

ARNEC CONNECTIONS

Inclusive Foundations for Early Childhood: Working Together to Reach the Unreached

No. 3, 2010



ARNEC

Asia-Pacific Regional Network
for Early Childhood

ARNEC CONNECTIONS

Working together for Early Childhood

Write to us:

We look forward to your feedback. Kindly send in your letters, comments and suggestions to:

ARNEC Secretariat
c/o SEED Institute
73 Bras Basah Rd. #07-01
NTUC Trade Union House
Singapore 189556
E-mail: secretariat@ar nec.net

Write for us:

ARNEC covers a large geographical area, totaling 47 countries in the Asia-Pacific region. This publication is one of the many ways that our Network has sought to create a unified regional platform. We provide you with in-depth research summaries, field experiences and unique initiatives from the region that will benefit you as ECD professionals.

ARNEC would like this to be a publication for ECD professionals by ECD professionals. All articles are contributed by individuals who are ARNEC members and/or are working within the field of early childhood.

We solicit articles once every year inviting you to send us your stories and experiences and share them in ways that are useful and meaningful to a wider audience. If you would like to have your article featured in ARNEC Connections, look out for the Call for Articles in 2011 with more details of the submission process.

DISCLAIMER

ARNEC Connections is published annually by the Asia-Pacific Regional Network for Early Childhood. The responsibility for all facts and opinions published in the various contributions are that of the authors and do not necessarily reflect the views of ARNEC.

PERMISSIONS

No written permission is necessary to reproduce an excerpt, or to make photocopies for academic or individual use. Copies must include a full acknowledgement and accurate bibliographical citation.



Plan/Vietnam



ARNEC

Asia-Pacific Regional Network
for Early Childhood

Table of Contents

Introductions

Table of Contents	3
Editorial	5

Global and Regional Overview

Inclusion and ECCD	6
SHELDON SHAEFFER	
ECCD for All: Perspectives and Experiences from	8
the Asia-Pacific Region	
JUNKO MIYAHARA	
Asia-Pacific Regional Perspectives on Inclusion and	13
ECCE/ECD: Synopsis of the first ARNEC e-Discussion	
YVONNE BECHER & ZHANG LI	

South Asia

Community-Based Growth Monitoring And Promotion:	16
A Pilot Project in Pakistan	
SEEMA LASI, GHAZALA RAFIQUE & AYESHA KHAN	
The Roles and Participation of Fathers in ECD	19
SANOBER NADEEM, IRUM FATIMA, ANJUM YAMEEN & ZULFIQAR BACHAN	
Inclusive Education Training: Steps to Prosperity	21
SAIMA KHALID	
Developing Contextually Appropriate Materials	24
for Rural Areas	
AMEENA BATADA	
Challenges and Opportunities of Disabled and	27
Ethnic Minority Children's Inclusion in Preschool	
KAMAL HOSSAIN & MOHAMMAD NAZRUL ISLAM	
Reaching the Unreached: A Story from Nepal	31
PREM KRISHNA ARYAL	



Southeast and East Asia

Piloting an ECCD Project in Rural Suvannakhet 33
CELESTE ORR

A School and Community Anti-Bullying Programme 35
DANU WIBOWO

Reaching the Unreached through Supervised 36
Neighborhood Play
BEVERLY SEVILLEN0-BICALDO

No More Deprived, Excluded Children with 38
Supervised Neighborhood Play
RUTH IGNACIO & MARK ANTHONY MALONZO

Community Participation: A Case of Ethnic Minority 40
Children in Vietnam
TAM TO TO

Pacific and Oceania

Punana Leo: An Indigenous Inclusive ECE 41
Program in Hawaii
B. NOELANI IOKEPA-GUERRERO

Developing and Implementing an Inclusive Early 42
Childhood Curriculum Guideline
UNAI SI VASU TUIVAGA

Research

Inclusion is Really What Teaching is 45
KATHY COLOGON

Making the Ordinary Extraordinary: The Use of 48
Activity-Based Intervention
HOLLIE-HIX SMALL AND JASON W. SMALL

Find us online:

You can read the articles in this issue plus those that were featured in previous issues on www.arnec.net



UNICEF/Mongolia

A Letter from the Editor-in-Chief

By Frederick Ebbeck, SEED Institute, Singapore

We welcome you to this, the third edition of ARNEC Connections: Working Together for Early Childhood. The theme for this edition is 'Inclusion' and inclusive practices in early childhood care and development (ECCD). We are pleased to present a number of splendid examples of inclusive practices that currently exist across the Asia-Pacific region.

You will notice that the contributions have been divided into two broad areas. First, there is a concise and informative article by Sheldon Shaeffer who clearly states the comprehensive definition of inclusion prepared by UNESCO in 2009. He follows this with a discussion on how well-developed ECCD programmes respond to the diverse needs of all children and their families. He stresses the point, as explained in the UNESCO (2009) publication, that inclusion, when it comes to educational practices, is a two-way process not only helping children to be ready for schooling but also that the schools have to be ready for the children. This contribution is followed by a report from Junko Miyahara of ARNEC looking at perspectives and experiences in the Asia-Pacific Region.

We see in the articles included how education establishments, be these schools or preschools, as well as less formal establishments such as, for example, the several community-based programmes of the Aga Khan University in Pakistan, have taken up the challenge of integration in a broadly defined but effective way. All these examples show that some very effective programmes have been developed and implemented in remote and needy parts of Pakistan.

Other effective inclusion

programmes throughout the region include, for example, the preparation of teaching materials that are appropriate for rural and isolated children in Jharkhand, India; a health project sponsored by World Vision in two rural areas of Lao PDR that targets pregnant women and young children in an inclusive environment that adopts a participatory approach with all sectors in their communities. Other examples include an interesting community-based, anti-bullying programme in Yogyakarta, Indonesia that is designed to protect the social and educational rights of young children; the work of an organization in Bangladesh providing ECCD services to young disabled and ethnic minority disadvantaged children; a supervised neighborhood play programme in the Philippines utilizing child development workers from the local communities; a programme for ethnic minority children in Vietnam where local women from the ethnic community, using the local

language and dialects, assist the formal classroom teacher, thereby making the educational content more understandable to the children. An interesting and heart-warming example of integration comes from Nepal where a programme to support the neglected children of prostitutes working in the entertainment industry has been developed and of the great success the programme has for both the children and the mothers as well.

On the other side of the Pacific, two contributions have been included, one from Fiji and the other from Hawaii, describing an indigenous inclusive early childhood education programme based on the Hawaiian culture and beliefs.

To round-off the contributions to this edition of ARNEC Connections, we have a contribution from Australia reporting on a small-scale survey to find out how early childhood teachers and teachers-in-training view 'integration'. An article by Hix-Small and Small describes an activity-based intervention programme developed in Oregon, USA. Finally we have a synopsis of the recent ARNEC e-discussions on inclusion in the context of ECCE/ECD held in June this year. A number of the people who participated in the e-discussions have also contributed articles for this edition of ARNEC Connections.

What we have found out from all the contributions received is that there are some inspiring programmes in place in this region that, using the words of several of the contributions, 'reach out to the unreachable'. What also is encouraging is that inclusion is seen in its widest context encompassing the health, welfare as well as the education of all children and their families.



A young girl pauses on her way home to sit on the swing and admire her artwork after attending a weekly children's programme.

Jessica Malkin/Cambodia

Inclusion and Early Childhood Care and Development

By Sheldon Shaeffer, Former Director - UNESCO Bangkok

“Inclusion is... seen as a process of addressing and responding to the diversity in the needs of all children, youth and adults through increasing participation in learning, cultures, and communities, and reducing and eliminating exclusion within and from education. It involves changes and modifications in content, approaches, structures, and strategies, with a common vision that covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.” (UNESCO, 2009, pp.8-9)

This recent and comprehensive definition of inclusion, is related to programmes and systems that ensure participation and success for children in the education sector. It is equally relevant to “addressing and responding to the diversity in the needs of all children” through programmes and systems related to health, nutrition, and child protection. Therefore, it makes clear the essential links between inclusion and early childhood care and development (ECCD).

Inclusion responds to the diverse needs of all children; it promotes participation not only in learning and other ECCD programmes but also in culture and community; it is concerned both with access (exclusion from ECCD programmes) and quality (exclusion within these programmes); and it demands comprehensive reform of a system’s content, approaches, structures, and strategies to make it happen.

The Relationship Between Inclusive Education and Early Childhood Programmes

Although relevant to the full range of ECCD programming, this introduction focuses on the relationship between inclusive education (IE) and ECCD. This relationship works in two directions. First, good quality early childhood care and development programmes are essential in achieving education which is truly inclusive – Education for All. This happens in two ways:

- by promoting within the family – even from before birth – adequate nutrition and health care, psycho-social and cognitive stimulation for very young

children;

- by ensuring that older children have access to good quality day care and preschool programmes which reinforce the child’s health and nutrition status; promote social skills, self-confidence, and curiosity; and further support early learning. These programmes are most successful for children if centred on meaningful play rather than academic preparation and if provided in the child’s mother tongue.

In short, in addition to supporting the overall well-being of children, such programmes help get children “ready” for school. They enter grade 1 healthy and well-nourished, with (at least) pre-literacy skills, and are eager and ready



to learn. This “head-start” to learning and developing is especially important for vulnerable children who are often excluded from education such as girls, children with disabilities, children of the very poor and of ethnic and linguistic minorities. In this way school readiness helps ensure that they will remain and succeed in school. Fewer will repeat grades, fewer will drop out, more will graduate, and more will continue into the next level of education. They become, from an early age, “included” in the education system.

The second relationship between ECCD and inclusion is just as important. Care, development, and education programmes for young children must themselves be inclusive. This implies several characteristics. They must:

- promote gender equality in

enrolment and outcomes (e.g., in health and nutrition programmes, daycare and preschool); eliminate gender stereotypes; guarantee girl- (and boy) friendly facilities, learning materials and teaching methods; socialise girls and boys in a non-violent environment; and encourage respect for each other’s rights, dignity, and equality;

- not exclude, discriminate against, or stereotype on the basis of difference (e.g., sex, religion, caste, ethnicity, social-economic status, ability);
- be affordable and accessible, especially for disadvantaged groups;
- respect and welcome diversity and ensure equality of opportunity;
- respond to diversity as an opportunity (not as a problem) and meet the differing needs of individual children.

In theory, given the more informal, child-centered nature of ECCD programmes, it should be easier to make them inclusive than for the more formal programmes in primary schools. But the private and often elite nature of many preschools in the Asia and Pacific region make access to them by disadvantaged children difficult. Stereotypes in teaching methods and learning materials can be found even at the preschool level. More concerning is the growing formality of many preschools, with parents often demanding they focus on academic preparation (which leads to entrance examinations even for kindergarten) rather than on more play-oriented interaction. As well, the financially logical establishing of preschool classes in (often underutilised) primary school classrooms with (often underutilized) primary school teachers runs the risk that they will become more formal and perhaps less inclusive in nature.

The imperative – that programmes for young children be genuinely inclusive – makes even more compelling the increasingly accepted definition of the “young child” as being aged 0-8 years. It is this age range that makes it necessary to ensure that primary

schools are “ready” for children. This readiness means that schools must not only share the characteristics of inclusion listed above; they must also make special efforts to ensure a smooth and successful transition into the more formal environment of the school for children – especially vulnerable ones – coming from the (hopefully) more informal preschool and even more so from the home.

Ensuring such a smooth transition is not easy. Grade 1 classes (arguably the most critical year of a child’s education) are often the largest in the school, the most heterogeneous in terms of the pupils’ backgrounds and abilities, the shortest in terms of time on task, and taught by the least experienced, most junior teacher – the more senior teachers wanting smaller, more homogeneous classes. But it is in the early grades where children’s individual abilities, needs, and learning styles must be assessed; teaching methods personalised to match these individual characteristics; early literacy gained, preferably in the child’s mother tongue; and learning and behavioural problems identified and addressed. This need – for the school to adapt itself to the needs of its pupils rather than the pupils adapting themselves to the needs of the school – is also an essential component of inclusive education.

In Asia and the Pacific, the awareness of the importance of both ECCD and inclusive education is, fortunately, increasing. But the frameworks and concepts which characterise them have not often been explicitly combined. The articles and analyses in the UNESCO (2009) publication focus on getting children ready for school – so that that they will be “included” in learning – and getting the school ready for children – so that it will “include” them in learning. They should help in this process of bringing the two frameworks together, both of which are essential for achieving Education for All.

References:

1. UNESCO. (2009). Policy guidelines on inclusion in education. Paris.



ECCD for All: Perspectives and Experiences from the Asia-Pacific Region

By Junko Miyahara, ARNEC

Inclusion is about everyone. Inclusive early childhood care and development (ECCD) therefore requires valuing and respecting the unique needs of every child, and to include all children regardless of their characteristics and backgrounds (ARNEC, in press). While Education for All (EFA) Goal 1 calls for action on “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children” and the Millennium Development Goals (MDGs) has had a positive impact on every young child’s rights to survive and thrive, progress in achieving equity and reaching the most disadvantaged children and their families is rather slow globally (United Nations, 2010). The policy imperative has been accepted, but subsequent action - operationalization - has been difficult to achieve. This paper attempts to discuss regional perspectives on the topic by introducing some initiatives in the region that address some important elements of inclusive ECCD. The degree and levels of the achievements to reduce inequity vary from country to country; however, the foci of these elements are relevant for every country.

Regional Perspectives

Reports from the Asia-Pacific region, which is home to the majority of the world’s young children, indicate that while the policy development for children in early childhood has made some progress, much still needs to be done on several fronts including: under five mortality rates, stunting, access and equity, and explicit attention to children under three (Rao & Sun, 2010).

Many countries in the region have traditionally viewed that caring for young children is the sole responsibility of their families, not of the authorities. Informal care by extended family members and those in neighborhood community is



less prevalent today. The increase in nuclear families and decline in extended families, as well as an increase of women in out-of-home work force and growing recognition of the importance of ECCD, led to one outcome being the rise in demand for professionalized ECCD services. However, many services and programmes for young children seems rarely pro-poor, leading to a growing inequity between children from advantaged backgrounds and those from disadvantaged, both in access and quality. And, as is often the case, many elements of disadvantage are cumulative, where some children are shouldering multiple disadvantages.

As countries strive towards achieving an equitable and inclusive society, it is important that they identify those people who are excluded and being deprived of their entitlements, their rights to survive and thrive. Poverty and low socio-economic status (SES) are much known elements of being disadvantaged. A national survey in Mongolia, for example, shows that the top 80 percent of SES population has over six times

more access to ECCE as measured by GER in pre-primary education than the bottom 20 percent (National Statistical Office of Mongolia, 2005).

Other factors that also put children at a disadvantage, and many of them are cumulative and coupled with SES include: the location of residence (remoteness or overcrowded urban); being an ethnic minority; language; family capacity/environment; diseases; disability; gender and exposure to emergency situations, both man-made and natural disasters. Added to these disadvantages, the Asia-Pacific region has also focused less on supporting the development of children ages 0-3. It is important to re-consider whether their rights are protected sufficiently as compared to their older peers and whether their voices are also heard.

What really matters is the quality of early environments in which children are born. Gaps open early in cognitive stimulation, affection, ways to discipline, and other parental investments for children from families of different SES status. What ARNEC is seeing is that policies and practices that supplement the child rearing resources available to families in disadvantaged circumstances assist in improving child development trajectories, reducing inequality and promoting social cohesion and more.

The following are three examples from the region addressing some specific disadvantaged groups of children and their families. In each example we see families that are struggling from lack of resources, and are having difficulties gaining access to comprehensive and inclusive ECCD programmes for their children.

Example 1: Healthy Start Programme (Malkin, 2010) - Philippines (Consuelo Foundation)

Healthy Start is a home visiting programme, begun in 1995, that enrolls pregnant women and new mothers and provides support for healthy family and child development during the first three years of the child's life (Malkin, 2010). The programme focuses on increasing positive parenting behaviors and decreasing environmental risk through: (1) increased parental knowledge of child development, (2) the provision of games and activities to support healthy development and learning, (3) strengthened relationships between family members, and (4) increased access to social, medical, and employment services.

The programme seeks out highly vulnerable, marginalized and difficult-to-reach populations, whose development can be jeopardized by multiple risk factors beyond simply poverty, including the number of previous pregnancies and number of live births, the number of family members living in the household, access to services, exposure to substance abuse and exposure to physical abuse. The populations served are thus: (1) vulnerable across multiple domains (due to the evidence that risk has a cumulative effect), (2) may have historically been marginalized, (3) are often difficult to reach, and (4) do not have access to other programmes and services that promote optimal early childhood and family development. A family stress checklist is used to determine eligibility for the programme.

Several families whose children are about the same age (or about to be born) are supported by a Family Support Worker (FSW). During pregnancy and in the first two years of the child's life, home visits are conducted two to three times per month and, later, one to two times a month. Home visits are complemented by frequent and regular group sessions. Family Support Workers also monitor the baby's development using an Ages and Stages Questionnaire when the babies are four months of age and then again every two months until the baby is two years old, after which it is administered quarterly. Additionally, the Healthy Start model places a strong emphasis on the

use of Individualized Family Service Plans where each partner family elicits important objectives related to the partner baby's or family's development that they would like to achieve in the coming year.



Teen mothers share a lesson on mother-infant interaction, led by Family Support Workers, in an urban poor neighborhood in Central Philippines.

The programme possesses six characteristics that can be considered noteworthy. First, providing quality, comprehensive services for the prenatal to three years age group is uncommon, as services for this age group are very limited. Where they do exist they are typically low-intensity, sector-based initiatives in either health or nutrition. It is noteworthy that Healthy Start addresses health, nutrition, and early stimulation beginning prenatally and also focuses on the baby's family well-being. Second, Healthy Start stands apart from others for its attention to the most vulnerable and marginalized populations who face multiple threats to healthy child and family development. The populations served are particularly difficult to reach yet have the most to gain from quality support services like Healthy Start. Third, partner families benefit from the remarkably strong, trusting, and empathetic relationships with the FSWs

who respect the families and their choices, and see themselves as guides and support, not teachers or traditional service providers. This distinction is critical as the quality of the relationship is crucial to the impact of the program. Fourth, the programme incorporates developmental assessment so as to formally monitor child development and can tailor programming to each individual partner family. The assessment formally identifies and measures any developmental concerns and, where necessary, the families are referred to specialist services. Fifth, the localization of the programme, which takes place where the families live, is noteworthy because it increases the quality and effectiveness of programming by ensuring it meets their needs. Sixth, grounding the programme in a strong partnership mode enhances the programme's offerings, facilitates the leveraging of resources more effectively, and lays important groundwork for an operationally independent programme in the mid- to long-term future.

Example 2: School Readiness Programme - Cambodia (UNICEF Cambodia, 2009)

When we refer to the term 'school readiness' today we understand it not only refers to the child's readiness for schooling, but also the school's readiness for children. This means that schools should also modify the learning environment (e.g. curriculum and instruction) in order to accommodate the children's diverse development/ educational needs.

The School Readiness Programme (SRP) is a national programme led by the Cambodian Ministry of Education, Youth and Sport (MoEYS) as part of their Child Friendly School Initiative. It is a readiness programme that takes place during the first two months of a child's formal education, in order to compensate for the lack of formal preschooling. The programme aims to provide a bridge between a child's existing knowledge at the time of entry into primary school and the grade 1 curriculum. The programme seeks to

GLOBAL AND REGIONAL OVERVIEW

reduce the high rates of primary school repetition and drop out and increase student achievement.

The programme was developed as a pilot early in the 2004/5 academic year in response to the failure of educational reforms designed to reduce the overall rate of student repetition in grade 1. With the success of the pilot programme indicated by the programme evaluation in 2004/05, MoEYS decided to begin the process of expanding the SRP pilot into a national programme, scaling up the programme gradually throughout the country. The programme has now been streamlined into the ongoing Child Friendly School Initiative, adopted by the Ministry in February 2008 as policy.

The intervention focuses primarily on modifying curricular content during the first 8 weeks of the school year to focus more on skills that children will need to succeed in school rather than on academic content. It promotes child-friendly teaching methods in classrooms; physical upgrading of classrooms (where possible) and enhances the availability of learning aids for children. Teachers participate in training in order to be able to implement these changes.

Methodologies used by SRP have potential extension to the rest of the school year by the development of a bridging curriculum that combines approaches promoted by SRP and the grade 1 curriculum guidelines.

The evaluation of the pilot study (Nonoyama & Bredenberg, 2009), controlling for pretest score and background variables, showed that children who participated in the SRP programme performed better than children who did not participate in the programme, both in school readiness skills and in their academic achievement during the first years of primary education. Children who participated in SRP outperformed children who did not participate in the programme. These differences were particularly marked in language and reading skills.

Example 3: Integrated Child Care Programme (Singapore)

Sometimes, inexperience or lack of capacity of service providers hampers their ability to extend services to children with special needs. Presently in Singapore there is a strong movement, supported by the Ministry of Education (MOE) to have early childhood centers as well as schools adopt integrative practices so that children with special needs can participate in education as is their human right. Until this present time there were very little special education facilities for atypical children.

In Singapore, as in many other countries in the region, the integration of young children with special needs with typically developing peers in childcare centers/preschools has received much attention recently. Singapore's Integrated Child Care Programme (ICCP) was launched in 2003 by the Ministry of Community Development, Youth and Sports (MCYS) as a way to integrate young children with and without disabilities in preschool/child care settings (NCSSPCS, 2009). The programme's main objective is to provide existing child care centers with an integrated programme for children aged 2 to 6 years with mild and moderate disabilities. Currently ICCP is implemented in 18 centers in Singapore.

The characteristics of the programme are: (1) engaging children with special needs in the same group activities as other children in the centers, (2) catering to their learning needs through modifications of the curriculum, (3) working together with the parents and healthcare professionals to develop an individual education plan for each child, (4) monitoring the progress of each child on a regular basis, and (5) conducting regular parent-teacher feedback sessions. The children are placed in classes appropriate to their age and functional level. They participate in all or most of the class activities and there are trained teachers on hand to provide them the extra guidance or help.

Feedback from a 2008 survey with parents, teachers and administrators

revealed several positive changes. First, both families and teachers/administrators generally view integration positively, and more specifically teachers saw an increased acceptance of integration as they gain knowledge about different disabilities. They also identified that all children benefit from the programme setting as it provides more opportunities for children to learn from the environment through good peer role modeling and opportunities for them to form wider networks of support and friendship. One teacher observed a positive improvement in all children's understanding of individual differences, and more supporting friendships developed through daily peer interactions (e.g. children supporting each other where/when additional help was needed).

On the other aspect, families did express some worries about the teacher capacity to facilitate positive and sufficient teaching learning opportunities both for children with and without disabilities; potential rejections of their disabled children by peers and/or teachers; and absence of specialized services within the childcare center facility. The teachers concerns and suggestions for improvement include professional development/skills training for teachers (including individualizing instructions for children with special needs in group settings); need for greater collaboration with stakeholders; varied briefs and attitudes towards the integration concept; classroom practices; and ongoing school support needs.

The government supports the programme financially through childcare subsidy (depending on the type of programme and mother's out-of-home work hours). Additional support can also be received for low income families such as the Center-Based Financial Assistance Scheme for Childcare.

Building on the experiences of ICCP, in 2008 MCYS has developed guidelines for child care centers providing care services for children with special needs. Further government support for resources (e.g. financial/materials

A story from Malaysia on Gender and ECCD (Ng, 2010)

Most of today’s Malaysian girls have the privilege of attending kindergartens, primary and secondary schools. Classroom observations reveal that culture influences how boys and girls interact and respond in preschool classrooms. Boys are generally more active in class, especially in rural areas. Girls are usually more quiet, demure and less assertive. This perhaps is a cultural habit where women are taught at a young age to be submissive to men, especially to husbands and fathers.

However, the situation is changing. Girls are becoming equally active compared to boys. Such changes are brought about by efforts through the government and NGOs in the last three decades to reduce gender stereotyping. The Ministry of Education has consciously ensured that content in textbooks do not stereotype women as doing housework and taking care of children only. The government has also taken steps to encourage girls to take up science and technical courses in upper secondary and tertiary level. Stories and news of successful women through the media have also provided role models for girls to emulate.

Malaysia has progressed far in providing opportunity for quality early childhood care and education, specifically ensuring preschool and primary school education to all children. Meanwhile, gender parity or gender equality has taken a different course since the last decade to ensure that both boys and girls will equally benefit from the program that is offered and that the content of these programs are relevant to both sexes in different cultural settings.

support for the center, teacher training) is provided along with initiatives to promote understanding of the concept of inclusion with families, communities and center staff for scaling up and mainstream inclusive ECCD practices throughout the country.

Other Contexts that Disadvantage Children

Young children in emergency

Children in emergencies are at great risk of being excluded from access to quality ECCD services. While almost all the countries in the region have a national disaster/emergency plan, young children’s needs for development beyond survival are not always recognized in these plans. The 0-8 aged children remain significantly under serviced in emergency situations.

In recent years, this area of concern has drawn increased attention in the Asia-Pacific region, which is prone to natural disasters (as well as man-made disasters in some areas). When disaster events occur, needs for food and health care services are usually responded to immediately. However, the other needs of young children, especially their education

and psychosocial needs, are rarely addressed as quickly as they should be. Health and wellbeing are correlated with appropriate stimulation and consistency of care. Stress, distress, separations, exposure to scenes of violence and destruction and loss of significant others during childhood can disrupt young children’s overall development and have long lasting effects, including health problems, neurological damage, antisocial behaviour, violence, and cognitive regression (Grantham-McGregor et al., 2007).

At the regional level, ARNEC, in partnership with Macquarie University, Australia and UNICEF Asia Pacific Shared Service Center, has embarked on a project on Capacity Assessment of ECCD in Emergency Situations. We are working with four interested countries in the region that aim to improve their ‘National Disaster Risk Reduction Plan’ by incorporating ECCD specific measures. It is hoped that a guideline for assessing the needs and capacities for ECCD in emergency situations will be available and helpful to other countries to use.

Gender and ECCD

Gender is another important dimension

to consider when addressing disadvantaged children and their access to inclusive and equitable ECCD services. Statistical reports in Southeast Asia generally report that there is a gender difference in ECCD (according to “gender parity” in GER in pre-primary education). However, it is too early to conclude whether gender equality in countries has been achieved.

From the child’s birth onwards, families immediately start conditioning girls and boys to assume the different roles and behaviors that reflect local norms and values (UNESCO, 2007). In a number of cultures, parents traditionally have different socialization goals and child-rearing practices for boys and girls. For example, girls must ‘earn to serve others’, ‘listen to and respect adults’, and ‘stay at home and play’. On the other hand, ‘naughtiness’ in boys is expected and condoned (UNESCO, 2007). Such socialization processes begin at birth and continue throughout life. Gender stereotypical attitudes and beliefs continue to structure children’s developmental contexts and the potential for discrimination continues (Raghavan, 2010). These social norms can influence whether today’s girls and boys have equal access to ECCD.

GLOBAL AND REGIONAL OVERVIEW

According to UNESCO's advocacy brief (2006), the challenges to promoting gender equality include: gender bias among educators and administrators; lack of male role models; devaluing of ECCD educators (who mostly are women); absence of father's input; and curriculum, activities and materials that are not equally empowering for both girls and boys. The key underlying cause for these challenges is to ask ourselves (both sexes) to define what are 'positive' male and female gender roles, and to work towards replacing those that are now 'not working' (Raghavan, 2010).

Conclusion

Disadvantage can be cumulative, leading to a child shouldering multiple disadvantages throughout life. However, research has demonstrated that ECCD can serve as a powerful tool in breaking the negative disadvantage cycle. It is widely recognized that ECCD is a significant pathway to inclusiveness and social equity in education, particularly when programmes are accessible to all sections of a society (Becher & Li, 2010).

By providing support to disadvantaged children, specifically and rigorously, we should all ensure that ALL children have equitable access to quality ECCD. Whilst there are multiple types of disadvantage, it is important not to forget about children at risk in emergency situations. As well, gender has been a long standing issue for discrimination. We must look beyond merely providing physical access to ECCD services, but preventing inequity and discrimination from occurring so that quality ECCD services are achieved.

This region needs much more rigorous programme evaluation so that it can influence policy makers and funding authorities to ensure the continuation of worthwhile programmes. To influence policy action and practice improvement, more reliable and valid evidence on 'what works' is needed, and it is always more effective if the evidence is country and region specific. Identification of resources for effective implementation



of such efforts is also a planning and implementing priority so that programmes become affordable and cost-effective.

References:

1. ARNEC (in press). Working Together for Early Childhood: ARNEC Advocacy Booklet 2010: ARNEC.
2. Becher, Y. & Li, Z. (2010). Asia-Pacific Regional Perspectives on Inclusion and ECCE/ECD: Synopsis of the first ARNEC e-discussion (ARNEC).
3. Dakar Framework of Action. (2000). World Education Forum, Senegal.
4. Grantham-McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L., & Strupp, B. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369 (9555), 60-70.
5. Horn, R. (2008). Early Childhood Policy: Getting it Right, Lessons Learned from Asia: ARNEC.
6. Malkin, J. (2010). Report on ARNEC Noteworthy Practices Documentation Project. Excerpts.
7. National Council of Social Service and Presbyterian Community Services (NCSSPCS). (2009). Smoothing the way: A practical guide for administrators and caregivers of young children with special needs. Unpublished Report.
8. National Statistical Office of Mongolia. (2005). Multiple Indicator Cluster Survey 2005, Mongolia.
9. Ng, S.B. (2010). Issue of Gender in Accessibility to Early Childhood Care and Education in Malaysia – The Past and the Present: UNGEI Newsletter,

September 2010.

10. Nonoyama, Y., & Bredenberg, K. (2009). Impact of school readiness program intervention on children's learning in Cambodia. *International Journal of Educational Development* 29, 2009, 39-45.
11. Nurper, U. (2006): Summary of UNGEI eDiscussion on Early Gender Socialization: <http://www.ungei.org/cairo/docs/EarlyGenderSocialization_eDisc.pdf>.
12. Raghavan, C. (2010). Integrating Gender Responsiveness in Early Childhood Development: An Imperative, UNGEI Newsletter, September 2010.
13. Rao, N., & Sun, J. (2010) Early Childhood Care and Education Regional Report: Asia and the Pacific prepared for UNESCO World Conference on Early Childhood Care and Education, Moscow Russian Federation 27-29 September 2010: [http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/WCECCE_Regional_Report_Asia_and the Pacific.pdf](http://www.unesco.de/fileadmin/medien/Dokumente/Bildung/WCECCE_Regional_Report_Asia_and_the_Pacific.pdf).
14. UNESCO. (2007). Strong Foundation for Gender Equality in Early Childhood Care and Education – Advocacy Brief.
15. UNICEF Cambodia. (2009). Report prepared for the compendium for transition programme (in press)
16. United Nations. (2002). General Assembly: A world fit for children. S-27/2.
17. United Nations. (2010). Status of the Convention on the Rights of the Child. New York (Report of the Secretary-General. A/65/206)

Asia-Pacific Regional Perspectives on Inclusion and ECCE/ECD: Synopsis of the first ARNEC e-Discussion

By Yvonne Becher and Zhang Li, The University of Hong Kong

ARNEC's first e-discussion on 'Inclusion in the context of ECCE/ECD' was held from June 7 to 18, 2010. During this discussion, 18 experts and professionals from 13 countries or regions in the Asia-Pacific region as well as two co-moderators participated. A total of 35 posts were received, among which, 22 were from different participants.

The discussion centered on 'inclusion in ECCE/ECD' from the following four aspects: 1) definition of 'inclusion'; 2) specific issues on inclusion; 3) challenges in realizing inclusive ECCE; and 4) practices to ensure an inclusive ECCE/ECD.

Specifically, the following questions were posted before and during the e-discussion and were re-emphasized at relevant times throughout the discussion.

1. What does 'inclusion' mean (and what it is not)? Why should we be focusing on 'inclusion' in the context of ECCE/ECD?
2. What are your views and opinions of specific issues on inclusion – e.g. of children affected by HIV and AIDS, of children from lower castes in South Asia, of children in post-conflict situations, etc?
3. What are the challenges in realizing inclusive ECCE? What cultural, governance, inter-sectoral coordination or political barriers exist that inhibits inclusiveness?
4. How could we ensure an inclusive ECCE/ECD? What are the innovative/salient practices and experiences in inclusive ECCE/ECD that you can share?

Fruitful ideas of 'inclusion' in the context of ECCE/ECD were generated from this discussion. On the whole, the participants reached an agreement toward the meaning of Inclusion in ECCE/

ECD. Based on the implementation of inclusion in the current situation, they also posed many challenges that inhibit the development of inclusion. Moreover, they put forward some ideas of ensuring inclusion through some specific issues and their experiences. All these postings provoked a thought-provoking discussion. Therefore, in the following sections, the outcomes of this discussion will be summarized and the lessons learnt from this discussion will be analyzed. In addition, examples of positive experiences or progress noted in various countries around the region are briefly summarized.

Summary of Discussion Points

What do we mean by inclusion?

The meaning of 'inclusion' was the mostly discussed topic. Among the 22 participants, 15 mentioned the definition of 'inclusion'. In most cases, the discussion revolved around 'inclusion' in educational settings.

Three elements, namely: 'types of children', 'the services provided for these children' and 'people shouldering responsibility' - were referred to when defining 'inclusion'. First, the participants acknowledged that all children should be targeted irrespective of physical, social, intellectual, emotional or other specificities (i.e. children in emergency cases). Special attention should be given to children who are marginalized, vulnerable, with special needs, from lower castes, etc. Second, each child should be entitled the right to have a learning opportunity that supports their all-round development and helps create a sense of belonging. Services should be provided for all children aiming at valuing and meeting their needs. Third, everyone should take responsibility in realizing inclusion rather than only schools or teachers.

However, it was realized that inclusive education is just part of a wider understanding of inclusion. As different regions and professions varied in their grasp and application of the concept, there was a call for a clearer, more commonly understood and practical definition.

The following summarizes the discussion points made with reference to inclusive needs in general as compared to educational needs in ECE.

Meeting inclusive needs in general

Inclusion in general can be met without any big discussion or preparation provided the needs of each individual child and family is at the heart of the involved person. It can be evident as a very humane social practice throughout society, including in ECCE settings, reflecting positive attitudes and examples. Preparation at the pre-service level of any profession may help build awareness and confidence but lack of such training is really no excuse not to practice inclusion. Exposure to inclusive practices at an early age was emphasized to be a well-researched and proven way to adopt such practices at a later age as a way of life.

Meeting diverse educational needs

It was suggested that to lay a strong foundation for children's development and reduce or avoid future risks, inclusion should start in the context of ECCE/ECD. Good teaching, per se, was regarded as an essential element of inclusive practice. Specialized knowledge and training is only necessary where specific problems exist, often of a clinical nature. However, all teachers are able, or should be able to meet each individual's educational needs (except in cases of severe disability), and especially the need to feel included as a member of a classroom community. An

“Jailoo Kindergartens” focuses on providing Inclusive Education for pre-primary children in the remote areas of Alai district, Kyrgyzstan.



inclusive atmosphere can be enhanced by efforts to break down barriers for the children, parents, and teachers alike, for example through sharing experiences or by all children learning some ‘special skills’ like sign language.

In order to meet the diversity of educational needs in a classroom, collaborative team approaches were highly recommended. Beyond this team approach, and in addition to parent involvement, the role of administrators, school wide support, student involvement, fostering friendships, curriculum adaptations and modifications were considered to be all very important.

As mentioned earlier, inclusive education is only one aspect of inclusion. However, starting inclusion in educational settings can point a way for

change and influence the establishing of inclusive practices community-wide.

Parent involvement

One recurring theme was that of the involvement of parents. It was thought to be a major component in bridging home-school partnership in order to have educational benefits but also to spread inclusion from the inside of classrooms to the wider society. Some issues were raised to address included the extra support necessary for marginalized children and their families and some resistance to inclusion from parents of the non-marginalized group(s) was noted.

Summary of Challenges to Inclusion Identified in this e-Discussion

Political Barriers

- Lack of policy to include all individuals in all facets of society, e.g. educational settings.
- Lack of uniformity in policy implementation within same community/ country/ region.
- Lack of financial support from governments to ensure the implementation of inclusive practices. (from the example of Guangxi)
- Lack of adequate information at policy levels about the actual needs and prevalence of needs within the community.
- Splits between administrative terrains, e.g. Education and/or Social Welfare Departments, with contradictive policies and/or lack of collaboration to take responsibility and provide services where needed.

Social Barriers

- Maintaining segregated facilities, services and settings for the various diverse groups in society.
- Infrastructure of settings not allowing physical access for all.
- Lack of un-conditional community acceptance.
- Lack of everyone in society assuming it to be their role to fully include others.
- Pressure to conform (socio-culturally) and perform, rather than acknowledging the uniqueness of every individual.
- Unable to meet set standards or norms, leading to denial of access to facilities.
- Misconceptions and labeling within society even amongst professionals, including teachers.
- Belief that only specialized training can ensure inclusive practices.
- Position of families as essential and equal partners not welcomed by all professionals, administrators, policy makers, etc. The collaboration with families is still relatively weak.

Inexperience or Lack of Capability

- Lack of confidence to deal with diversity as an individual or as a professional.
- Education designed to target the masses rather than meeting individual needs.
- Rigid adherence to one ECCE model; one model does NOT fit ALL children.
- Inexperience and a lack of capability to address inclusion adequately at all levels and in all aspects of a community.

Cultural Barriers

- Gender discrimination which can disadvantage girls
- Cultural norms or practices that lead to exclusion of marginalized groups.

Geographical Barriers

- Geographical barriers to reach all families, e.g. difficult to access in mountainous terrain.

Summary of Actions Suggested in this e-Discussion in order to Promote Inclusion

Improving Social Acceptance

- Social interactions to break down barriers and enhance better understanding about diversity. ECCE/ECD settings and schools can take the lead.
- Exposure to inclusion early in life so as to increase the chances of being comfortable with inclusion as an adult.
- Policy makers and programmes to appreciate the local culture, teachers' and parents' views.
- Learn about and be exposed to each other's needs and ways of life, e.g. sign language for hearing as well as non-hearing individuals.
- Clear communication channels between various levels of society for clear transmission of needs and actions taken to meet those needs.

Improving Policy Initiatives and Governance

- Appropriate policy formation and advocacy.
- Efforts towards inclusion at grass-roots level should be supported by government bodies.
- Government-initiated programmes should reach all children and identify those with needs early in life.
- Reinforcement of the Convention of the Rights of a Child.
- Policy, standards and curriculum development principles and processes should reflect inclusion philosophy.

Promoting the Concept of Inclusion and Practice

- Promote the concept of inclusion and generate more awareness about diversity at various levels, e.g. by developing partnerships by collaborating with other organizations, families, and/or across sectors within same organization.
- Parental awareness and skill-

building as part of government outreaching programmes for the purpose of better-informed and -skilled parents.

- Instill principles of inclusion and confidence to implement these during training/ pre-service levels.
- More individualized educational practices.
- Monitoring/assessing ECCD service providers' quality through inspection and the setting of minimum quality and protection standards. Such standards should ask for inclusive practices.
- Value each child's unique needs and cherish diversity.
- Collaborative work of teaching staff.

Encouraging Family and Parental Involvement

- Engage families as partners in new initiatives; as a professional seek families' collaboration.
- Provide parent support through professional care where indicated
- Work with every child/ family as they are.

Conclusion

Ever since the implementation of inclusion in the context of ECCE/ECD, great progress has been made. People's understanding of inclusion has been enhanced. Moreover, some countries or regions have been adopting special programs which further improve the practice of inclusion.

Based on the feedback of the participants, this was a fruitful experience for all, including the co-moderators. The discussion not only yielded 'food for thought' but also reflected the vastness of the Asia-Pacific region as very diverse needs at different levels emerged. This is not necessarily a negative issue as it helps us to learn from each other and to reflect on one's own practices. Maybe this point could have been made during the discussion in order to encourage more participation and further highlight the value of the discussion.

Community-based Growth Monitoring and Promotion - A Pilot Project in Pakistan

By Seema Lasi, Ghazala Rafique and Ayesha Khan, Aga Khan University



Seema Lasi/Pakistan

“Exclusion in the Early Years can reinforce exclusion throughout life.” (Holdsworth, 1997)

Exclusion has several forms and various segregations. It is a universal reality that 10 to 12 percent of the world’s population is denied the right of inclusion only due to disability (World Bank, 2009). And the discrimination does not end there, it also goes on to ethnicity, gender, socio-economic status, HIV and more. Due to these exclusionary factors children may become vulnerable and marginalized. Often they become ‘children with special needs’ and ‘children at risk’.

Inclusion is not a new concept; however, in developing countries there are few programmes that practice inclusion and which can be replicated in other settings. One reason why such programmes cannot be freely replicated is that each is designed to meet the specific needs of the participants. Any

definition of ‘children at risk’ is culturally and contextually based. Within a nation and community this definition can change over time (Holdsworth, 1997).

While there may be no standard description of what might be included in an early childhood development (ECD) programme, there is considerable evidence that effective programmes strive to integrate aspects of health, nutrition, education and social services.

To establish ECD programmes, the individual needs of every child should be identified, appreciated, and an integrative, participatory and holistic approach should be developed to take care of these needs as well as the all round development of all children. “All rights shall apply to all children without discrimination on any ground including disability” (Article 2 CRC). This article can be reviewed and rephrased to address the needs of all children but for the time being we can interpret “on any ground” to reflect all the needs of our children. Children with special needs

and children at risk should be provided for equally within our early childhood programmes. Inclusion is a process that allows all children to participate in all programmes (Evans, 1998).

The Aga Khan University - Human Development Programme (AKU-HDP) has pioneered early child development in Pakistan since 1998. Its programme has successfully developed and implemented community-based ECD programmes that improve the growth and development of children 0-8 years old. It was initiated in 2004 with two partner NGOs that had expertise in early childhood education. The programme is functioning in two of the provinces, Sindh and Baluchistan, which have a population of 20,000 and more than 3000 children in the age range of 0-8 years. In both areas, the programme works with under-served communities with poor resources and very high mortality and morbidity rates for the under five years old children. Recently, political unrest and security issues in Baluchistan have led to further isolation, increasing the vulnerability of these children.

The AKU-HDP’s community-based ECD programme is inclusive in the sense that it has an integrative approach to ECD including health and nutrition, education and networking with other service providers. This article focuses on a specific component of this programme, namely an inclusive model of Growth Monitoring and Promotion (GMP).

Background of the GMP Programme

Under-nutrition is an impediment to human development (Gibney, 2009). Under-nutrition adversely affects mental and physical development, productivity and the span of working years, all of which ultimately influence the community’s economic potential (Demment, 2003). Optimal child health and development cannot be achieved

unless and until under-nutrition is eliminated among children.

Under-nutrition is a major public health issue among children under five years in Pakistan (Jalil, 2008). Pakistan is amongst the 20 countries which house more than 80 percent of the world's under-nourished children (Grantham-McGregor, 2007). Each year, 740,000 children in the country die due to various causes; half of these deaths are attributable to malnutrition (UNICEF, 1996). At present 0.08 million children in Pakistan are suffering from some degree of under-nutrition (McGregor, 2007). Findings of various nationwide surveys have shown evidence of little improvement over the last two decades (National Institute of Population Studies, 1992). According to these surveys, over a period of 25 years there has been an overall reduction of 28 percent for underweight but even less reduction has been observed for stunting and wasting during this period.

The World Health Organization (WHO) has proposed a Community-based Growth Monitoring and Promotion (CbGMP) programme as an important strategy to combat malnutrition and to promote growth and development among children. GMP is the most essential element of any community-based programme especially for children under five years of age. The GMP programme includes four main components: (i) regular measurement of growth and height, plotting this on growth chart, (ii) initiating proper action when a child is not growing well; (iii) supporting community-based nutrition promotion initiatives; and (iv) providing regular feedback on the nutritional status to caregivers, families and communities (World Bank, 2008). Routine growth monitoring (GM) without a specific focus on prevention has proved to be beneficial even in the absence of any health promotion activities (Garner, 2000).

Aims and Objectives of CbGMP

The aim of the AKU-HDP's CbGMP intervention component is to improve

the nutritional status of pregnant females, lactating mothers and children from birth to eight years of age. The main purpose of this programme is to determine whether a child is growing normally or has a growth problem or a trend towards a growth problem that should be addressed immediately.

The major objective is to establish an inclusive GMP system with the participation of various stakeholders. Community workers (CWs) are the main force of this intervention. The eligibility to become a CW is that she is female, resident of the same community, age 18 years or more and with academic qualification of grade 8 or higher. The specific activities that a CW is expected to perform are:

- Measure height, weight, and head circumference accurately with appropriate instruments
- Plot, interpret and communicate these measurements on growth charts
- Counsel the caregivers
- Refer pregnant mothers and malnourished children to appropriate health facilities

The CWs are trained to provide suggestions for caregivers so that they can help and guide the enrolled families to:

- Improve nutritional status of children
- Increase physical activity of children
- Control and prevent diarrhea in children
- Improve nutritional status of pregnant women to decrease the incidence of low birth weight
- Improve nutritional status of lactating mothers and facilitate breast feeding
- Improving hygiene practices in food handling at the household level

Reflections and Modifications

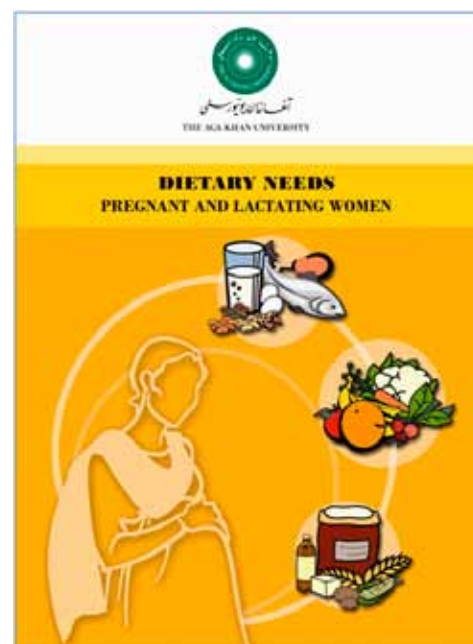
During implementation, the CbGMP component was regularly evaluated to reflect its inclusive approach. The basic questions asked were: Is this component inclusive enough to take

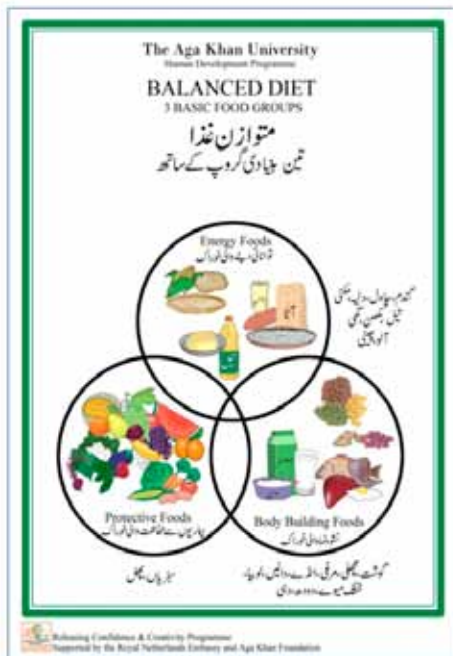
care of children with special needs and children at risk? Are there any children who are left out? Are there any marginal groups that are not being covered? As no standard definition was found in literature for an inclusive CbGMP programme, we simply followed a basic rule that no child should be left out due to any reason.

During the process of evaluation, it was found that for certain groups such as antenatal women, and children with a severe degree of under-nourishment, the messages covered under the above themes were not sufficient and they required more intense/varied nutritional intervention. There were others who were being excluded due to various reasons, such as children from minority religious groups, physical and mental disabilities and certain groups of children especially in Baluchistan where seasonal migration is a routine phenomenon. In addition, there were certain caregivers who were apprehensive about using the length measuring instrument (they said it resembled a coffin). Based on these findings, the CbGMP component was reviewed and revamped. The following are the details of the overhaul.

Nutritional Resources

AKU-HDP developed nutritional resource materials in the form of booklets in English, which were also translated in





Urdu, to be used as resource material for CWs. A nutrition booklet was developed for CWs working with ante- and post-natal mothers. The booklet provides guidelines for helping the CWs improve the nutritional status of pregnant and/or lactating mothers. The booklet also gives suggestions on handling common pregnancy complaints like nausea, vomiting, heartburn, constipation and pica as these conditions may influence food intake. It gives nutritional guidelines on prevention and control of anemia and gestational diabetes. The section on 'diet during lactation' prepares a mother for feeding her newborn baby. The booklet also provides suggestions for increasing the mother's diet within the limited resources of the family.

Another booklet deals with a variety of dietary needs of children and gives guidance for nutritional needs from birth to eight years of age, exclusive breastfeeding from birth to six months, suggestions to facilitate breastfeeding for normal term infants, twin babies and low birth weight babies, the introduction of complimentary feeds, appropriate complimentary food and guidelines for introducing them. Besides basic healthy eating guidelines, the following guidelines are included: sample menus for children suitable for their age, the importance of physical activity for children, suggestions on the use of clean water and food handling hygiene

practices to reduce diarrhea, which is a public health problem and also an underlying cause of undernutrition in Pakistan. Guiding principles also have been provided for the control of diarrhea and to avoid further complications.

Three nutritional posters have been developed which convey the concept of a balanced diet, nutritional needs from birth to eight years of age and for preparing oral hydrating solution (ORS). These are given to enrolled households after CWs have held interactive group sessions on the given subjects. Training of the CWs on the use of these booklets was done by nutritionists. During the training sessions discussions were generated to share field experiences and to highlight problems faced by the CWs in the community.

Intervention was based on nutrition education group sessions for mothers and caregivers as well as counseling sessions at the household level by CWs. A separate visitation protocol was developed for moderately and severely undernourished children. These children are visited more frequently and caregivers are made aware of their under-nutrition status. Mothers, caregivers and where possible children are counseled to increase dietary intake and adopt better hygiene practices.

Meetings were held with communities of religious minority groups and families with seasonal migration to understand the reasons for non participation and to mobilize community members by creating awareness raising sessions.

A community census was conducted to assess the burden of disability. A total of 28 children identified with various physical and mental disabilities were enrolled in the GMP component and further interventions are in process to take care of the nutritional needs of these children. To address the needs of caregiver's apprehensions, the baby length scales were painted and embossed with cartoon stickers to make them more appealing for caregivers and their children.

The revamped programme is in place and fully functional in both field sites since early 2010. The process of evaluation is ongoing to identify gaps if any and will also undergo an evaluation by the end of 2010 to determine the effectiveness of all these efforts towards the reduction of under-nutrition and how the programme might be expanded.

References:

1. Black, R., Cousens, S., Johnson, H., Lawn, J., Rudan, I., Bassani, D., Jha, P., Campbell, H., Walker, C., & Cibulskis, R. (2010). Global, regional, and national causes of child mortality in 2008: a systematic analysis. *The Lancet*.
2. Demment, M., Young, M., & Sensenig, R. (2003). Providing micronutrients through food-based solutions: a key to human and national development. *Journal of Nutrition*, 133(11), 3879S.
3. Elder, L., Kiess, L., & de Beyer, J. (1996). Incorporating nutrition into project design. *Human Development*.
4. Evans, J. (1999). Inclusive ECCD: A fair start for all children. *Collected Works-Serials*. US Massachusetts.
5. Garner, P., Panpanich, R., & Logan, S. (2000). Is routine growth monitoring effective? A systematic review of trials. *British Medical Journal*, 82(3), 197.
6. Gibney, M., Lanham-New, S., & Cassidy, A. (2009). *Introduction to human nutrition*. Blackwell Pub.
7. Grantham-McGregor, S., Cheung, Y., Cueto, S., Glewwe, P., Richter, L., & Strupp, B. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369(9555), 60-70.
8. Holdsworth, J. (1997). International consultation early childhood education and special educational needs. Working document prepared for International Consultation on Early Childhood Education and Special Education Needs, 1-4 September, at UNESCO, Paris, France.
9. Jilil, F., Moore, S., Butt, N., Ashraf, R., Zaman, S., Prentice, A., & Hanson, L. (2008). Early-life risk factors for adult chronic disease: follow-up of a cohort born during 1964-1978 in an urban slum of Lahore, Pakistan.
10. National Institute of Population Studies. (1992). *Pakistan demographic and health survey: summary report 1990-9*. Islamabad.
11. UNICEF. (1995). *The Convention on the Rights of the Child*.
12. UNICEF. (2008). *Reaching the MDGs in South Asia: An inventory of public policies to overcome social exclusion*. New York.
13. World Health Organization. (2008). *Training course on child growth assessment*. Geneva.

The Roles and Participation of Fathers in ECD

By Sanober Nadeem, Irum Fatima, Anjum Yameen and Zulfiqar Bachan, Aga Khan University

Parental involvement in the early years of life has great impact on children's development. The role of parents as a caregiver is fundamental and foremost for the healthy development of a child (Desforges, 2003). Parents are responsible for child care and nurture by providing adequate nutrition, protecting against disease and injuries and providing a stimulating environment within and outside the home. Furthermore, various forces present in the social environment also have a great impact on overall child development.

Within this complex system of interactive forces, parenting and family processes are seen as crucial proximal factors with direct influence on children's development of competence (Bronfenbrenner, 1979). When we talk of parental involvement in early childhood programmes the target audience in most cases is the mother. The problem with this paradigm is that fathers are left out (Engle & Breaux, 1998). The purpose of this article is to highlight the nature of fathers' participation in their children's early development and also to highlight the process of fathers' involvement in the community based early childhood development (ECD) programme of Aga Khan University - Human Development Programme (AKU-HDP).

About Fathers

It is well documented that the influence of both parents as caregivers is important, yet in many parts of the world, in the early years, it is mostly the mother who looks after the child. Men in general are the bread earners of the family and women are responsible for household chores and child care. However, research has shown that positive interaction between father and child helps in improving child health (Ball, Moselle & Pedersen, 2007) and development (Allen & Daly, 2002), school adjustment (Townsend, 1994), children's academic achievement (Gadsden, 2003), peer relations,

cognitive development and behavioral or emotional regulation (Cabrera et al. 2000; Lamb, 1997, 2004; Tamis-LeMonda & Cabrera, 2002). It has also been shown that father's support in child rearing is associated with lessening the under five years mortality rate (Agha et al. 2010). Fathers' involvement in child care activities also co-relates with their level of participation in ECD programme activities (Palm & Fagan. 2008).

Research indicates that in many societies, men have a lower level of engagement than women in child care. Generally, in the South Asian region and specifically in Pakistan, fathers have very minimum participation in child care particularly in the early months of life. Culturally and traditionally, it is accepted that the main female role is that of the caregiver and fathers are not encouraged to take part in direct child care. However, in contrast to this, fathers are considered the major decision maker for health care, education, and money spending matters in a family (Hirani, 2008). Fathers may also want to be the part of child care but because of culture's gender practices, the economic burden of the family and late working hours due to poverty are often the main hindrances in terms of including fathers in child care activities in Pakistan (Jahn & Aslam, 1995).

Experiences of AKU-HDP

The Aga Khan University - Human Development Programme has been implementing and developing an integrated community based ECD parenting programme in Sindh and Balochistan provinces of Pakistan since 2006. The mother is seen as the key caregiver and central to many interventions related to childcare, development, nutrition, health and hygiene, safety, play, stimulating and pre/postnatal care. The interventions are done through ECD workers who conduct home visits on a monthly basis for children aged from birth to 12 months

and then quarterly for children aged up to eight years. During home visits ECD workers monitor child growth and development and educate mothers and other caregivers about child growth and development. Besides this, they also provide advice and specific feedback on special cases related to child care and development. As well, mothers also attend group sessions related to child care and do hands-on practice through role play and other participatory approaches.

In the early phase of the programme, fathers' engagement in the parenting programme was not included because of contextual situations, as fathers normally are away from home the whole day, whereas mothers, being housewives, look after child rearing activities particularly for children 0-3 years of age.

In 2007, a study was undertaken on a sample of 154 fathers to look into the level and nature of their involvement in six key areas: 1) knowing a child's daily routine, 2) supporting mothers in child rearing, 3) attending to an ill child, 4) playing with child, 5) preparing for school readiness and 6) disciplining child disobedience.

The results revealed that fathers' engagement in child care increases with age of child, as children grow fathers become more involved as compared to the younger ages between births to two years. 58 percent of father were involved with their child in reading and writing practices at home and preparing children for school readiness, and 44 percent reported taking their child outside home for leisure.

Both of these child care activities are significantly associated with the increasing age of the child with a statistical p-value of <0.001 and 0.02 respectively (Fatima et al., 2007). Moreover, the field diaries of workers also provided some glimpses of

fathers' engagement in child caring. For example, during the baseline survey, workers identified children with no EPI and birth registration. Mothers reported that they were not allowed by their husbands to go to local health centers for vaccinations and their husbands did not have time to go during hospital hours. Culturally, mothers are not allowed to make any decisions related to child health in terms of access to health care facility as mentioned above.

Recognizing the importance of the fathers' roles in child development and the results of the research study, AKU-HDP geared its efforts to involve fathers in programmed interventions. ECD workers were specially trained on parental involvement in 2008-09. Since then fathers have been involved and ECD workers are now consciously engaging fathers in various activities such as: 1) when they do growth monitoring and child development assessments, 2) when sharing assessment results and 3) by providing case specific suggestions. In order to provide similar forms of intervention, this time including fathers, ECD workers use pictorial charts, manuals, and guidelines developed under this programme.

In April 2010, a focus group discussion was held with ECD workers to assess the nature and level of fathers' engagement in child care practices. Workers reported that fathers are more involved with mothers in a number of activities related to child care and development. For example, ECD workers have commented that fathers are participating more in child assessment, showing interest in the child developmental status, and also participating in listening intervention suggestions. They have observed that children feel more comfortable and happy in the fathers' presence during home visits. Also, fathers now manage to take their children for immunizations and health checkups.

Conclusion

The literature and AKU-HDP ECD programme experiences have shown

that meaningful engagement of fathers in ECD programmes could pave the way for holistic child development.

It is very important to ensure the participation of fathers in ECD programme, especially for a country like Pakistan, where fathers are the decision-maker in the family and also the head of the family. The head of the family in Pakistan is always male, be it the father, grandfather or eldest son (PIHS, 1992; Saleem & Isa, 2004). However, there is a need to equip ECD educators/workers with the knowledge and strategies related to engaging the interest and involvement of fathers and other family members. These strategies should ensure the engagement of mothers and fathers separately and in joint sittings.

It is also important that both qualitative and quantitative data should be collected to assess fathers' engagement on two levels, first, with routine daily child care tasks (e.g. physical care) and second, the time spent in teaching and playing (e.g. helping with homework; indoor games) (Pleck, 1997). When making a framework to study fatherhood, we need to understand the cultural, dynamic and complex factors underlying the phenomena and relationships that exist between the father's work and family roles (Roy, 2008).

References:

1. Agha, A., Ajmal F., Iqbal A. & White F. (2010). Father's support and literacy--factors associated with child mortality in Gambat, Sindh-Pakistan. *J Pak Med Association*: 60(3):248.
2. Allen, S., & Daly, K. (2002). The effects of father involvement: A summary of the research evidence. *Father Involvement Initiative - Ontario Network*.
3. Ball J., Moselle K. & Pedersen, S. (2007). Father's Involvement as a Determinant of Child Health. Paper prepared for the Public Health Agency of Canada, Population Health Fund Project.
4. Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.
5. Cabrera, N.J., Tamis-LeMonda, C.S., Bradley, R.H., Hofferth, S., & Lamb, M.E. (2000). Fatherhood in the twenty-first century. *Child Development*, 71,127-136.

6. Desforges, C., & Abouchaar, A. (2003) The impact of parental involvement, parental support and family education on pupil achievements and adjustment: a literature review. Department for Education and Skills. Research Report.
7. Engle, P.L., & Breaux, C. (1998). *Fathers' Involvement with Children: Perspectives from Developing Countries*. Society for Research in Child Development. 12 (1)
8. Fatima, I., Karmaliani, R., Rafique, G., & Agha, A. (2007). Fathers' role and cognitive development of children aged 0-3 years, Tando Jam Sindh. Unpublished manuscript
9. Gadsden V., & Ray, A. (2003). *Fathers' Role in Children's Academic Achievement and Early Literacy*. ERIC DIGEST. (217) 333-1386.
10. Hirani, S.A. (2008). *Child-Rearing Practices in Pakistan and Associated Challenges for Health Care Professionals*. COINN Newsletter. Global Unity for Neonatal nurses.
11. Jahn, A., & Aslam, A. (1995). Fathers' perception of child health: a case study in a squatter settlement of Karachi, Pakistan. *Health Transition Review*, 5:191-206.
12. Lamb, M.E. (Ed.). (1997). *The role of the father in child development (3rd ed.)* New York: Wiley.
13. Lamb, M.E. (Ed.). (2004). *The role of the father in child development (4th ed.)*. Hoboken, NJ: Wiley.
14. Palm, G., & Fagan, J. (2008). Father involvement in early childhood programs: review of literature, *Early Child Development and Care*, 178 (7&8); 745 - 759.
15. PIHS [Pakistan Integrated Household Survey Project]. (1992). *Pakistan Integrated Household Survey, final results, 1991*. Islamabad: UNDP and Federal Bureau of Statistics.
16. Pleck, J.H. (1997). Paternal Involvement: Levels, sources and consequences. In M.E. Lamb (Ed.). *The role of the father in child development (pp.66-103)*. New York, NY: John Wiley and Sons, Inc.
17. Roy, K. (2008). *A Life Course Perspective on Fatherhood and Family Policies in the United States and South Africa*. *Fathering: A Journal of Theory, Research and Practices about Men as Father*, 6(2).
18. Saleem, S. & Isa M.A. (2004). Facilitating inter-spousal communication for birth spacing--a feasibility study of Pakistani Couples for policy implications. *J Pak Med Assoc*. 54: 182-6.
19. Townsend, B. L. (1994). Involving families of at risk and normally-achieving children in social skill instruction. *Preventing School Failure*, 39(1), 31-36.
20. Tamis-LeMonda, C.S., & Cabrera, N. (Eds.). (2002). *Handbook of father involvement: Multidisciplinary perspectives*. Mahwah, NJ: Erlbaum.

Inclusive Education Training: Steps to Prosperity

By Saima Khalid, Aga Khan University



Training of teachers from different background in Gilgit, Pakistan.

Research in early childhood indicates that 0-5 years is the crucial age for children's emotional and social development (McCain & Mustard, 1999). It is also the period when cognitive stimulation, nutrition, and emotional attachment all work together to shape the personality, skills, intelligence, and problem solving abilities that children will need as they grow into positively adjusted adolescents and adults (Young, 2002).

“...The early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life.” (McCain & Mustard, 1999, p. 5)

Inclusion refers to the commitment to educate each child to the maximum

level possible in the classroom he or she is attending. As defined by UNESCO (2005), “It is a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and of reducing exclusion within and from education.” (p. 1) Such practice can be implemented in a variety of ways depending on the schools which have children from mild to severe needs. Inclusive education advocates that all children should be educated together, regardless of ability or other differences. Consequently, inclusion helps children to learn in an environment where they can mingle with other children having different abilities and develop acceptance for each other. They become sensitive to individual differences and develop a good relationship with each other.

Children with different needs have the right to receive schooling in

mainstream schools along with their same-age peers. Inclusive education recognizes that all children can learn and that teaching must cater to individual strengths and needs in order for students to meet their full potential (PTAN, 2000).

All children have the right to good quality education according to the Conventions on the Rights of the Child and inclusive education ensures that children are given that right. It has been emphasized not only in the Millennium Development Goals (MDGs) but also in Education For All (EFA) goals (UNESCO, 2007). These commitments ensure that quality education should be accessible to all especially for the most vulnerable and disadvantaged children according to their learning needs by eradicating gender disparities (UNESCO, 2007).

When inclusion is practiced, especially in early childhood education, improvements are seen in several areas. Children tend to be more active, and comfortable around other individuals. Parents of such children not only witness the appropriate behaviors in their children but they have seen respect and dignity for their lives evidenced in different ways. The teachers and school administration put their efforts consistently to ensuring the provision of a healthy learning environment for all children (Afzal, 2010). Hence, everybody is engaged in constantly reflecting on their existing practices and adapting/adopting new or different strategies according to the needs of the children.

The basis of a quality inclusive education programme in early childhood

SOUTH ASIA

is in accord with developmentally appropriate practices that cater to the needs of all children. These practices promote equality, equity and diversity and help children become a confident, creative and sociable person.

The Aga Khan University Model

If we talk about practices in Pakistan one can truly see an example at Aga Khan University – Institute for Educational Development (AKU-IED), where inclusive education is embedded in all programmes. The university promotes inclusiveness by catering to the needs of all teachers irrespective of their system, context and gender. The AKU-IED not only offers certificate programmes but also has established a volunteer association known as Pakistan Association for Inclusive Education (PAIE) in order to provide a platform for teachers to meet and learn about inclusive education (PTAN, 2000). The overall idea is to create awareness about inclusive education and its benefits in mainstream schools by building the capacity of teachers, teacher educators and other caregivers. As well, inclusive education can also be seen in the Certificate in Education-ECED which prepares teachers regarding inclusive education in schools. The university's programme is designed in such a way that the teachers or teacher educators attend four weeks face to face session at AKU-IED and go to the field to implement what they learned along with a few assignments. They then come back for the last two weeks for face to face sessions again at the university campus.

During their training programme, teachers studying about the early years require practical sessions which are modeled on how to establish routines

in classroom settings. As a team of teacher educators, we have learned that when this is introduced in the trainings, it helps the course participants have a clearer understanding of how to organize their classrooms so that children's thinking and learning is supported in the classroom (AKU-IED, 2007 & 2008). Hence, the field based approach is one of the key principles that ensure the smooth implementation of teachers' learning in the classroom.

According to the UNESCO Salamanca Statement (1994) "Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover they provide an effective education to all the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system" (p.ix). Therefore, in this connection, in 2007 the seventh Certificate programme was offered at Gilgit-Baltistan, which became accessible and beneficial to a large number of teachers from the mountainous region of Pakistan.

An Extension of the Aga Khan's Programme to an Earthquake Region in Pakistan

In this cohort, three participants were enrolled from the earthquake affected area in Kashmir. This earthquake occurred in 2005 whereas the training session was held in 2007 at Gilgit-Baltistan by AKU-IED. These participants were sent to attend the session so that they could establish early childhood centers for the children of their respective villages which were badly affected by the earthquake. The participants' families were also influenced by the earthquake as one



Teachers engaged in AKU-IED's training programme.

of them had lost her father, others had lost close relatives and many faced financial problems.

The course leaders tried their best to help the teachers develop their confidence level and handle their emotions. Along with that support, they were also provided with a theoretical understanding about child development and learning processes. Several exposure visits were made to learn about ECD initiatives in different places. The National Curriculum (AKU-IED, 2007a) used was the major guideline along with an integrated teaching approach for the participants. However, when these young women went back to their locations, it was difficult for them to translate what they learned into the context of their classroom environment. There were two major reasons behind that, namely: a) they had no teaching experience before and b) there were no facilities available in that area.

The schools were maintained in tents provided by UNICEF, with no security

for the materials used. Though the earthquake happened two years previously, the indigenous population was still in fear and shock. It was not an easy task to gain trust of the emotionally and economically disturbed adults and children.

The teachers initiated their work with rapport-building activities and also with different awareness-raising sessions for the parents within the community. They spoke about the importance of the early years for children's development and how effective caregivers can stimulate children's development and learning processes. After some ongoing counseling sessions, they agreed to send their children to the ECD centers.

The teachers also invited parents to some classroom sessions so that parents can understand how they can make a difference in the lives of their children. The parents found their children engaged in different learning activities and enjoying the experience of working with other children. This resulted in an increase of attendance and involvement of community members, teachers, parents and students (Afzal, 2010).

The teachers started working with children in the tent where only one plastic mat was available. The major task for these teachers was to raise the children's confidence level. Hence they began playing with the children, started listening to them, and paid careful attention to their needs. To enable a conducive learning environment, the teachers started collecting different materials from their surroundings such as pebbles, leaves, small wooden sticks and empty boxes.

When the team from AKU – IED visited the area for field-based support,

they worked with the teachers in establishing daily routines in the class. The use of an integrated approach was found to be the most appropriate way to teach children in that region. The children were from different age groups and belonged to different family backgrounds. So with these multi-age groups the teachers were guided to design simple but interactive activities that helped children to learn more from each other. This support enabled changes to be made in the classroom environment.

The on-site session helped teachers realize that learning can take place anywhere and that they can have children with different learning styles in their classroom. They, as caregivers, had to focus on children's individual learning needs and plan their sessions accordingly.

The teachers developed different integrated lesson plans and shared these with the team. They also executed their planned lessons and were provided with feedback for further improvement by the team members. By that time, there were 35 children enrolled in a class utilizing indigenous resource materials with two trained ECD facilitators and two volunteer mothers from the community who agreed to assist them. One of the teachers mentioned,

“I have never thought myself that important that I can contribute anything for my community. Now I am really proud of myself.”

The team from AKU – IED provided additional support to these teachers in addition to that given to the regular participants of the Certificate programme as their needs were different. It was an example of distinctive teaching in

which the special needs of children and teachers were kept up-front. A flexible and contextually relevant mode was taken with differentiated instruction and positive behavioral support which promoted the learning environment. This is what inclusive education promotes: providing quality education to everyone regardless of their gender, culture, color, special and additional needs, disabilities, and nationality. For a classroom to be truly inclusive, all students learn and participate effectively in the classroom, as opposed to just being accommodated.

References:

1. Afzal, R. (2010). Inclusive Education - Better Together. Nurture, February 2010. Issue No. VIII. Karachi, Sindh Education Foundation.
2. Aga Khan University – Institute for Educational Development. (2007). ECED Programme Evaluation Report. Karachi, AKU – IED.
3. Aga Khan University – Institute for Educational Development. (2007). National Curriculum – Certificate in Education – ECED. Karachi, Pakistan.
4. Aga Khan University – Institute for Educational Development. (2008). ECED Programme Evaluation Report. Karachi, AKU – IED.
5. UNESCO. (1994). The Salamanca Statement and Framework For Action On Special Needs Education: Access and Quality. Salamanca, Spain.
6. UNESCO. (2007). Education for All: Strong Foundations. France.
7. UNESCO. (2005). Getting All Children into School and Helping Them Learn. Final report on regional workshop on Inclusive education 2004. Bangkok, UNESCO.
8. McCain, M.N., & Mustard, J.F. (1999). Early years study: Reversing the real brain drain. Toronto, Ontario.
9. Professional Teachers Association Network (PTAN). (2000). Pakistan Association for Inclusive Education.
10. Young, M.E. (Ed) (2002). From early child development to human development: Investing in our children's future. Washington: The World Bank.

Developing Contextually Appropriate Materials for Rural Areas

By Ameena Batada, Sesame Workshop India

In India there are over 130 million preschool-aged children, yet only four in ten eligible children attend pre-primary schools, and fewer actually receive high quality educational experiences (Office of the Registrar General, 2001; UNESCO, 2007). It is widely accepted that high quality early childhood care and education (ECCE) must address the holistic developmental needs of each child within his/her specific context. At a broader level, quality ECCE is an instrument to guarantee children's rights and contribute positively to build a brighter future for them all. Only when barriers, both political and social, are overcome, thereby enabling young children to come together in quality ECCE settings, will a reasonable level of social inclusion be achieved. The building of inclusive environments that care for all children, irrespective of their physical or mental abilities or their socio-economic status, can only enhance the quality of pre-primary education. Moreover, building inclusive environments from the early years is critical to ensuring social justice and equity, which will go a long way to creating societies that are fair and humane (Jha, 2008). However, despite our understanding of the benefits of inclusive practices in ECCE there remains much work to be done in making ECCE universally available to all preschool aged children in India.

In an effort to reach

traditionally marginalized populations, Sesame Workshop (SW) worked on a project to develop contextually-appropriate early childhood education materials for children and caregivers in rural Jharkhand state in India. This article describes the approaches taken and lessons learned from this project.

Sesame Workshop India: Promoting more Inclusive ECCE and Society

Galli Galli Sim Sim (GGSS) is a multi-platform initiative that combines the power of television and educational outreach efforts to help children prepare better for school and life. It strives to promote more inclusive ECCE by providing educational and health

materials and programmes with broad appeal but at the same time recognizing diversity and addressing inequities. The initiative reaches a wide range of children through a television programme that is popular with all people in all socio-economic classes. Similarly, the initiative reaches out to and provides educational materials to diverse groups of children and caregivers. The GGSS educational materials are distributed to pre-primary centers through NGOs and/or government partners in six cities, thereby reaching and reflecting many cultural groups and realities. The materials are available in many local languages. In addition, each educational kit is multi-disciplinary, multi-sensory, and prepared at a level to maximize the developmental and contextual appropriateness of the materials for young children.

In 2009, Sesame Workshop (SW), the organization that develops GGSS, received support from the Sir Ratan Tata Trust to create and contextualize GGSS materials for a rural area of Khunti district in Jharkhand state. This was a very timely opportunity since it allowed for the development of materials for a specific rural audience with very different life situations from that experienced by many of the children already being reached. More importantly, the project was an opportunity to develop materials specially for rural Khunti children and caregivers, and also to include previously unshared

Children in Khunti, Jharkhand scribble on a blackboard as part of an exercise to build self-expression and pre-writing skills.



Ameena Batada/India

perspectives, contexts, and realities related to preparing these materials for use at a national level.

This article describes the needs and processes involved in developing ECCE materials, in the hope that the approach is replicable and of interest to researchers, content developers and personnel involved in ECCE.

The Jharkhand GGSS Project

The state of Jharkhand, carved out of the southern part of Bihar in 2000, is a predominantly rural state, with only 12 percent of the population living in urban areas and with 26 percent tribal population, which is the highest concentration in India (Directorate of Statistics and Evaluation, Ranchi, Jharkhand, 2006). The distribution of resources and the politics of development largely influence the socio-economic structures in Jharkhand. Challenges to the education system include: poor school environment, teacher absenteeism, high dropout rates among girls, and these are all coupled by the larger problem of poverty and political insurgency which directly impact on the safety of communities (Institute for Human Development, 2006). ECCE provided through the Integrated Child Development Services (ICDS) anganwadi centers, offers limited teaching-learning materials available for use in the classroom (SRTT, 2009). Child health indicators in the state also lag far behind the national averages where 47 percent of children are chronically undernourished, 78 percent of young children are anemic, and only 18 percent of children who are in need of treatment for diarrhea are given oral rehydration solution (IIPS, 2007). The need for education and health programming for young children in the state is great.

The purpose of the GGSS project in Jharkhand was to develop three educational kits similar to the Sesame Workshop's existing kits but contextually-appropriate and in the main local language for Khunti district, which is Mundari. Sesame Workshop's approach to developing educational material is a well-tested model, used in over 140 countries worldwide. In the Indian context, Sesame Workshop uses an adapted version of its model for material development and includes five steps: 1) familiarization visits; 2) concept testing; 3) material development/refinement; 4) formative testing; and 5) material revisions. The following section describes these steps in more detail.

1) Familiarization Visits

Sesame Workshop (SW) staff traveled to Khunti District to meet with anganwadi workers, children and local key resource people twice at the beginning of the project. The familiarization visits provided observations about the life and culture of people in Khunti. Two artists/photographers also participated



Children in Khunti, Jharkhand gather to read a flip book about animals.

on the second visit, during which the team was able to learn more about developing content and how to create the materials. The visits also allowed some of the children, teachers, and resource people to become familiar with the SW team.

2) Concept Testing

Staff from SW conducted concept testing with existing GGSS materials to understand what will appeal to children, what kinds of material should be produced, what elements of design/illustration need contextualizing, language appropriateness and ease of use of materials by the teachers. Discussions and a workshop were held with local stakeholders such as field NGO coordinators, community motivators and caregivers.

3) Material Development/Refinement

The next step was the development and contextualization of GGSS materials. Based on prior experience and what was learnt from the field visits, SW developed three kits in the areas of Health and Nutrition, Literacy and Language, and Science to address, in an holistic way, the needs across the domains of development, namely cognitive, language, socio-emotional and physical-motor. The content and creative teams worked in coordination to create a set of materials. A translator from Khunti proofread and vetted all the materials.

4) Formative Testing

As with all Sesame Workshop projects, the team undertook formative testing of the materials developed specially for Khunti children and caregivers. The purpose of formative testing in this case was to assess comprehension, appeal,

and ease of use of the materials. Observations and in-depth interviews with children and caregivers were used to help the team identify specific elements that posed a challenge and to identify potential solutions for addressing those challenges.

5) Material Revisions

Based on formative study results, the SW team worked with artists, designers, and the translator to revise the materials for Khunti District to make them clear and contextually-appropriate.

Lessons Learned

Through the Jharkhand GGSS project, SW has learned many lessons that will assist their teams and others planning to make ECCE and other materials more inclusive. For example:

- Whenever possible, create materials in the local language. Many people including anganwadi workers and ICDS officials have commented how great it is to see/receive pre-primary materials such as ours in their local language.
- Know the limitations of stand-alone printed materials that address the concerns of the community. For example, though drinking of local alcohol was found to be an issue that indirectly affected children in the anganwadi centres, the GGSS print materials could not be used to tackle this problem. This problem, being multi-dimensional needed to be addressed through multiple activities, including adult-focused intervention. Therefore, it was not appropriate or possible to use ECCE print materials on this issue.
- Take time to become familiar with the community and culture and make field visits, as these are

extremely critical for the content and presentation of the developed materials.

- Use locally-taken photographs where possible. For example, in our materials on nutrition, photos of local foods were taken which were more appropriate and better recognized than illustrations of non-local foods. Also, caregivers expressed an interest in photos that are familiar to the children as part of the kits.
- Keep the personal safety of the team and the local guides foremost when developing materials especially for centres in politically sensitive areas. We had to postpone two trips until safer periods were known.
- Use simple and concise caregiver instruction cards with illustrations rather than text-heavy caregiver booklets, especially for caregivers with limited literacy skills.
- Remember simple strategies to ensure the durability of material, like lamination of flash cards, instruction cards and game cards.

Next Steps

With materials that are language-specific and contextually-appropriate, SW hopes to be able to continue the project described in this article into the implementation phase, which would include training of teachers and an evaluation study.

Conclusion

Often, the most innovative ECCE teaching and learning materials are developed for large populations that are easy to reach or are written for a majority culture or in a majority language. By working with resource personnel, teachers, children, artists, translators and others, Sesame Workshop

developed and tested materials that are unique to a rural population that, hitherto, is mostly unreached and yet in great need. It is hoped that the process followed by SW is a replicable process for material development, particularly for very under-resourced and politically sensitive areas. In turn, SW can include concepts and materials from projects such as the Jharkhand GGSS project in materials to be developed elsewhere. With more such projects, it is hoped to promote a more inclusive ECCE experience for children throughout India so that children can grow up feeling and truly being part of a more inclusive society.

References:

1. Analysis of Quality Monitoring Indicators for Pre-School Centers (Anganwadi/Balwadi). (2009). Sir Ratan Tata Trust (SRTT): Mumbai.
2. Directorate of Statistics and Evaluation, Ranchi, Jharkhand. (2006). Jharkhand: A Statistical Profile – 2006. Retrieved April 8, 2010 from desjharkhand.nic.in/.../Statistical%20Profile%20of%20Jharkhand%20-2006/Statistical%20Profile%20of%20Jharkhand-2006.xls
3. Baseline Assessment Study of Learners' Achievement and Its Determinants: A Study of Khunti District. (2009). New Delhi: Institute for Human Development.
4. International Institute for International Sciences (IIPS). (2007). National Family Health Survey (NFHS-III): Jharkhand state data. Retrieved April 8, 2010 from <http://www.nfhsindia.org/factsheet.html>
5. Jha, M.M. (2008). School Without Walls Inclusive Education For All (2nd ed.). Delhi: Pearson Longman.
6. Office of Registrar General. (2001). 2000 Census of India data Summary Tables. Retrieved May 18, 2010 from <http://censusindia.gov>.
7. UNESCO. (2007). Education for All: Strong Foundations. Retrieved May 14, 2010, from <http://www.unesco.org/en/efareport/reports/2007-early-childhood/>

Challenges and Opportunities of Disabled and Ethnic Minority Children's Inclusion in Preschools

By Kamal Hossain and Mohammad Nazrul Islam, Save the Children



SUCCEED is an early childhood education and transition to school initiative developed by Save the Children USA - Bangladesh, and funded by USAID for a period of 5.5 years starting in 2005. The mission of SUCCEED is to bring innovation into the education system to enable all children, including those disadvantaged by poverty, gender, ethnicity and disability, to become successful learners.

A study was conducted by SUCCEED in 2009-2010 to identify the challenges and opportunities of participation for ethnic and disabled children in education and social activities. The four objectives were:

1. Identify ethnic and disabled children's opinion about preschool
2. Identify ethnic and disabled children's opinion about primary school
3. Identify teachers' opinion about ethnic and disabled children in school

4. Identify parents' opinion about their children in preschool and primary school

Design of the Study

The study was an explorative, qualitative study to ascertain the ethnic and disabled children's educational and social inclusion in SUCCEED catchments areas. A semi structured interview questionnaire was designed to collect the thoughts and views of the various groups regarding these issues. The questions guided the interviewer to seek for in-depth information whenever necessary by adding further open ended questions. Focus group discussions were conducted with parents and classroom observation was done.

Context of the Study

SUCCEED was designed to work through five thematic areas namely: ECD, early

primary education, education equity, advocacy and communication, and monitoring and research. The study focused on the education equity thematic area – a cross cutting issue focusing primarily on gender, ethnicity and disability.

Through the preschools, SUCCEED covered about 1450 disabled children and about 980 ethnic children. Also some 1195 disabled children and 900 ethnic children were mainstreamed into primary schools, including after-school intervention programs.

To identify children with disabilities and children of ethnic communities, a survey was conducted in the working communities. Community awareness initiatives were taken to ensure that all children especially the ethnic and disabled children were not left out. The school teachers and program staff purposively visited the houses of the children to get them enrolled in school and other community activities.

In Bangladesh, while gender parity in primary school enrollment has been achieved, challenges still remain for the 45 ethnic communities where 1.6 million children suffer from some form of disability, and where children of poverty are denied access to school. Bangladesh has to build a rights-based culture of equity and inclusion that prepares all girls and boys for societal changes, and for these reasons SUCCEED proactively addresses equity issues.

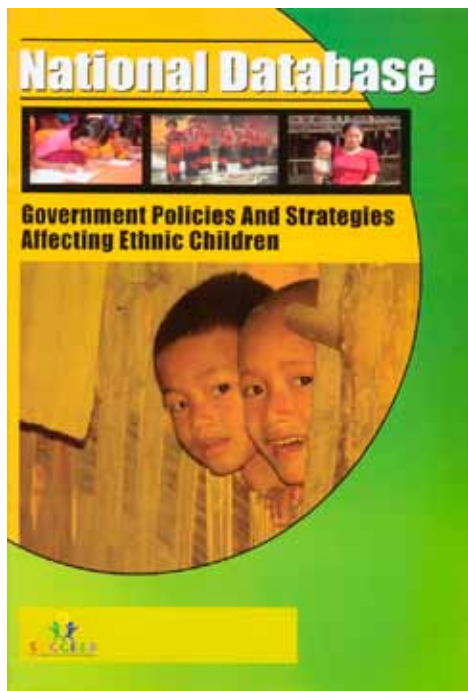
The Center for Services and Information on Disability estimates that 60 percent of children with disabilities could attend

SOUTH ASIA

formal primary school with little or no adaptation on the part of the school. A further 20 percent could attend a formal primary school with some adaptations. While the adequacy of specialized programs for children with special needs is unknown, there are some immediate steps that could be taken by SUCCEED to assure that the 80 percent who could benefit from education are granted opportunity. SUCCEED intends to gather information while simultaneously taking action to serve children (5-8 years old) with disabilities.

There are 45 ethnic communities who do not share a common culture or language. Currently, there are no government statistics regarding indigenous children in the formal education system, and no national strategy has been identified. Manzoor Ahmed et al. (2002) found a low enrollment and high drop-out rate among indigenous students. A BRAC University study found low self-esteem, poor relations with Bengali teachers and classmates, problems with Bengali as the language of instruction, as well as less spontaneity and less participation in extracurricular activities among indigenous students. In its regional hubs, SUCCEED identified opportunities to serve these children, recognizing that there is added potential value for them in early childhood and parenting programmes.

For the education equity thematic area of SUCCEED, different types of materials were produced which includes story books related to disability, gender and ethnicity. A national database on disability and ethnicity was produced containing existing laws and international conventions supporting the agenda and also a directory of education equity was published. Apart from these, a Home Management Guidebook for parents of disabled children and posters for awareness raising and identification were



developed, printed and disseminated.

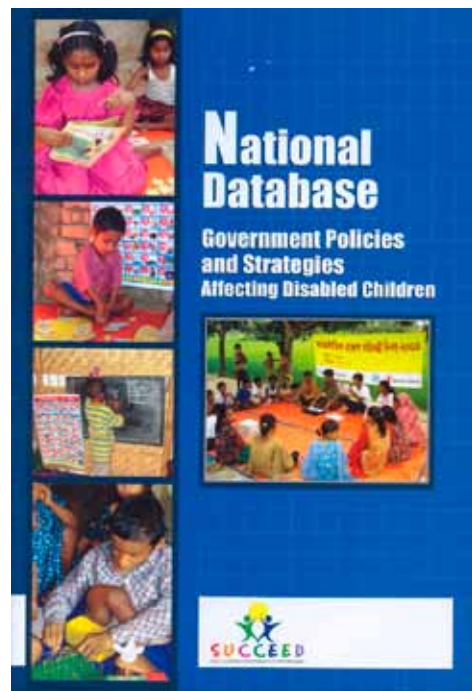
Setting

A sample was selected from the four regions of SUCCEED program including Village Education Resource Center - VERC (Dhaka); Friends in Village Development Bangladesh - FIVDB (Sylhet); Community Development center - CODEC (Barisal); and Jagorani Chakra Foundation - JCF (Jessore) for the disability study. For the ethnic minority study, the sample was taken from Sylhet and Barisal regions as these two areas had ethnic communities.

Sampling, Data Collection and Analysis

The respondents were selected from preschools, primary schools, parents responsible for their children's education, and local community leaders.

The children's selection was purposively done as there were not many available in each site. Lists of children of ethnic communities and children with disability participating in preschool and primary



school were collected. Subsequently the children, their parents and school teachers were chosen from these lists.

Face to face interviews were conducted with the children, their parents and teachers. Data were collected in places where the respondents could give adequate attention during the interview. The interview schedule and interviews were in Bengali. However, support was provided from local ethnic language speakers when needed. Confidentiality of data was maintained. The researchers verified the necessary data and information through cross checking with technical officers. Analyzing the collected data of interviews and theme was used to analyze focal group discussion responses.

Findings

Ethnic and disabled children's opinions about preschool:

1. Children from the different ethnic groups attend preschools in different areas of the country. There were preschools with mixed communities

and some that were exclusive with single ethnic community children. In most cases, a multi-lingual teacher was recruited to support the children of both communities. Also, some books were available based on local stories from ethnic communities. The results highlighted that the mixed groups posed problems for the teacher who had to constantly refer back and forth between the two languages causing interruption. However, during free play they interacted with each other using their own languages and seemed to get along well.

2. The children of the different ethnic groups enjoyed preschool as they have the opportunity to play with different toys and materials. They enjoyed listening to stories read by the teacher and drawing pictures. However, as they do not clearly understand the Bengali language,

they fall behind in their learning and became slow learners.

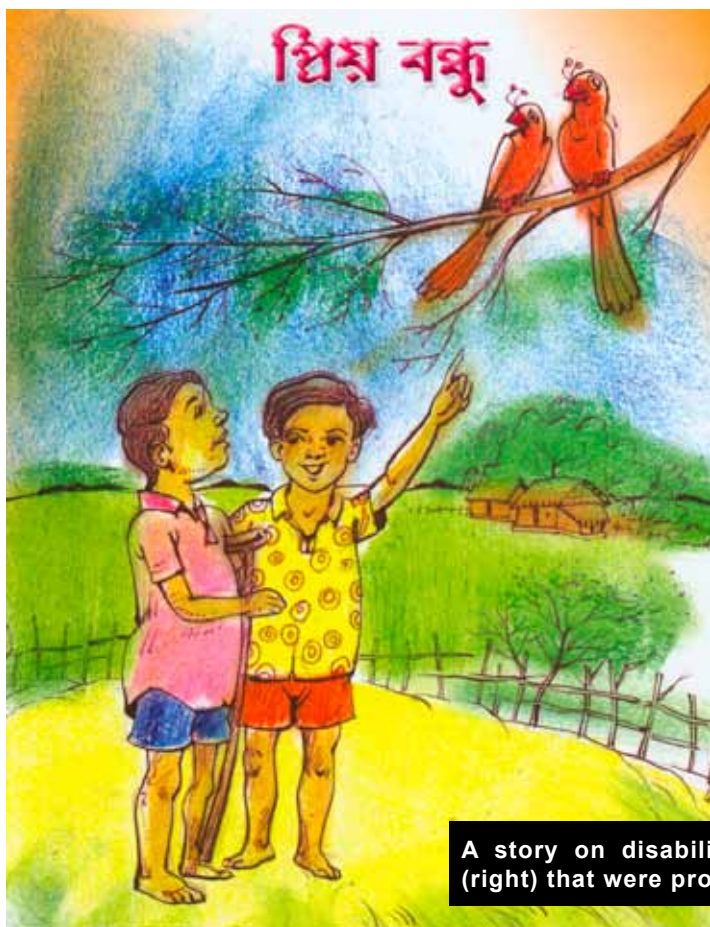
3. Most of the disabled children expressed that they liked to play with toys, however, many wished to sit next to the teachers as they thought that sitting closer might assist them in understanding the lessons. Most of the children voiced that they did not like it when the teacher yelled at them or punished them. Although the preschool teachers received some instructions on management of disabled children, but within the limited time available, it was difficult for them to give individual or special attention to the disabled children.

Teacher's Opinions About Ethnic and Disabled Children in School

1. In mixed classes, no teasing or behavioral discriminations were observed. Neither the Bengali nor

the ethnic children felt excluded or humiliated by name-calling. However, it was seen that the ethnic children preferred to make friends with other ethnic children while the Bengali children had Bengali friends. The children felt comfortable speaking in their own language and they preferred friends from the same group and community.

2. The children's performance in education and in social skills improved. Children are now more active in the preschool setting, friendly with other peers, their communication skills have improved and some of the children's speech has become clearer. Other non-disabled children helped disabled children to take part in education (bringing them from home; sitting next to them and helping them in class activities). The integration of disabled children into preschool has given the other children



A story on disability (left) and ethnicity (right) that were produced by SUCCEED.

an understanding of the children's abilities and so decreased their misconceptions. Also the teacher, explaining the facts and creating a congenial atmosphere in the classroom, supported cooperation among all children.

3. As preschools are the first educational opportunities for disabled children of the catchments areas, most of the disabled children's attendance in preschools became regular, however some were irregular due to distance or a particular child's physical condition. Children enjoy schools and their performance in preschools was good with very few students showing poor performance. For admission of disabled children in mainstream education, preschool teachers advocate with primary school teachers and community groups. Most of the preschool graduates were admitted into primary schools. The community awareness raising activities have supported opening of school admission for the disabled children. The visits by the preschool teachers and staff to the primary schools help explain the situation of the students and have encouraged the primary school teachers to support the disabled children in class.

Parents' Opinions About Their Children in Preschool and Primary School

1. All ethnic parents expressed their wish to let their children have the opportunity to study with Bengali children as it would help them to learn the Bengali language quickly. However, some ethnic parents thought that one assistant teacher who could speak the ethnic language would be very helpful for the ethnic children. Bengali, being the language

in mainstream education, was preferred by the parents over their own language. However, in the parenting sessions some of the parents commented on the importance of the child's first language in the early years, emphasizing the inclusion of a bi-lingual teacher in the class.

2. Parents were supportive of their children's education. They take their child to school, help them with their education at home and share opinions with teachers about lessons. Other parents were also aware about the education of disabled children. Data showed the other parents attitudes towards disabled children had significantly changed and they were willing to include them in social programs. The changes may be the outcome of the awareness activities carried out around issues related to disabilities. The role and responsibility of parents and community people were discussed in the parenting sessions. This information, coupled with the knowledge of child development that they learn through their parenting sessions, helped them realize that their children with disabilities can also learn. The activities directed toward changing community attitudes through community awareness programs about disabilities and empowering parents about their children's education positively influenced these families as well.

Recommendations and Conclusion

1. Disabled children's participation in education and in society requires developing a sense of belonging by the community, of acceptance and access to school and its policies. This requires more community awareness in creating an enabling environment for disabled children to become part

of the society.

2. For admission to primary school, school assistance groups (SAG) need to be aware of disabled children's attendance and participation. Preschool teachers, at the same time, should maintain a regular liaison with the primary school teachers so that all children are included during admission to school.
3. The opportunity to learn together has great advantages which start from making friendships, decreasing discrimination, building trust among communities and transmitting culture. This should be promoted by the teacher and community members.
4. To ensure participation of ethnic children in preschool there should be home visit to mobilize ethnic parents. Teachers need to be passionate and work towards supporting the children's struggle with language.
5. Primary school teacher's behavior should be friendly and encouraging so that the children do not feel out of place. Also they should be patient and supportive of the children so that they feel comfortable when interacting and benefiting from the learning process. Primary school teachers should also be given training on how to support children's learning as was done in preschools.

Reference:

1. Ahmed, Manzoor et al. (2002). Literacy in Bangladesh: Need for a new vision. Education Watch. Campaign for Popular Education.

Reaching the Unreached: A Story from Nepal

By Prem Krishna Aryal, Plan Nepal

Nepal, Itahari Municipality is a fast growing city in the eastern part of a country where recent developments have had a few positive but many negative repercussions on the lives of women and children. Numbers of 'cabin restaurants' have opened in the area in which many girls/women are able to seek employment. Most of these women and girls have migrated from the hills and other part of the country. Some of them are Bhutanese refugees and others are returnees from India. The cabin restaurant owners are able to easily attract them into providing a variety of services to the restaurant's clients/customers. Their main work is to 'entertain' their clients and also to provide sexual activities (Plan, 2009). They face many kinds of exploitation both from the clients and the owners of the cabin restaurants. Initially, they are forced to consume alcohol at the request of the clients so as to free them from any inhibitions they might have. As a result, they gradually become alcoholic and contract a number of different reproductive health problems such

as unwanted pregnancy, early pregnancy, sexual diseases, psychosocial trauma, become HIV positive, and in some cases, these health problems even led to death.

Many women are working in such conditions. Some of them also are caring for their very young (below six years of age), children who, because of the conditions under which they live, have totally lost their childhood. In such situations the mothers cannot provide proper care and nurture for them. Sometimes, some of the mothers abandon their child in the restaurant yard or even street. They also seek to leave the child in an orphanage home so that they could be free of the constraints of child rearing. Since, most of the children have no legal father, they miss the care or nurture that a father might provide.

The factors that are creating this problem are the normalization of the sex industry, and in some cases its legalization and decriminalization. In some cases the entry

of women into previously male dominated industries and professions, and the difficulty some men in business have in relating to women as equals have made the problem of childhood neglect even worse. The sex industry constitutes a serious obstacle to the achievement of women's equal opportunities in the business sectors. Women employees have less chance to create the relationships and opportunities that would enable them to gain promotion and recognition. Many have to suffer indignities visited upon them by male colleagues who return from sex industry venues (Women's Studies International Forum, 2010). Current literature indicates that the situation of women involved as adult service providers/adult sex providers is a very demeaning occupation with low morale, no social dignity, becoming victims of violence, having little to no family values or any obligation to accept social and cultural objections. We can only imagine a situation of early childhood development (ECD) where a young child belongs to the mother who is involved as a client service



Aliza Shrestha Durgana/Nepal

A Story of a Child Enrolled in the Center (personal communication, M.K. Rai, 18 May 2010)

Nimesh, a four-year-old boy, has a dream to become a police officer. Nimesh joined the Early Childhood Education and Development (ECED) center four months ago and he comes to the center regularly. At the beginning, he used to cry and did not want to attend the center and also seemed unhealthy. He used to breathe somewhat strangely and also did not speak to others. He used to come in the center carrying a blade, plastic gun, and iron-nail inside his pocket and always said “I will kill you all”. After experiencing the developmental programme conducted in the center, he started to enjoy being in the center. He now enjoys playing, singing and sharing his feelings with the facilitator. He also reads simple English and Nepali letters. He also said that “I like to attend the center and play instead of sitting at home where there are women/girls who drink alcohol and eat meat sitting with unknown men and teasing each other. Sometimes, police come and take them into their office, and also beat them very badly.” He also has realized that the people who come in the restaurant and drink alcohol a lot are not good people. He has also observed gang fights in his place so that is why he wants to be a police officer to control gang fighting in the future. The facilitator of the ECED center says that Nimesh now respects others, interacts with external visitors, participates in singing and introduces himself without any hesitation. Everyone is very happy with his progress. He is representative of the children of the cabin restaurant attendants.

provider. The child has got the tag of the child of ‘unwanted pregnancy’ right from the beginning of life. If his/her life started with this unwanted tag, how terrible this situation would be for the child to adjust the rest of his/her life.

In 38 cabin restaurants of the Itahari municipality, a total of 194 adolescent girls and women are currently working as adult service providers of which 61 are aged between 12-18 years and 118 are aged 19-25 years old. Fifteen adolescent girls aged between 12-18 years and 76 aged between 19-25 years are married. Most of the married girls/females either have a young child or unwanted pregnancy. It is unfortunate that most of the married girls/female have been abandoned by their husband (UPCA, 2010). The children of these abandoned mothers live in miserable situations as most of the time their mother is engage in providing services to the clients of the restaurants. The children have no opportunity to develop themselves and they often are compelled to hang around either on the street or restaurant yard. A survey report showed that a total of 30 children below six years were identified in very vulnerable situations (UPCA, 2009).

The Underprivileged Children Association (UPCA) Nepal, a non-governmental organization (NGO) and Plan Nepal, have jointly taken an initiative to establish one Early Childhood Education Development (ECED) center within the catchment area of the restaurants. This ECED center has become a great opportunity for the unreached or overlooked children to be

able to participate in and enjoy the benefits of a sound early childhood development program that is inclusive and caters to their special needs.

The government’s ECED program policy document strategically focuses on the marginalized and vulnerable groups of young children so that they might enjoy ECED services appropriate to their situations. The first objective of the government’s national plan of action on Education for All programme states: Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children (MOE, 2002). The government’s initiative at this point in time is concentrating on ethnic minority groups, geographically isolated groups and economically poor communities. Considering the objective for expanding ECED services to the most vulnerable and disadvantaged group of children and the government’s as yet inability to reach certain groups of children such as the one discussed here, the district based NGO–UPCA Nepal and Plan Nepal are conducting an ECED center for the children who are living with their mother who work as a restaurant client/customer service provider.

A total of 28 children of 3-5 years of age are enrolled in the center. Six children have already graduated from the center and moved on to formal school. There are still 18 children still attending the center, however, their regular daily attendance averages only 12-14 children. As a result of this initiative, the local government (municipality), the

District Education Office and some private sector restaurant owners have also become motivated to provide appropriate care and education services to these disadvantaged children and to ensure their access to the ECED center. The children’s mothers have also begun to be engaged in other profession such as tailoring, opening boutique shops, opening cosmetic shops and beauty parlors, tea shops and vegetable/fruit shops. Now, the children have an opportunity to stay and play with mothers as their mothers have their own small business. Similarly, mothers have an opportunity to be involved in productive work during the day time as their young children go to the ECED center.

The case study above describing the situation of the young children of the cabin restaurant adult service providers is but one example of how by providing an appropriate ECED service the children of the severely marginalized children can have hope for their futures. Such services represent the best of what we know as ‘inclusive’ services for all children for they reach the unreached.

Reference:

1. Ministry of Education (MOE). (2003). National plan of action for Education for All program 2001-2015. Kathmandu, Nepal.
2. Plan. (2009). Creating new future of cabin attendant girls/women living in Itahari municipality. Unpublished project proposal. Country Office Nepal.
3. The sex industry and sex business practice: An obstacle to women’s equality. Women’s Studies International Forum. Vol. 33, Issue 3, May-June 2010: 274-282.
4. UPCA. (2010). A situation assessment on cabin restaurant attendants/workers-adolescent girls and women of Itahari municipality. Unpublished report. UPCA Nepal.
5. UPCA. (2009). Base line survey. Unpublished report. UPCA Nepal.

Piloting an ECCD Project in Rural Savannakhet

By Celeste Orr, World Vision

There is mounting evidence to suggest, that investing in early childhood at an individual level through exposure to an Early Childhood Care and Development (ECCD) intervention, can overcome the cycle of poverty, thus leading to national development (Arnold, 2004). ECCD has therefore become increasingly popular in aid policy, as the benefits of early investment in children from resource-poor nations are potentially the greatest investment a country can make (Irwin, Siddiqi & Hertzman, 2007). In Lao PDR, which has some of the worst health and educational outcomes in the South-East Asian region, there is an urgent need to implement effective ECCD interventions (GoL, 2001).

This paper presents a community based ECCD project that was piloted in rural Savannakhet, Lao PDR during 2010 by World Vision. It outlines how an inclusive foundation for early childhood has been promoted through a participatory approach to delivery within the two communities where the project has been implemented. Firstly however, the socio-cultural context of the target population for the pilot project in rural Lao PDR will be discussed.

Socio - Cultural Context of the Rural Lao PDR Population

Lao PDR is a mountainous, landlocked country in Southeast Asia with a population of 5.7 million people; 39 percent of whom are under 15 years of age (WHO, 2008). For the past 20 years, Lao PDR has been moving towards a market-based economy and aiming to shed its “Least Developed Country” status by 2020 (GoL, 2001). The Government of Lao (GoL) PDR is administratively structured at the central, provincial, district and village levels (GoL, MoE, 2008). However, public services are often not responsive to the needs of communities due to the lack of financial and managerial capacities at all four levels of governance (Vialle-Valentin et al., 2008). Furthermore, providing an inclusive environment for vulnerable populations, such as rural women and children, is particularly challenging due to the authoritative culture, which promotes a typically top-down approach to decision-making.

Seventy-three percent of the Lao population resides in rural areas which typically



World Vision uses informational and educational materials to stimulate conversation around health, nutrition, education and parenting topics.

experience poor maternal and child health care, lower education levels, and poor access to public services, all of which contribute to the high incidence of poverty (WHO, 2008).

Lao PDR has an alarmingly high maternal mortality rate with 405 deaths/100,000 live births, with 85 percent of Lao women delivering at home due to poor access to health services (GoL, MoH, 2009). Children under five years also experience a high mortality rate with 98 deaths per 1000 live births, or 36 deaths per day, which are largely of a preventable nature (GoL, MoH, 2009). Forty percent of Laotian children under five years (CU5) suffer from chronic malnutrition, which is one of the highest rates in the world (WFP, 2007). Although 84 percent of children are currently enrolled in primary school, just 28 percent are enrolled in secondary school, and the adult literacy rate is only 53 percent (GoL, MoE, 2008). With these disturbing health and educational statistics, and the increasing evidence of the benefits that early investment in children can contribute in resource poor nations, there is an urgent need to implement effective ECCD interventions in Lao PDR. Such interventions need to promote an inclusive

environment in order to improve the health and educational statistics, and ultimately to curb the intergenerational cycle of poverty, which is particularly evident amongst the rural populations of Lao PDR.

World Vision Lao PDR (WVL) ECCD Pilot Project

World Vision Laos has identified ECCD as a priority in order to improve child well-being outcomes in Lao PDR. Thus, it has implemented a pilot project in two rural villages in Xonnabuly District, Savannakhet Province during 2010. Twelve percent of the 51,500 people in Xonnabuly are CU5 who suffer from a high rate of malnutrition (51 percent), with 72 percent of all households experiencing food insecurity at some stage during the past 12 months. Just 61 percent of children are enrolled in primary school, 6 percent of whom are fully immunized, and 15 percent of households have access to a latrine (WVL, 2009).

Targeting prenatal women and CU5 children, the community based project uses IEC (information, education and communication) materials and a participatory approach to stimulate family conversation around health,

SOUTHEAST AND EAST ASIA

nutrition, education and parenting topics. District and village leaders received training on facilitating the interactive sessions, which are delivered to pregnant women, lactating mothers, mothers with CU5 children, fathers, caregivers, traditional birth attendants (TBAs) and village health workers (VHWs). Approximately 20 adults from each village are exposed to eight sessions in total over a period of ten months. These sessions aim to raise awareness and motivate behavior change to ultimately improve child well-being outcomes. Each session is typically three hours in length and addresses three topics relevant to a specific age period as indicated in the following table.

Visit	Age	Topic
1	Prenatal	Family Planning, Antenatal Care, Maternal Nutrition
2	0-3 months	Immunization, Disease Prevention, Exclusive Breastfeeding
3	4-6 months	Growth Monitoring, Loving and Affection, Early Stimulation
4	7-12 months	Play, Bath and Rest, Complimentary Feeding
5	1-2 years	Diarrhoea Management, Oral Hygiene, Intestinal Worms
6	2-3 years	Language Development, Safety, Stimulating New Skills
7	3-4 years	Support for Early Childhood, Disability, Fine Motor Skills,
8	4-5 years	Preparing to Read and Write, Peace, Preparing for School

Promoting an Inclusive Environment

The WVLE ECCD project has successfully been able to promote an inclusive foundation for early childhood by focusing upon vulnerable communities including the rural poor, ethnic minorities, pregnant women and CU5 children. The project has been implemented in selected target villages that have limited access to services, ethnic diversity and poor maternal and child well-being outcomes. Encouraging the active participation of community stakeholders in all aspects of the decision-making process, including planning, implementing, monitoring and evaluating, has resulted in empowering these vulnerable communities to ultimately improve their current situation.

Building the capacity of local community leaders has contributed to developing a more inclusive learning environment for both rural families and children alike. The participatory approach of the ECCD project has been

further enhanced by using culturally relevant pictures, developing effective facilitation skills of WVLE staff, counterparts and village leaders, and involving the community when deciding upon topics that are most useful to their daily lives. When participants from the pilot villages were asked if the ECCD workshops were relevant to their daily lives, they gave very positive feedback, such as:

"It's important for us to share experiences and to gather together like this." (Mother)

"Normally we just focus on food and work; we don't normally discuss such things. But now we must discuss with each other why

that baby is so healthy, and what do they do to learn." (Mother)

The WVLE ECCD project has also been able to facilitate the involvement of various sectors, including health, education, water and sanitation, agriculture and rural development, and all of them have strengthened the ability of the project to reach these vulnerable communities. This collaboration has been fostered through constant dialogue and active contributions to all phases of the project cycle at the national, provincial, district and village levels of operation. This approach has been able to link numerous sectors that are vital to improving maternal and child development outcomes by effectively putting children at the forefront of sectoral policies. This approach will ideally result in such sectors having a greater understanding of how to promote an inclusive environment for vulnerable populations so as to overcome the many challenges that face the children

in their community.

Thus in summary, the involvement of all stakeholders in the WVLE ECCD project has the potential to maximise benefits to vulnerable communities of Lao PDR. With a large percentage of the population under the age of 15 years and living in rural areas with poor access to public services, there is an urgent need to invest in early childhood development and services to overcome the continuous cycle of poverty. Furthermore, promoting an inclusive foundation for early childhood through community-based projects that target the rural poor, ethnic minorities, pregnant women and CU5 children can result in long lasting effects that will ultimately improve the current situation in rural Lao PDR.



UNICEF/Lao PDR

References:

1. Arnold, C. (2004). Positioning ECCD in the 21st century. Coordinators Notebook: An International Resource for Early Childhood Development. 28: 1-34.
2. Government of Lao PDR (GoL). (2001). National Growth and Poverty Eradication Strategy.
3. Government of Lao PDR Ministry of Education (GoL, MoE). (2008). Education for All: Mid-Decade Assessment.
4. Government of Lao PDR Ministry of Health (GoL, MoH). (2009). Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services 2009 – 2015.
5. Irwin, L.G., Siddiqi, A. & Hertzman, C. (2007). WHO's Commission on Social Determinants of Health. Early Child Development: A Powerful Equalizer, Final Report. June.
6. Vialle-Valentin, C.E., Ross-Degnan, D., Ntaganira, J. & Wagner, A.K. (2008). Medicines coverage and community-based health insurance in low-income countries. Health Research Policy and Systems. 6: 1-11.
7. World Health Organization. (2008). Lao PDR: Country context.
8. World Food Program (WFP). (2007). Assistance to food insecure households affected by multiple livelihood shocks. World Vision Lao PDR (WVLE). (2009). Transformational Development Indicator (TDI) Report: Xonnabuly Area Development Program, Xonnabuly District, Savannakhet Province.

A School and Community Anti-bullying Programme

By Danu Wibowo, Sekolahku MySchool

Sekolahku MySchool (SMS) is an early childhood integrated educational center in Yogyakarta, Indonesia that needs an anti-bullying programme to protect the social and educational rights of children who have been denied access to a mainstream educational facility because of intellectual or physical impairment.

The SMS center provides space and time for children, aged one to ten years, regardless of differences in languages, dialects, abilities, needs, cultures, religions and competencies to learn together about their world. Teachers at SMS build a positive learning atmosphere with children, parents and the community through open communication, democratic principles and acceptance of new and different ideas. Community members teach children about developing fish farms and rice paddies, growing fruits and vegetables and making handicrafts, while children are encouraged to explore and grow together in tolerance, compassion and harmony.

Sekolahku MySchool is influenced by the socio-cultural model of Early Childhood Care and Development (ECCD) as theorized by Vygotsky (1962) and developed and tested by the school's Early Childhood Advisor (Shore, 2000). Sekolahku MySchool is situated between two very poor communities where there is little understanding of early childhood education and where violence toward children is still prevalent.

The Anti-Bullying programme comprises 24 activities, e.g. Making Rules Together, Alike or Different, Feelings, and Is it Bullying or Teasing? The programme, implemented over a 12-month period, now reaches 50 boys, 25 girls, 210 early childhood teachers and 500 potential early childhood teachers in Indonesia, and an international audience of 2000.

The programme's focus is preventive as well as remedial. The main objective is to provide all children with strategies to prevent them from becoming bullies or victims of bullying themselves. The second objective is for all children, teachers, parents

and the community to develop tolerance and understanding of others regardless of differences; while the third objective is for children to develop a strong sense of self-esteem.

There are countless documented cases across Indonesia of victims of bullying who are aged five years and above, being humiliated and dropping out of school, or committing suicide from fear or embarrassment about school related issues. When implemented consistently, the Anti-Bullying Programme can reduce the number of these cases and increase the number of children staying in school because first, they feel safe; second, they relax and enjoy learning; third, they have friends; and fourth, they gain a sense of personal power and control over their environment.

Results have been evidenced from five sources:

1. Video and photographic recordings of the planned activities;
2. Teachers' daily records that documented children's interactions with others;
3. Children's verbal or illustrated records of bullying incidents;
4. Parental comments on children's behaviour with siblings in the home;
5. Formal discussions with community members.

And showed:

1. Minimal or no incidents of bullying, intimidation or rejection of underprivileged, special needs, or minority race, religion or cultural groups.

2. Children developing the ability to solve social and personal problems independently without becoming aggressive.
3. A positive enthusiastic learning atmosphere that is appreciated by parents and visitors alike.
4. Parental demand for their children to attend Sekolahku MySchool.
5. Continued community participation with members unable to identify the unreached, intellectually impaired children in the programme.

All observations and recordings were analyzed according to the definition of bullying as "acts of violence or intimidation towards a specific child on a regular basis". Video recordings of the activities and incidental observations were made by the teachers who recorded children's language or behavior that could be directly attributed to the program. Surveys determined if parents chose Sekolahku MySchool for their child's education because of the location, cost, program or reputation, while a five-point scale from "not at all" to "extremely satisfied" determined how satisfied parents were with their choice of school.

Formal meetings with community elders verified how worthwhile the program was. Findings were documented and presented to other schools and organizations in Java. Research on "Developing a Positive Classroom Climate", and "Teacher Effectiveness in Reducing Bullying Behavior" was conducted with students from the University of Gadjah Mada in Yogyakarta.

This programme can serve as an inspiring model of effective classroom management, of developing children's abilities to defend themselves non-violently, of building each child's self-concept, and of developing effective community participation. Implementing this programme is not just one lesson every other week but one continuing lesson that provides the impetus and atmosphere for all other learning activities to follow.

References:

1. Shore, M. (2000). Developing a common understanding and a mutual meeting structure of early childhood practices between trainees and educators and children in child care settings. Unpublished thesis. University of Queensland, Australia.
2. Vygotsky, L. S. (1962). Thought and Language. Cambridge, MA: MIT Press.



Teamwork activities at Sekolahku MySchool in Yogyakarta, Indonesia

Reaching the Unreached through Supervised Neighborhood Play

By Beverly Sevileno-Bicaldo, Plan Philippines

The importance of Early Childhood Care and Development (ECCD) is something that we cannot ignore. There have been countless local and global studies conducted reporting the advantages of having a properly implemented, comprehensive programme for younger children. But the persistent challenge has been the question of how to effectively provide all the necessary services to children below six years old, especially to those who are residing in remote areas and areas hardly reached by developmental programmes and services. One prominent case in point is the delivery of preschool services to young children.

A good approach is by bridging the physical distance for children to gain access to preschool services, which could be done by bringing the service closer to them through Supervised Neighborhood Play (SNP), conceptualized and initiated by the Philippines Department of Social Welfare and Development (DSWD) several years ago.

SNP is a form of home-based ECCD for children three to five years old who cannot access center based programmes such as day care services. During an SNP session, children are provided with early childhood activities through a variety of play activities, guided exercises and other learning opportunities by trained Child Development Workers (CDW) and/or parent volunteers under the supervision of a social worker.

Plan Philippines, upon learning about this programme, did not think twice in trying it out in areas where it operates. The intent was to use it as an alternative programme to ensure that all young children are given access to appropriate preschool experience.

In Plan areas, SNP is managed by the local community wherein parent volunteers (with children below five years old) are strongly encouraged to participate and group together in order to provide opportunities for children to socialize and learn through play. Child Development Workers utilize indigenous toys that can be easily made from materials readily available around the community to facilitate activities that will help promote holistic development of the child.

To ensure smooth implementation of SNP,

with the help of the government and other early childhood experts, Plan Philippines developed a comprehensive ladderized training package to equip the parent volunteers with the appropriate skills in running the programme in the community. Among the trainings provided were the following:

- Principles of child development
- Temperaments of children
- Discipline/setting limits with love
- Play and its importance
- Curriculum planning
- Indigenous toy production
- Storytelling
- Connecting with families and communities
- Using developmental checklist
- First aid and other topics as the need arises

Part of the capacity building efforts was the practicum for the trainees with appropriate mentoring. After the parent volunteers have undergone all this training then they can be called Child Development Workers or SNP facilitators.

Apart from the capacity building and other educational materials to jumpstart the programme, additional support extended by Plan was their efforts to prepare the local communities for the programme. It was done through engaging community leaders together with the parents, so that the programme would not just be considered as if it was Plan's alone, but that of the different stakeholders in the community.

In this way, the communities are empowered to eventually run the programme by themselves with minimal support from Plan. The social preparations are treated as mechanism to inform the community stakeholders of the importance of ECCD as part of the basic rights of children.

Since the time it was first introduced by Plan Philippines where six sites in five selected communities in 2003 were established, Plan has now established more than 250 sites with nearly 300 trained Child Development Worker volunteers, reaching out to over three thousand 2 to 5 years old children a year. Not included in the count are the areas wherein the program has already become

totally autonomous from Plan's support.

Like any other programme, SNP's implementation has had its share of challenges, and initial steps to evaluate the programme, in terms of its effectiveness and impact to beneficiaries, are currently underway.

Some of the challenges in the implementation of the programme are:

1. Local government in the community is not providing sufficient budget to implement the program. In some areas there is no support at all because it is not their priority.
2. Some of the trained Child Development Workers (CDWs) are "co-terminus" with the present local government, thus if the current local politicians are no longer in a position of power, the chances are that the succeeding local politicians will no longer retain those who were trained.
3. Some trained CDWs leave the community for better job opportunities.
4. Even if CDWs are volunteers in the community, a minimal allowance should be provided to them to be used for the materials needed to facilitate the sessions. However, these allowances would be meager compared to the work that they do. In some other areas, CDWs do not receive any allowance for doing it. But it is also good to note that in some areas, the parents in the community are the ones who contribute and share the cost of the sessions.
5. There are parents in the community who do not appreciate the program and they would rather not send their children to SNP sessions because some of them think that it is just a waste of time to bring their children to the session when all they do is play (parents have this ideal that bringing children to these kind of activities should teach them how to write and read right away). They have not seen the value of play as a way for children to learn concepts that will lead to them learning how to read and write, and that play is actually fundamental to their development. Clearly, there is a need to spread the message to some parents about the importance of early childhood education.
6. Originally SNP was conceptualized to

Case Story by Boots Rebeuno

Angelica (not her real name) is a child born with no left arm and undeveloped right arm. She dreams of going to school hoping she could learn to read and write and have as many playmates as she could.

“My mother told me that I will go to school soon, but the day care center is too far! How will I go there? Who will carry my bag? What if it rains? There are many dogs along the way, what if I get lost?”

The village day care center is almost an hour’s walk from the street where Angelica lives. The center could only accommodate a limited number of children and mostly were already from that village where the day care center is located. Thus, for Angelica and the rest of the children who live in the remote areas, day care was a dream until Supervised Neighborhood Play (SNP) came along.

Immediately after SNP volunteers were trained, two classes were held each day to accommodate the children. Angelica of course took this chance to take part in the program.

“My mother was right! I am really going to school but I will no longer walk so far because the playgroup will be held near our house! I will learn how to write just like my five sisters! I will have many playmates too! I am very happy. Although I cannot use my hands, I am able to use my feet to color and write letters. I know that I can learn how to write my name. But for now, I will play and play and play.”

Play and learn she did. Now, Angelica is 10 years old and is currently a grade 2 student in the public elementary school. She got the second highest overall mark in class when she finished grade 1.



Angelica when she was six years old and using her feet to color and write letters.

Laila Carascal/Plan Philippines



Angelica, now ten years old, with her eldest and youngest sisters.

Laila Carascal/Plan Philippines

be mobile, but it is difficult sometimes for CDWs and children not to have a specific area, especially when it rains. Some of their materials are destroyed and it is unsafe for children. So, the idea of being a mobile mode of early childhood education evolved – now, most have makeshift areas/temporary centers for holding their sessions.

After eight years of implementation, Plan Philippines has just recently come up with an SNP manual that documents its experience in implementing the programme. The purpose of the manual is to facilitate the upscaling of the program in partner areas. Currently, the manual is being pilot-tested ahead of plans to finalize it by 2011.

Whatever the small success stories contributed by SNP in Plan's partner communities, everything would have not been possible without the perseverance of the child development workers who tirelessly devote their time and energy to provide children in their areas with the early education experience they need.



Child Development Workers (CDWs) and children during a Supervised Neighborhood Play session.

No More Deprived, Excluded Children with Supervised Neighborhood Play

By Ruth Ignacio and Mark Anthony Malonzo, ChildFund International

The period from birth to five years is the most critical time of development in a child's life. Yet the vast majority of children in the Philippines enter primary school without formal early childhood education. This is because there are not enough center-based institutions such as Day Care Centers and Rural Improvement Club's Children's Centers. Home-based Early Childhood Care and Development (ECCD) programmes including the neighborhood-based play groups, family day care programmes, parent education and home visiting programmes, have been promoted as alternatives.

ChildFund is an international child development and protection organization. It is a charitable organization dedicated to assisting children worldwide and operates in 31 countries, working with over 15 million children globally. ChildFund has been operating in the Philippines since 1971.

ChildFund helps deprived, excluded, and vulnerable children become young adults, parents and leaders who bring lasting and positive changes to their communities. ChildFund believes that ECCD plays a vital

role in achieving this objective because early childhood is the foundation and a very crucial stage in every individual's development.

Prior to ChildFund's intervention in ReINa (Real, Infanta and Nacar), Philippines, local communities had no in-depth knowledge of the importance of ECCD and the specific roles of the different sectors of the community in its implementation. A needs assessment conducted by ChildFund identified barriers in the full establishment of an ECCD system in ReINa. One of this is poor access to ECCD services for children, particularly those living in remote areas. In fact, according to the needs assessment, only 35 percent of the total population aged 0-5 years have access to center-based programmes. As most children are not able to attend formal early education, this can result in poor school performance.

ChildFund has helped in popularizing the Supervised Neighborhood Play (a programme initiated by the national government) in order to increase the rate of ECCD services accessibility. Supervised Neighborhood Play (SNP) is an alternative

and home-based programme which is made available to every child who cannot attend day care services. It is conducted by Parent Volunteers (PV) or Child Development Workers (CDW) who attended a series of training sessions and seminars. In SNP, children aged two to five enhance their skills in social awareness by interacting with other children of the same age. The activities in SNP sessions are designed to be holistic according to the child's developmental milestones in order to prepare them for when they step into "big schools". The SNP activities usually comprise of storytelling, pencil-and-paper activities, and free play. In ReINa, there are 23 trained CDWs who are functional in 2010 (PVs who assist during SNP sessions are not included in the figures). Just under 300 children attend SNP sessions regularly. The sense of volunteerism in the CDWs creates a tremendous contribution to the development and improvement of literacy for every child in ReINa. Although CDWs are generally not remunerated for their involvement in SNP, the knowledge they acquire is very important, particularly for those who did not have the opportunity to finish their studies.

Meet SNP Volunteer Delia Tabianan. As one of the CDWs, she shared that the feeling of being looked up to by children in the SNP program motivates her to continue what she is doing more.

Mrs. Delia Tabianan has been involved as a parent volunteer since ChildFund brought ECCD programmes and services to the area in 2005. One of her living testimonies is her daughter who was one of the children in her Supervised Neighborhood Play session.

Her daughter, Miriam Luisa, benefited from the SNP project spearheaded by ChildFund in ReINa, Philippines, in a remote fishing village facing the Pacific Ocean. She is now attending grade 1 in a public elementary school. She is now six and enrolled under ChildFund's sponsorship programme.

Miriam's SNP experience is memorable and fruitful. She said, "In my mother's SNP session, I gained many friends and playmates. I also learned to draw, read, count and write; that is why at the age of four, I, myself, wrote letters to my sponsor."

Miriam said, "I would like to thank my mother for taking good care of me since my childhood." She is also very proud of her mother for being her first real teacher and for being a teacher for two other children in their neighborhood.

Miriam is currently in the top seven in her class. According to her teacher-adviser, she is a kind and studious pupil. Also, she is very confident and easily copes with her lessons. Her teacher adds that she can associate the child's readiness to school to her experience before she entered grade 1 as she also observed the same traits among her other pupils who attended SNP sessions.



Delia Tabianan, a Child Development Worker, teaching in a SNP session.

ChildFund International/ Philippines



A Supervised Neighborhood Play site in the Philippines.

ChildFund International/ Philippines

Community Participation: A Case of Ethnic Minority Children in Vietnam

By To To Tam, Save the Children

Children should learn from what is familiar to them. However, it is not the case for most ethnic minority children in Vietnam whose first language is not the language of the classroom. On arrival at preschool, ethnic minority children, who used to be cuddled in their mother tongue environment, find themselves surrounded by an unfamiliar national language with a strange teacher and learning materials. They feel scared and shy, and they hardly understand anything in such an unfriendly environment.

The Vietnamese government has tried to include these ethnic minority children into the mainstream education system by providing preschool facilities, curriculum, teaching and learning materials. There are very few preschool teachers who come from these minorities because only a small number of minority students could do well enough in school to be qualified to become a teacher. All the teaching and learning materials are in Vietnamese language, designed mainly for the Kinh majority culture. Ethnic minority children have great difficulty learning in a culture that is not familiar to them and in a language they do not understand. Because of these cultural problems they are excluded from mainstream education.

Since 2007, Save the Children has worked with the communities of Dao, San Chi, Hmong and Thai ethnic groups to pilot a programme for these ethnic minority children. The programme has, as central to it, the practice of having local ethnic minority women supporting the main Kinh teacher in using the children's mother tongue. These women are selected by the community and trained to work as teaching assistants to the qualified teachers. The teaching assistant delivers most of the lesson in the children's first language while the main teacher designs the whole lesson and introduces key Vietnamese terms for the learning points being taught. In this way, children learn new concepts in a language that they can understand, and they learn words in Vietnamese, thereby gradually learning more and more Vietnamese language. The teaching assistants get very minimum remuneration but their contribution is fully recognized and appreciated by the

community leaders and people. In schools, teaching assistants are considered as part of the school's formal staff and in the community they are called "teacher", which makes them feel very proud. The work of the teacher is highly appreciated and respected by all communities in Vietnam and the teaching assistants know that what they are doing is supporting the children of their own community. With the presence of teaching



bridge" to learn new things.

That message has been transmitted to the community through different meetings with local groups, village heads and parents. As a result, the community actively participates in the integration of their local cultures into their preschool curriculum. The lesson content in the first language becomes closer to the children's environment. For example, a theme on "plants around you" will focus more on plants grown in the local area, such as rice, maize or jackfruit trees, and a theme on "holiday and festivals" will focus more on popular festivals in the community and so on. Some learning materials, such as local stories, folk songs, riddles, cultural activities, and wisdom are developed by the community. Children appear to enjoy these learning activities.

Parents and community members are also actively involved in making teaching aids and decorating the culture corner in the classrooms. They contribute local materials and make toys from bamboo or natural products, such as pan-pipes from local leaves and mini local costumes from cloth. They sometimes come to the classroom to tell children how to prepare local cuisine, make musical instruments or working tools. By doing these activities, the communities feel that their language and culture are preserved.

assistants in the classroom, children can express their feelings and thoughts in their mother tongue, which they are incapable of doing in the national language. They now feel safer and happier and more confident in learning because both the teacher and teaching assistant are closer to them and can understand them.

The programme also pays great attention to supporting the community's participation in preserving and promoting their local language and culture through the younger generations. From both an educational and cultural point of view, children should know about their home environment. By understanding and respecting their home environment, they can make a "learning

What makes the community participation noteworthy in this programme is the fact that the community helps support the building of children's knowledge and language foundation in their mother tongue, which is an effective way of improving the quality of their learning and engaging them in mainstream education. The integration of the local culture into children's learning activities has also helped children understand and respect their rich cultural heritage. They gain self-confidence and feel more equal to other major ethnic groups. In other words, both community and children are empowered to actively engage in their learning path for their bright future.

Developing and Implementing an Inclusive Early Childhood Curriculum Guideline

By Unaisi Vasu Tuivaga, Fiji Early Childhood Association

There are many challenges facing inclusion in Fiji because of its multicultural population with diverse needs. Many of the early childhood centers have mixed enrollments, with children attending from different racial backgrounds. Teachers and center management committees are encouraged to accept all children into their programmes irrespective of their special developmental or learning needs, gender, ethnicity, religion or economic circumstances. This practice is clearly stated in Fiji's first ever National Early Childhood Curriculum Guidelines, "Na Noda Mataniciva: Kindergarten Curriculum Guidelines for the Fiji Islands".

The Fijian title "Na Noda Mataniciva" means "Our Pearls", reflecting the concept that young children are our pearls and needs to be treasured, highly valued and nurtured with great care. "Hamare Moti" has the same connotation in the Hindi language. From the beginning, the curriculum writing team tried to make this curriculum as inclusive as possible. For this purpose, relevant officers from the special education section of the Ministry of Education as well as the Ministry of Health were involved in the development of the curriculum. It also included early childhood educators and other stakeholders.

This initiative was funded by the Pacific Regional Initiatives for the Delivery of Basic Education Project (PRIDE), an EU and NZAID initiative, with the support of the Fiji Education Sector Programme (FESP), an Australian Government (AusAID) initiative. Additionally, the Fiji Ministry of Education coordinated the writing and development of the curriculum guidelines under the guidance of Dr. Glen Palmer, and her local counterpart, Mrs. Ruci Kididromo.

Inclusiveness is one of the five guiding principles that is listed in the curriculum guidelines. When developing programmes in early childhood, one has to look at the different levels of needs of children and plan according to those needs. Teachers are always encouraged to cater for individual needs and ensure that these needs are met. Activities and materials provided are not only developmentally but culturally appropriate as well. An understanding of multicultural diversity is to be embedded in songs, stories, dress-up clothes, food, cultural festivals, musical instruments and

the like. All these unique differences are to be highlighted early and there is no better time than with young children and their families. Furthermore, there are now three official languages in the country - English, Fijian and Hindi, and this is clearly reflected in the curriculum guidelines.

Inclusion is practiced in Fiji where children with special needs are welcomed and enrolled into preschool, kindergartens, primary, secondary as well as tertiary institutions. Kindergarten, primary and secondary teacher-trainee college students take special education components as part of their training curriculum. For example, the Certificate in Early Childhood programme at the University of the South Pacific has a unit on Working with Special Needs Children. This ensures that all college graduates are conversant with teaching children with special needs should they happen to have them enrolled in their class(es).

From the outset, the curriculum guidelines does not include the content of what is to be taught but rather the outcomes to be achieved. It is the responsibility of the early childhood teachers to contextualize the outcomes to their local situations and the resources that are available in their communities.

The curriculum guidelines took approximately two years to complete. After finishing the first draft, the team of writers conducted a number workshops for teachers on the Western side of our main island to get feedback on the written materials. These teachers were then sent out to pilot the guidelines in their own preschools and kindergartens. At the same time, the writers and selected trainers conducted awareness workshops for stakeholders, which included kindergarten committee members, head teachers of primary schools, and community civil servants such as police officers, administration officers, health workers and parents around the Western side. The writers also selected teachers and trainers from kindergarten and lower primary school to try out the materials.

From all the feedback received, the writers then painstakingly revised the different sections of the curriculum guidelines over a series of writing workshops and the second

draft came into being.

The second draft was later used by the selected trainers for community awareness workshops in other parts of the country. Early childhood and class one teachers were also brought in from the outlying islands of the country. There were a lot of enthusiasm as the trainers and workshop participants ventured out to spread the gospel of this exciting project. Visits were also made by the consultant and her local counterpart to the "trial" kindergartens where many positive changes to the programme and infrastructure were witnessed. There were many stories of good early childhood practices being seen in many centers.

After several revisions, the final draft finally emerged. The "Na Noda Mataniciva: Kindergarten Curriculum Guidelines for the Fiji Islands" was finally launched on 3 December 2009 amid great celebrations.

Included in the curriculum guidelines package is a resource book, song book and CD, a book on working with parents and families, and a DVD titled, "Learn Through Play the Fiji Way".

The curriculum guidelines is divided into three parts:

Part A

Chapter One: Introduction
Chapter Two: Beliefs, Values and Principles
Chapter Three: The Curriculum Framework

Part B (Content of the Curriculum)

Chapter Four: Foundation Areas of Learning and Development (FALD)

- Physical Development, Health and Well-Being
- Learning to Know
- Language, Literacy and Communication
- Living and Learning Together
- Aesthetics, Creativity and the Arts
- Spiritual and Moral Development

Part C (Applying the Curriculum)

Chapter Five: Relationships
Chapter Six: Learning Environments
Chapter Seven: Managing Learning

Punana Leo: An Indigenous ECE Program in Hawaii

By B. Noelani Iokepa-Guerrero, University of Hawaii at Hilo

The curriculum guidelines are being distributed to all recognized preschools and/or kindergartens throughout the Fiji Islands from the beginning of 2010. The challenge now is the monitoring of how these packages are being utilized in over 600 early childhood centers in the country with only one early childhood officer in the Ministry of Education. This is where the Fiji Early Childhood Association will play a complementary role. With 13 branches operating throughout the country, professional development workshops are being conducted by the trainers during branch meetings in an attempt to assist teachers in the effective implementation of the curriculum guidelines. Moreover, at the national biennial conference of the Association in December 2010, a majority of the conference workshops will focus on the different areas and sections of the curriculum guidelines. This should help tease out any misconception about the curriculum guidelines. Further, it is envisaged that by the beginning of the second year of its implementation, our teachers would be fully informed and conversant in the use of the curriculum guidelines.

We believe that inclusive education for all children in Fiji is now being further reinforced with the implementation of “Na Noda Mataniciva: Kindergarten Curriculum Guidelines for the Fiji Islands.”



Beliefs and actions derive from the traditions and values of a culture. For many cultures, as in the case of the Hawaiian people, these traditions and values have their origins in the necessity to prosper and survive, and interact with the environment (‘Aha Pūnana Leo 2005b: Kawai’ae’a et al., 2002). To understand the indigenous perspective in which the Hawaiian culture views inclusion, I will take a moment to briefly introduce a glimpse of Hawaiian thoughts and ways. This article in no way intends to single out one culture, way, and people, but on the contrary hopes to provide the foundation of understanding true inclusion, a harmony, balanced equity and equality, of involving, including and respecting everyone and everything as viewed and implemented in the Pūnana Leo Hawaiian medium education program.

Hawaiian Culture and Beliefs on Children and their Education

The Hawaiian culture places emphasis on children and their upbringing. Because children are the future of the society much is written in Hawaiian proverbs and mo’olelo, or stories, about children. The following paragraphs will briefly describe some of the ways in which Hawaiian culture views children and their education.

He ‘ohana lanakila kākou: We are a victorious family.

‘Ohana, or family, is the cornerstone of Hawaiian culture and tradition. ‘Ohana can be a group of people with a common purpose and relationship, or may refer to blood kin, extended family and friends. By understanding the importance of family and its meaning of community, acceptance, belonging, responsibility and aloha (love and affection), one understands the light in which inclusion is perceived through the Hawaiian lens.

In the Hawaiian tradition, family and education go hand in hand. This means that family cannot be separated from education.

Learning and education begins first in the home and continues with family involvement. In traditional Hawaii, learning the skills for life was the responsibility of grandparents and parents in the home. While those of the elite ali’i, or chiefly rank, and a chosen few, were trained and educated in specialized hālau (school), which is suited for their rank and responsibility. For the majority of the people, the hale and kauhale (home and the village) were the primary places of learning. Unlike some cultures that seem to view family and school as separate entities, Hawaiians understood it to be one and the same (‘Aha Pūnana Leo 2005a, 2005b, 2003; Puku’i 1993; Puku’i, Haertig & Lee 1986; Handy & Puku’i 1974; Puku’i & Elbert 1972).

He a’o nā mea apau: Everyone and everything is a teacher.

The Hawaiian culture believes that everyone and everything, not just an individual kanaka (person), are teachers. One learns from the environment, the things around him/her, and other people. Children are also teachers to other children. Many times older children teach their younger siblings the ways of the family and the necessary skills and dispositions. Learning and teaching also uses the same word, a’o, in the Hawaiian context. A’o is a lifelong process from conception upward. One is always learning and at the same time always teaching (‘Aha Pūnana Leo 2005a, 2003; Puku’i 1993; Puku’i, Haertig & Lee 1986; Handy & Puku’i 1974; Puku’i & Elbert 1972).

He ‘ōpu’u e mohala: A bud that will bloom.

Another Hawaiian belief is the understanding that everyone is born into the family, the village and the world with skills to offer to the overall success of the whole community. This is a very important position to understand. Unlike the blank slate and empty vessel belief that children come into the world with nothing, a belief that some educational philosophies base their methodologies and pedagogy upon, Hawaiians believe that everyone from pēpē to kupuna (newborn



B. Noelani Iokepepa-Guerrero/Hawaii

to elder) possess innate gifts and skills. The purpose of teaching is to nurture and enhance the knowledge and skills that already exist and develop new knowledge and skills that is necessary for life's survival and growth of the community ('Aha Pūnana Leo 2005a, 2003; Puku'i 1993; Puku'i, Haertig & Lee 1986; Handy & Puku'i 1974; Puku'i & Elbert 1972).

He kuleana ko'u: I have a responsibility.

The prior presentation of family, education, and the role of the individual leads to the understanding of responsibility and accountability. The overall goal of the kauhale, the 'ohana and the kanaka is to live prosperously in the wealth and well-being of life, always mindful and respectful of all around an individual so that all will grow and thrive successfully. The success of the individual is the success of the whole. The success of the whole is the success of the individual. They are interdependent. Therefore, each and every individual has kuleana, or the responsibility, to uphold and fulfill all that affects the collective ('Aha Pūnana Leo 2005a, 2003; Puku'i 1993; Puku'i, Haertig & Lee 1986; Handy & Puku'i 1974; Puku'i & Elbert 1972).

Inclusion in the Pūnana Leo

The Pūnana Leo is a Hawaiian early childhood education program. It remains

true to the Hawaiian culture, philosophy, traditions, and values, and addresses the plight of the Hawaiian language and culture. The Pūnana Leo is a family-based program dedicated to education in the Hawaiian language. Only 25 years old, the Pūnana Leo has touched thousands of Hawaiian families, both Hawaiian and non-Hawaiian alike ('Aha Pūnana Leo 2006a, 2006b).

The Pūnana Leo operates as an 'ohana upon the Hawaiian concepts previously described ('Aha Pūnana Leo 2005a, 2003; Iokepepa-Guerrero 2004). The Pūnana Leo integrates and implements these indigenous traditions and beliefs into today's society and educational system. All of Pūnana Leo's members value the culture and language of Hawaii and the family orientation as the foundation of the program. The Pūnana Leo 'ohana includes all Pūnana Leo staff and their families from administration to volunteers, all Pūnana Leo students and their families, and all community members and organizations that affect or are affected by the Pūnana Leo. Inclusion, therefore, in the Pūnana Leo is a simple concept of welcoming and accepting all who are a part of the Pūnana Leo 'ohana. Inclusion means that everyone plays an important role and has kuleana (responsibility) in the overall success and well being of the whole.

Over the years, many families from various colors, ethnicities, cultures and religious

beliefs have come through the Pūnana Leo. On average, approximately five percent of the Pūnana Leo student population are non-Hawaiian. In the past 2009-2010 school year, approximately nine percent identified with an ethnicity other than Hawaiian. While the majority of families who tend to enroll in the Pūnana Leo are Native Hawaiian, a percentage of families are not, and regardless of ethnicity, all are an integral part of the Pūnana Leo 'ohana.

The Pūnana Leo also serves diverse families with diverse situations. We have single-parent families, foster families, grandparents as guardians, etc. Families from varying social economic status and life experiences come to the Pūnana Leo. Small families and very large families become Pūnana Leo families.

Within the family, the topic of children with special needs is somewhat of a new concept for us at the Pūnana Leo. It is new in the sense that we do not really look at our keiki, children, in the manner of disability. The Hawaiian perspective is always one of strength and not deficit. We focus on the skills and talents the individual brings to the family, but of course, working to nurture and grow in areas that the child needs, but never concentrating on these areas as something of a detriment. While we have seen children with special needs over the years come through the Pūnana Leo, the number of children with special needs has become more prevalent in the past ten years. The increase is due in part to a number of factors: the societal push to identify individuals who are different, the current educational push for everyone to fit a certain standard or be considered less than, the need to address the differences, the change in staffing and staff perspectives and/or a combination of two or more of these factors.

Families with children with special needs are sometimes led to believe that the child will be better off in a specialized program other than the Pūnana Leo. We at the Pūnana Leo tend to believe the contrary. Of course in special circumstances, special professionals such as speech therapists, physical therapists, doctors, etc are necessary. But rather than separate the child from the environment and family, we work to bring specialists into the family to work with the Pūnana Leo.



Pūnana Leo looks at the strengths rather than the weaknesses. We respect and value each individual in the 'ohana because we understand that everyone contributes to the success of all. We observe intently and act intentionally without bias but with true aloha. We create, nurture, and maintain a community environment where each individual's gifts, skills, and responsibilities make a difference. This is inclusion from the Pūnana Leo perspective.

References:

1. 'Aha Pūnana Leo Inc. (2006a). 'Aha pūnana leo (APL) website. Hilo, HI.
2. 'Aha Pūnana Leo Inc. (2006b). A timeline of revitalization. Hilo, HI: 'Aha Pūnana Leo Inc.
3. 'Aha Pūnana Leo Inc. (2005a). 'Ohana: Empowering communities through our families and creating leaders for the future. Te Toi Roa: Indigenous Excellence, World Indigenous Peoples Conference on Education (WIPCE), Hamilton, Aotearoa NZ.
4. 'Aha Pūnana Leo Inc. (2005b). Kumu honua mauli ola: An indigenous way to life. Te Toi Roa: Indigenous Excellence, World Indigenous Peoples Conference on Education (WIPCE), Hamilton, Aotearoa NZ.
5. 'Aha Pūnana Leo Inc. (2003). Kukui 'ā mau: Pūnana leo preschool standards of excellence. Hilo, HI: 'Aha Pūnana Leo Inc.
6. Handy, E. S. C., & Puku'i, M. K. (1974). The polynesian family system in ka'ū, hawai'i. Honolulu, HI: Charles E. Tuttle Company.
7. Iokepa-Guerrero, N. (2004). E nānā i ke kumu a look at the teacher: A study of the essential competencies of a pūnana leo teacher. (Dissertation, University of Southern California). Doctorate of Education, 105.
8. Kawai'ae'a, K., Akana, K., Chun, K., Morales, P. D., Garma, M., Hanohano, P., et al. (2002). Nā honua mauli ola: Hawai'i guidelines for culturally healthy and responsive learning environments. Hilo, HI: Native Hawaiian Education Council and Ka Haka 'Ula O Ke'elikōlani, University of Hawaii at Hilo.
9. Puku'i, M. K. (1993). 'Ōlelo No'eau: Hawaiian proverbs & poetical sayings. Honolulu, HI: Bishop Museum Press.
10. Puku'i, M. K., & Elbert, S. H. (1986). Hawaiian dictionary. 6th ed. Honolulu, HI: University of Hawai'i Press.
11. Puku'i, M. K., Haertig, E. W., & Lee, C. (1972). Nānā i ke kumu (look to the source). Honolulu, HI: Queen Lili'uokalani Children's Center.

The Pūnana Leo early childhood education program, while fundamentally Hawaiian in culture and language, meets the diversity of its members via an internal staff development program, a center based preschool program, and a family education program. Curriculum and pedagogy are basically conceptually the same in all three programs, and all three interact with and upon one another and support the growth and development that may occur at different levels (Iokepa-Guerrero, 2004).

based, emphasizing the relationship of the kanaka to his/her environment. Hands-on, interactive, experiential activities are utilized. Both direct instruction and center work, individual work and group work are incorporated. Movement, music, art and interacting with the natural environment are vehicles of learning and teaching. Language development, social development, and critical thinking and cognitive skills are areas of focus. Assessment and evaluation is strengths-based, focusing on the strengths of individuals rather than deficits, and is used to inform and improve practice (Iokepa-Guerrero 2004; 'Aha Pūnana Leo 2003).

The Pūnana Leo curriculum is place-



While a seemingly typical preschool program in form, the Pūnana Leo lends to the early childhood field and profession a program model that is based on an indigenous philosophy and conceptual framework that successfully addresses diversity. By embracing family, understanding the potential and contribution everyone brings to the Pūnana Leo, and infusing these beliefs into the early education curriculum, pedagogy, assessment, and staff development, the Pūnana Leo provides an example of inclusion.

To address the diversity of all, we must remember what we all have in common, the innate need and desire to belong and grow.

Inclusion is Really What Teaching Is

By Kathy Cologon, Institute of Early Childhood, Macquarie University

“Inclusion is a philosophy of acceptance and about providing a framework within which all children [and adults], regardless of ability, gender, language or cultural origin, can be valued equally with respect and provided with equal opportunities.” (Prosser & Loxley, 2007, p.57)

While inclusion goes beyond education systems, it can be argued that if inclusion was achieved in education this would go a long way towards achieving inclusive societies. As the foundation of education and development is in the early years, inclusive early childhood education has the potential to be transformative.

Inclusion is about everyone, it is not only about minority groups. However, for those who are excluded, efforts need to be made to bring about their inclusion. One group often excluded are people with a disability. Therefore, working towards inclusion in education for children with disabilities is critical to reaching an inclusive society. Children with disabilities are also often marginalized on account of their disability and on account of other factors such as culture, race, religion, disaster, trauma, gender or poverty. This article focuses on the rights of people, particularly young children, with a disability against the backdrop of inclusion for all.

The need to uphold human dignity and enable all people to have the opportunity to enhance their potential is reflected in the covenants and conventions on human rights. The guiding principles of the 2006 United Nations Convention on the Rights of Persons with a Disability (UNCRPD) include “full and effective participation and inclusion in society”, “respect for difference and acceptance of persons with disabilities as part of human diversity and humanity” and “equality of opportunity”.

For inclusion to become a genuine reality

within early childhood, early childhood professionals need to be able to see a way to bring about inclusion in practice. Sims (1999, p.22) has argued that an inclusive program is one in which:

Children’s differences are recognised and enjoyed, where difference is encouraged, and where the needs of all children, irrespective of their difference, are met. An inclusive program is one where all individuals are seen as having a right to be involved, to be respected members of their community. This basic human rights position is the underpinning philosophy for inclusion.

A Small-Scale Study

For this article I asked 55 pre-service and/or in-service early childhood professionals in Sydney, Australia to indicate three things they considered to be most critical in educating children with and without disabilities together in early childhood settings. Some participants provided more than three and the additional comments were included in the analysis, making a total of 182 responses. The majority of responses was obtained during group exercises where each individual contributed written responses followed by discussion around differences and similarities according to their views. The responses were not identified in any way. As a result, the responses that came from early childhood professionals with experience in the field (ranging from extensive through to limited experience as casual assistants) and those that came from professionals with no experience in the field outside of their professional experience placements within their program of study cannot be determined (with the exception of the concluding comment, for which the participant identified herself). Nonetheless, the responses provide some insight into the beliefs and views of these pre-service and in-service early childhood professionals in Australia towards the education of young children with disabilities within mainstream early childhood settings.

The majority of responses was obtained during group exercises where each

individual contributed written responses followed by discussion around differences and similarities according to their views. The responses were not identified in any way. As a result, the responses that came from early childhood professionals with experience in the field (ranging from extensive through to limited experience as casual assistants) and those that came from professionals with no experience in the field outside of their professional experience placements within their program of study cannot be determined (with the exception of the concluding comment, for which the participant identified herself). Nonetheless, the responses provide some insight into the beliefs and views of these pre-service and in-service early childhood professionals in Australia towards the education of young children with disabilities within mainstream early childhood settings. As illustrated in Table 1, in analyzing the responses, clear themes emerged.

Foreman (2008) suggests that the distinction between ‘integration’ or ‘mainstreaming’ and ‘inclusion’ can be understood by the different lens through which educators view children:

- Integration and mainstreaming: “*Can we provide for the needs of this student?*”
- Inclusion: “*How will we provide for the needs of this student?*”

Considering this seemingly subtle, yet substantial, difference in viewpoint in relation to the comments and themes emerging, the participants appear to be taking an inclusive standpoint, thus moving beyond notions of integration and mainstreaming.

Additionally, the view of inclusion as expressed was based around the idea of including children with and without disabilities (and other differences) together. Special educational settings for children with disabilities (such as a special school/special class) were not considered to be inclusive, but rather exclusive.

In analyzing the responses, no frame was imposed. The responses were grouped together according to the strongly emerging

Table 1: Emerging Themes	
Theme	Number of responses
Respect: <ul style="list-style-type: none"> • “Inclusion helps develop communities of diverse and respectful people who value each other” • “Respect for children allowing each child to express their views, theories, ideas, perspectives” 	25
Valuing family and community: <ul style="list-style-type: none"> • “A knowledge of each individual child (their interests, strengths, learning styles, cultural background, family practices also)” 	20
Collaboration: <ul style="list-style-type: none"> • “Collaborative community – network with other professionals and build reciprocal and respectful relationships with families, colleagues and the wider community” 	20
Valuing all individual children: <ul style="list-style-type: none"> • “Appreciating that all children are unique individuals” • “Value the individual child and acknowledge their strengths and interests” 	20
Teacher attitudes and beliefs: <ul style="list-style-type: none"> • “The positive attitudes of teachers towards all children who are in their classrooms” • “The ability to reflect on your own perceptions, values and beliefs - where they come from, what they are grounded in and the willingness to change them” 	18
Flexibility and creativity: <ul style="list-style-type: none"> • “Flexibility and responsiveness to all children” • “Creative curricula – adapt the curriculum to build on children’s interests and strengths; differentiate instruction / teaching strategies according to children’s learning styles and needs” 	14
Supportive and adaptive teaching environment: <ul style="list-style-type: none"> • “That environments are designed so that they are inclusive of all children (i.e. ramps) and encourage children to interact” 	10
Support for teachers: <ul style="list-style-type: none"> • “Supportive team” • “Resources to cater for different needs” 	10
Communication: <ul style="list-style-type: none"> • “Open communication” 	8
Acceptance and understanding: <ul style="list-style-type: none"> • “Accepting all children for who they are” 	7
Staff education: <ul style="list-style-type: none"> • “Sound knowledge of inclusive practices” 	7
Embracing diversity: <ul style="list-style-type: none"> • “Centre culture – establish a culture that values, accepts and respects diversities and differences” 	5
Opportunities for all children: <ul style="list-style-type: none"> • “Opportunities for all children to reach their potential” 	5
Modification/adaptations for accessibility and participation: <ul style="list-style-type: none"> • “Adapting teaching strategies for individual children. Children have different needs” 	4
Advocacy: <ul style="list-style-type: none"> • “Promoting inclusion in Early Childhood and school settings” • “Commitment by the teacher (whole school) to the UNCRC; every child has the right to reach their highest potential” 	3
Child-centered: <ul style="list-style-type: none"> • “Child-centred teaching approach” • “Child as expert” 	3
Valuing equality	2
Belonging	1

themes, following group discussions with the participants regarding similarities and differences in the prioritised views.

The importance of respect emerged as the strongest theme, with approximately 45 percent of participants identifying respect as essential. Most of the comments around respect referred to the need to respect all children (specifically including those with a difference and/or disability). Respect for difference, respect for the expression of views and ideas and the need to develop and model respectful relationships across the community was emphasised. This was in keeping with the second theme of valuing family and community, with approximately 36 percent of participants noting this as essential. Approximately 36 percent of participants also suggested that collaboration is essential.

Recognizing the value of all individual children was clearly viewed as important, with approximately 36 percent commenting on the importance of valuing children with and without difference and disability. Many comments emphasised 'all children' and the importance of getting to know children, building relationships, taking a strengths-based approach and constructing all children as active participants with a right to have their voice heard and their individual needs met.

Research spanning more than a decade provides evidence to suggest that teachers who see themselves as responsible for all students and believe they have a role to play in the education and care of all students, including those with difference and disability, interact with all students more frequently and at higher cognitive levels (Jordan & Stanovich, 2001; Jordan, Glen, & McGhie-Richmond, 2010). Therefore, for students viewed as 'typically achieving', as well as for those deemed to be 'at risk' or as having 'exceptional needs', inclusive teachers are more engaged and proactive educators.

Consistent with a growing body of research (Avramidis & Norwich, 2002; Jordan, Glen, & McGhie-Richmond, 2010; Sharma, Moore & Sonawane, 2009; Sze, 2009), highlighting the impact of teacher attitudes and beliefs on the success or lack of success of inclusive education, approximately 33 percent of participants suggested that positive teacher

attitudes and beliefs were essential. The comments indicated recognition of the power of the teacher in modeling positive attitudes and having open and welcoming attitudes towards all children.

Overall, the views of the participants appear to reflect a value of the key principles of the UNCRPD (although 'equality between men and women' was not addressed with the exception of one comment indicating the need to have equality in representation of gender). The comments were also in keeping with Sim's (1999) suggestion that an inclusive early childhood program is underpinned by an appreciation of basic human rights.

In reflecting on their views, one small group of participants contributed their shared vision for early childhood:

Our philosophy is to create a positive, progressive, inclusive environment where all children, staff and families feel valued and respected. We invite everyone to be active members of our inclusive community. We aspire to work together collaboratively to establish programs and plans that are responsive and respectful to the needs of all children.

Conclusion

The comments discussed in this paper only reflect the views of the 55 participants and cannot be generalized. However, they provide some insight into concepts of inclusion in practice in light of what may be valued in Australian early childhood settings where the participants work and learn.

So what is 'inclusion in early childhood' for this group of pre-service and in-service early childhood professionals? One participant offered the following:

Inclusion is really (when you think about it) what teaching is: Meet each child where they are at, build on their strengths and interests to move them along, and adapt your teaching style, resources and pace to fit each of them. Thus it puzzles me when words such as "disability"/"special needs" throw people off.

This definition returns us to the earlier suggestion that inclusion is about everyone,

not just minority groups. Further, the comments of the participants support the potential for early childhood education to be transformative in ultimately contributing to a more inclusive society. In fact, it could be argued that inclusion goes to the heart of how we as a community of human beings wish to live with one another. In the words of one highly experienced early childhood professional: "inclusion is just being included with everyone else, but being supported when you need to be".

References:

1. Avramidis, E. & Norwich, B. (2002). Teachers' attitudes towards integration/inclusion: A review of the literature. *European Journal of Special Needs Education*, 17(2), 129-147.
2. Foreman, P. (2008). Setting the scene: teachers and inclusion. In P. Foreman (Ed.), *Inclusion in action* (2nd ed., 2-36). Melbourne: Cengage Learning.
3. Jordan, A., & Stanovich, P. (2001). Patterns of teacher-student interaction in inclusive elementary classrooms and correlates with student self-concept. *International Journal of Disability, Development and Education*, 48(1), 33-52.
4. Jordan, A., Glenn, C., & McGhie-Richmond, D. (2010). The Supporting Effective Teaching (SET) project: The relationship of inclusive teaching practices to teachers' beliefs about disability and ability, and about their roles as teachers. *Teaching & Teacher Education*, 26(2), 259-266.
5. Prosser, J., & Loxley, A. (2007). Enhancing the contribution of visual methods to inclusive education. *Journal of Research in Special Education Needs*, 7(1), 55-68.
6. Sharma, U., Moore, D., & Sonawane, S. (2009). Attitudes and concerns of pre-service teachers regarding inclusion of students with disabilities into regular schools in Pune, India. *Asia-Pacific Journal of Teacher Education*, 37(3), 319-331.
7. Sims, M. (1999). What we believe is what we do (valuing people's differences). *Australian Journal of Early Childhood*, 24(2), 1-4.
8. Sze, S. (2009). A literature review: pre-service teachers' attitudes toward students with disabilities. *Education*, 130(1), 53-56.

Making the Ordinary Extraordinary: The Use of Activity-Based Intervention

By Hollie-Hix Small and Jason W. Small



Asante, a caregiver at a children's home in South Africa, reports that she enjoys her job looking after 25 toddlers with the help of one other caregiver and an occasional volunteer. Although Asante's affection for the children is evident, she rarely makes eye contact with the children and interacts with them primarily when the children are fighting. When asked about the role of caregivers, she explains that her job requires keeping the children well fed, clean and out of mischief, as there are too few staff to organize activities and clean up any mess made by the children. Observations, however, reveal hundreds of interactions each day between caregivers and children which are missed opportunities for fostering an inclusive environment.

The Activity-Based Intervention (ABI) Method

Everyday interactions with children can have a profound and meaningful impact on their development. Although high child to caregiver ratios, a lack of training, and the cost of curriculum and materials are often cited as reasons for limited child-caregiver

interactions and poor child outcomes, the use of Activity-Based Intervention (ABI), a method developed by Diane Bricker and colleagues at the University of Oregon (Bricker, Pretti-Frontczak & McComas, 1998), provides caregivers with an approach to transform routine interactions with children in inclusive settings into valuable learning opportunities.

Traditional conceptualizations of inclusion refer to the placement of children identified with special needs in educational settings with typically developing peers. In this article, we situate ABI within a broader conceptualization of inclusive practices that involves the creation of an environment in which caregivers (e.g. parents, teachers) foster a sense of belonging and respond to individual child strengths and needs. Implementing the ABI method is done through the use of respectful, reciprocal, responsive interactions so that all children, regardless of ethno-cultural, religious, socioeconomic or ability backgrounds, feel a sense of belonging and more fully access available learning opportunities.

The Activity-Based Intervention is a flexible, child-directed approach that enables caregivers to embed individualized child goals into routine, planned, or child-initiated activities so that, through repeated practice in varied interactions and contexts, the child masters important functional and generative skills (Bricker, Pretti-Frontczak & McComas, 1998). Applying the principles of an Activity-Based Intervention approach requires caregivers to:

- Identify a child's strengths and needs through a formal or informal assessment process
- Generate individualized goals and objectives relevant to each child's needs
- Intentionally seek out multiple and varied opportunities to help each child master identified, individualized needs by embedding skill building activities into daily interactions
- Provide timely, positive feedback to the child during each interaction to assist and motivate the child to build skills and achieve individual goals

For Asante, our caregiver mentioned earlier, the implementation of ABI would require her to observe the children in her care and consider each child's strengths and needs (including those who are delayed in their gross motor development, or are behind in their expressive communication) and intentionally look for ways to assist their development. Given that Asante is caring for a large number of children she may choose to embed individualized learning opportunities into routine activities such as dressing, toileting, bathing, and feeding. Traditionally, an ABI approach requires conducting a child assessment to determine delays. The experience of the first author has shown that front-line staff, like Asante, are quite skilled at deciphering which children are behind in their development according to cultural and contextual norms.

Through an informal assessment process, Asante determines that a child, Martha, under her care, has delayed speech and

motor development. At two years Martha can stand and take a few steps but prefers to scoot or crawl to move around. She can say a few words but seldom initiates interactions with Asante or other children. Applying an ABI approach to Martha's identified speech needs, Asante can assist Martha by speaking to her during routine activities ("Where are your eyes?"), offering her choices ("Do you want the red shirt or blue shirt?"), and exaggerating speech during feeding ("You want more? M...more, you want m...more?"). By directly facing Martha when she speaks and pausing for Martha to attempt the word, Asante embeds learning opportunities into routine interactions. These interactions take only seconds longer than typical interactions and occur multiple times over the course of a day in a naturally occurring environment that is meaningful to the child.

Planned activities are more caregiver directed, though it is important to try and give children a choice when possible. Planned activities may include setting up specific toys, singing songs, or playing a physical activity game. In the case of Martha, this may mean encouraging a more mobile child to play with her or placing a favorite toy just out of reach to encourage movement. Child-directed activities are based primarily on the child's interest and motivation, with the caregiver observing the child and

creating further opportunities for the child to strengthen or expand the skill. An example of child-directed activities may include a choice of activity during free play sessions at an early childhood center. If Martha is particularly fond of balls, for example, Asante can ensure balls are available for Martha and narrate her activity, ("Now you are rolling the ball. You have a red ball"). This simple narration further encourages Martha's language development and sense of belonging.

The ABI approach occurs in multiple, varied environments where skills can be generalized. In other words, rather than taking children for brief "intervention" sessions with a specialist, ABI promotes communication between all involved parties invested in promoting the child's development through a transdisciplinary model. In this sense, ABI can be used at home with parents, at early childhood centers with early childhood practitioners and with specialists who may provide one-on-one intervention sessions.

Functional and generative goals and objectives are promoted through ABI. In other words, the goals and objectives (smaller skill development leading up to achieving the goal) should be meaningful to the child. An example of a functional skill is drinking from a cup as opposed to counting backwards

which is not considered as functional or meaningful to a child. By embedding child goals and objectives into many routines, planned and child-initiated interactions, the child has numerous opportunities to practice the identified skill deficit and therefore participate more fully and potentially make greater progress than previous models of inclusive practices.

Timely feedback from the caregiver to the child is an integral aspect of ABI. A child with expressive language delays may not be able to speak clearly, but immediate, positive feedback should be provided for attempts. As the child more clearly articulates, the caregiver can increase the expectation and encourage progress. Caregiver-child proximity (bending down to child's level), body language, tone of voice and other aspects interaction should be examined to ensure they are respectful, responsive and reciprocal.

It is important to note that, at its most basic level, ABI requires a shift in the caregiver's role-perception and awareness and not additional time or materials for implementation. Although caregivers most commonly use an ABI approach with children who have identified delays or disabilities, the technique is equally relevant for caregivers working with children in emergency

The Story of Davina

How can ABI help children, not only children like Martha, but all children with varied needs and in different contexts? Davina is four years old and attends an early childhood centre set up for displaced families in the Philippines due to a recent typhoon. She was nearly killed by the rapidly rising waters and at the last minute was plucked from the water by her father. Davina lost her brother to the flood and her mother is still missing. Although Davina is happy when her grandmother takes her to the temporary early childhood centre, staff describe her as clingy with angry outbursts when another child tries to take a toy from her but generally she is withdrawn. Davina has a particularly difficult time talking about her feelings and does not react when another child cries.

Experiencing strong emotions can be difficult for a young child. Clearly Davina is experiencing many emotions and her behavior, as a form of communication, expresses her emotional difficulties after the typhoon. After discussing Davina's needs with her family, staff may decide to work on Davina's ability to label her emotions and recognize emotions in her peers. During routine activities such as greetings when Davina arrives and departs, staff may make extra effort to welcome her and express their feelings at seeing her: "Hi Davina, I am so happy you decided to join us today." When she is upset at not getting a favorite toy, staff can recognize this emotion and label it for her, "I see you are upset. You want the toy." Staff may want to set up a planned activity with all of the children where they act out emotions during a game: "Who can show me an angry face. Good! It is okay to feel angry." Talking about emotions and what we can do with strong emotions teaches children how to self-regulate, an important skill for all children: "What can we do if we feel angry. Yes, we can take deep breaths."

RESEARCH

situations, children in alternative care settings, and other children marginalized due to language or religious differences.

Caregivers' Inclusive Practice

Child-directed activities can be used in this case example as well. The role of the caregiver/practitioner is to set up the environment to encourage the skill the child/children are working on. For example, if possible the practitioner may want to have dolls available. Children who have experienced trauma, loss and grief will often act out these events and feelings. The caregiver, through careful observation, will gain insight into the best course of action in how to proceed to support the child's development. If the caregiver, however, has not observed the child in terms of his or her areas of strengths and weaknesses, the environmental arrangement and child-caregiver interactions may not optimally help the child. For example, toys alone or caregivers keeping watch over children provide only minimal stimulation and support for all children.

Respectful, responsive, reciprocal interactions promote inclusion. These interactions should be intentional and meaningful to the child. A caregiver who explains her actions to the child at his or her level involves the child more fully. A caregiver who recognizes a child's emotions shows the child that she recognizes the child's attempt to communicate.

Many children from different contexts and with varied needs are excluded from classroom activities and community programs because parents and early childhood practitioners feel they do not have adequate training or material resources to support the children. While in some cases this may be true, a key barrier is the caregiver's perception of inclusive practice. If we incorporate an ABI approach into everyday practice, ask ourselves what each and every child needs to feel a sense of belonging and respect, identify what motivates and hinders each child's development, and seek opportunities to incorporate individualized intervention practices into daily, routine activities, every

interaction with a child will be transformed into an extraordinary moment.

Conclusion

Front-line caregivers are in a unique position to enhance everyday interactions through the provision of repeated, meaningful, intentional early intervention. Activity-Based Intervention is a child-directed, transactional approach that embeds intervention on children's individual goals and objectives into routine, planned, or child-initiated activities to develop functional and generative skills. The ABI method is an easy to use, low-cost, sustainable intervention approach that has the potential to make a significant impact on child outcomes in a variety of early childhood contexts.

Reference:

Bricker, D., Pretti-Frontczak, K., & McComas, N. (1998). *An Activity-Based Approach to Early Intervention*. Baltimore, MD: Paul H. Brookes Publishing Co.



ARNEC CONNECTIONS

Working together for Early Childhood



Plan/Aif Bera/India

nutrition, social welfare, human development, social research or policy, sociology, or anthropology. Becoming an active ARNEC member means you are able to contribute your knowledge and share with others your experiences. It is free to become a member, please visit our website to sign-up.

ARNEC Connections No. 3, 2010
ISSN 2010-1252

Theme: Inclusive Foundations for Early Childhood: Working Together to Reach the Unreached

For more information, contact:

ARNEC Secretariat
c/o SEED Institute
73 Bras Basah Rd. #07-01
NTUC Trade Union House
Singapore 189556
Website: www.arnec.net
E-mail: secretariat@arnec.net

Editorial Board:

Mahmuda Akhter
Head, Early Childhood Development
Resource Center, BRAC University

Maki Hayashikawa
Education Specialist, UNICEF East
Asia and Pacific Regional Office and

Chemba Raghavan
Education Consultant, UNICEF East
Asia and Pacific Regional Office and
Research Advisor, ARNEC

Kishor Shrestha
Professor, Research Center
for Education Innovation and
Development, Tribhuvan University

**Communications, Design and
Layout:**

Kanitha Kongrukreatiyos

Cover Photo:
UNICEF/Vanuatu

UNDERSTANDING OUR NETWORK

The Asia-Pacific Regional Network for Early Childhood is a network established to build strong partnerships in early childhood across sectors and different disciplines, organizations, agencies and institutions in the Asia-Pacific region.

ARNEC was established in February 2008 and acts as a platform for all individuals concerned with young children to voice, learn and share their knowledge and experiences in ECD with others. Essentially, our aim is to become a node linking all EC professionals, national networks, institutions and organizations together to increase inter-sectoral collaboration that enhances the region's early childhood capacities

In February 2010, the ARNEC Secretariat moved from the UNICEF East Asia and Pacific Regional Office in Bangkok to SEED Institute in Singapore.

ARNEC is guided by 15 Steering Committee members made up of ECD experts from the Asia-Pacific region who provide direction for the planning and development of the Network and its activities.

Six core team members have agreed to support ARNEC. They are UNESCO Asia and Pacific Regional Office for Education, UNICEF East Asia and the Pacific Regional Office, Plan International, Open Society Foundation, Save the Children and SEED Institute.

OUR MISSION

- To expand the knowledge base on innovative practices in early childhood in the region
- To analyze, synthesize and disseminate information in ways accessible and useful to a wide range of actors and stakeholders from different disciplines
- To create capacity building opportunities
- To leverage human, institutional and financial resources in support of early childhood development

WHO ARE OUR MEMBERS?

Our members are individuals in the field of early childhood who is concerned with young children and families of Asia and the Pacific. The Network's strengths draws upon the support of our members who are experts in health, education,

