network for Early Childhood (ARNEC) (2016). Innovative Pedagogical Approaches in Early Childhood Care and Education (ECCE) in the Asia-Pacific region: A resource pack. Bangkok, Thailand: UNICEF EAPRO & UNESCO.

Barbarin, O.A., Richter, L., DeWet, T. (2001) Exposure to violence, coping resources, and psychological adjustment of South African children. *Am J Orthopsychiatry*; *71*, 16–25.

Bar-Tal, D., and Y. Teichman, (2005). *Stereotypes and Prejudice in Conflict: Representations of Arabs in Israeli Jewish society*. Cambridge, UK: Cambridge University Press.

Britto, P.R., Gordon, I., Hodges, W., Sunar, D., Kagitsibasi, C., & Leckman, J. (Nov 2014). Ecology of peace: Formative childhood and peace building. In J. Leckman, C. Panter-Brick, R. Salah (Eds.), *Pathways to peace: The transformative power of children and families* (pp. 64-85). Cambridge, MA: MIT Press.

Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design.* Cambridge: Harvard University Press.

Bunting, L. (2004). Parenting Programmes: The best available evidence. *Child Care in Practice*, *10(4)*, 32-43.

ChildFund. (2016). *Life Stages Reference Manual*. Childfund: Unpublished manuscript.

Connolly, P., B. Kelly and A. Smith. (2009). 'Ethnic Habitus and Young Children: A case study of Northern Ireland'. *European Early Childhood Research Journal*, *17(2),* 2009, 217–232.

Connolly, P., Hayden, J. and Levin, D. (2007). *From Conflict to Peace Building: The power of early childhood initiatives –Lessons from around the world*. Redmond Washington: World Forum Foundation, 110.

Dawes, A. & van der Merwe, A. (2014). Structural violence and early child development. In Leckman, J.F., Panter-Brick, C. & Salah, R. (Eds.) *Pathways to Peace. The Transformative Power of Children and Families* (pp. 233-250). Cambridge Mass: The MIT Press.

Dawes, A. (1992). *Psychological discourse about political violence and its effects on children.* Paper presented at the meeting of the Mental Health of Refugee Children Exposed to Violent Environments, Refugee Studies Programme, University of Oxford, Oxford, UK.

Donaldson, C., Affolter, F., Salah, R.; Britto, P. R., ; Leckman, J.L., ; Connolly, P., Fitzpatrick, S. & Walmsley, P. (2018). *ECPC Background Paper 'Contributions of Early Childhood Development Programming to Sustainable Peace and Development'.*

Early Childhood Peacebuilding Consortium (ECPC). (2014). *Contributions of Early Childhood Development Services to Preventing Violent Conflict and Sustaining Peace Brief*. Retrieved from http://s3.amazonaws.com/inee-assets/resources/ECPC_Brief-v8_WEB.pdf

Early Childhood Peace Consortium (ECPC). (2018). Contributions of Early Childhood Development Programming to Sustainable Peace and Development. New York: Early Childhood Peace Consortium. Retrieved from https://ecdpeace.org/ecpc-background-paper

Eckenrode, J., et al. (2000) 'Preventing Child Abuse and Neglect with a Program of Nurse Home Visitation: The limiting effects of domestic violence', *JAMA*, *284(11)*, 2000, 1385–1391.

ESCAP (2019). *Online Statistical Database based on data from the WPP* - 2017 revision, 5 July 2017. Retrieved from http://data.unescap.org/escap_stat/ (accessed 09 September 2019).

Evans, J.L. (2006). Parenting programmes: an important ECD intervention strategy. Background paper prepared for the *Education for All Global Monitoring Report 2007. Strong Foundations: early childhood care and education*. Paris, France.

Every Woman Every Child. (2016). *The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030*. New York: United Nations.

Geeraert, L., et al. (2004). The Effects of Early Prevention Programs for Families with Young Children at Risk for Physical Child Abuse and Neglect: A meta-analysis. *Child Maltreatment*, *9(3),* 2004, 277–291.

Harvard Center for the Developing Child. (2007). *The Impact of Early Adversity on Child Development* (In Brief). Retrieved from www.developingchild.harvard.edu.

Harvard Centre for the Developing Child (2015). *In Brief: The impact of Early Adversity on Children's Development* . Retrieved from https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf

Institute for Economics and Peace (IEP). (2015). *Global Peace Index 2015*. New York: IEP. Retrieved from http://economicsandpeace.org/wp-content/uploads/2015/06/Global-Peace-Index-Report-2015_0.pdf

Kithakye, M., Morris, A. S., Terranova, A. M., & Myers, S. S. (2010). The Kenyan political conflict and children's adjustment. *Child Development, 81*,1113–1127.

Knafo,A., Zahn-Waxler, C., Davidov,M., Van-Hulle, C., Rohinson, J., & Rhee, S. (2009). Empathy in early childhood: genetic, environmental, and affective contributions. *Values, empathy and fairness across social borders* Annals of the New York Academy of Sciences, *1167 (10),* 103-112.

Know Violence in Childhood. (2017*). Ending Violence in Childhood. Global Report 2017*. Know Violence in Childhood. New Delhi, India. Retrieved from http://globalreport.knowviolenceinchildhood.org/global-report-2017/

Lancet Series. (2016). Advancing Early Childhood Development: From Science to Scale. *The Lancet*, *389*.

Landers, C. (2016). *Parenting Education and Peacebuilding in Early Childhood: A Critical Entry Point. An Initial Guidance Note.* Singapore: ARNEC

Layzer, J., Goodson, B., Bernstein, P., & Price, C. (2001). *National evaluation of family support programmes, final report Volume A: The meta-analysis.* Cambridge, MA: Abt Associates.

Leckman, J. F., C. Panter-Brick and R. Salah (Eds.). (2014). *Pathways to Peace: The Transformative Power of Children and Families.* Cambridge, Mass: The MIT Press.

Leckman, J. (2016) Webinar | Primary Prevention in Child Psychiatry—The Transformative Power of Children and Families. Yale University. Retrieved from https://medicine.yale.edu/childstudy/fcpb/approach/evidence/synopsis.aspx

Leckman, J. F., & Britto, P. R. (2018). Steps toward peace and violence prevention across generations: The potential of early child development in the context of the 2030 sustainable development goals. In J. F. Leckman & P. R. Britto (Eds.), Towards a More Peaceful World: The Promise of Early Child Development Programmes. *New Directions for Child and Adolescent Development, 159*, 5–12.

Liddell,C., Kvalsvig, J., Qotyana, P., Shabalala A. (1994). Community violence and young South African children's involvement in aggression. *International Journal of Behavioral Development*; *17*, 613–28.

Lundahl, Tollefson et al., (2008). As quoted in UNICEF (2017) *Standards for ECD Parenting in LMICs*. UNICEF: New York.

Magwaza, A.S., Killian, B.J., Petersen, I., Pillay, Y. (1993). The effects of chronic violence on preschool children living in South African townships .*Child Abuse Neglect*; *17*, 795–803.

McCallin, M., & Fozzard, S. (1991). *The impact of traumatic events on the psychosocial wellbeing of Mozambican refugee women and children*. Geneva: International Catholic Child Bureau.

McCoy D.C., Peet E.D., Ezzati M., Danaei G., Black, M.M., et al. (2017). Early Childhood Developmental Status in Low- and Middle-Income Countries: National, Regional, and Global Prevalence Estimates Using Predictive Modelling. *PLOS Medicine* 14(1): e1002233. Retrieved from https://doi.org/10.1371/journal.pmed.1002233

Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence* (RR574). London: Department for Education and Skills. Retrieved from: http://www.prb.org.uk/wwiparenting/RR574.pdf

Nores, M., and Barnett, W. S. (April 2010). 'Benefits of Early Childhood Interventions Across the World: Investing in the very young', *Economics of Education Review*, *29(2*), 271–282.

OECD. (2016). *States of Fragility Report: Understanding Violence*. Paris: OECD. https://www.oecd-ilibrary.org/development/states-of-fragility-2016_9789264267213-en

OECD (2018). *States of Fragility 2018*, Paris: OECD Publishing. Retrieved from https://doi.org/10.1787/9789264302075-en.

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K. and Leckman, J. F. (2014). Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55(11),1187–1212.*

Pereznieto, P., Montes,A., Routier, S., & Langston, L. (2014). *The Costs and Economic Impact of Violence against Children*. London: Overseas Development Institute. Retrieved from https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9177.pdf

Pouwels, R., Swales,D., Mccoy, A., & Peddle, N. (2010). *Child Protection and Welfare in Asia and the Pacific: Discussion paper*. Prepared for the High-Level Meeting on Cooperation for Child Rights in the Asia-Pacific Region, Beijing, China, 4-6 November.

Richman, J. M., & Bowen, G. L. (1997). School failure: An ecological-interactional-developmental perspective. In M. W. Fraser (Ed.), *Risk and resilience in childhood* (pp. 95–116.). Washington: NASW Press.

Sayre, R., Devercelli, A., Neuman, M., & Wodon, Q .(2015) *Investing in Early Childhood Development: Review of the World Bank's Recent Experience*. Washington D.C: World Bank.

Sunar, D., Kagitcibasi,C., Leckman,J., Britto, P., Panter-Brick, C., Pruett,K., Reyes, M., Hodges, W., Zonderman, A., Yazgan, Y., Göksel, Y., & Sirali, Y. (2013). Is early childhood relevant to peacebuilding? *Journal of Peacebuilding & Development*, *8(3)*, 81-85. doi: 10.1080/15423166.2013.865493

Thabet, A.M., Karim, K., and Vostanis, P. (2006). Trauma Exposure in pre-school children in a war zone. *British Journal of Psychiatry*, *118*, 154-158.

UNICEF (2014). *Estimating the Economic Burden of Violence Against Children in East Asia and the Pacific.* EAPRO: UNICEF.

UNICEF (2015). *A Systematic review of ECD Parenting in LMICs*. NY, New York: UNICEF Press.

UNICEF (2017). *Standards for ECD Parenting in LMICs*. New York, NY: UNICEF.

UNICEF (n.d.) *Learning for Peace*. Retrieved from https://www.unicef.org/sites/default/files/2018-10/F_UNICEF1006_LFP_R3-online_single.pdf

UNICEF. (2012). *Peacebuilding through Early Childhood Development: A Guidance Note*. UNICEF, New York. Retrieved from: www.unicef.org/earlychildhood/files/ECD_Peacebuilding_GNote__.pdf

UNICEF. (2015). *A systematic review of Parenting Programmes for young children in Low and Middle Income Countries.* New York: UNICEF. Retrieved from https://www.unicef.org/earlychildhood/files/P_Shanker_final__Systematic_Review_of_Parenting_ECD_Dec_15_copy.pdf

UNICEF. (2015). *Early Childhood Development and Peacebuilding Brief: Peacebuilding through Early Childhood Development: A Guidance Note*. NY: UNICEF. Unpublished manuscript.

UNICEF. (2017). *Standards for ECD Parenting Programs in Low- and Middle-Income Countries.* NY: UNICEF. Retrieved from https://www.unicef.org/earlychildhood/files/UNICEF-Standards_for_Parenting_Programs_6-8-17_pg.pdf

UNICEF (2017). *Social Emotional learning to promote Social Cohesion in the early years (3-5): Regional Curriculum Guidance Asia Pacific*. Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office (EAPRO).

UNICEF & WHO. (2012). *Guidance note for integrating ECD activities into nutrition programs in emergencies*. Retrieved from http://www.who.int/mental_health/emergencies/ecd_note.pdf

World Bank. (2017). *A Toolkit for Measuring Early Childhood Development in Low- and Middle-Income Countries*. Washington DC: World Bank. Retrieved from http://documents.worldbank.org/curated/en/384681513101293811/A-toolkit-for-measuring-early-childhood-development-in-low-and-middle-income-countries

World Health Organization, United Nations Children's Fund & World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization.

United Nations General Assembly (UNGA) Resolution (20 November 1989). *The Convention on the Rights of the Child* (A/RES/44/25 [1989]). Retrieved from https://undocs.org/A/RES/44/25

United Nations General Assembly (UNGA) Resolution. (6 October 1999). *Culture of Peace* (A/RES/53/243 [1999]). Retrieved from http://culture-of-peace.info/history/A-53-243.pdf

United Nations Security Council (UNSC) Resolution (9 December2015) *Youth, Peace and Security* (S/RES/2250 [2015]). Retrieved from https://undocs.org/S/RES/2250(2015)

United Nations Security Council (UNSC). Resolution (27 April 2016). *Post Conflict Peacebuilding* (S/RES/2282 [2016]). Retrieved from https://undocs.org/S/RES/2282(2016)

Walker, S. P. et al. (2011). 'Inequality in early childhood: risk and protective factors for early child development', *The Lancet, 378 (9799),*1325 – 1338.

Walker, S.P.,Wachs, T.D., Gardner, J.M., Lozoff, B., Wasserman, G.A., Pollitt, E., Carter, J.A, and the International Development Steering Group. (2007). Child Development: Risk Factors for adverse outcomes in developing countries. Lancet Series 2: Child Development in Developing Countries. *Lancet*, *369,* 145-57.

WHO. (2004) *The importance of Caregiver-child interaction for the survival and healthy development of young children: A review*. Department of Child Health and Development. Geneva: WHO

Woodhead, M. et al. (2014). Early Childhood Development Delivering inter sectoral policies, programmes and services in low resource settings. *The Health & Education Advice & Resource Team (HEART).* Retrieved from http://www.heart-resources.org/wp-content/uploads/2015/05/Early-Childhood-Development-Topic-Guide.pdf

Wright, E. M., and A. A. Fagan, 'The Cycle of Violence in Context: Exploring the moderating roles of neighborhood disadvantage and cultural norms', *Criminology*, *51(2*), 2013, 217–249.

www.childinfo.org, as quoted in McCoy & Peet et al., 2007.
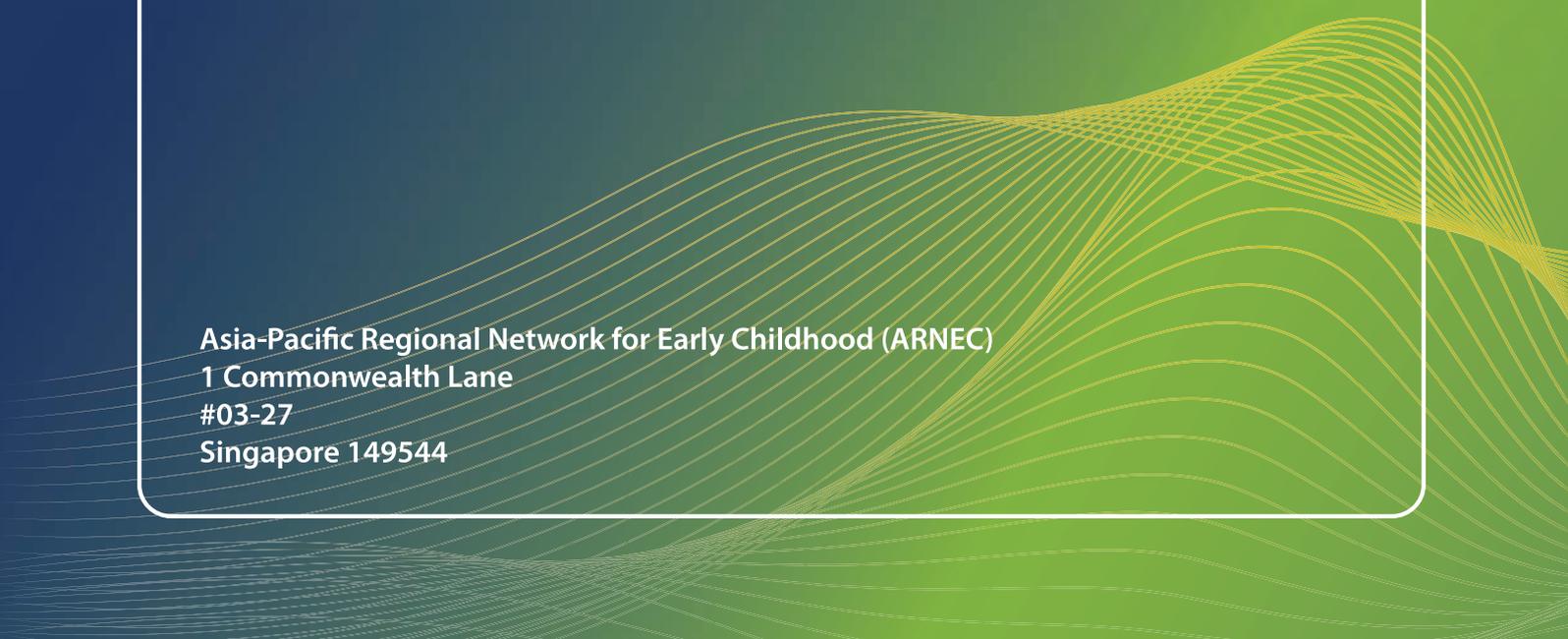
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