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Unleashing the power of playful parenting in support of early childhood development outcomes

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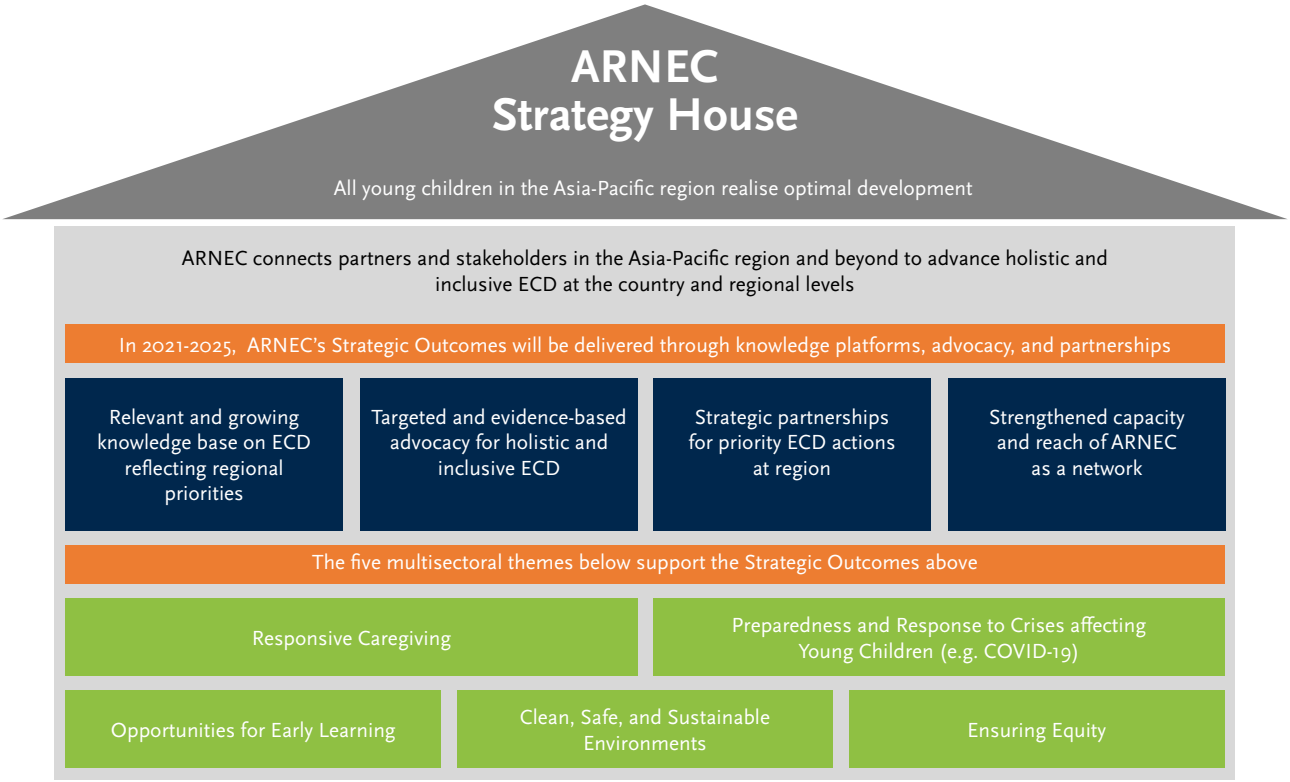

ARNEC's strategic outcomes

RELEVANT AND GROWING KNOWLEDGE BASE ON ECD REFLECTING REGIONAL PRIORITIES

ARNEC will work with partners to develop and implement a research agenda in support of strategic and emerging ECD priorities and use ARNEC's knowledge platforms to share evidence and expertise to promote holistic and inclusive early childhood development in the region. Strategic priorities will be drawn from lessons and opportunities from implementing the Nurturing Care Framework in pursuit of the ECD-related goals in the SDGs.

TARGETED AND EVIDENCE-BASED ADVOCACY FOR HOLISTIC AND INCLUSIVE ECD

ARNEC will continue to engage policy makers, parliamentarians, and other key stakeholders, especially at the country level, in our advocacy aimed at adopting a holistic and inclusive approach to ECD policies and programs. Such targeted advocacy represents a deliberate focus on the interlinkages of SDG Target 4.2 with the rest of the SDGs. Evidence from research and policy implementation at global, regional, and national levels will inform ARNEC's advocacy.

STRATEGIC PARTNERSHIPS FOR PRIORITY ECD ACTIONS IN THE REGION.

ARNEC will forge partnerships to advance the ECD agenda in the region and at the country level. Partnerships will be strengthened and/or built for different purposes which include research, advocacy, learning, capacity-building, and even program implementation. This strategic outcome also means enlarging the membership base of the network targeting new institutional members and strategic partners including academic and research institutions as well as key donors, development partners, peer networks, and foundations.

STRENGTHENED CAPACITY AND REACH OF ARNEC AS A NETWORK

ARNEC will continue to build and expand its capacity as a network to advocate for the ECD agenda in the region and at the country level. As a network, ARNEC will leverage the capacities and competencies of institutional members, national ECD networks, and National Representatives through meaningful engagements in knowledge co-creation and regional uptake through evidence-based studies and advocacy targeting policy and/or program reform at the country level.

Unleashing the power of playful parenting in support of early childhood development outcomes

FROM THE EDITORS

ARTICLES

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Introduction

In many societies, children learn by working alongside adults in necessary daily tasks, helping to the best of their ability to undertake domestic chores, food production, gathering and preparation, childcare, and, for boys, hunting. As they grow and their skills become more refined, children are often expected to perform some of these tasks alone. Literacy and numeracy skills are developed as part of everyday chores: for example, how much food to gather, prepare and cook to feed the number of people required, and how to read the land and sea to determine the location of food sources.

In contrast, in western societies, children are removed from their home environments to attend places of learning where their education occurs away from the context of their home lives. Western education experts think this to be the more effective way to teach children the abstract knowledge associated with literacy and numeracy. However, as with any form of knowledge, learning needs to be applied to real situations to be meaningful. Thus, western education experts began to understand that learning was most effective when undertaken in the context of activities children enjoyed, particularly for young children.

The idea of learning through play was born. When children play, they are doing something they enjoy. Because they enjoy what they are doing, they engage in play for long periods. The longer they play, the more opportunities they have to practice the skills they are using and to learn more.

The challenge for adults is to help shape a context where the play children are enjoying, offers opportunities to learn and practice skills that adults have identified as important. That means that adults need to know children well enough to know what they enjoy, and then be creative enough to find ways to build the learning and skill development they want into that play context.

Sometimes that can be shaped by the way a game is set up. For example, playing with playdough can help children develop standing balance (remove the chairs and have the children stand at the table) or pencil grip (provide a range of implements for holding, cutting, and poking). Sometimes the learning can be guided through the way the teacher interacts with the children (for example, hand strength where the teacher sings songs with the children at the playdough table about squeezing the playdough), or even social manners (for example, setting out only one of each implement and sit with the children supporting their sharing).

It is essential when working this way, to understand the context in which children live and learn. Play activities work best when embedded in children's reality. No amount of formal learning or textbooks can replace the expertise of local teachers who live and work in the same reality as the children they are teaching. These teachers combine their knowledge of children's development with their local knowledge and understanding of culture and context to create unique learning opportunities for each child. They support parents to learn how to exploit the normal activities and routines of the home environment, so children's learning opportunities are maximised.

When we focus on learning through play, we find that learning opportunities are everywhere. The key is our ability as teachers to use those opportunities to create seamless learning for our children. In a sense, we have come full circle. Leaning through play, carefully crafted and supported by local expertise, creates a learning environment from everything in children's lives. Children are learning by living their lives in supportive communities.

The COVID-19 pandemic created challenges for many in delivering play-based learning programmes for children with the closure of early childhood face-to-face programmes, the inability of educators/facilitators to visit families in their homes, and the limitations imposed on children's access to the community around them. Focus shifted to parents and households as services attempted to modify the programmes they were delivering in this new context of isolation.

This edition of ARNEC Connections showcases a range of different approaches taken in the region to address these challenges. Authors share their experiences and how they have adapted their programmes to the contexts in which they are working. The papers represent a wide range of programme implementation maturity: some are in an advanced stage of implementation and can offer evaluation evidence, while others are in the formative stage of programme development. All, however, demonstrate the importance of local knowledge in determining the best strategies to reach out to families.

The issue begins with a paper from The LEGO Foundation addressing the implementation of the Playful Parenting programme in different countries: Bhutan, Guatemala, Rwanda, Serbia, and Zambia. This paper is an excellent demonstration of how one programme can be adapted and implemented in very different ways in different contexts to maximise its impact.

Karma Dyenka follows with a discussion of how the Play and Positive Parenting programme called Prescription to Play (P2P) implemented before the pandemic by the Save the Children Country Office and the Ministry of Health in Bhutan with the support of The LEGO Foundation was adapted to meet the changing circumstances. In a context where 95% of the population uses mobile phones, they were able to develop an app that delivered the programme, assisted parents record observations of their child's development, and recorded self-reflections relating to their parenting.

Khara Uy and Edwin Taleon explain how the ECCD Council of the Philippines offered a programme where trained facilitators were trained to deliver weekly plans to parents focusing on play-based activities. This programme was piloted in four sites where there was reasonable internet connectivity.

In Bangladesh, Sakila Yesmin, Taslima Begum, Osman Goni, Nabiha Sultana, Jakirul Islam, Rabiya Khatun, and Nasrin Akther of BRAC discuss a similar approach using trained facilitators to deliver a programme to parents through weekly phone calls in 10 districts inclusive of 23 camps. The programme focused on play-based learning, positive parenting, and caregiver self-care.

The paper by Fitri Herarti of ChildFund Indonesia also addresses the use of trained facilitators to deliver a programme to parents in West Java, Indonesia. The programme here, however, has a slightly different focus given the prevalence of stunting in the area. Issues such as playful parenting, nutrition, and behaviour change communication were included in the programme delivered through the provision of food in the short-term, classes, and resources.

From Maharashtra, India, Shivani Parashar describes how their responsive caregiving package focusing on children 3-6 years was adapted to be delivered remotely. The government's Youtube channel and Whatsapp, accessible on smartphones, were used to deliver the packaged material.

The final article in the collection is by Mariel Joy Sampang, who describes Save the Children's Project ARAL (Access to Resources for Alternative Learning), delivered to parents through video calls in the Philippines. Materials were developed to address early learning for literacy and numeracy at home. These activities were specifically developed to be used in COVID-times and integrated social-emotional learning, building resilience, and enhanced health and nutrition along with literacy and numeracy for children 3-5 years.

In COVID times children's access to community and face-to-face learning was significantly limited, as were the resources and supports available to parents. The papers in the 2023 ARNEC Connections demonstrate the varied, innovative ways in which organisations and governments adapted to ensure that as many children as possible were not disadvantaged by the COVID-imposed restrictions.

Over this time, the focus had to move towards parents providing play-based learning activities for their children and the supports described in these papers demonstrate a range of strategies used to achieve this. The learnings gained from these experiences offer long-term benefits not only to parents (who have gained new knowledge and skills), but also to programme developers, managers, and staff who have learned new ways of reaching out to and engaging with families, caregivers, and communities.

Margaret Sims
Lead Editor

From ARNEC

ARNEC stands for the well-being of young children and the advancement of early childhood development (ECD) in the Asia-Pacific region and this has been much more pronounced in the context of the COVID-19 pandemic.

The closure of schools and disruption of childcare services because of a series of prolonged lockdowns, compounded by the suspension of community and recreation services for families and communities, as well as a slowdown in economic production and livelihoods, have put young children and their families at risk of falling back into extreme poverty. As a result, young children have borne threats to child health and survival and risks to child safety, all of which exacerbate the learning crisis and affect social and emotional development.

The evidence speaks of the crisis young children face:

- UNESCO estimated that about 1.5 billion children were out of school or childcare, which means children were entirely reliant on their caregivers for nurturing care to meet all of their developmental needs.
- UNICEF estimated that even before the pandemic, children and young people carried the burden of mental health risks globally.
- Caregivers of young children are experiencing decreases in wellbeing as well as material hardships, and associated increases in emotional distress, amongst themselves and concerning their children.

COVID-19 has elevated the critical role of parents and caregivers to support their children's learning at home, apart from ensuring that they are healthy and protected from the various risks posed by the pandemic.

These realities have compelled us to draw insights from ECD partners in the region on what they did well in their ECD programs. We make these insights available in the 2023 ARNEC Connections with the theme Unleashing the power of playful parenting in support of early childhood development outcomes in the context of COVID-19.

ARNEC recognises the primacy of playful parenting, responsive caregiving, and/or early stimulation, especially as families, communities, and institutions continue to adjust to the challenges of the pandemic. ARNEC supports

responsive caregiving as an integral part of the Nurturing Care Framework (NCF) in support of young children and caregivers:

- Early childhood is a period during which the benefits of early interventions can be intensified and the role of playful parenting and responsive caregiving is most critical.
- It is during this period when human beings are especially sensitive to several risk factors, which include, amongst others, poverty; malnutrition; insecurity; gender inequities; conflict; violence; poor health care; humanitarian disasters; environmental toxins; and, caregivers' poor mental health, as well as of late, pandemics and emerging and re-emerging infectious outbreaks.
- If the exposure to these can be minimised and caregivers can be supported with playful parenting and responsive caregiving capacity interventions to provide nurturing care to their children in the early years, optimal child development can be ensured.
- Playful parenting and responsive caregiving lower the stress level for children (when confronted by the risk factors) and help them develop emotional, social and cognitive coping mechanisms against adversities. It has life-long benefits. They improve health and also broader wellbeing, including the individual's ability to learn and earn.
- Responsive care is reinforced by positive parenting strategies and purposeful play.
- Equipping and empowering caregivers to promote children's development through playful parenting and filling knowledge gaps about how effective parenting strategies incorporate play and increase access to, dissemination, and uptake of this information. Playful parenting is very important for ECD, especially to manage the impacts of adverse experiences and ecological and social realities on young children and their families.

ARNEC is pleased to make available the 2023 ARNEC Connections featuring the insights and experiences of ECD practitioners in the region on their programs integrated with playful parenting or play-based interactions to overcome the challenges of the COVID-19 pandemic and to uphold the wellbeing of the child and the caregiver at all times.

Playful parenting in a pandemic: pathways to scale for global programs

THE LEGO FOUNDATION

The LEGO Foundation also shared this resource to the public through the Early Childhood Development Action Network. Available in https://ecdan.org/playful-parenting-in-a-pandemic-pathways-to-scale-for-global-programs/.

Mother and child after a group session in Wangdue, Bhutan. *Photo by Save the Children.*

In a time when COVID-19 has transformed the way we work, live, play, and parent, early childhood development (ECD) programs have been asked to reimagine how they deliver services as well. Now more than ever, parents worldwide need support to tackle the distinct challenges presented by the pandemic and provide their children holistic nurturing care.

In Bhutan, Guatemala, Rwanda, Serbia, and Zambia, the LEGO Foundation Playful Parenting Initiative partners navigate operational climates deeply altered by the pandemic to offer parents this type of support at scale. While play lends itself to three of the five components of nurturing care outlined in the Nurturing Care Framework (responsive caregiving, opportunities for early learning, and safety & security), the humanitarian crisis triggered by COVID-19, in some cases, increased pressure to emphasize health and nutrition. At the same time, the COVID-19 pandemic has also highlighted the need for playful parenting more than ever before, and in many countries, we have seen an increase in parents' demand for information and support for parenting during the pandemic.

In the face of these new realities, the Playful Parenting learning community, facilitated by FHI 360, centred scalability discussions on elevating priority for playful parenting programs across countries. After over a year of implementation during a global pandemic, we came together to discuss how COVID-19 has affected pathways to scale, and what we could do to respond.

Check out how parenting programs across these five country contexts are implementing during the pandemic to strengthen local and national buy-in for playful parenting and meet the increasingly urgent need for scaled up services to parents.

Mother and child during a group session in Punakha, Bhutan. *Photo by Save the Children.*

Bhutan: Save the Children's Prescription to Play

In Bhutan, Save the Children, in partnership with the Ministry of Health, leads a multiyear project targeting 0–3-year-old children, with a goal to improve playful parenting practices of caregivers and enable them to support their children's maximum development. This is done through

training Health Workers to (i) deliver 12 group sessions at health centres on playful parenting, breastfeeding and complementary feeding, caregiver well-being, positive parenting, and responsive caregiving, and (ii) screen children for developmental delays and provide intervention ideas and referral services.

The effort has prioritised integration into local systems to facilitate uptake by embedding playful parenting into existing training. For example, playful parenting is being integrated into the pre-service health assistants' training program at the Khesar Gyelpo University of Medical Sciences of Bhutan (KGUMSB). Working with the university provides an opportunity to ensure future Health Workers will be trained to deliver the playful parenting sessions and conduct children developmental milestone screening as part of their regular Integrated Management of Childhood Illness (IMNCI) program.

PROGRAMMING DURING THE PANDEMIC

As a result of the COVID-19 pandemic, Save the Children and Ministry of Health have shifted some of these training from face-to-face to virtual modalities. For example, a learning event for health assistants was changed to virtual sessions to allow health assistants and district health officers to more consistently engage in the quality improvement process to improve the delivery of playful parenting sessions, regardless of future pandemic restrictions on face-to-face meetings.

Guatemala: ChildFund's Juega Conmigo

The launch of the national early years program Acompañame a Crecer (Accompany Me to Grow) by the Government of Guatemala in 2019 marked a pivotal moment for early childhood development in the country. It provided an opportunity for ChildFund to present Juega Conmigo (Come Play with Me), a programmatic strategy to reach families with children aged 0-4 through playful parenting and scale up early childhood interventions among rural Indigenous communities in Guatemala. With the current government stepping in in early 2020, ChildFund has been engaging with the Ministry of Education (Mineduc) at the department and the national level to support the new initiative with the new representatives.

PROGRAMMING DURING THE PANDEMIC

As the onset of the pandemic brought new immediate needs for communities and additional tasks for the government, ChildFund stepped in and developed radio messages on playful parenting to reach caregivers as all in-person early childhood development programs were interrupted. By the end of 2020, the intervention reached 12,308 children and their families. At the same time, the Ministry of Education developed activities and guidelines for Acompañame a Crecer, and began providing training to organisations and community managers on the national ECD program. ChildFund signed a memorandum of understanding to implement Acompañame a Crecer complementing it with best practices and lessons learned from ChildFund's earlier ECD program Nuestros Niños Sanos y Listos (Our children healthy and smart, NNSL in Spanish). As in-person gatherings continue to be on pause as of June 2021, ChildFund is now in discussion with the Ministry of Education to build upon last year's experience using radio to foster playful parenting, and pilot Acompañame a Crecer through this technology, complementing it with the experience and lessons learnt from NNSL.

Rwanda: Boston College & FXB Rwanda's Sugira Muryango

Sugira Muryango (SM) is a home-visiting model to support playful parenting to promote ECD and prevent violence through active coaching and father engagement. Boston College & FXB Rwanda are currently scaling SM to 10,000 households across three districts in Rwanda via the Inshuti z'Umuryango social protection workforce. Local buy-in and government commitment are vital ingredients needed for long-term sustainment of SM. To achieve this, a Collaborative Team Approach is employed, referred to as the Promoting Lasting Anthropometric Change and Young Children's Development (PLAY) Collaborative, to promote multilevel buy-in across the ECD delivery system in Rwanda. The ultimate goal of the PLAY Collaborative is to create a community of practice among ECD stakeholders to reinforce knowledge-sharing and problem solving, while understanding barriers and facilitators to stakeholder engagement and long-term sustainment.

PROGRAMMING DURING THE PANDEMIC

COVID-19 adaptations include increased use of technology like WhatsApp to share information, support training, and engage community stakeholders. Given the reliance on face-to-face meetings to support PLAY Collaborative activities, increased partnership with government partners has been critical for ensuring SM processes adhere to government mandates regarding COVID-19 including smaller meeting groups, provision of personal protective equipment (PPE), and following of social distancing protocols, etc.

Serbia: UNICEF Serbia's ECD Training Package

In Serbia, UNICEF leads a playful parenting programme grounded in evidence-based ECD training approaches including key components of the Care for Child Development approach that support parents to provide nurturing care and engage in play and communication with their young children. As part of the programme, UNICEF focuses on building the capacity of front-line workers to support and empower parents to provide their children with nurturing care, including playful parenting, and strengthening multisectoral ECD policy formulation and financing.

PROGRAMMING DURING THE PANDEMIC

During COVID-19, a strategy central to the scale up approach involves leveraging linkages with both the national and local government's agenda and relevant community stakeholders for a stronger impact and a more prominent voice for playful parenting. This includes (i) aligning and integrating nurturing care and playful parenting within the government's agenda and key priority areas and (ii) enhancing a sense of ownership across sectors by working with government partners to integrate ECD and parental support into national and local plans and policies across relevant sectors. In a period when national attention was on COVID-19 infection rates, vaccination rates, and other pandemic related challenges, UNICEF was attentive to the government's needs and worked to pick the right time to advocate for parenting support. When the government elevated the prioritisation of mental health protection on their agenda, UNICEF intensified the conversation on playful parenting to promote the 'caring for the caregivers' component of the program. From here UNICEF developed a blended training package with live

sessions and asynchronous content to better meet the needs and schedules of the service providers involved. Tapping into these existing linkages with the government and stakeholders will ensure continued buy-in and support for nurturing care and playful parenting, as well as their successful integration into services and programmes.

Zambia: UNICEF's Care for Child Development

In Zambia, UNICEF is working to scale up quality services for younger children and families, including strengthening counselling/support for parents using the Care for Child Development (CCD) approach. The program aims to support the operationalization of the Nurturing Care Framework, including playful parenting at both the national and local levels. By strengthening delivery of ECD services, engaging in policy work, and leveraging communications to propel social and behavioural change, UNICEF drives programming building on existing entry points and services. Building on work on the integration of ECD into the national health and other sector strategic plans and existing maternal and child health services, work in this important area has already begun.

PROGRAMMING DURING THE PANDEMIC

The COVID-19 pandemic has placed enormous new stressors on children and parents, further underscoring the need for quality ECD service delivery. Moving forward, UNICEF will continue to support the government in its efforts to develop a national cost multi-sectoral ECD policy and strategic framework, which will include key support to parents so they can provide nurturing care, including playful parenting to their children. This framework will guide investments and programming for ECD through both government and non-government providers by outlining key strategies, roles, and responsibilities of each sector. UNICEF will also incorporate operational/budgetary considerations to ensure measurable progress towards quality ECD service delivery that promotes children's optimal development in Zambia. The integration of ECD into policies, plans and programmes will not only elevate the importance of nurturing care and playful parenting but will also facilitate its movement to scale.

What's next?

There is an immediate need for scaling up parenting interventions that provide parents with the resources, guidance, and practical tools to manage the complex challenges of parenting through a global pandemic and beyond. As we move programs to scale, special attention must be given to how to preserve fidelity and quality of parenting interventions at scale. Through the implementation research on the Playful Parenting Initiative, FHI 360 uncovers ingredients to successfully scale up that help shape learning across organisations. The five experiences above offer a window into how programs are infusing critical elements of scaling up across distinct country contexts. Moving forward, we hope these learnings serve as a guiding blueprint for pathways to scale for the ECD community to reimagine parenting programs, especially in light of a global pandemic, and ultimately reach more children with learning through play.

Integrating technology to improve distance learning opportunities and screening services for caregivers of 0-3 children in Bhutan during the COVID-19 pandemic

KARMA DYENKA

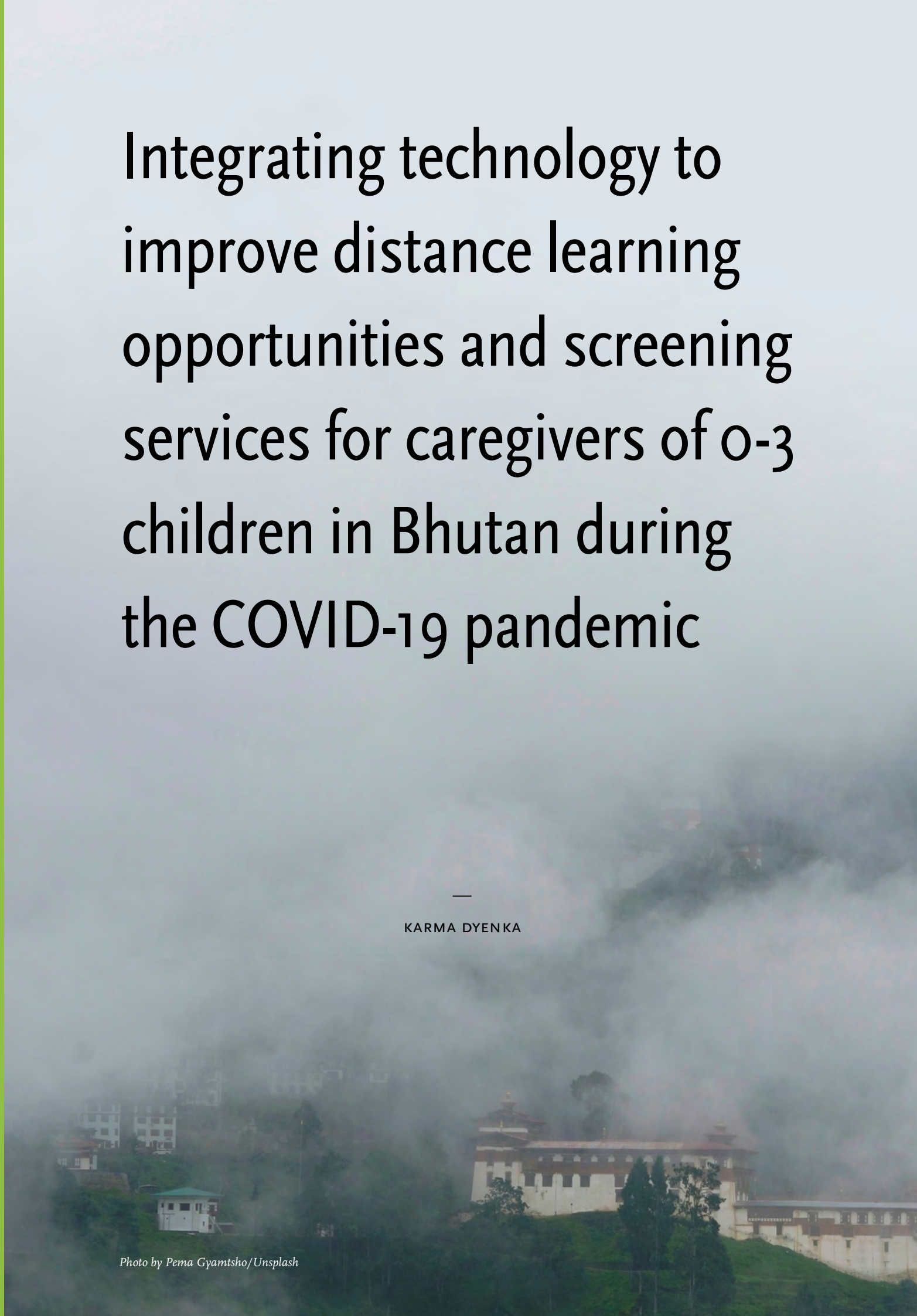

Photo by Pema Gyamtsho/Unsplash

Introduction

Playful interactions with caregivers shape young brains (National Scientific Council on the Developing Child, 2007). Yet, many children, especially the most disadvantaged, miss out on such opportunities when caregivers lack the knowledge, skills, and motivation to play. In Bhutan, 26 percent of young children risk not reaching their developmental potential (Nurturing Care for Early Childhood Development, 2021).

Bhutan's health system did not effectively address the early stimulation and responsive care needs of children under three years old. The Health Assistants' (HAs) implementation of group sessions for caregivers 0-3-year-old in basic health units and outreach clinics, using play and positive parenting sessions from Save the Children's Building Brains program, is effective in the pilot approach for improving the children's development through community health systems. The caregivers for the pilot project were either parents or other significant adults (e.g., grandparents and aunties) in the family who were mainly responsible for looking after the children. The caregivers attended 12 play and positive parenting sessions (one session a month), which built their capacities to engage in play and positive parenting practices with their children. The pilot implemented from 2017 to 2018 successfully improved the children's developmental status with a medium-to-large impact on children's overall development (Save the Children, 2019). The Ministry of Health (MoH), partnered with Save the Children and with funding from The LEGO Foundation, is taking the program to scale across the country. The program is Prescription to Play: A Framework to Integrate, Scale-up, and Sustain Playful Parenting in Health Systems.

The Prescription to Play (P2P) project aims to strengthen parenting practices around play, responsive caregiving, and positive parenting to support the optimal development of 0–3-year-old children. Some of the key findings of the project's baseline study are that the number of toys in the home and the number of playful parenting activities in the past week were the strongest drivers of children's developmental outcomes. That is, exposure to more toys and playful parenting activities was significantly positively related to children's Caregiver Reported Early Development Index (CREDI) scores (Pisani & Chakhaia, 2021). The COVID-19 pandemic significantly delayed the delivery of the project. It was impossible to conduct training and workshops to build the capacities of HAs for delivering the P2P group sessions and to bring caregivers together in groups to participate in 12 one-hour-and-a-half sessions at health centres and outreach clinics.

The pandemic threatens young children's development in unparalleled ways, in Bhutan, and around the world. Effects of prior pandemics in other parts of the world confirm the risk of both immediate and long-term adverse

consequences for children, with particular risks faced during early childhood, when brain architecture is still rapidly developing and highly sensitive to environmental adversity (Shonkoff et al., 2012). When children grow up deprived of stimulation, with low interaction with adults, and ongoing, persistent stress, their young minds fail to build or maintain important brain connections. This ongoing "toxic" stress causes visible changes in brain structure (Center on the Developing Child, 2015) and can have damaging effects on children's learning, development, behaviour, and health across the lifespan (National Scientific Council, 2014).

To mitigate such challenges, P2P offered caregivers and HAs a safe way to access information, learn skills, and receive prompts to early childhood care and development during the current and future pandemic situations. The initial project design was adapted to include technologies allowing for distanced approaches. More importantly, these ideas will help health workers continue to implement the project and caregivers to continue accessing playful parenting sessions and child developmental and referral services for their children. This paper will explore how the P2P team has developed a mobile application and used digital tools in response to the COVID-19 pandemic.

Use of technology to ensure access to P2P project

P2P APP: OVERALL

According to the report Digital 2020: Bhutan, there were 450.2 thousand internet users in Bhutan in January 2020. The number of internet users in Bhutan increased by thirty thousand (+7.2%) between 2019 and 2020. Internet penetration in Bhutan stood at 59% in January 2020. There were 730.4 thousand mobile connections in Bhutan in January 2020. The number of mobile connections in Bhutan increased by twenty-five thousand (+3.5%) between January 2019 and January 2020. The number of mobile connections in Bhutan in January 2020 was equivalent to 95% of the total population (Kemp, 2020).

The mobile application can function both online and offline. The application envisions supporting the HAs and caregivers during the COVID-19 and future pandemic situations. It is also an additional way to support at-home learning even when regular sessions and screening could resume. The app is divided into two main components: a health assistant and a caregiver component. Caregivers have access to a wide range of information, tools, play reminders, personalised tracking, and play plans for their children. The HAs, on the other hand, benefit from digital copies of their session guide and training modules and access to a digital version of a child-development screening tool. The two sides of the app are connected by a chat feature, allowing caregivers and HAs to interact directly and remotely. At the time of the publication of this paper, the HA side of the application had been launched, with the caregiver side still under development. This paper will focus on the screening and play plan feature of the caregiver side of the app, as well as the chat and support function in the HA side of the app.

P2P APP COMPONENTS: CONTENT REPOSITORY AND LEARNING PLATFORM FOR HAS

The HA component of the app will enhance the project implementation efficiencies. It will function as a repository for all program materials and information that will help HAs while conducting the P2P group sessions for

caregivers. To sustain the quality of the group/individual discussion, the HAs will come together through the app for virtual 'plan do study act' (PDSA) sessions. HAs of each district will form groups to discuss virtually the delivery of group and individual sessions. The district health officers (DHOs), who serve as supervisors, will facilitate the sessions and guide the PDSA process. During the PDSA sessions, HAs will interact/communicate through the chat platform regarding project delivery, challenges/issues, and successes. The app will provide an opportunity to carry out constructive discussions, which will help improve the quality of the P2P project rollout.

P2P APP COMPONENTS: THE BHUTAN CHILD DEVELOPMENT SCREENING TOOL AND PLAY PLANS FOR CAREGIVERS

The P2P project includes integrating the national-level childhood development screening tool for children aged 0-3, which refers to Bhutan Child Development Screening Tool (BCDST). This tool, developed by MoH, is now integrated into the Mother and Child Health Handbook. The HAs use the tool to screen children for developmental delays and red flags in four development areas—the physical, cognitive, language, communication—and socio-emotional.

Health Assistant screening a child using the Bhutan Child Developmental Screening Tool (BCDST) and providing play plans to a caregiver.
Photo by Save the Children

Following the screening, the HAs provide mitigation actions, such as prescribing a play plan and/or providing referral services and follow-up when red flags are present. The P2P app has included a digital version of the BCDST, which serves two functions; first, it will allow for the early detection of red flags by HAs to support young children as early as possible. Second, it will help HAs provide the child development screening service and propose activities for child development, adapted according to each child's development, age, materials available, and the caregiver's learning objectives.

The designed activities allow caregivers (mothers, fathers, and other caregivers) to integrate developmentally stimulating activities in everyday chores, covering all developmental domains. Caregivers can select their activities and build their journey. They will be able to record their observations of their children's progress through the stages and notice improvements. They can also self-reflect on their parenting practices and learning through pre- and post-tests and in their observation journal. In addition, the app also provides positive parenting ideas and caregiver well-being tips, all designed to help the caregiver provide the support that their child needs at home. The services provided during an individual appointment with an HA, are now available from each caregiver's home.

DIGITAL DATA COLLECTION

To track the fidelity of implementation, P2P collects data about indicators associated with short and medium-term outcomes in an ongoing way. Table 1 shows the project goal, outcomes, and project indicators that will be provided by the HMIS.

Table 1. ***Goals, outcomes, and indicators program results***

Goal	Outcomes	Key activities	Indicators
All children aged 0-3 will reach their full potential through evidence-based playful parenting interventions	Outcome 1: Improved playful interactions between primary caregivers and their children (aged birth to three) Outcome 2: Improved practice among the workforce to promote playful interactions between primary caregivers and their children (aged birth to three).	Group Sessions	Number of parents/caregivers of children 0-36 months enrolled.
			Number of parents/caregivers who have attended at least 3, 6, 9, and 12 sessions
			Number of children 0-36 months who have attended at least 3,6,9 and 12 sessions.
		BCDST Screening	Number of children screened by age groups
			Number of children identified with development on track
			Number of children identified needs monitoring
			Number of children identified needs further assessment

The COVID-19 pandemic re-emphasised the need to collect data using digital methods not only where in-person data collection efforts were stymied by lockdowns and health concerns, but also because timely data and analysis became critical for rapid decision-making during the pandemic and will remain critical for adaptive management of the program going forward. The P2P team relies on two main methods of digital data collection: the Bhutan Health Management Information System (HMIS) Mobile Application and

the KoBo Toolbox (2019). The HAs create monthly reports on caregivers' attendance in group sessions as well as children screened for developmental delays (in person), and related counselling and referral services. These are uploaded into the MOH's HMIS through a mobile application, with the MOH sharing the relevant data with the P2P team.

Data about the training of HAs, caregiver enrolment in group sessions, and monitoring visits is collected through Kobo Toolbox, an open-source digital data collection tool developed by the Harvard Humanitarian Initiative (KoboToolbox, 2019). HAs use KoBo on their mobile devices or computers to report directly on the roll-out training (pre- and post-test, assessment, and feedback forms) and to enter caregiver enrolment data for the group sessions.

The district health officers and focal HAs use the KoBo data collection tool to conduct supportive supervision of the HAs delivering the P2P group sessions. Collecting data digitally in this manner will allow information to be accessed and analysed immediately. The P2P project team will be able to use the findings to focus its monitoring efforts on intervention sites where problems or issues such as poor caregiver enrolment, weak caregiver attendance, ineffective professional support provided by district health officers and focal HAs, and the frequency threshold for monitoring visits by them is not met, and more cases of children with developmental delays are observed. This will allow for timely and adaptive learning about ongoing interventions in all situations, even when in-person data collection might not be possible and when on-the-ground data about the current situation is most critical.

Conclusion

The P2P program was designed in 2018 before the COVID-19 pandemic outbreak. The earlier experiences of piloting Save the Children's Building Brains project focused primarily on face-to-face interventions for training district health officers and HAs, for HAs to conduct the monthly P2P group sessions for caregivers of zero- to three-year-old children, and for opportunities for HAs to participate in learning and coaching sessions. The P2P project team prepared to implement face-to-face interventions as usual, when the COVID-19 pandemic made this approach unfeasible.

When lockdowns were implemented and restrictions on group gatherings were mandated by the government in 2019 and 2020, continued access to essential health services was prioritised. The P2P project team was challenged to not only implement during this pandemic but also to ensure that future lockdowns and restrictions in movement and group gatherings did not completely halt the implementation of the project. The P2P team also tried to think sustainably about future pandemics or shocks that could lead to a prioritisation of distanced or hybrid approaches. Our response to this challenge was to use technology in different aspects of the project to ensure that caregivers of 0–3-year-old children in Bhutan continue to have access to playful parenting techniques, child developmental screening, and referral services.

Guiding parents to play at home: pilot implementation of the Home-based ECCD Program in the Philippines

KHARA UY AND EDWIN TALEON

Introduction

In 2020, Early Childhood Care and Development (ECCD) Council of the Philippines pilot-tested a Home-based ECCD Program designed for areas without regular access to ECCD services. The model framework[2] guides the capacity-building for parents, including primary caregivers or other family members in creating a home environment that is developmentally appropriate and responsive to children's needs. The onset of the COVID-19 pandemic provided for the timely implementation, as centre-based ECCD services were put to a stop due to wide-scale lockdowns.

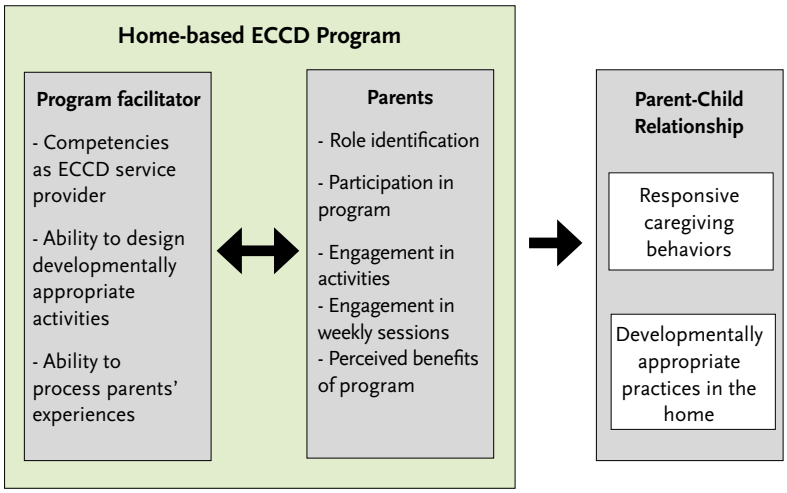

Figure 1. ***Model framework for the Home-based ECCD Program.***

Weekly Plans are provided to parents through weekly sessions. These contain play-based activities (National Early Learning Curriculum [NELC], 2015), meant to help parents see how play can facilitate children's holistic development. In addition, the emphasis on play-based activities supports the idea that for young children, playing and learning are not separate but are integrated. It also aims to promote the home as a rich learning environment.

2. The model framework for Home-based ECCD Program was developed by the ECCD Council of the Philippines when it was implemented in pilot areas in 2020. It is the conceptual framework in the Final Report submitted to the Management of the ECCD Council.

Method

The ECCD Council piloted its Home-Based ECCD Program in four sites in the Philippines, namely: Marikina City in Metro Manila; Antipolo City and Municipality of Taytay, Rizal Province; and Municipality of Bustos, Bulacan Province.

Due to lockdowns and limitations on transport services, the ECCD Council intentionally selected said pilot sites within, or geographically near Metro Manila, to ensure prompt delivery of materials and supplies. The sites provide for local government unit (LGU) general context where centre-based ECCD programs have been established but have yet to offer alternative delivery of ECCD services, specifically in the home setting. Moreover, the selection of sites considered the availability of internet access and communication lines of participating LGUs as all activities (e.g., orientations, workshops, technical assistance sessions) were done remotely due to health protocols brought by the COVID-19 pandemic. However, there were limitations on account of the different levels of accessibility and connectivity of these program sites.

Before the Home-based ECCD Program implementation, the ECCD Council officers conducted capacity-building activities and orientation for program supervisors and facilitators in August 2020. The program facilitators also received training through a 3-day lecture and workshop on developmentally appropriate practice, early childhood assessment, and planning/modifying weekly activities for children and their families in September 2020. The program facilitators then conducted an orientation for the parents in October 2020 about the program and their roles, followed by the Home-based ECCD Program implementation. Table 2 below shows the number of participants involved in the project.

Table 2. ***Distribution of participants per program site.***

Participants	Antipolo City	Municipality of Bustos	Marikina City	Municipality of Taytay
Supervisors (Local Social Welfare and Development Officer/ ECCD Focal Person)	2	1	2	2
Program Facilitators (Child Development Teacher/Worker)	3	3	3	3
Parents in Infant-Toddler Early Development (ITED) Program (for children aged 0-2 years old and 11 months)	5	0	5	5
Parents in Pre-K1 Program (For children 3-3 years old and 11 months)	5	0	5	2
Parents in Pre-K2 Program (For children 4-4 years old and 11 months)	5	9	5	4

With the set criteria of parents with children aged 0 to 4 years, Program Facilitators invited parents to participate in the pilot implementation. Those who agreed to participate voluntarily enrolled themselves and their children, aiming for the continued learning of their children. In addition, three sites

engaged two supervisors, where the LGUs had ECCD Focal Persons and Day Care Coordinators assisting their Local Social Welfare and Development Officer in implementing ECCD programs.

The Focus Group Discussions (FGDs) design elicited responses from parents on their experiences and opinions about the program. All FGDs conducted had an assigned Program Facilitator to establish rapport between the parents and ECCD Council officers. Parents, who consented to participate in the FGDs, were encouraged to share their experiences and their critical and constructive comments that would be used to develop the materials in the program. FGDs were conducted in Filipino and recorded via zoom, although parents' responses were a mixture of English and Filipino. From our observations, parents who participated in the FGDs shared their experiences without reservations despite the presence of the program facilitator.

Antipolo City and Taytay, Rizal sites participated in the first FGD in November 2020, only after at least three weeks of implementation, and the second FGD in December 2020. Marikina City and Bustos in Bulacan participated in the first and only FGD in December 2020 due to disruptions from Typhoon Vamco, known in the Philippines as Typhoon Ulysses. With Typhoon Vamco affecting the conduct of FGDs, Bustos and Marikina City completed only three classes under FGD 1 in December 2020. Since there was only one FGD in the pilot sites in Bustos, Bulacan and Marikina City, sharing of experiences by the parents was limited. Parents who participated in two FGDs established a baseline of expectations and were able to evaluate and assess themselves against the baseline. Table 3 shows the details of the FGD sessions.

Table 3. ***Frequency of FGDs per pilot site***

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Pilot Site	FGD 1	FGD 2	Remarks
Antipolo City, Rizal	(2nd Week of November 2020)	(Third week of December 2020)	Completed classes in Infant-Toddler Early Development (ITED) Program (0-2 y.o.), Pre-Kindergarten 1 (3 y.o.), and Pre-Kindergarten 2 (4 y.o.) under FGD 1 in November 2020 Completed the same classes above under FGD 2 in December 2020
Bustos, Bulacan	(Third week of December 2020)	-	Completed three classes (All Pre-Kindergarten 2) under FGD 1 due to Typhoon Vamco
Marikina City, Metro Manila	(Fourth week of December 2020)	-	Completed three classes in Infant-Toddler Early Development (ITED) Program (0-2 y.o.), Pre-Kindergarten 1 (3 y.o.), and Pre-Kindergarten 2 (4 y.o.) under FGD 1 in December 2020, but were delayed due to Typhoon Vamco
Taytay, Rizal	(4th Week of November 2020)	(Third week of December 2020)	Completed classes in Infant-Toddler Early Development (ITED) Program (0-2 y.o.), Pre-Kindergarten 1 (3 y.o.), and Pre-Kindergarten 2 (4 y.o.) under FGD 1 in November 2020 Completed the same classes above under FGD 2 in December 2020

Taking notes and transcriptions were produced based on the recordings. The similar and unique responses were clustered per FGD question and themes were identified for every clustered response. The assigned ECCD Council officers conducted a review workshop to identify common themes according to the parents' responses.

Results from FGDs

WHAT CHILDREN SHOULD LEARN

Generally, parents reported the importance of "starting to engage" in learning opportunities at an early age to prepare children for formal schooling. Parents added the importance of children enjoying learning and thought that those who experience too much pressure in their studies might feel burnt out at a young age.

The majority of parents' responses alluded to wanting their children to learn pre-academic skills, described as skills needed for formal schooling. These included wanting their children to learn the alphabet, body parts, colours, shapes, counting, writing lines or their names, and becoming familiar with stories.

Some of the parents mentioned starting to read with young children. Several parents, on the other hand, mentioned that engaging in the program gave their children the opportunity to gain pre-academic skills in advance. Alongside pre-academic skills, parents expressed that the program was good for developing study habits among children. Parents said that they wanted their children to learn to focus on assigned tasks.

According to parents, children need to learn to interact with others their age. This aspect was largely unmet due to the restrictions on social interactions brought about by the COVID-19 pandemic. For some groups who conducted online sessions, there was very minimal child-to-child interaction as Program Facilitators took up most of the time in the session. Parents were additionally interested in having their children learn good manners that could be practised daily at home. Some parents shared that older siblings helped in implementing certain activities at home.

PLAYING VERSUS STUDYING

Three concepts were brought up during the FGDs: playing (*paglalaro*), studying (*pag-aaral*), and learning (*pagkatuto*). Parents shared that learning always happens when a child studies. Additionally, studying is reportedly associated with challenging activities related to their child's present age and skills.

Parents define play as experiences that children enjoy. They identified two types of play: One is the type where learning is not recognised, such as when children chase each other or play with toys. The other type is where adults target specific skills included in the weekly plan, like washing hands, brushing teeth, opening lids, and picking up things, which are considered learning experiences.

Parents characterised studying by engaging children in activities to learn, often partnered with adult supervision. The parents expressed that play can be a distraction to studying. However, parents shared that there are times when they combine playing and studying. This combination makes children happily engaged in activities and learn from them.

Parents also differentiated playing and studying by the skill highlighted in the activity. Gross motor skills and socio-emotional domains frequently relate to playing, such as playing with toy blocks, climbing up, and going down

the stairs. On the other hand, fine motor skills and cognitive domains relate to studying, such as tracing or writing letters and doing worksheets. These results highlight that some parents continue to see learning as separate from playing. They see learning that emphasises skills expected for formal schooling and playing that emphasises skills unrelated to school.

USING THE WEEKLY PLAN

Program facilitators, who are child development teachers and workers with experience in implementing centre-based early learning programs, are the primary designers of the weekly plans, which contain activities based on the children's development and interest, and the NELC. Parents, on the other hand, are the primary implementer of the activities in the set weekly plans during the set week and share their experiences during the weekly session. As implementers, they provide possible revisions to activities based on their children's reactions and interactions.

Further, the parents described that weekly plans provide a step-by-step sequential guide to activities, explaining that these are easy to follow and provide flexibility to their schedules and children's pace to complete activities. However, implementation, according to them proves to be challenging, including capturing and sustaining children's attention and avoiding distractions that affect their disposition in doing the activities. The challenges include a lack of experience in teaching their children and limited knowledge of concepts to introduce in the early years.

According to the parents, activities such as mealtime, play, and family time are integrated with home routines. They consider them as regular routines rather than separate activities. This integration allows other family members to participate in activities, encouraging them to play an active role in their children's activities and development.

The parents reported that the guide observation questions on how children responded or performed the task for each activity in the weekly plan, allowed them to observe their children's development and interests, including tasks and skills they did with ease or with a challenge. Children manifest responsive behaviours as parents recognise the areas to introduce variation or receive assistance in implementation. Some parents reported implementing and designing additional activities based on their children's development, interests, and the week's concept.

PERCEIVED IMPACTS

The majority of parents expressed that they felt closer to their children because of the program, which was the best effect they experienced. The parents mentioned that doing the activities with their children facilitated interactions between family members. The majority of parents were mothers; however, they tapped other family members, such as the fathers, grandparents, and older siblings, to step into the teacher or facilitator role when needed.

Parents' understanding of their child as unique, was shown through their keen observation of their child's preferred activities and the modification they made to suit their child's needs and interests. The role of play was an important discovery in parenting, especially in the traditional context of community attitudes, where play is perceived to be devoid of learning and development.

The parents reported time management as a major challenge in the program implementation. Their availability for their children proves challenging despite their busy schedules and prioritising tasks that require immediate attention.

At the start of the implementation, the parents shared that they adjusted to their role in the program as they got to know their child as a learner

and themselves as a teacher. Eventually, children are more able to listen because parents can communicate more in a manner that their children can understand. By the third month of the program implementation, parents viewed themselves as their child's first teacher who actively took on the primary role of planning, designing, implementing, and evaluating developmentally appropriate activities. They felt capable of teaching and expressing continued support for their children's learning at home.

The parent communities created showed how the program can empower parents to support each other. During the pilot implementation, parents took the initiative to establish online communities through group chat platforms. The parents found themselves sharing resources, such as related worksheets, songs, teaching strategies, and practices through social media messaging apps like Facebook Messenger, using chat and video call options when necessary.

Discussion of Findings

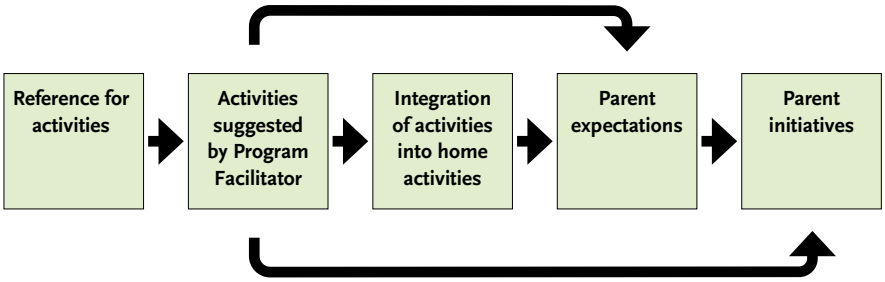


Figure 2. ***Model for educating parent expectations and parent initiatives***

The weekly planned activities influenced the parents' expectations of their children. The parents showed complete trust in the program facilitators and viewed their recommended activities as the ideal activities to give to their children.

The same goes for parents' expectations and the implementation of learning experiences. Parent initiatives are activities provided by parents outside the suggested weekly plan, such as related stories, worksheets, and activities. The parents reported using the weekly plan as a basis for additional activities, following its themes and the nature of its suggested activities.

In addition, the parents' expectations and observations of their child's learning are influenced by the number of suggested activities integrated into home routines. Suggested activities integrated into home routines helped parents become more observant of their children during specific routines. Also, the parents are more able to see their children's progress in the skills required by these specific routines even when done during other home routines. Meanwhile, skills from activities, not integrated into home activities, were only observed through the repetition of the same activity.

Parents who enrolled in the Infant-Toddler Early Development (ITED) Program proved to be more likely to report expectations that activities should be integrated into home activities and routines, and less likely to report a focus on pre-academic skills, rather than parents in the Pre-K programs. These expectations may be attributed to ITED activities being guided by NELC Learning Resource 3, which lists activities done in the home setting. Meanwhile, Pre-K activities guided by NELC Learning Resources 5 and 6, list activities done in the classroom setting. Overall, ITED groups in the pilot implementation reported experiencing and initiating more activities that were integrated into home routines.

Noting these, two critical entry points for technical assistance are identified: (1) the Weekly Plan suggested by program facilitators, and (2) the references provided for program facilitators in designing suggested activities. Resources provided during the implementation are the NELC - Learning Resource Package and Core Developmental Milestones of Filipino Children.

How a weekly plan is designed, influences parents' ideas about their child's development and the extent of support they should be providing as parents. Therefore, regular capacity-building activities for program facilitators, who design weekly plans, should focus on developing knowledge in child development (holistic development, developmental milestones, and the like) and developmentally appropriate practices. Through regular capacity building, there is an increase in understanding and, eventually, proficiency in the principles of early childhood development and developmentally appropriate practises of program facilitators.

The provision of reference materials containing age-specific and appropriate activities that can be integrated with the home routine allows program facilitators to design and adapt to the children's specific needs and interests, and the available resources in the home environment. It is important to highlight home activities as a rich source of learning opportunities for children, simultaneously promoting parents' learning about their children.

Program facilitators then are more equipped to develop appropriate and responsive weekly plans, implemented by parents. Through practice and transfer of knowledge from program facilitators to parents, parents are led to responsive and appropriate caregiving behaviours and developmentally appropriate practices at home.

Conclusion

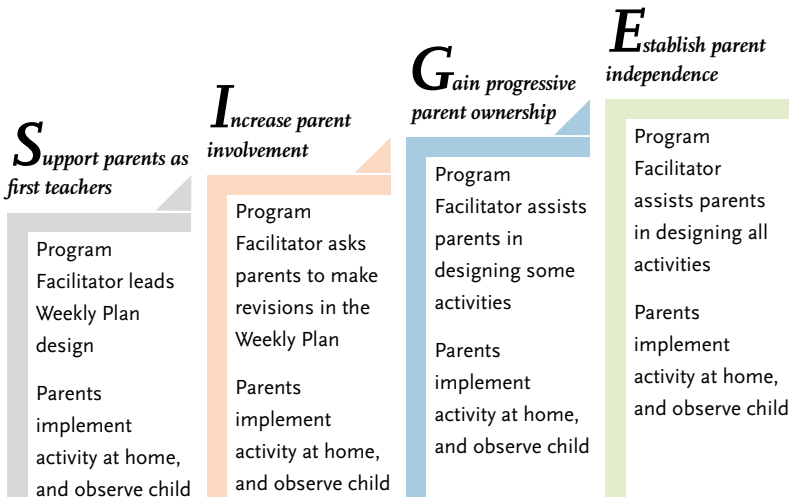
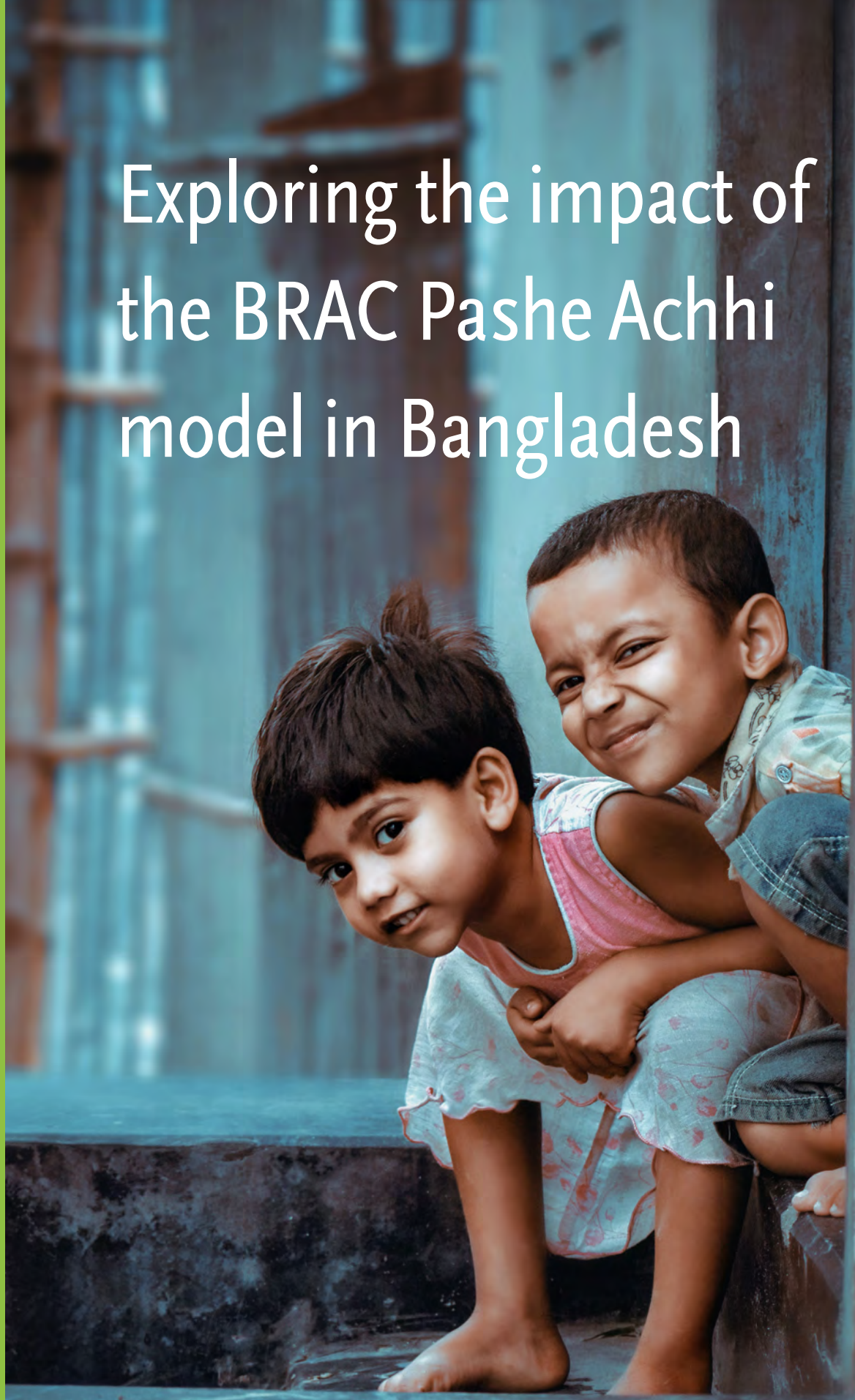


Figure 3. ***SIGE: Four phases of the Home-based ECCD Program.***

From the Pilot Implementation, the ECCD Council has been able to revise the program model that guides participants to gain parental independence—the ability to make developmentally appropriate decisions and design play-based learning activities in the home and community independently. A four-phased process was designed to gradually educate parents to become knowledgeable and comfortable in their role as the child's first teacher. Following the development of the Guidebook for its implementation, the program is set to be rolled out to other local government units to replicate and adapt, specifically for areas without regular access to centre-based ECCD programs and services.

Exploring the impact of the BRAC Pashe Achhi model in Bangladesh



SAKILA YESMIN, TASLIMA BEGUM, OSMAN GONI, NABIHA SULTANA, JAKIRUL ISLAM, RABIYA KHATUN, AND NASRIN AKTHER

Introduction

The foundation for an individual's optimal development is laid during their early years as these years offer a critical window of opportunity to shape their holistic development, including physical, cognitive, language, and socio-emotional development (Kariuki et al., 2007). Moreover, a wide array of research, ranging from developmental neuroscience to biology to epigenetics, values the necessity of Early Childhood Development (ECD) programs to ensure children's overall development (Young, 2010). The poorest, conflict-affected and most vulnerable children are also likely to benefit from ECD interventions. However, many children, especially from low- and middle-income countries, do not have access to interventions due to household risks or structural barriers to access (Global Education Monitoring Report Team, 2006/2006, pp. 1–405). Moreover, the COVID-19 pandemic imposed new challenges in accessing in-person services.

In this pandemic, caregivers and the home environment are the only pathways to contribute to children's development. Some evidence also suggests that parent's well-being, knowledge of ECD, responsive interactions, capacity to provide stimulating home learning environments, and play-based learning improve children's development (Belcher et al., 2007; Boonk et al., 2017; Jeong et al., 2018; Lehrl et al., 2020; Melhuish et al., 2008; Phua et al., 2020; Shah et al., 2019; Tu et al., 2021; Yesmin et al., 2016). However, though there were improvements in evidence-based ECD interventions from centre-based learning programs for children to home-based parenting and learning programs, they are limited. (Karoly et al., 2005). Hence, as a response to the COVID-19 pandemic, BRAC designed the Pashe Achhi Telecommunication Model (0-5y) to meet the needs of Bangladeshi (BD) and Rohingya Refugee communities' psychosocial support and learning needs of children. The intervention was implemented for three months in ten districts of Bangladesh and seven months in Rohingya Camps, though it was a nine-month framework.

The Pashe Achhi remote learning mechanism is intended to promote caregivers' and children's well-being and foster child development through play-based learning, positive parenting, and self-care practices of caregivers. Since providing psychosocial support became increasingly pivotal during the pandemic, this model has incorporated psychosocial support via learning-through-play approaches to encourage positive interactions between

Photo by: Tarikul Raana/Unsplash

caregivers and children. Therefore, scripts were designed, incorporating psychosocial support, learning through play, and health and hygiene. Each script delivers a 20-minute phone conversation facilitated by a Play Leader. The call consisted of a 10-minute counselling session with the caregiver, which focuses on familial well-being and positive parenting, and a 10-minute learning session engaging the child and their caregiver with age-appropriate activities, such as reciting rhymes and storytelling. Through active and empathetic listening, Play Leaders created a warm, respectful, and trustworthy environment in the calls.

Trained facilitators, named Play Leaders (PL), facilitated the calls for caregivers and children once a week. To facilitate the calls, Play Leaders were trained remotely through Google Meet, IMO, and conference phone calls on ECD, learning through play, playfulness, mental well-being, and basic psychosocial skills. Following a cascade model, curriculum developers and psychologists trained a pool of trainers (frontline staff), who, in turn, trained Play Leaders.

One of the major limitations was that the program was not fully implemented due to unstable finance. Because of several fire incidents in some camps, the Government restricted the use of mobile phones, which halted the Pashe Achhi call and resumed the adaptation of Pashe Achhi home visits to maintain communication with children and families.

Statement of the Problem

Emergency settings as a result of pandemics, natural disasters, and conflict pose a multitude of risks to accessing services due to barriers to logistic supplies, infrastructure, health hazards, safety, and security (Oden et al., 2012); UNICEF, 2014; The Sphere Project, 2000, pp. 1–251). UNICEF (2010) reported that a large portion of the population, especially children's lives and well-being, are under threat during an emergency and, thus, require extraordinary action to ensure care, protection, and survival, such as keeping basic living standards and conditions. In such situations, a remote mechanism is an avenue to support early childhood.

Recently, the provision of services through audio signals is becoming increasingly commonplace in early childhood intervention (Hughes et al., 2016; McCarthy et al., 2010; Muñoz et al., 2016; Stredler-Brown, 2012). On the other hand, an increasing pool of evidence supports that telecommunication modality, a supplementary, even an alternative to "in-person" services, is feasible and includes the benefits of improved access to services, more efficient use of time, and reduction in travel costs (Cason et al., 2012; Crowell et al., 2011; Davis et al., 2012; McCarthy et al., 2018); Ishani et al., 2016; Kelso et al., 2009; Mammas et al., 2014; McCarthy, Duncan, & Leigh, 2012; Moffet et al., 2015; Sabesan, 2014; Segrelles, et al., 2014; Smith et al., 2008; Tousignant et al., 2011).

Though the feasibility of telecommunication modality is well recognised, up-taking the modality in early intervention is limited. As a result, the Pashe Achhi Telecommunication Model can be a promising low-cost model in the field of ECD by reaching children and their caregivers even in conflict-affected and hard-to-reach areas. Therefore, the study intended to examine the effectiveness of the Pashe Achhi in improving mothers' knowledge, attitudes, and practices on ECD and promoting well-being to stimulate development in children aged 0-5 years old.

Method

STUDY DESIGN

Pre-post single group design was followed in this study. Baseline and end-line data were collected during the first, and last Pashe Achhi calls, respectively. Thus, end-line data were collected three and around seven months after the baseline in mainstream and Rohingya camps.

STUDY AREA AND SAMPLE

The study was located in ten districts of Bangladesh, covering northern, central, and eastern parts of Bangladesh. The study includes 23 camps. Data were collected from 340 mother-child dyads and 60 Play Leaders (PLs) who facilitated the calls. Additionally, 152 mother-child dyads and 162 Rohingya Play Leaders/Mother Volunteers were selected from the Rohingya camps of Cox's Bazar. All mother-child dyads were selected randomly.

TRAINING AND DATA COLLECTION PROCESS

Field Research Assistants (FRAs) and Research Supervisors received interactive and rigorous training on theories, tools, and hands-on practices. The inter-observer reliability with expert trainers (≥.70) was assured. After training, FRAs collected child, caregiver, and PL outcomes data through telephonic interviews. On the other hand, fidelity data was acquired by hearing the audio-record calls. Additionally, research supervisors checked 5% ongoing reliability to ensure data quality. Standard ethical protocols were followed in both interviews and call recordings.

DATA PROCESSING AND ANALYSIS

Before the analysis, the proponents checked the normality and assumptions of the statistical tests. For data analysis, descriptive statistics, Paired Sample t-tests, and correlation analyses were used.

STUDY INSTRUMENTS

The following instruments were used for data collection both in baseline and end-line. Bangla and Rohingya versions of the tools were used for the Bangladeshi and Rohingya samples, respectively.

KAP (KNOWLEDGE, ATTITUDES & PRACTICES) FOR PARENTS

The KAP tool has been developed based on the HOME inventory and the parenting education program, which was used previously in several studies (Ahmed et al., 2011; Khanom et al., 2013). Later, the tool was revised and validated in 2018 for low-resource settings (Yesmin et al., 2018). In 2020, the instrument was reviewed and adapted for telecommunication. The items in the tool focused on parents' knowledge, attitudes, and practices on early childhood development, learning through play, gender equity in play, engagement in play, and mental health.

KAP QUESTIONNAIRE FOR PLAY LEADER

This tool was designed to measure Play Leaders' knowledge, attitudes, and practices on ECD, learning through play, playfulness, health & hygiene routines, and psychosocial skills.

PATIENTS HEALTH QUESTIONNAIRE (PHQ-9)

PHQ-9 measures caregivers' depressive symptoms. The internal consistency of the Bangla tool was >.8, and Rohingya was >.7 (Yesmin et al., 2016, 2018).

AGES AND STAGES QUESTIONNAIRE (ASQ:3)

ASQ:3 measures children's communication, gross motor, fine motor, problem-solving, and personal-social skills with scores ranging from 0-10. The psychometric properties of both Bangladeshi and Rohingya validated scales were satisfactory (Cronbach's alpha >0.7) and used in several studies (Frongillo et al., 2013; Yesmin, et al., 2018).

AGES AND STAGES QUESTIONNAIRE: SOCIAL-EMOTIONAL (ASQ:SE-2)

The ASQ:SE-2 tool was used to measure children's socio-emotional development where scores range from 0-10. The lower scores indicate better development. The psychometric property of the validated Bangladeshi and Rohingya Version was satisfactory (Cronbach's alpha >0.8) (Yesmin et al., 2015, 2018).

FIDELITY FOR PASHE ACHHI

The Fidelity Tool was designed to assess the degree to which the program was delivered as intended. This measures PL's competencies in session management, rapport building, providing emotional support, and playful engagement with children.

Findings

The distribution of caregivers' and children's characteristics, as well as their families, demonstrates that most of the mothers and fathers were young and completed at least primary education in the Bangladeshi community. Most fathers were day labourers, and their family income was low. Similarly, in camp, most fathers and mothers were young and less educated, and monthly income was meagre. Table 4 also shows that the number of girls and boys was almost equal among the sample.

Table 4. ***Distribution of children's and their families' characteristics***

Variable	Bangladeshi	Camp Rohingya
Mothers' factor		
* Age	25.03(4.69)	25.9(5.07)
Education (Completed primary education)	83.80%	7.89%
Occupation (Homemaker)	93.80%	97.4%
Fathers' factor		
* Age	31.71(5.88)	32.8(7.37)
Education (Completed primary education)	79.40%	8.6%
Occupation (Day labour)	33.20%	76%
Children's factor		
Gender (Boy)	46.40%	52%
* Age	23.67(16.18)	21.7(13.97)
Families' factor		
Types (Nuclear)	58.80%	78.9%
* Monthly economic (In taka)	16,372(20,698)	3,501(4,781)

* ***Mean (SD)***

Table 5 illustrates that after three months of intervention, Bangladeshi caregivers showed significant improvement in their knowledge (p<.001, d=.99, attitude (p<.001, d=0.97), and practices (p<.001, d=0.83), as well total KAP (p<.001, d=1.25). Similar results were found in the Rohingya community after seven months of intervention (Knowledge: p<.001, d=.4; Attitude: p<.001, d=1.16; Practice: p<.001, d=2.56; Total KAP: p<.001, d=1.69).

Table 5. ***Distribution and comparison of caregivers' outcomes***

Variable	Baseline (BL) Mean±SD	Endline (EL) Mean±SD	Mean Difference (EL-BL)	t	Effect size d
Bangladeshi					
Knowledge	5.28±2.8	8.55±1.98	3.28	18.20***	0.99
Attitude	14.68±3.75	18.48±1.95	3.79	17.86***	0.97
Practice	10.59±2.11	12.55±1.39	1.91	13.22***	0.83
Total KAP	30.63±7.11	39.79±3.66	9.16	19.93***	1.25
Depressive symptoms	3.05±3.43	2.52±2.87	-.53	-2.25*	-.12
Rohingya					
Knowledge	7.00±2.90	8.71±.194	1.71	5.61***	.4
Attitude	13.14±2.66	16.15±.209	3.00	14.34***	1.16
Practice	3.87±1.33	8.737±.122	4.86	31.81***	2.56
Total KAP	24.01±4.43	33.59±4.32	9.58	20.94***	1.69
Depressive symptoms	4.86±.292	1.88±.176	-2.98	-8.86***	-.71

p<.05,
p<.01,
p<.001

Table 5 also reveals that the intervention also promoted mothers' well-being by demonstrating decreases in depressive symptoms (Bangladeshi: p<.05, d=-.12; Rohingya: p<.001, d=-.71). Figure 4 also provide that the percentage of depressed caregivers declined after the intervention.

Figure 4. ***Comparative statistics of Bangladeshi and Rohingya caregivers' mental health status.***

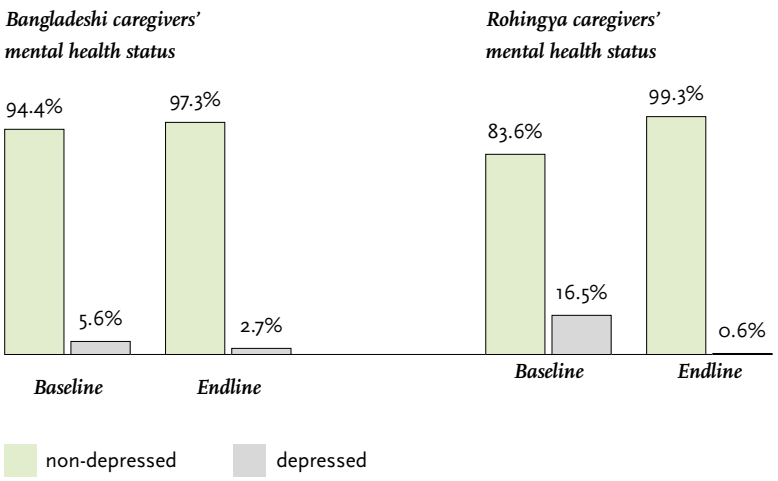


Table 6 illustrates that children significantly (p<.001) progressed in communication, gross motor, fine motor, problem-solving, the personal-social, collective total score of ASQ:3, and socio-emotional development (in ASQ:SE lower the score indicates better children's socio-emotional development) with low to medium effect in the Bangladeshi (.46 to .76) and medium to large effect in Rohingya (.5 to 3.41).

Table 6. ***Distribution and comparison of children's outcomes.***

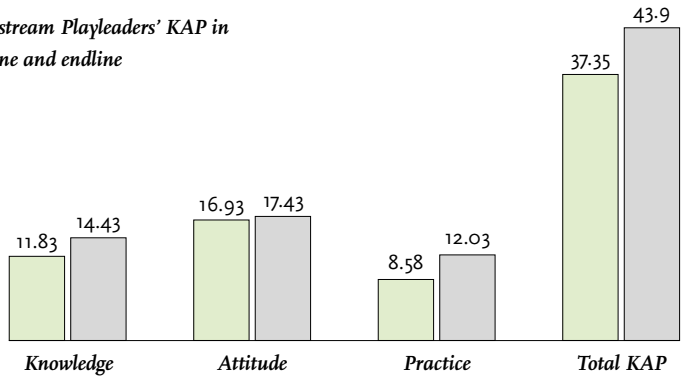
Variable	Baseline (BL) Mean±SD	Endline (EL) Mean±SD	Mean Difference (EL-BL)	t	Effect size d
Bangladeshi					
Communication	41.51±14.22	52.54±9.24	11.04	10.89***	.65
Gross Motor	40.52±15.51	49.62±13.06	9.10	8.15***	.49
Fine Motor	28.44±16.57	40.90±14.57	12.46	9.64***	.58
Problem-Solving	34.48±15.99	47.63±13.38	13.15	11.44***	.68
Personal Social	39.16±14.27	49.75±11.31	10.59	10.02***	.60
Total ASQ:3	184.10±57.29	240.45±46.26	56.34	12.71***	.76
Socio-emotional	2.30±1.15	1.60±.93	-.70	-7.75***	-.46
Rohingya					
Communication	31.41±12.25	49.01±11.2	17.6	15.07***	1.22
Gross Motor	38.75±16.05	49.54±10.46	10.79	7.95***	0.64
Fine Motor	33.45±13.37	43.75±15.22	10.3	6.58***	0.53
Problem-Solving	35.16±13.03	45.36±13.73	10.2	7.26***	0.59
Personal Social	42.2±11.48	49.97±11.3	7.76	6.18***	0.5
Total ASQ:3	180.99±40.24	237.63±48.95	56.64	12.15***	0.99
Depressive symptoms	4.86±.292	1.88±.176	-2.98	-8.86***	-.71

p<.05,
p<.01,
****p<.001***

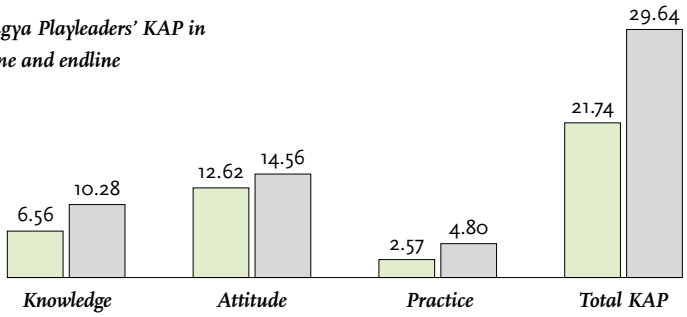
Figure 5 demonstrates Play Leaders also gradually improved their knowledge, attitude, practices, and collectively on total KAP with a larger effect size (.9 to 1.6) except attitude (.22) in Bangladeshi caregivers and low to medium in Throughout the intervention, the fidelity of Pashe Achhi was assessed twice.

Figure 5. ***A comparative difference in Mainstream Play Leaders' KAP of Bangladeshi and Rohingya.***

Mainstream Playleaders' KAP in baseline and endline



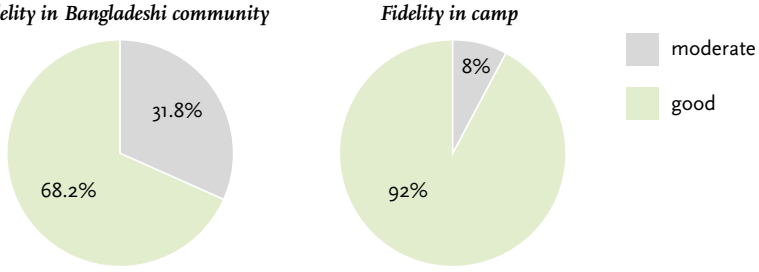
Rohingya Playleaders' KAP in baseline and endline



Baseline Endline

Photo by: BRAC.

Figure 6. ***Comparative fidelity scores of Bangladeshi and Rohingya Play Leaders' (PLs) competency***



Thus, understanding the Play leaders' (PLs') competencies, the fidelity scores were averaged and categorised as poor, moderate, and good. Figure 6 shows that most PLs demonstrated good competency in calls (Bangladeshi:68.2%, Rohingya: 92.0%).

Findings reveal that Play Leaders' competency was positively correlated with mainstream caregivers' improvement in attitude (r=.17), practices (r=.20) and total KAP (r=.17), and Rohingya caregivers' practices (r=.18) and total KAP (r=.22). Fidelity score was also found to be positively correlated with children's improvement. Moreover, Play Leader-child interaction was positively correlated with gross motor (r=.18) and problem-solving (r=.22), and negatively correlated with fine motor (r=-1.4) in the main Bangladeshi community. However, in the camp, children's improvement in all the measures except socio-emotional was positively correlated with Playleader-child interaction.

Table 7. ***Correlation between Play Leaders' competencies with caregivers' and children's outcomes.***

Variable	**Bangladeshi**	**Rohingya**	**Bangladeshi**	**Rohingya**
	Fidelity		Play Leader-child interaction (subtest of Fidelity)	
Knowledge	-0.04	-.01	-	-
Attitude	.17**	.05	-	-
Practice	.20**	.18*	-	-
Total KAP	.17**	.22**	-	-
Total score in PHQ-9	-0.01	.12	-	-
Communication	0.09	.17*	0.11	.46**
Gross motor	0.00	-.21	.18**	.35**
Fine motor	-0.08	-.02	-.14*	.57**
Problem-solving	.19**	.05	.22**	.42**
Personal Social	-0.07	.18*	-0.07	.33*
Total of ASQ:3	0.03	.22**	0.08	.61**

Discussion

The present study aims to explore the effect of the Pashe Achhi in improving mothers' knowledge, attitudes, and practices on ECD and promoting well-being to stimulate development in children aged 0 -5 years. Therefore, following a pre-post intervention group design, the study was conducted on 340 and 152 randomly selected caregiver-child dyads from the Bangladeshi - and Rohingya communities, respectively. Additionally, data were collected from 60 Bangladeshi and 162 Rohingya Play Leaders.

The analysis shows that the invention had a large effect in improving mothers' knowledge, attitudes, practices, and total KAP and reducing maternal depressive symptoms (Table 5). Across categories, the intervention significantly improved children's developmental outcomes (Table 6). Play Leaders also demonstrated strong competencies when facilitating calls, which positively affected caregivers' and children's outcomes (Table 7).

The findings of the present study are supported by other studies linking early childhood development with adult well-being and ECD knowledge, and practices that contribute to promoting children's development through improvements in the home environment and childrearing practices (Belcher et al., 2007; Benasich & Brooks-Gunn, 1996; Bond & Burns, 2006; Bornstein & Cote, 2004; Huang et al., 2005; Larsen & Juhasz, 1985; Mercy & Saul, 2009; Black et al., 2017; Yesmin et al., 2016). Though the intervention was short, the accessible telecommunication modality using phone calls, flexible schedule, easy participation, and fewer social barriers might ensure the mother's participation in the calls. Thus, the Pashe Achhi model has the potential to close gaps in ECD services, especially where face-to-face ECD interventions are not possible. The program has potential scope in normal situations since it seeks to foster the well-being of caregivers and their children's development. To move forward, communication with stakeholders, governments, and evidence on large-scale implementation is essential.

Based on the evidence presented, the study raised the following recommendations:

- The Pashe Achhi Model can be considered when implementing a centre-based program that is challenging in reducing learning losses and improving children's development during crises.
- Since the program is feasible, low cost, and possible to implement within limited resources regarding indentures, it can be scaled up in both national and international settings, including humanitarian and hard-to-reach areas, to increase access to children's attendance in early childhood programs in the year before formal education and to build the foundation of their lifelong learning.

Acknowledgement: We gratefully acknowledge the participation of all pregnant women who provided information, researcher team members, program teams, the BRAC IED leadership team, and donors for their support and contribution.

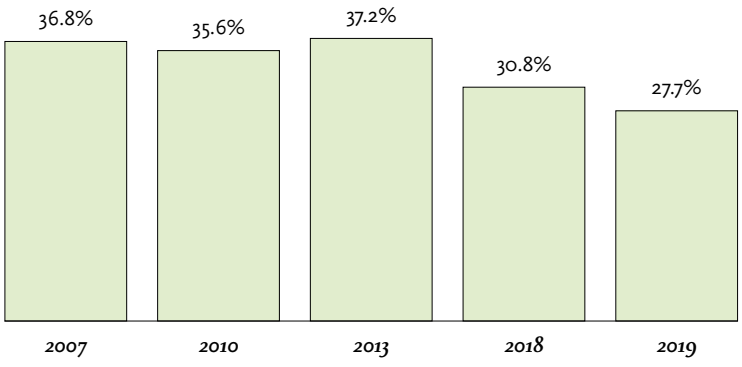
Responsive playful parenting: strategic innovation on stunting prevention amidst COVID-19 in West Java, Indonesia

Fitriana Herarti

Introduction

Stunting mostly occurs at the age of 1000 HPK or Hari Pertama Kehidupan (First 1000 Days of Life) and is attributed to a failure in growth (birth underweight, wasting) and development (cognitive and motoric) due to a lack of nutritional intake for a long time, resulting in recurring infectious diseases, and inadequate psychosocial stimulation. Stunting can also cause metabolic disorders in adulthood (risk of non-communicable diseases, such as diabetes, obesity, stroke, and heart disease) (Rajagopalan, 2003). Currently, the high number of stunting cases in children under five will reduce Indonesia's human capital quality and productivity; hence, its demographic attributes cannot be fully maximised. The progress of stunting prevalence in children from 2007 to 2019 is shown in the chart below.[1]

Figure 7. ***Stunting prevalence in children from 2007-2019.***



1. Source: Badan Litbangkes. (n.d.). Laporan Hasil Riset Kesehatan Dasar (Riskesdas)|Badan Penelitian dan Pengembangan Kesehatan. Badan Litbangkes. https://www.litbang.kemkes.go.id/laporan-riset-kesehatan-dasar-riskesdas/ and Sudikno, dkk. (2019). Laporan Akhir Penelitian Studi Status Gizi Balita di Indonesia Tahun 2019 . Jakarta: Puslitbang Upaya Kesehatan Masyarakat

Although the stunting prevalence of children under five continued to decline over the past ten years, the number is still high. This number is predicted to increase due to the 2020 COVID-19 pandemic. The main transmission channels of COVID-19 to children are (1) rapid impoverishment of nutrition and (2) a vulnerable social protection system (UNICEF, 2020). The Head of the National Population and Family Planning Agency (BKKBN/Badan Kependudukan dan keluarga Berencana Nasional) and the Chief Executive of the Stunting Prevention Acceleration Program stated that the increase in stunting cases in 2020 is due to the decline in gross national income (GNI) per capita. This decline is related to the large increase in wasting prevalence. Wasting in toddlers increased by around 14.5% and 6.7% in 2020 due to the COVID-19 pandemic.

As a development partner of the Government of Indonesia since 1973, ChildFund International has advocated the synergy of various elements to create a world where all children grow and develop to reach their optimal potential through various holistic intervention models. Some interventions that have continuous implementation are Responsive Parenting for parents and caregivers of early childhood and Positive Parenting for caregivers of school-age children. ChildFund understands that efforts to tackle cases of micronutrient deficiencies, repeated infection, and inadequate psychosocial stimulation, which are the gateway to stunting, underweight, and wasting in children under five in Indonesia, must be carried out comprehensively with various approaches from cross expertise.

Many excellent programs established by the Indonesian Government have a limited focus on parenting interventions. Evidence shows that parents have a significant role in children's growth and development. Parenting role is important in managing stunting cases and reducing their number in Indonesia (Pradana Putri & Rong, 2021). For this reason, ChildFund initiated a pilot project of a comprehensive stunting prevention intervention. ChildFund, through the Nurturing Care Framework (World Health Organization, United Nations Children's Fund, World Bank Group, 2018), promotes responsive feeding, which is especially important for low-weight or ill infants that can lead to stunting cases.

ChildFund combined strategic handling of three main components, namely, responsive parenting (using a playful parenting approach for the stimulation sessions), balanced nutrition, and behaviour change communication. A project called, Ibu Anak Tangguh Kota Bogor (abbreviated as Batagor) has

Photo made available by the author.

been implemented from January to June 2021 in Pasir Kuda and Pasir Jaya Villages. Each household has been urged to consider the vital role of reducing stunting by improving the quality of their lives.

Statement of the problem

The causes of stunting are multidimensional, not only caused by poverty and limited access to food, but also by poor early stimulation and feeding patterns for children under five. The project is designed to pilot a comprehensive intervention model for handling undernourshed children while improving parenting skills and promoting behavioural changes of parents and local community members to prevent stunting in children. The project was aimed at improving the behaviours of parents and society in supporting the quality of children's growth and development.

Method

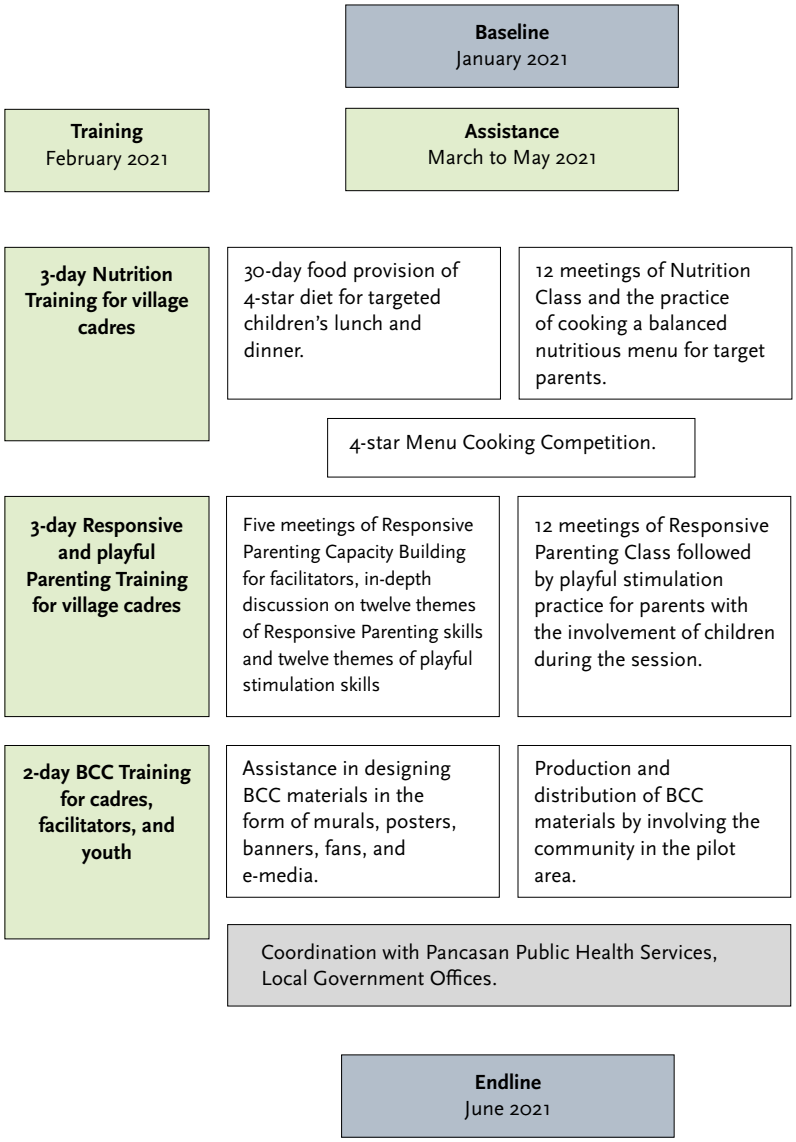
The complexity of the stunting caused by children encourages all parties to develop innovative intervention designs that directly aim at various target groups of the human life cycle simultaneously. ChildFund develops a comprehensive intervention design for the Batagor Project by focusing on parents as their children's primary caregivers. Interventions for empowering change agents are directed at increasing insights and skills that enable parents to provide parenting styles, feeding patterns, and constructive communication patterns that support children's growth and development in a positive and safe environment to realise their optimal potential, starting from their own home, family, and community.

Some measurable ways to achieve this goal are the following:

1. Parents'/caregivers' practice of proper feeding (balanced diet), focusing on:
    - 1.1. Capacity building of cadres in counselling correct feeding practices
    - 1.2. Capacity building of parents/caregivers in correct feeding practices
    - 1.3. Increasing the role of government and community groups to support maternal and child health
2. Parents'/caregivers' practices in responsive parenting skills as proper early childhood care by focusing on:
    - 2.1. Capacity building of community cadres/facilitators on responsive parenting skills for early childhood, including developmental stimulation
    - 2.2. Parents/caregivers demonstrating knowledge of early childhood responsive parenting skills, including developmental stimulation
3. Families practising proper healthy living behaviour, focusing on:
    - 3.1. Parents/caregivers demonstrating knowledge of disease prevention and health service-seeking behaviour
    - 3.2. The importance of monitoring children's growth and development to prevent stunting by developing awareness of parents/caregivers

By combining approaches to responsive playful parenting, such as balanced-diet management and strengthening behaviour-change communication through various communication media that are easily accessible to the community, the project used the following intervention methods:

Figure 8. ***Methods of interventions through combined approaches.***



Results

A total of 64 underweight children at risk of stunting or wasting during the baseline data measurement process, were divided into six intervention points, based on the grouping of residential locations.

Over the course, only 57 children completed the entire comprehensive intervention process. The seven children could not fully participate in the intervention because the head of the family did not allow them to come to the intervention point due to the house's location being too far away.

Seventy-four percent of parents (compared to 10% at the start of the project) replicated play and psychosocial stimulation of children in their daily activities.

Parents' perception of parenting concepts increased from 31.7% to 100%, which aligns with the 89.1% rise in awareness among parents, who now

believe that taking care of their children now needs more than just instinctive or imitation of how parents were previously raised by their own parents.

During the three months of implementation in beneficiary families, around 96.49% of children experienced weight gain. The monthly growth monitoring showed that 21 of 57 children or 37% did not experience a decline during the intervention period. Most weight gains occurred in the first 30 days when all children got a complete and balanced nutritional intake that met their nutritional adequacy. In the final measurement of the Nutrition Class of 57 children, who were initially indicated to be underweight or at risk of stunting and wasting, 39 have been recorded to have good nutrition statuses. The remaining 16 children, with underweight and two children severely underweight, will continue to be monitored in villages and health centres and handled by nutrition cadres, who have been trained intensively during the implementation period.

The initiative to mobilise the community to identify issues and materials to promote changes has helped to increase community capacity, especially the BCC Working Groups in both villages, to plan and roll out their own BCC campaign on stunting prevention. Through a series of interventions, they have obtained not only new paradigms and skill sets but also direct hands-on experience to drive changes by conferring all relevant contexts, dynamics, and response processes in their communities.

Parents' feedback on responsive playful parenting:

"After joining the Parenting Classes, I learned to control my anger at home. And I like to repeat all stimulation activities with my child at home. As a result, my child has been able to identify some letters, numbers, and colours". (Rina, Pasir Jaya)

"Participating in the project makes me realise that bad parenting can cause stunting and its related problems. That is why I learn so much about the variation of nutrient foods and cooking methods as well as putting efforts to reduce saying no or don't to my children by directly conveying what we really want them to do". (Nur, Pasir Kuda)

Photo made available by the author.

Discussion

RELEVANCE: to what degree do the objectives and intervention design respond to the needs, policies, and priorities of the intended beneficiaries?

The commencement of the project is designed to fully contribute to the National Strategy for the Acceleration of Stunting Prevention 2018-2024 by achieving increased coverage and quality of nutrition services in 1,000 first days of life to decrease stunting prevalence at the national and Bogor City levels. The intervention responses to the national strategy of stunting prevention are (1) 30% specific nutrition intervention targeted towards pregnant mothers and children under two years old; and (2) 70% sensitive nutrition intervention, which focused on increased awareness, commitment, and child-rearing practices as well as mother-child nutrition (Cega Stunting Itu Penting, 2013).

The project is right on target, assisting the government and the community to overcome the high prevalence of underweight, at risk of stunting, or wasting in the targeted areas.

EFFICIENCY: How well have resources and strategies been mobilised to conduct the project interventions in a timely, effective, and efficient manner, including accommodating the COVID-19 pandemic and related problems that have occurred during the last six months?

The total budget of IDR 598,555,000/$42,078 has been used for the implementation of the project for six months to build knowledge, skills, and sustainable coordination and balanced diet intakes for direct and indirect beneficiaries as follows :

- 57 children and mothers, and families
- 12 nutrition cadres and 9 parenting facilitators
- Young people (empowered to be sensitive and concerned about their changing environmental situation)
- Village Office officials and its support agencies, along with Posyandu Pos Layanan Terpadu—is a form of Community-Based Health Efforts (UKBM), which is managed and organised from, by, for, and with the community in the implementation of health development to empower and provide convenience to the community in obtaining basic health services and district health centres
- Communities in two villages

Based on the calculation of the number of beneficiaries, the project has allocated IDR 13,500/person ($0.95%) for the entire community with the assumption of achieving 25% of the population of the two villages to mobilise a comprehensive intervention for community empowerment through changes in parenting patterns, management of balanced nutrition intake, BCC media production and campaigns. The allocation of funds also included expenditures to fully implement strict health protocols during the COVID-19 pandemic, such as clinical tests on all participants before and after activities as well as procurement of personal protective equipment for Covid-19 during the intervention process.

EFFECTIVENESS: did the Project's comprehensive interventions achieve their objectives?

All main activities were successfully carried out following the detailed logical framework of the project and achieved the designed goals, targets, and indicators that included the selection of beneficiaries according to the criteria for communities with children experiencing cases of being underweight and at risk of stunting or wasting. However, the project initiation had to undergo time adjustments due to the pandemic situation. Stakeholders in two villages, including parents, have viewed the project intervention as an effective strategy for increasing knowledge, attitudes, and sustainable practices to address and prevent the recurrence of malnutrition and stunting.

SUSTAINABILITY: Can this project continue without ChildFund's support anymore?

The existence of trained cadres and facilitators, positive endorsements from beneficiaries and other stakeholders, as well as various lessons learned and experiences obtained by the villages and public health services at the sub-district level, have become the basic modalities to enable the community and local governments to continue project interventions, and even transmit them to other villages. The piloting area can be initiated as a location for comparative studies for other regions that wish to develop local initiatives and resilience in addressing and preventing stunting. The full documentation of projects, both in the form of written reports and workshops, can function as an important means to share all the learning processes and changes that have occurred to garner more support and concern for action from various other development actors from the private sector, universities, and the media.

Conclusions

Since the pilot project of a comprehensive initiative was carried out within a limited period of six months, the project can garner the synergy of various parties to achieve the planned goals jointly.

Clearly, the concepts, logical frameworks, implementation methods, and track records of learning and partnerships have mapped out pilot models of comprehensive interventions to deal with and prevent stunting starting from each family, house, neighbourhood association, hamlet, village, and local government.

By reviewing the lessons learned and achievements, the project has proven that malnutrition and stunting are growth and development failures that need to be handled multi-dimensionally. In a relatively short duration, the project implementation offers a comprehensive effort to intervene in the stunting issue by promoting responsive playful parenting, balanced nutrition management, and awareness, as well as the collaboration of all elements of the local community to increase knowledge and change attitudes and behaviour. Parents and other adults in the community were strategically selected as the main target of intervention because together with the government, parents are the primary duty bearers, especially in fulfilling children's rights.

Understanding home-based responsive caregiving practices in Maharashtra, India during COVID-19

SHIVANI PARASHAR

Introduction

In the last three decades, there has been a revolution in our understanding of the child's development, brain, and learning capabilities. Research not only found that the early years of life pave the path for lifelong learning and development, but also highlights the role that a positive and enriching stimulative environment plays in the holistic development of a child. The United Nations (2015) signifies the importance of early childhood development; "By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education" (Sustainable Development Solutions Network (SDSN), n.d.).

This illustrates the pressing importance of a nourishing and stimulating home and centre environment in the early years. With the SDGs calling for action, the Nurturing Care Framework (NCF) (World Health Organization, United Nations Children's Fund, World Bank Group, 2018) provides a roadmap for action that will help children survive and thrive to transform health and human potential. The framework highlights the importance of responsive interactions and early stimulation with young children forming a base for positive early learning. Within the framework, three out of five identified components can be supported by parent-child play, responsive caregiving, opportunities for early learning, and security and safety.

The COVID-19 pandemic has impacted the lives of children in an unprecedented manner. The whole fabric of a child's life is disrupted due to health and economic crises at home and the closure of pre-school centres for children. In India, young children (3-6 years old) have not had any centre-based structured early learning opportunities in the last 18 months. In a crisis, the youngest children face both immediate and long-term adverse consequences with particular risks to their brain architecture. In this context, it was important to strengthen the capacity of both female and male caregivers to integrate responsive care into everyday activities, promoting all developmental domains, and helping to provide children with a safe, loving, and nurturing home environment.

Since 2018, the Integrated Child Development Scheme (ICDS) and UNICEF Maharashtra have been implementing the Responsive Caregiving Package (RCP), specifically targeting the caregivers of children in the 3-6-year age group. During the closure of Anganwadi Centres (AWCs) as a result of the

COVID-19 pandemic, the RCP activities have been digitised and disseminated to parents in the state via WhatsApp links, uploaded to the government's YouTube channel (ICDS & UNICEF Maharashtra, n.d.). UNICEF Maharashtra, in collaboration with the state government and implementing partners, has already adapted the available RCP into a distance learning digital format to fit the needs of the current situation. The digital package is an augmented RCP resource set consisting of a fortnightly calendar that integrates aspects of activity-based learning and responsive parenting into the existing RCP resource set. The package is in the Marathi language, with audio-visual aids to support caregivers, especially those with low or no literacy levels, by conveying simple messages to engage meaningfully with children while carrying out routine household or child-care activities such as bathing, feeding, etc. The digital packages focused on the following:

a. Enhancing the caregiver's role (including fathers, grandparents, and siblings) in creating a stimulating learning environment and positive engagement to promote a healthy caregiver-child relationship.

b. Providing a set of developmentally appropriate activities to continue children's learning at home.

c. Facilitating good habits of positive disciplining, health care, sanitation, hygiene, and hand washing.

d. Ensuring the holistic development of the child in this difficult situation. The RCP also consists of a pool of stories and rhymes curated and designed for the socio-emotional development of children below six years of age. These activities focus on elements of fun and humour, on reducing gender stereotypes, and using local and traditional folk tales and songs.

Through its implementation partner, Vikramshila Education Resource Society and the Government of Maharashtra's Integrated Child Development Scheme, the programme reaches out to 22,397 caregivers daily through digital mode. The beneficiaries are spread across rural and urban geographies, which include tribal communities in five blocks of Pune district and two blocks of Palghar district, both located in the Maharashtra State of India. After seven months of implementation, an evaluation was conducted in March 2021, on the use and impact of the digitised responsive caregiving package through a dipstick assessment ; documentation of case stories was also undertaken. The paper explores the key findings from this dipstick assessment in terms of accessibility and perception among a diverse group of parents for the digital responsive caregiving package.

Statement of Problem

In India, early childhood development has gained impetus in recent times. Several recent policies, including the National Early Childhood Care and Education (ECCE) Policy (2013), the National Education Policy of 2020 (Ministry of Human Resource Development, Government of India, 2020), and the Education Act of 2009 (THE RIGHT of CHILDREN to FREE and COMPULSORY EDUCATION ACT, 2009), highlight the significance of providing a sound early learning foundation before entering schools. All these policies revolve around the school readiness of children, but little is mentioned on ways to enable families to understand the concept of quality in terms of developmentally appropriate practices in Early Childhood Education to make the right school choices.

A study found that parents and teachers do not see the intellectual value of play (Malayankandy, 2010). One of the studies conducted by UNICEF in the state of Maharashtra on responsive caregiving practices found that caregivers have the intention to prepare their children and provide them with a stimulating and positive learning environment. Still, they have limited knowledge, understanding, and skills to work with the children. All these challenges at the policy and practice levels became more starkly visible during the ongoing COVID-19 pandemic when caregivers had to be at the frontline to answer all developmental needs of children.

With the strict closure of facilities at national and state levels, digital mediums became the only technique to reach out to parents with pertinent and pragmatic information on engaging children at home. Data are insufficient on the number of families of young children who have access to phones and internet connectivity in the country.

However, according to a survey report from Nielsen & Internet and Mobile Association of India (IAMAI), Digital in India: 2019 (Internet and Mobile Association of India (IAMAI) & Nielsen Holdings plc (NYSE: NLSN), 2019) only 27% of households in India have some members with access to the internet. To ensure the continuity of the early childhood education/school readiness activities for children aged 3-6 years at home, UNICEF, alongside the state government, developed an alternative strategy to engage with caregivers and children affected by the crisis. The strategy included adapting the existing RCP programme's content in blocks of two districts (Pune and Palghar of the Maharashtra state). This article is based on a survey conducted in intervention locations of Pune and Palghar districts to document the reach and use of the digitised package.

Methodology

Since 2018, UNICEF Maharashtra has had direct RCP intervention in five blocks of Pune and two blocks of the Palghar region. These two geographies represent a mix of urban (Pune), rural, and tribal (Palghar) geographies. A sample of 888 caregivers from the targeted direct intervention area districts of Pune and Palghar (762 from urban/Pune area and 126 from rural/Palghar location) was selected for the dipstick study with a margin error of 5% (95% level of significance). Data was collected in February-March 2021 using a semi-structured questionnaire designed to gather data from parents and caregivers by internal surveyors, either through phone call interviews or in-person interviews, based on the location-specific COVID-19 protocols and access to phone networks by the target participants. The results are discussed in the following section.

Objectives

The dipstick study had the following objectives:

1. To document the different media platforms available to the caregivers to ensure equity in dissemination plans: To document the options of different devices available for digital learning at home

   This will help us in intensifying the dissemination of RCP through different media platforms during and beyond the pandemic times.

2. To assess the perceived impact of RCP on the behaviour and skills of caregivers and children and the challenges encountered

   For the dipstick study, perceived usefulness is defined as the extent to which caregivers believed that the use of RCP activities positively enhances the behaviour of children and their parenting skills.

3. To access contextual factors that influence the usability and acceptability of the intervention at different levels

   It is important to acknowledge the challenges experienced by caregivers and the support received from pre-school facilitators (Anganwadi Workers/AWW in India) in dealing with those challenges. Data were collected to understand the different challenges experienced by caregivers.

Key findings

This section presents study findings according to each objective:

DIFFERENT PLATFORMS USED FOR DISSEMINATION OF PACKAGE

Smartphones and televisions are widely available in Pune and Palghar. The study found that 100% of homes in Pune and 92% of homes in Palghar have electricity at home, facilitating access to different digital devices. Smartphones are available in the majority of homes, i.e., 99% in Pune but a comparatively lesser percentage in Palghar, i.e., 65%. Compared to Pune, Palghar has limited internet connectivity with only 59%. Basic keypad mobiles are available in 50% of homes in Pune and Palghar. Households in Pune (92%) reported being better connected through radio and television as compared to that in Palghar (55%). In Pune, 86% of caregivers have smartphones exclusively for them, whereas access to smartphones exclusively by caregivers remains limited in Palghar (52%).

PERCEIVED USEFULNESS AND IMPACT OF RCP ON BEHAVIOUR AND SKILLS OF CAREGIVERS AND CHILDREN

Seventy percent of caregivers in Pune found all the resources to be "very useful" for them and their children. In Palghar, 47% of caregivers found the package "somewhat useful". Most parents in Pune regularly conduct activities, either daily (31%), or three times a week (33%). In Palghar, however, only 20% of caregivers conducted activities daily, while the majority (42%) conducted them monthly.

In Palghar, the lack of smartphones was the main reason for not using the RCP activities (33%), whereas, in Pune, the main issue for not accessing the RCP was a lack of time for the caregiver to engage with children (35%). Seventy-six percent of caregivers in Pune and 38% of caregivers in Palghar received support from local AWWs to use the RCP effectively and reported this as beneficial. Fifty percent of parents in Pune said the package was useful during the COVID-19 pandemic when children were confined in their homes. Seventy-two percent said the package was useful in dealing appropriately with the child's behavioural issues and 30% (Pune) said that the element of time helped to strengthen the parent-child bond.

CONTEXTUAL FACTORS INFLUENCING THE WIDE ACCEPTABILITY OF RCP

There was an attempt to examine other contextual factors that could have influenced the use and acceptability of RCP, like the language spoken and the occupation of the caregiver. This study showed that the most common languages spoken in Pune and Palghar are Marathi (85%) followed by Hindi (14%). Data on occupational engagements of mothers show that a majority (82%) in Pune are self-employed or employed in several services. In Palghar, however, 69% of mothers are homemakers. For fathers, data suggests that the majority are self-employed or in service. However, most of the fathers in Palghar work as daily wage labourers in agriculture. This can often lead to uncertainty in regular work and income. In Pune, where most families have both the father and mother engaged in some kind of employment opportunity outside the home, the dedicated time for engaging with children in learning activities is less, and the burden is usually placed on the female caregiver.

Conclusion

The pandemic has shown how caregivers are integral in supporting the learning and development needs of children. Digital platforms undoubtedly hold promise in the continuation of early learning to children during extreme situations like a pandemic. However, access to digital platforms, especially in rural and tribal areas, is a great roadblock in maximising our reach to caregivers. Digital communication with caregivers needs to be supported with offline capacity building and awareness support to caregivers by AWW. The study also found that caregivers acknowledge the usefulness of support provided to them for facilitating early learning activities at home; however, caregivers struggle to do the activities at regular intervals due to lack of time.

The receptivity to digital learning materials in both urban and rural areas depended largely on the face-to-face support they received from AWW. The capacity building of caregivers through programmes like the responsive caregiving programme should continue even when pre-school centres reopen in the state. This will go a long way in ensuring stimulating environments at home, which are both positive and engaging to learn for children.

For an intervention focused on caregivers to demonstrate an impact on their knowledge, attitude, and behaviours, an approach that respects and considers existing knowledge, perceptions, and realities is essential. First, they must be able to access the platforms where the materials are available comfortably to ensure proactive involvement from caregivers. Second, the content of the resources should be contextually appropriate to their lives; and third, there should be effective follow-ups with caregivers by the field functionaries. There is a strong need to invest in the capacities of field functionaries to support caregivers and monitor responsive caregiving practices at home.

Project ARAL: Ensuring safe, loving, playful and responsive homes in the Philippines

MARIEL JOY S. SAMPANG

Introduction

The COVID-19 pandemic caused massive disruption to children's lives concerning their education, well-being, and access to basic needs and services such as food, protection, and health care. In the Philippines, child development centres and schools were abruptly closed without prior preparation in March 2020; distance learning modalities were put in place for the school year 2020-2021.

The sudden closure has affected the right to learn of more than 27 million Filipino students. For the school year 2021-2022, face-to-face classes have yet to resume, especially in urban areas due to the still-rising cases of COVID-19. Education experts are concerned that the pandemic has created a "lost generation of students, stricken by limitations of remote learning and parents struggling to serve as surrogate teachers" (Gutierrez & Bilefsky, 2021).

To support distance learning modalities during class suspensions and other similar circumstances, the Department of Education (DepEd) promoted the use of DepEd Commons, an online platform designed as a direct solution, where children can access learning materials and Open Educational Resources (OER); however, only 48% of public schools have an internet connection (Llego, 2020), which means that many children are left without any access to learning opportunities, and children who are already at a disadvantage would be further left behind. The effects and challenges posed by prolonged school closures will have a greater impact on children already marginalised and coming from underserved communities.

For instance, ECCD-aged children (children below five years old) are not included in those that can use DepEd Commons and learning continuity for these children will depend greatly on their parents. Children who have been out of school even before the closure of schools belong to the most vulnerable and poorest families; they do not have access to online platforms (Human Rights Watch, 2021). This means that they can be left out further of the efforts to provide learning opportunities to children.

Save the Children Philippines responded to these drastic changes and emerging needs of children through Project ARAL (Access to Resources for Alternative Learning) with COVID-adapted materials for 0- to 17-year-old children. Aral is a Filipino word meaning "study" or "learn" in English.

This paper focuses on the results at baseline, which informs Project ARAL's content and delivery for families with young children divided into three phases. Phase 1 (May-October 2020) helped families to transition to home-based learning. Specifically for 3- to 5-year-old children, the Early Literacy and Math (ELM) at Home Plus is a package of COVID-19-sensitive, adapted activities integrated with Social Emotional Learning Foundations, Resilience Building, and Enhanced Health and Nutrition components.

The activities aim to support the development of children aged 3-5 years across all domains and promote positive parenting and resilience. Phase 2 is from October 2020 to June 2022 and is aimed at supporting the implementation of distance learning modality, with COVID-adapted Family Education Sessions titled Mapagkalingang Tahanan that runs parallel to the 35 weeks of school. There are eight foundational episodes for parents of all ages, six for 0- to 3-year-old children and 27 for 3- to 5-year-old children. Phase 3 aims to facilitate the children's safe return to school.

Statement of the Problem

There is learning loss at different education levels, especially in low-income settings (Azevedo et al., 2020; López Bóo et al., 2020). Save the Children's global study highlights that 80% of the surveyed children reported learning little or nothing since the COVID-19 outbreak (Edwards, n.d.). Even though the government has rushed to put in place online learning programs, few students have access, and among those, only very few choose to use them (Kumar et al., 2021; Finn & Zadel, 2020). There is also difficulty measuring learning outcomes remotely during the pandemic (Angrist et al., 2020).

With these modular and online distance learning delivery modes, the home has been transformed into the children's place for learning; parents have assumed the role of the teacher, whether they like it or are prepared for it or not. The questions that this study addresses are:

1. At the baseline level, what are the parents'/caregivers' well-being and behaviours in supporting home learning, knowledge, attitudes, and practices?
2. At the baseline level, what are the children's learning outcomes concerning literacy, numeracy, and social-emotional skills?
3. How were the baseline survey results utilised in designing and implementing Project ARAL's ECCD component?

Method

The research collected home learning environments, parental attitudes on positive parenting, and their stress level and children's development outcomes at baseline. This study used a mixed-method approach utilising three tools, each with methods adapted to the restrictions of COVID-19 in three cities in the National Capital Region namely: Caloocan City, Malabon City, and Navotas City. These cities had Save the Children education programs before the pandemic and adapted their delivery in response to COVID-19. Instead of face-to-face interviews and assessments, video calls were set up with the respondents to administer questionnaires, one for children and another for their parents/caregivers. Video calls were preferred over regular phone calls so that enumerators could observe the child in the performance-based questions.

Save the Children's Holistic Assessment of Learning and Development Outcomes (HALDO) tool measured the development outcomes, especially literacy, numeracy, social and emotional learning, including the executive function of children aged 3-12 years, who were affected by the crisis. It has 12 items or tasks that cover four domains and two more tasks on executive function items and observed approaches to learning. Its administration lasted for 30 to 40 minutes for each child. Together with the tool is a caregiver questionnaire with sections on background characteristics, home learning environment, knowledge, attitudes, and practices on home-based learning and caregiver well-being. The caregiver questionnaire was administered to the parent or primary caregiver, which took another 30 minutes.

An SMS-based survey was also used to monitor parents and other caregivers and their children's access to the intervention materials and to gather insights on how these materials were utilised to improve their parenting practices. Below are the four open-ended questions which were sent to 4,818 beneficiaries of the program through the engaged SPARK platform. A total of 384 parents participated in the survey.

1. Were the Project ARAL videos helpful to you as a parent?
2. How long have you watched the Project ARAL videos?
3. What are the new things you have learned from the sessions?
4. Are there any changes in your daily activities based on the new things that you have learned?

Photo by: Diane Rosario/Save the Children.

The study design was submitted to Save the Children's Ethical Review Committee and was granted certification on August 19, 2020. Consent to participate in the study was collected from all respondents before the baseline survey was conducted. The survey data were analysed using statistical methods such as descriptive analysis and inferential analysis. A regression model was also built around the data to determine the effect of different variables on the overall HALDO score as well as the domain score.

While the original target sample was 259 child-parent pairs using stratified random sampling with a 90% confidence level and 5% margin of error, time restrictions, refusal of participation, and access to gadgets with video capability only allowed for baseline data collection of 169 pairs using the HALDO tool. This paper focuses on the findings from families with children aged 3 to 5 years.

Limitations

The data collected for this baseline assessment covers the implementation of Project ARAL in selected sites of Caloocan, Malabon, and Navotas Cities in Metro Manila, Philippines. As part of COVID-19 and remote data collection adaptation, only families with access to phones or gadgets capable of video calls were included in the sample. Intermediate data gathered through informal surveys were collected by the team as part of its transition monitoring while standardised child and parent/caregiver outcomes were being designed and contextualised. As such, intermediate analysis results were limited to perceived gains and learnings.

The results are mainly applicable only to the urban setting, particularly in the three cities mentioned, as internet connection and the availability of smartphones may be more limited to rural and/or remote areas.

Results

DEMOGRAPHICS

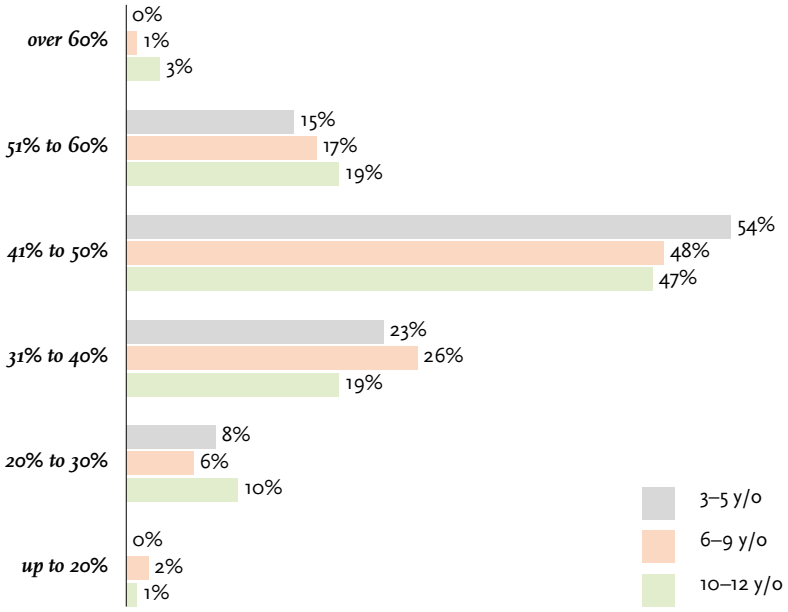
All caregiver respondents with children aged 3-5 years interviewed were mothers who are 21 to 30 years old (46%) and secondary graduates (61.5%). One-third of the fathers belong to the 21 to 30 age group and another third to the 31 to 40 age group. Almost half of the total number of fathers were also secondary graduates (46%).

PARENTAL WELL-BEING

Several studies have documented adverse parental mental health and well-being outcomes associated with the strain of the pandemic (Brown et al., 2020). Figure 9 shows the baseline survey on Project ARAL (2021) which reported parent/caregiver stress at the midlevel of the Stress Scale with 47% to 54% of parents/caregivers of children aged 3-12 years. Since parents and other caregivers are more prone to stress, anxiety, and depression due to COVID-19-related economic hardships, young children cannot reach their full potential when they experience adversity in the absence of a responsive caregiver (Center on the Developing Child, 2015a). Anxieties reduce their ability to engage with their children (Yoshikawa et al., 2020). The single most common factor for children who develop resilience is at least one responsive parent, caregiver, or another adult. (Center on the Developing Child, 2015b).

In response to the stress felt by many parents and caregivers, Save the Children prioritises the caregivers' well-being first so they can then engage

Figure 9. ***Parental stress scale scores of Parents/Caregivers of 3–12 y/o children (PSS 14).***



in play-based learning activities at home. The Project ARAL's Early Literacy and Math (ELM) at Home Plus include messages about caregiver well-being to support parents and other caregivers with young children to identify and manage stress. Since Facebook is the most used social media platform in the Philippines (Inquirer Research, 2020), a Facebook Group Chat was also created as a platform for parents to support each other. A feedback mechanism via SMS line was also set up to allow parents to express their views to Save the Children. As part of Save the Children's intervention, local reporting hotlines and referrals to relevant agencies and group-based telehealth interventions were included to increase awareness and access to reporting hotlines and affordable mental health and psychosocial support.

jobs, with the unemployment rate at 10.4 percent - the highest in 15 years (Philippine Statistics Authority, 2021). The loss of household income led to increased violence in the home; thus, increasing the vulnerability of children. Families with young children were affected as most child development centres and schools have remained closed, which puts an additional burden, particularly on mothers and women caregivers, who are associated with childcare and housework.

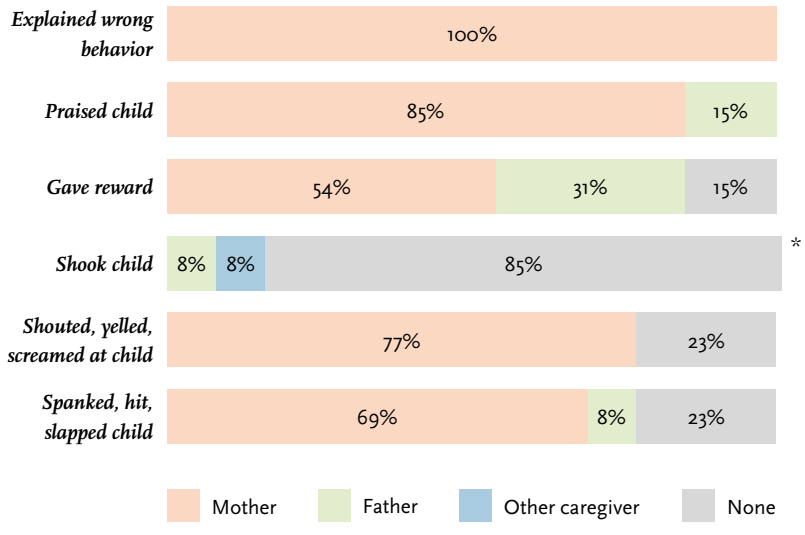
The baseline survey results found that the majority of the parents implement positive parenting practices in their homes. Over 80% of parents were able to explain to their children if a wrong behaviour was manifested or able to praise the child. The same was true for families with young children where 100% of mothers reported that they discuss or explain wrong behaviour to their children; 85% of mothers praised their children. However, the majority of the mothers also reported yelling at (77%) and hitting their children (69%). On the other hand, fathers reported using rewards (31%) and praises (15%) than discussing with their children like mothers do. A few fathers also reported hitting and shaking their children. Refer to Figure 10.

Even though mothers do harsh punishments, experiencing harsh punishment at the hands of fathers is strongly linked to negative outcomes across the lifespan, such as child aggression, particularly in boys (Chang et al., 2003; McKee et al., 2007). Conversely, fathers who use less harsh discipline have been linked to the improvement of child early learning, cognitive, and socioemotional development (Palm & Fagan, 2008; Sarkadi et al., 2008).

The baseline results also showed 91% of parent interactions with children were by mothers; 9% were done by fathers, across age groups. As for the families with young children, all activities were still done with mothers and a few with other caregivers. These were labelling, counting, and drawing objects with 92%, followed by reading or looking at books with 85%, and playing and singing songs, both at 77%. Less than a quarter had not told stories to their children and sang songs. As expected, one-third of parents reported that they do not bring out their children. This was linked to lockdown guidelines of the government; wherein young children are not allowed outside their homes. Interestingly, not a single activity was done with fathers. Such a lack of exposure to caregiving and the absence of male caregiver models at an early age can bring lasting barriers to the father's involvement (Alemann et al., 2020). Refer to Figure 11.

To address issues of harsh discipline to children at home and gender-imposed

Figure 10. ***Discipline practices among parents/caregivers of 3–5 y/o children.***

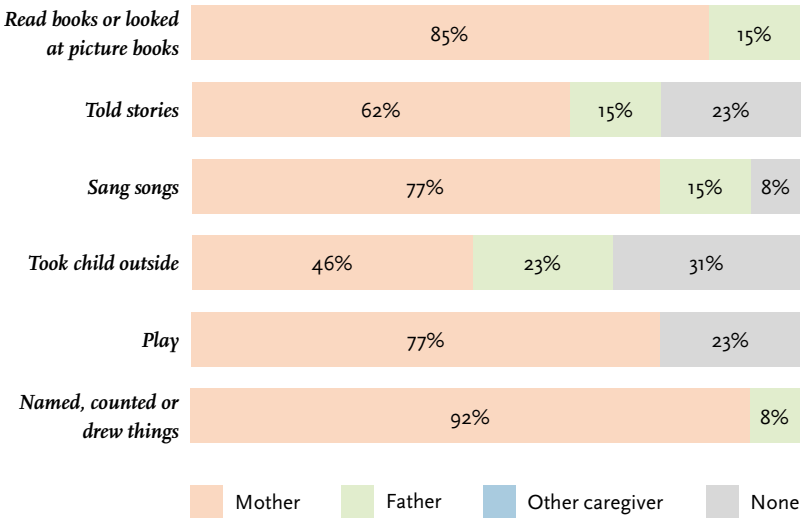


* Figures were rounded off and do not add up to 100%.

responsibilities of parents to their children's learning, Project ARAL included messages on practising positive parenting and how they can foster positive and meaningful interactions at home. Violence is never a solution; all children have the right to live free from violence. Project ARAL also promotes messages on gender equality, encouraging both mothers and fathers in all aspects of parenting, which can have a significant life-long impact on children's development.

Studies have demonstrated positive outcomes in early learning and cognition as well as socio-emotional development when fathers are actively involved (Alemann et al., 2020). Thus, Project ARAL seeks to engage fathers explicitly in the early years and addresses parent-child and family relationships and well-being by leveraging fathers as active agents in the education and development of their children, alongside their female partners. It is also emphasised that asking for help, especially from one's partner or the child's father, is not a sign of weakness, and shared parenting is essential to lessen the burden and stress experienced by mothers. These messages were crafted based on the results of gender analysis in the implementation area to break negative gendered beliefs about child rearing and education.

Figure 11. ***Household interactions between 3–5 y/o children and their parents/caregivers.***



Apart from the messages, the Project ARAL materials have mother and father representations, and their roles are not gender stereotypical. The materials challenged notions that only mothers do the caregiving or household chores and fathers work to reinforce the accompanying messages.

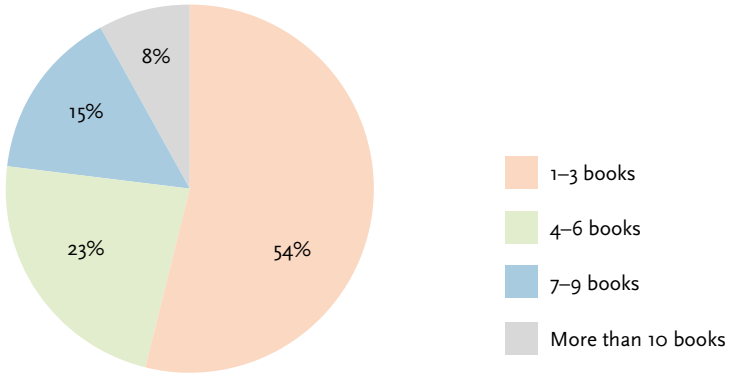
Still image from Save the Children Philippines video.

HOME LEARNING ENVIRONMENT

The child development centres and schools have remained closed and pivoted to distance learning since 2020. The Philippines is one of only five countries that have yet to re-open schools (Deiparine, 2021). Child development teachers have expressed their needs on ways to go about home-based learning, taking cues from the Department of Education that has utilised online or modular distance learning. However, play-based early learning programs require interaction with peers and concrete materials, which cannot be done in modular or online learning delivery. Moreover, the parents and caregivers, particularly those with less education, did not have the knowledge to teach their children (Dangle & Sumaoang, 2020).

The baseline survey found that 54% of the families with young children have one to three books/picture books at home. Reading materials available were reported to be limited to textbooks (92%), religious books (85%), and colouring books (69%). The data collection of the baseline survey happened before the start of distance learning in the child development program and kindergarten program.

Figure 12. ***Number of books/picture books available at home.***



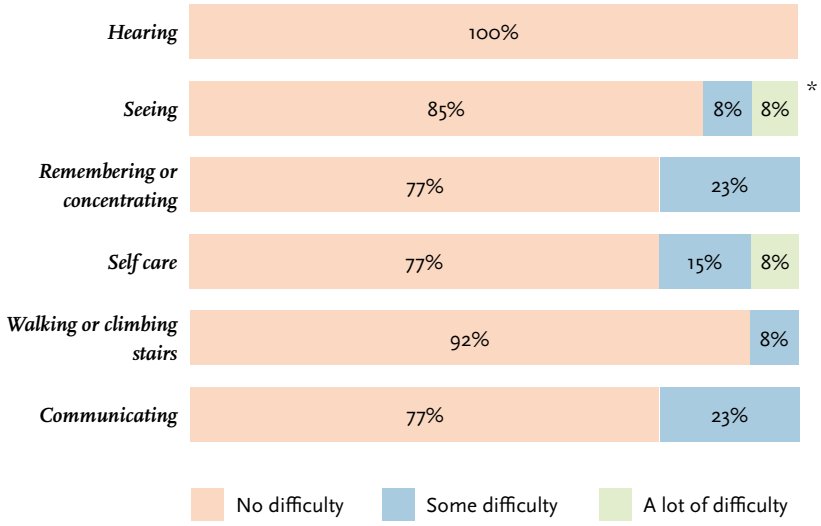
All families with young children reported having commercially bought toys. Only 69% of the parents stated they made toys. Six out of ten parents considered objects found at home as learning materials.

Save the Children distributed home learning kits following safety protocols to the most disadvantaged families and communities. Each home learning kit contains story books, toys, paper, and drawing materials where young children engage with the learning experience directly, and the caregiver plays a supportive role. Open-ended play materials allow children to make choices, express their creativity and support their independence. Local books

Figure 13. ***Types of learning materials available at home.***

developed in partnership with major publishers highlighting inclusive play are included. Parents must be supported with a parent education program that includes gender sensitivity. This way, parents would know how toys develop specific skills and understand the implications of limiting toy and book selection for girls and boys.

Figure 14. ***Caregiver-reported level of difficulty among 3–5 y/o children (Washington Group of Questions).***



* Figures were rounded off and do not add up to 100%.

CHILD DISABILITY USING THE WASHINGTON GROUP OF QUESTIONS

There were four disability identifiers created using the Washington Group (WG) on Disability Statistics guidelines. These identifiers differed in terms of the threshold used for defining disability prevalence and coded as "no difficulty," "some difficulty," "a lot of difficulties" or "cannot do at all". The graph below shows the percentage of children in the sample that may have a disability according to these four thresholds and may be due to their age.

While the data does not mean a diagnosis, the results provide potential red flags for a disability. It is also a reminder for program teams to collect data on children experiencing difficulties and to ensure that interventions are inclusive for all children. Modifications for children with disabilities, particularly those with visual, hearing, and cognitive impairments are also included in the materials and discussed further during home visits for families with children with disabilities.

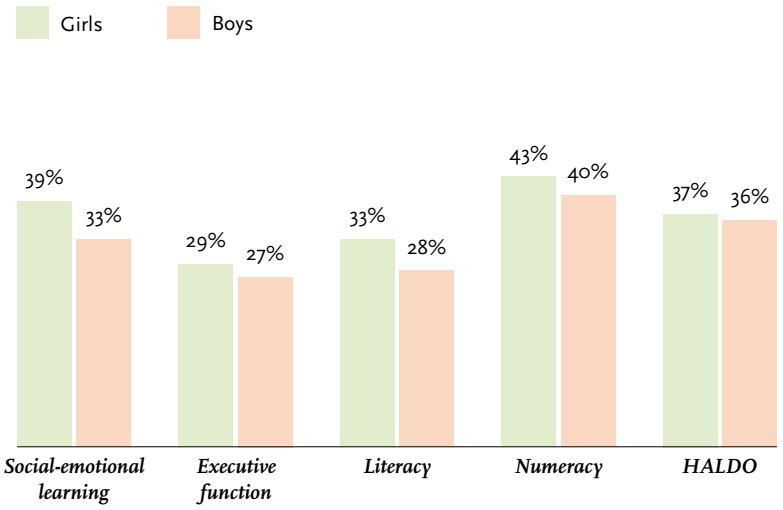
Modifications for activities are included in the materials.

"If your child has difficulty in seeing, use their hands to feel the gestures."

EARLY CHILDHOOD DEVELOPMENT

The COVID-19 pandemic has brought parental stress due to the loss of family income and disruptions of programs and services that support early childhood development compromising the capabilities and enabling environments for nurturing care to young children, therefore, likely impacting their development. Using the HALDO tool, the average total score was 37% for female children and 36% for male children at baseline. Among the developmental domains, numeracy appeared to be the highest, followed by socio-emotional learning, and third literacy. Scores of young female children were higher across domains than their male counterparts. The data also showed the scores in executive function at baseline.

Figure 15. ***Average scores per domain of young children per sex***

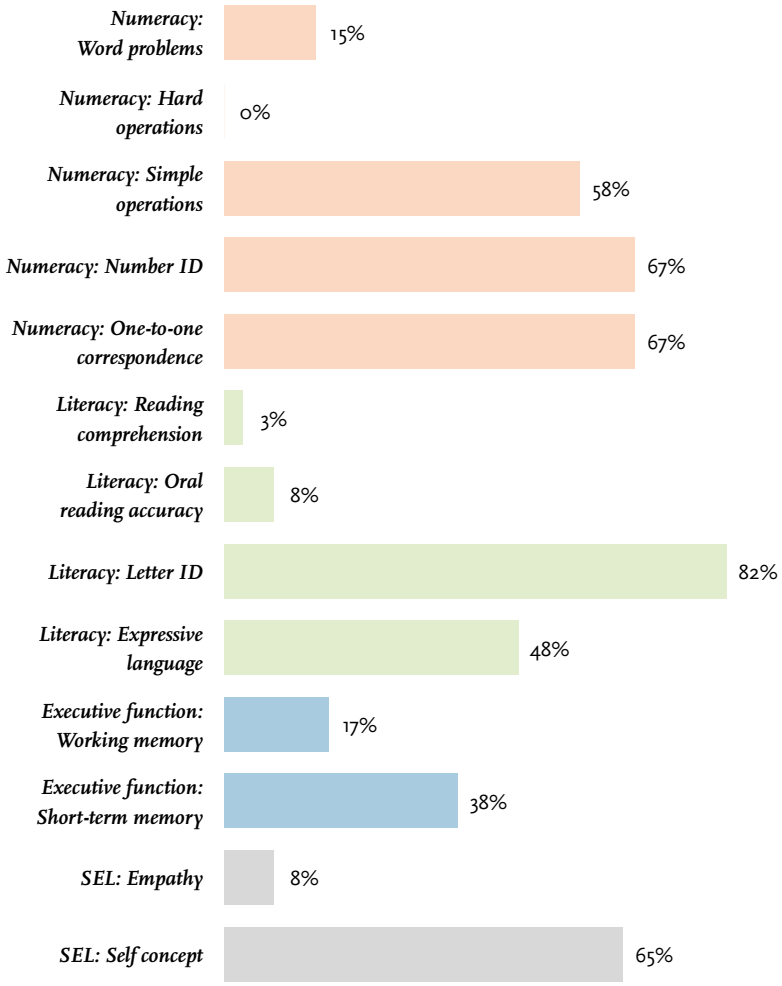


On average, at baseline, children 3-5 years old answered both 67% of the number identification items and one-to-one correspondence correctly. They correctly answered 58% of simple operations, such as addition and subtraction items. On literacy, young children answered 82% of the letter identification items correctly, while only 48% of the expressive language tasks. On socio-emotional, young children answered 65% of the self-concept tasks correctly, while only 8% on empathy items.

Save the Children believes parents and caregivers must be at the centre of home learning. Engaging them is the key to addressing learning loss and the inequity in early learning. In the Early Literacy and Math (ELM) at Home Plus, both mothers and fathers are empowered to engage in play-based learning activities at home to stimulate all developmental domains, including executive function and self-regulation skills. It promotes play as a vehicle for learning among young children. The games utilise parts of the body and objects found at home, which shifts the thinking from buying store-bought materials for education to making homemade toys. It also lessens the burden on families who have lost income.

The design of the sessions to be done by caregivers and their child follows their daily routine for 12 weeks. These games and activities are quick, simple, and easy to incorporate into daily activities. Recognizing that parents do not have the same capacity as the child development teachers, the messages are easy, attractive, social, and timely, with each day of the week targeting a specific domain or theme namely: motor/executive function on Monday, language and literacy on Tuesday, cognitive and maths on Wednesday, social and emotional on Thursday, and positive parenting on Friday. The repertoire of suggested games can increase parents' and caregivers' confidence as

Figure 16. ***HALDO score per domain items.***

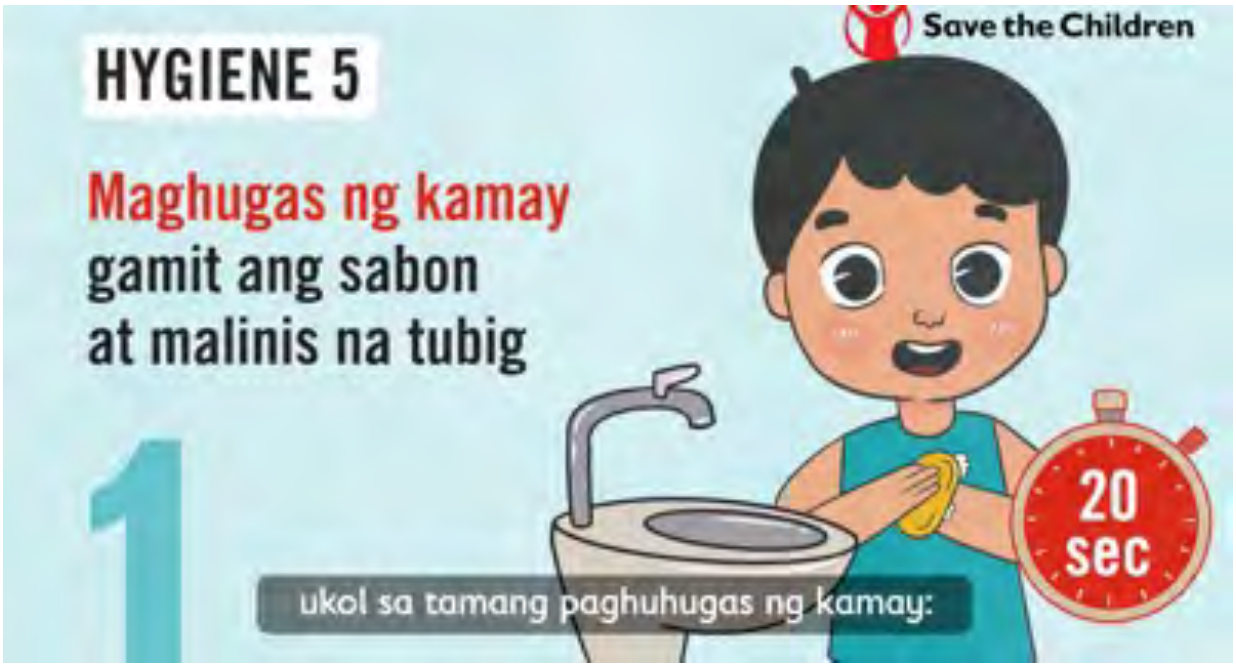


their child's most important teacher, even when they cannot read. It can also increase parent engagement in learning in the long term.

Save the Children prioritises raising the quality of remote ECCD programming to foster adaptability, ensure the continuity of early learning programs, and explore innovative ways to reach those without internet access. As the education system had long used a face-to-face group approach, programs had been adapted to utilise multi-delivery remote platforms such as videos, audio, and printed parent cards/posters, depending on the area of implementation and risks of COVID-19. In the National Capital Region where COVID-19 cases have always been high, the ELM at Home Plus has been adapted to be delivered remotely, either individually or in groups. Its 12-week daily video episodes were uploaded to the Save the Children Facebook page and then later on scaled through the partnership with the Department of Education, National Capital Region and integrated with its TV channel. Printed parent cards were distributed to families, particularly those without connectivity, as part of the home learning kits. It was adopted by the Local Government of Malabon and shouldered the cost of printing and distribution as part of its home-based child development program.

HYGIENE PRACTICES OF 3-5-YEAR-OLD CHILDREN

The baseline results showed that across age groups, only 20% of children wash their hands after playing, only 17% wash their hands after using the toilet, and 62% wash their hands before eating based on caregiver reporting. This result implied that they do not practise proper hand washing, especially



Sample photos of Hygiene-5 in materials.

"Wash your hands using soap and clean water."

"Wash your hands after going to the toilet."

in crucial times when they should be washing their hands. Such practice is crucial to prevent transmission and acquiring the infection during the pandemic. Older children also could serve as models and reminders to younger ones to adopt the proper handwashing practices.

To be able to address this, health and nutrition messages, such as the Hygiene-5[5], were included. The Hygiene-5 messages were incorporated into the materials. Stand-alone materials for information campaigns were also developed to emphasise the importance of hygiene practices, which are crucial in protecting oneself against the virus.

5. Hygiene 5: Proper washing of hands, cough, and sneeze etiquette, keeping oneself clean by taking a bath and brushing their teeth, keeping our environment clean, and eating a well-balanced diet.

SUPPORTING FINDINGS FROM THE SMS-BASED SURVEY

Results from the SMS survey provided insights on the perceived usefulness and gains of the materials, and how parents have used the Project ARAL materials to increase their capacities in supporting their children's learning at home. Sixty-four percent of the respondents reported that they were able to watch the videos of Project ARAL. Those who were unable to watch the videos cited the following reasons: 1. They do not have a smartphone; 2. They were busy with work; and 3. They do not have mobile internet load. While the videos were intended to be viewed following a schedule, the parents usually did so based on their availability and convenience. The families may also repeat watching the videos to refresh them on the key messages. In encouraging behaviour change among parents and caregivers to consistently practise the suggested play-based activities at home, the videos and print materials sit within the broader compendium of programs, such as including this in the cash transfer program for enrolled families and establishing parent circles for peer learning, partnering with general parent-teacher associations to encourage viewership and complement the materials in parenting education sessions and family strengthening sessions.

Out of the 245 respondents that stated they were able to watch the materials, 119 (48%) parents provided narratives on what they have learned from the Project ARAL Materials. Their answers were categorised into nine main categories described in the table below.

Table 8. ***Content themes of parents' responses***

Category	General description
Children's Rights	Parents discussed knowing the rights of their children.
Social and Emotional Learning (SEL)/ Resiliency	Parents discussed understanding their children's emotions and helping them cope with the current situation.
Values	Parents generally described their children learning the "mabuting asal" (good behaviour/values).
COVID-19	Parents discussed learning information about COVID-19 and about measures to protect themselves such as staying inside.
Numeracy	Parents discussed how they learned to teach their children numeracy skills such as counting and sorting.
Literacy	Parents discussed how they learned how to teach their children reading stories and writing.
Positive Parenting	Parents discussed how the materials helped them in their relationship with their children, especially in creating a more positive relationship with them.
Health Messages	Parents discussed learning about health-promoting behaviours, such as handwashing and eating healthy to take care of oneself.
Teaching Children	Parents discussed how the materials gave them tips and ideas on how to teach their children, and how to conduct simple activities at home that can help their children learn.

While the majority of the parents were able to watch the materials of Project ARAL, its remote delivery has posed limitations to families without access to the internet, especially since videos on Facebook require more mobile load to view them. Printed copies of parent cards were limited to one local

government that funded and distributed them to 150 families, who had positive feedback on the learning experiences in the materials, stating that they appreciate the short activities that are integrated with their daily household tasks and from which their children learn essential literacy and math skills. Among parents who were able to watch the videos, the majority of them recalled key messages related to supporting the development of their children, particularly on socio-emotional learning, early numeracy, and literacy. The results suggested a good indication that the materials resonated with many parents who are all adjusting to distance learning.

Adoption by local and regional offices allowed the scaling up of Project ARAL in urban areas, which increased its reach and impact on children's development. Its final assessments are expected by the end of 2021 as evidence is needed on scalable remote ECCD interventions that are appropriate for the conditions of physical distancing and lockdowns.

Conclusions and recommendations

Results of the HALDO tool revealed an inequity in early learning, focusing on a particular aspect rather than all developmental domains being given equal importance and attention. There is a need to strengthen a holistic approach in programs for children, especially in integrating social and emotional learning as well as executive function and self-regulation skills in the early learning and education systems. This is crucial in the time of the pandemic. The holistic view of the child used in ECCD programs should be continued in later years. There is also a need to revisit current teaching-learning processes, contents, and systems and if these support children's holistic development and the integration of all domains.

The baseline study revealed high levels of stress among parents/caregivers, prompting the prioritisation of caregivers' well-being in Project ARAL through the inclusion of Caregiver Well-being messages to support parents/caregivers in identifying and managing stress. The intervention also included reporting hotlines, mental health, and psychosocial support, referral to relevant agencies, and group-based telehealth interventions. Accessible information and support to the parents and caregivers are crucial as they support their child's mental and physical health and well-being.

The majority of parents across age groups implemented positive parenting practices in homes, although the majority of mothers also reported shouting and hitting their children. Mothers, more than fathers, interacted much more with their children. Project ARAL included messages on positive parenting and fostering positive and meaningful interactions at home, with an emphasis that violence is not tolerated. Gender equality and shared parenting were also promoted in Project ARAL messages and materials.

More than half of the families have one to three books/picture books at home, but these are limited to materials that may not be developmentally appropriate for young children. All families also have commercially bought toys while some have parent-made toys; they also use objects found at home as learning materials. Part of Project ARAL was the distribution of home learning kits to the most disadvantaged families. The kit contains developmentally appropriate and gender-sensitive story books, toys, paper, and drawing materials.

It is crucial to look at the school-family partnerships, and how these systems can be used to strengthen support to parents/caregivers as they take on a more active role in facilitating playful learning at home and in implementing

the distance learning modalities. Outside the family, the whole community needs to support children's learning and development. Fathers play a significant role in the children's lives but the findings show that they are less involved or not involved at all in doing activities and playing with their children. Getting male role models, especially fathers, and engaging them in parenting will help promote and sustain improved behaviours.

A review of alternative delivery modalities, such as distance learning, how to support or capacitate teachers to be able to use these modalities, and how these can be operationalized in other areas, need to be undertaken. All sectors working for children must invest or adopt systematic remote forms of supporting the increasing capacities of families to effectively operationalize distance/home-based learning. In this review, it is important to emphasise teacher or school and parent partnerships, especially since learning happens at home, and even before the pandemic, parents are co-facilitators of learning but more so now. The education sector should also look at how to integrate distance-learning modalities and partnership/networking with parents in capacity building for teachers.

There is a need to invest in measuring child outcomes to measure long-term benefits to identify further children who are most at risk of falling behind. Based on data, the delivery of remote forms of learning implemented to address the needs of marginalised and deprived children, particularly those without an internet connection or the means to access the videos, must be strengthened. The Department of Education, National Capital Region, also aired the videos on television. This partnership at the community level strove to bridge the digital divide and gave targeted support for equitable access.

Finally, Project ARAL promotes play as a means to learning as well as coping with stress, especially in difficult times such as these. In the Philippines, play is not a popular means of learning, even if the Early Childhood Care and Development Council advocates a play-based approach for 0-4-year-old children. The Early Literacy and Math (ELM) at Home Plus promotes play-based learning home activities to stimulate all developmental domains, including executive function and self-regulation skills. Because child development centres are closed, and children are not allowed to go out to play with other children, mothers, and fathers were empowered to engage in play with their children. All Project ARAL materials had modifications for children with disabilities.

Project ARAL believes in the Heckman Equation that investing in early childhood development has greater returns in education, health, and productivity. Investing in early childhood education is a cost-effective strategy for promoting economic growth, even and especially during a crisis such as what we are experiencing today. Developmental resources need to be provided to children and their families. Professor James Heckman said that "direct investment in the child's early development is complemented by investment in parents and family environments" (Heckman, n.d.). Project ARAL initially covered the age groups 3-5 and 6-12; it will now include the 0-3 age group. Project ARAL is an investment in the early learning and development of children by supporting their parents/caregivers and families' capacities, resources, and well-being.

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Acronyms

ARAL	Access to Resources for Alternative Learning
ARNEC	Asia-Pacific Regional Network for Early Childhood
ASQ	Ages and Stages Questionnaire
AWC	Anganwadi Centre
AWW	Anganwadi Workers
BCDST	Bhutan Child Development Screening Tool
BKKBN	Badan Kependudukan dan keluarga Berencana Nasional (Head of the National Population and Family Planning Agency)
C4CD Plus	Care for Child Development Program, Bhutan
CCD	Care for Child Development
COVID-19	Corona Virus Disease 2019
CREDI	Caregiver Reported Early Development Index
DepEd	Department of Education, Philippines
DHOs	District Health Officers
ECCD	Early Childhood Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ELM	Early Literacy and Math
FHI360	Family Health International
FGDs	Focus Group Discussions
FRA	Field Research Assistant
HAs	Health Assistants
HALDO	Holistic Assessment of Learning and Development Outcomes
HMIS	Bhutan Health Management Information System
HPK	Hari Pertama Kehidupan (First 1000 Days of Life)
ICDS	Integrated Child Development Scheme

IMNCI	Integrated Management of Childhood Illness
ITED	Infant-Toddler Early Development
KAP	Knowledge, Attitude and Practice
KGUMSB	Khesar Gyelpo University of Medical Sciences of Bhutan
Mineduc	Ministry of Education, Guatemala
MoH	Ministry of Health, Bhutan
NCF	Nurturing Care Framework
NELC	National Early Learning Curriculum
NNSL	Nuestros Niños Sanos y Listos (Our children healthy and smart)
OER	Open Educational Resources
P2P	Prescription to Play
PDSA	Plan Do Study Act
PHQ	Patients Health Questionnaire
PL	Play Leaders
PLAY	Promoting Lasting Anthropometric Change and Young Children's Development
PPE	Personal Protective Equipment
RCP	Responsive Caregiving Package
SEL	Social and Emotional Learning
SMS	Short Message Service
UNESCO	United Nations Educational, Scientific and Cultural Organization.
UNICEF	United Nations Children's Fund
WG	Washington Group
WHO	World Health Organization

ARNEC
Asia-Pacific Regional Network for Early Childhood

ARNEC Connections is published annually by the Asia-Pacific Regional Network for Early Childhood (ARNEC).

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