# Session Four Early childh development **Experience** in reaching poor children aged 0-6

#### International Symposium on Child Poverty and Development 20-22 November 2012 Beijing, China







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Role of ECD in breaking the intergenerational transmission of poverty



Aisha K Yousafzai PhD, Aga Khan University South to South Cooperation Symposium on Child Poverty, 20-22 November 2012, Beijing, China



## **Overview**

- Overview of Early Child Development (ECD) and Early Inequity
- What makes ECD Programmes Successful?
- Emerging ECD Programme Directions
- Summary





**Overview of Early Child Development** and early inequity



200 million children not meeting their developmental potential by 5 years of age

[Source: Lancet Series 2007]





development include biological risks (e.g. malnutrition), psychosocial risks (e.g. inadequate stimulation). Both are influenced by factors associated with poverty.





#### Children in the richest households are more likely to have books in the home



Source: UNICEF MICS 3 Data

Key: Richest 20%, Poorest 20%, Average

#### Key Message 3





Source: Grantham-McGregor et al., 2007





# What makes ECD Programmes Successful?



# (1)Parents and Children Together

- Parenting programmes include a range of goals: strengthening early attachment, enhancing parent/child interactions, responsive stimulation, promoting early learning, positive discipline practices, and problem solving for early child care challenges.
- Need to move away from a 'tell mode'- programmes which target parent and child yield better results.
- Provide parents with opportunity to try things out and receive feedback.

### Example from PEDS Trial (AKU, Karachi)

## **Group Meeting**

- Icebreaker
- Brainstorm & Discussion
- Activities: Mum and Child together with coaching
- Problem Solving
- Key Messages
- Social Time & Routine Work.

- 1. What is ECD?
- 2. Helping mothers to feel confident and good about early care giving
- 3. Children learn from birth
- 4. Observing our children's development
- 5. Understanding the importance of the special bond between mother and child
- 6. What is responsive care
- 7. Providing a safe environment for our children learn
- 8. Care for feeding
- 9. Praise and discipline
- 10.Helping mothers who feel too stressed or burdened
- 11.Making low cost toys
- 12.Understanding the rights of our children

#### Example from UNICEF/WHO Care for Child Development Programme





- By guiding parents as they practice, the purpose is enhance skills of sensitivity and responsiveness.
- Motivation for involvement in early play and learning through experience.
- Empowers parents



# (2) Targeting disadvantaged children

- The evidence shows that children who are disadvantaged benefit more from ECD interventions: Malnourished, HIV, Low birth weight, Poorest.
- The challenge is to ensure coverage of programmes reaches the most at risk population.

Example from Bangladesh (Nahar et al, 2012): Moderate- Severe malnourished children benefit from stimulation







200 million children not meeting their developmental potential by 5 years of age

[Source: Lancet Series 2007]



# Example from PEDS Trial (AKU, Karachi)



	ECD EXPOSURE	NO ECD EXPOSURE		
	Disadvantaged	Advantaged	Disadvantaged	
	Cognition Mean (SE)	Cognition Mean (SE)	Cognition Mean (SE)	
Maternal Ed	9.1 (0.2)	8.7 (0.2)	8.3 (0.1)	
Maternal Stress	9.0 (0.3)	8.5 (0.2)	8.2 (0.7)	
Height for age (Stunting)	8.8 (0.2)	9.0 (0.2)	7.8 (0.2)	
SES	8.9 (0.2)	9.1 (0.1)	8.0 (0.1)	
Sex (Female)	9.2 (0.2)	8.5 (0.2)	8.3 (0.2)	

Disadvantaged children exposed to ECD intervention catch up in cognition to advantaged children not exposed to ECD intervention at 12 months of age.



# (3) Intensity is important

- Jamaica home visiting studies have shown a minimum contact of every 2 weeks is necessary. Fewer benefits observed from monthly contacts.
- Short term benefits have been observed in less intense programmes.
  - Turkey- Sick Child Visit- Enriched home environment, benefits to maternal knowledge around care for development
  - Pakistan- 'Learning through Play' Workshop Benefits to maternal knowledge around care for development
- Access at sensitive time points of development is likely to be important (continuity)
- More research is needed around intensity and duration of contacts.
- **More research** is needed on effective group meeting size which influences dosage received.



### (4) Integration with a structured curriculum

- Sufficient data to show integrated (psychosocial stimulation, nutrition and health) interventions can have additive and synergistic benefits to early development outcomes.
- Examples of structured intervention packages designed to integrated with existing programmes includes: Care for Child Development (UNICEF/WHO, 2011).
  - South Africa, Syria, Turkey, Tajikistan, Kyrgyzstan, Kazakhstan, China, Pakistan, India
  - Integrated with existing health and nutrition services, education services and child protection services.
- More research needed on costs and sustainability.



#### **RECOMMENDATIONS FOR CARING FOR YOUR CHILD'S DEVELOPMENT**

Newborn, birth up to 1 week

Your baby learns from birth.

- Play: Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently stroke and hold your child.
- Communicate: Look into baby's eyes, and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.





 Play: Provide ways for your child to see, hear, feel, and move. Show colourful things for your child to see and reach for. Sample toys shaker, ring on a string.



 Communicate: Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.



 Play: Give your child clean, safe household things to handle, bang and drop. Sample toys: containers with lids, metal pot and spoon.



 Communicate: Respond to your child's sounds and interests. Tell your child the names of things and people. Sample toy: doll with face.



- Play: Give your child things to stack up, and to put into containers and take out.
  Sample toys: Nesting and stacking objects, container and clothes clips.
- Communicate: Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures, and things.



2 years and older



 Play: Help your child count, name, and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.



 Communicate: Encourage your child to talk and answer your child's questions. Teach your child stories, songs, and games. Talk about pictures or books. Sample toy: book with pictures.



- Challenging preconceptions around integration:
  - Integration, if done with a balance of components, does not compromise existing service delivery
  - Additional time spent on interventions is feasible (e.g. integrated home visits in PEDS Trial in Pakistan- ranged from 15-25 minutes)
  - ECD provides a platform for health workers to engage with families on a number of topics, and builds skills

#### Example from PEDS Trial (AKU, Karachi)- Evidence for Integrated Delivery



Service Received	ECD/ Nutrition	ECD	Enhanced Nutrition	Control
General Mother/Child health counselling	76%	78%	46%	5%
Hand washing advice	76%	75%	46%	5%
Medicines received	77%	45%	51%	13%
Mother/Child received nutrition supplements	45%	48%	54%	5%
Advice on EBF	48%	61%	53%	61%
Advice on why mothers breast milk is sufficient 0- 6m	48%	57%	49%	<b>2%</b>

Example from PEDS Trial (AKU, Karachi) Enhancing Relationships between CHW-Community





- There is a positive change within us, we have become more confident...Mothers listen and follow...Mothers also praise us and we feel happy [CHW, ECD/Nutrition Group]
- Now with CHW visiting more and advising more, there is a difference in the children and us, we have learned a lot which will help us do something good for our children [Mother, ECD/Nutrition Group





#### **Emerging ECD Programme Directions**



# (1) Maternal Depression can not be ignored in ECD programmes

- "Maternal depression" as a global threat to children's health, development and behavior (Wachs et al, 2009)
- Significantly higher in LAMIC than in HIC
  - Pakistan: Prevalence of maternal depression ranges from 28% to 57% (Hussain et al, 2000; Rahman et al, 2003; Kazi et al 2006).
  - Malawi: Prevalence of maternal depression among women in rural Malawi was 30.4% (Stewart et al, 2010).
- Interventions to directly tackle maternal depression through the 'child agenda' (e.g. cognitive based therapy, peer group support) are showing some signs of success.
  - Pakistan: Improved exclusive breast feeding as a result of a community based cognitive therapy which empowered mothers to tackle daily causes of stress.



Study	Child Health Outcome	Risk (95% Cl)
Patel et al 2003	Low weight for age	RR: 2.3 (1.1-4.7)
Rahman et al 2004	Low weight for age	OR: 3.9 (1.9-7.8)
Rahman et al 2007	Increased episodes of diarrheal disease	RR: 2.3 (1.6-3.1)

#### **Risks from maternal depression:**

- Lower prenatal care
- Less breastfeeding
- Child undernutrition
- Child GI disease
- Inadequate child health care
- Lower 'responsive' stimulation and child rearing
- Insecure infant attachment
- Harsher discipline
- Compromised maternal coping skills
- Increased family stress



# (2) Greater inclusion of fathers

- 'Men in Families' (UNESCO, 2011) has drawn further attention to role of fathers in care.
- More research is needed. A systematic review of studies has identified less than 40 studies exploring the involvement of fathers in care.
- While some moderate success with programmes for involvement of fathers, little experience is widely shared.





## Father involvement in emergency camps

...my daughter used to sleep all of the time and I did not pay any attention to her. I used to think it was good for me to just put her to sleep and do my housework. She is very quiet. Now I realise through Pehla Qadam that talking and playing with your children is very important. My son is now 6 months he is very active. I pay more attention to my son and my daughter now [Post Floods, Sindh, Pakistan]



## (3) Scaling up with Media

- For children older than 2 years of age, educational TV can increase cognitive development (e.g., Bangladesh, Turkey)
- Evaluations of Sesame Street have also shown promotion of tolerance (e.g. South Africa). Providing learning materials and books for young children with guidance can improve development (e.g., Kyrgyzstan, Bangladesh)
- Use of new mobile phone messaging is currently being evaluated; however, different strategies will benefit different outcomes





## Summary

- Early Environments matter: Children in disadvantaged communities are exposed to multiple risks to their survival & development.
- Inequity starts early and influences life long development trajectories.
- Early intervention is critical, especially in the first 3 years of life.
- ECD programme quality matters for successful outcomes:
  - Reach most vulnerable to reduce inequity
  - Intensity
  - Successful Integration
- Immediate challenges:
  - No longer exclude the 'Mothers' emotional needs from ECD agenda.
  - Need greater attention to role of 'Fathers' from research, programme and policy perspective.
  - Need to evaluate what new technologies can achieve in helping all children fulfill their development potential.



## **Equity from the Start**

- "Make sure all children, mothers, and other caregivers are covered by a comprehensive package of quality early child development programmes and services, regardless of ability to pay."
  - Commission on Social Determinants of Health, WHO



中国发展研究基金会 China Development Research Foundation

# Experience Drawn from Pilot Programs on Early Child Development in China

Lu Mai

**China Development Research Foundation** 

November 21th, 2012

#### Content

Pilot research and evaluation of CDRF's

early child development programs



3

Influence on policy making: the latest national policy

Next steps: promote policy making and evaluation of comprehensive early child development at national level

## **ECD** and poverty reduction

The 18<sup>th</sup> National Party Congress report included a reference to ensuring by 2020 the development of a moderately prosperous society.

In 2011, China had a poor population of 120 million. How can we best help them escape poverty and realize sustainable development?

## **ECD and poverty reduction**

The Government of China's poverty alleviation strategy has three components:

- Minimum guarantees (social protection)
- Development
- Human capital
- Early Development is critical for children's development. Ensuring the nutrition, health and education of children is the most effective way to invest in human capital.
## **ECD** and poverty reduction

CDRF projects:

 2007: Rural boarding school students' nutritional improvement project
2009: Rural children's ECD project
2012: Rural mountainous kindergarten project

## Pilot CDRF programs for improvement of children's nutrition in Guangxi and Hebei provinces

- Program to improve nutrition of boarding school students in povertystricken areas (2007)
  - Pilot programs to carry out nutrition interventions for 2,000 boarding students in primary school in two poverty-stricken counties: Du'an county in Guangxi province and Chongli country in Hebei province.







## CDRF pilot programs of early child development in Qinghai and Yunnan provinces

- Early Child Development programs in poverty-stricken areas (2009)
  - Nutritional supplementation for pregnant women and "mothers' school"
  - 6-24 months nutrition intervention
  - 3-6 years old preschool education
- Plan of opening kindergartens in rural mountainous areas (2012)

# Nutrition intervention during pregnancy and infancy (9-24 months old)



# "Village kindergarten" preschool education for 3-6 year olds



## Principles for conducting pilot programs

- Simple and convenient method
- Accessible services
- Reasonable cost
- Ensured quality

## **Experience (1)**

The "Nutrition pack" has low cost and plenty of nutrition

- The soybean powder provides protein and calories
- > 9 micronutrients
- RMB 0.7~0.9 yuan or USD \$0.1 per pack;



# **Experience (2)**

- The "village kindergarten" program is accessible by villagers, and is relatively low cost. The kindergarten offers good quality education for children.
  - With an annual input of 25,000-30,000 yuan, each "village kindergarten" needs 1 volunteer and could accommodate 20 children. The investment on hardware only accounts for 20% of the total input.
  - Children can play in the village primary school or other public areas in the village. The coverage rate of three-year preschool education in both pilot spots has reached 80%.
  - Educational activities mainly include playing games and doing exercises. Children are considered the core of the preschool educational program.
  - Offer volunteer training to ensure the quality of educational intervention program





## **Experience (3)**

- Encourage poor families to take part in the program and make nutrition interventions a basic-level public service.
  - Offer cash subsidy for pregnant women and families that take part in the physical examination and training programs.
  - Help basic-level public health system build regular inspection mechanism on the nutrition of pregnant women and infants.





# **Experience (4)**

#### Build wide cooperative partnerships for knowledge



World Bank UNICEF OECD

Ministry of Education Ministry of Health Ministry of Finance State Council Development Research Center Poverty Relief Office of State Council National Population Family Planning

Harvard University University of Chicago Chinese CDC Beijing University Beijing Normal University East China Normal University

China Central Television China Education TV station New media

Multinational companies Large state-owned enterprises





#### An overview of the ECD and "Mountainous kindergarten project" in all pilot spots

County	Preschool education spots	volunteer	Children	Children accumulative total	Pregnant women	Pregnant women accumulative total	Infants	Infants accumulative total
Ledu county, Qinghai	150	108	3024	5500	1014	2766	1813	3738
Xundian county, Yunnan	48	55	991	2000	552	2096	1754	2339
Songtao country Kweichou	100	100	1649	2000				
Zhijin country Kweichou	72	72	1396	1396				
Hongya country, Sichuan	76	88	5238	5238				
Guzhang country, Hunan	41	41	900	900				
Section Total	487	464	13198	17034	1566	4862	3567	6077
Xing county, Shanxi	100	100	2280	2280				
Jimunai county, Xinjiang		41	600	600				
Haiyan county, Qinghai	12	25	200	200				
Total	640	630	16278	20114	1566	4862	3567	6077

Note: 1. "Ssectional total refers to pilot projects which have been initiated.

2. "Ttotal" refers to all pilot projects

#### **Pilot program evaluation**

#### • Basic survey

- > 6-24 months old infants: 570 sampled in Ledu county and 348 sampled in Xundian county
- > 3-6 years old children: 304 sampled in Ledu county and 274 sampled in Xundian county

#### • Follow up survey

- Conducted 3 follow up surveys on the nutrition of 6-12 months old infants within two years.
- Conducted one comprehensive evaluation of early development for 3-6 years old children

#### • Results evaluation

- In Qinghai survey spot (May 2011), we conducted a cross-sectional sampling survey on 1,519 infants aged 0-36 months, and 1,023 children aged 3-6 years (including 1 pilot county, 2 non-pilot counties and 1 city in Qinghai province).
- In Yunnan survey spot (April 2012), we conducted a cross-sectional sampling survey on 605 infants aged 0-36 months and 375 children aged 3-6 years (including 1 pilot county and 1 city in Yunnan province).

#### Evaluation results of the pilot programs in Qinghai and Yunnan provinces (1)

- Great achievement has been made to reduce malnutrition rate among infants. A guarantee system has been built to distribute the nutrition packs.
  - By offering nutrition intervention for pregnant women, the birth underweight rate of newborns in Ledu county has reduced by 50%; by offering nutrition intervention for infants aged 6-24 months, the stunting rate of infants in Ledu county became lower than that of the national rural average. In addition, anemia rates for infants aged 6-11 months and infants aged 12-24 months have reduced by 41% and 30% respectively.
  - In pilot areas, the distribution and compliance rates of the "nutrition pack" have reached 80%. The village doctors play important roles in this process. The results have shown that families' feedback on village doctors' working performance affects the compliance rate of the "nutrition pack". For instance, families which rated the working performance of village doctor as "average" only have a compliance rate of 20%.

# Evaluation results of pilot programs in Qinghai and Yunnan provinces (2)

- By popularizing three-year preschool education, great improvement has been made in early development in terms of child cognitive, linguistic and emotional development. Their development can be regarded as equal to that of children living in urban areas.
  - By offering preschool education for 3-6 years old in "village kindergartens", children can access three years of preschool education in pilot areas.
  - The linguistic and cognitive levels of children who received education intervention in Ledu county reached to 93% and 86% of their peers in Xining city. The "motor" development level of children who received intervention in Xundian county reached to 95% of their peers in Kunming city.
  - Compared with the children aged 3-6 years old in Xundian rural areas who did not attend kindergarten, children who received educational intervention displayed higher levels of emotional development. Their "sociability" and "difficulty tackling ability" were 37% and 12% higher than those who did not receive intervention.

#### Qinghai Province Child Psychological Development Assessment Results





#### Qinghai Province Child Psychological Development Assessment Results



图5 幼儿"社会规则"测评结果比较



数据来源:中国发展研究基金会"贫困地区儿童早期发展"项目2011年中期评





# Evaluation results of pilot programs in Qinghai and Yunnan provinces (3)

- Preschool education could significantly improve children's school performance, health, sociability and emotional stability after they enter primary school
- According to the follow up survey of children who received preschool education in the "village kindergarten" in Ledu county, compared with poor children from rural areas, those children who received preschool education had better school performance in subjects like language and mathematics. They also had 2/3 less illness absenteeism rate and better sociability and more stable emotion.
- Low income is still an important reason for slow early child development in povertystricken areas.
  - The results from pilot programs in Yunnan province show that when taking family annual income as an independent variable, and children's stunting and anemia rate as dependent variables, we see that the stunting rate for children from families that have an annual income of 10,000-20,000 yuan is 6.8 times that of children from families who earn more than 50,000 yuan per year. The figure for the anemia rate in this case is 3.8 times.

#### Pilot CDRF programs promote national policy making



## The role of CDRF

- policy research and pilot program
- ➤ take part in policy making discussion
- offer technical assistance while carrying out the policy
- result evaluation

#### **Policy influence**

- In October 2011, the State Council Executive Meeting decided to initiate the plan to carry out nutrition improvement program in rural areas during the compulsory education period. Since early December of that year, this plan has been implemented in 699 counties (cities) in poor areas and 26 million students have benefited from this new policy.
- In October 2012, the Ministry of Health initiated the "Pilot program to improve children's nutrition in poor areas".
  - Distribute nutrition packs for infants aged 6-24 months, prevent malnutrition and anemia and improve children's health in poor areas.
  - This program was conducted in Lüliang mountain area, Wuling mountain area, Wumeng mountain area, western boundary mountain area of Yunnan province, Tibetan area of Yunnan province, Liupan mountain area in Qinghai province, Tibetan and Xinjiang autonomous regions. In total, this program can benefit children in 10 provinces (districts and cities) and 100 counties in the 8 massive concentrated poor areas.
- In October 2011, the Ministry of Education conducted pilot program of "Touring educational support" and provided different forms of educational programs for children in poor areas in western and central China. Currently, this program has been conducted in 10 pilot counties.

#### Early child development is the most effective predistribution policy to promote social equality

#### James Heckman's new opinions over human development strategy (2012)

- Capability difference is the major reason of socio-economic inequality. We should carry out related policies to ensure that all social members can equally express and obtain their capability to promote social equality in China.
- International practices have shown that high quality early child development interventions can help reduce social inequality, promote school education, improve health status and cultivate good behaviors. It is indeed an investment with high effectiveness and return rate.
- > Family life and early child experience can play a decisive role in one's adult life.
- In order to promote early child development in rural areas in China, we should create a rich family living environment for them, improve families' parenting skills. By doing so, we can improve their cognitive, social and emotional ability so as to help them have a healthy and happy life in the future.

#### Next steps

Improve intervention methods and conduct long term follow up research

- Increase the frequency of family visiting
- > Conduct follow up research over preschool education and future school performance
- > Enhance international comparative research
- Promote policy integration and improve policy results evaluation system
  - Further promote the program of "village early child center" and integrate it with the "touring educational support" conducted by the Ministry of Education to promote preschool education and policy making in remote areas.
  - Enhance cooperation among the Ministry of Health, the Ministry of Education and the Women's federation to promote policy making and improve comprehensive early child development in China.
  - Organize result evaluation and performance evaluation of the "nutrition improvement program for students in rural areas during the compulsory education period" conducted by the Ministry of Education and "nutrition intervention program for children in poor areas" conducted by the Ministry of Health.
  - > Explore effective intervention methods to promote early child development.



COUNTRY EXPERIENCES IN EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD)/ECCE IN BANGLADESH

MD. NURUZZAMAN Joint Secretary Ministry of Women and Children's Affairs Government Of Bangladesh

# BANGLADESH

People's Republic of Bangladesh emerged as an independent state on 16th December 1971.

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# **COUNTRY PROFILE IN GENERAL**

**Boundary :** North- India, West- India, South-Bay of Bengal, East- India and Myanmar

- Climate : Tropical; cool, dry winter; hot, humid summer; cool, rainy monsoon
- **Religion : 88.3% Muslim, 10.5% Hindu, 1.2% other** 
  - Time: GMT + 6 hours
- Weights & Measures : Metric
  - **Currency**: Taka
  - Per capita income : US \$ 916
    - **Government :** Republic
  - **Official Language : Bangla**

# COUNTRY PROFILE IN HUMAN RESOURCES

Land Area	:	147,570 sq. km.
Population	:	152.51 Million
Density of Population	:	1015 Per Kilometre
Population Growth Rate	:	1.37 percent
Literacy Rate	:	59.82%
Life Expectancy	:	64.5 years
Infant Mortality Rate	:	43/1000 live births in 2011
Under 5 Mortality Rate	:	53/1000 live births in 2011
Birth Rate (fertility rate)	:	28.4

Source: BDHS-2011, Pocket book of BSS-2008 & MICS-2009.

## BACKGROUND OF ECCD IN BANGLADESH

- Early childhood development initiatives got momentum from late nineties though some scattered initiatives were there even from 1972 (Govt. day care centers –1984, Concern-1972, SC-USA - 1983);
- Government's first service delivery initiative on ECD was day care centers (1984);
- First initiative on school readiness was through INFE project in 1991 (Coverage 63,000 children);
- The concept was reflected in different government commitments, plans and policies even from earlier.

# BACKGROUND continued.....

Some NGOs took initiatives along with GoB to operate PPE which are as follows:

- Plan Bangladesh-1997;
- SC-USA- 1998;
- GSS 1996;
- Phulki 1996;
- BRAC 1997;
- VERC 1997;
- GS 2005;
- **DAM -2005.**

#### **GOVERNMENT COMMITMENT: INTERNATIONAL**

- Both the World Declaration on Education For All (Jomtien, 1990) and the Dakar Framework for Action (2000) have underscored the importance of Early Childhood Care and Education (ECCE) as part of a comprehensive approach to achieving Education For All (EFA);
- Several international and national commitments of the Government of Bangladesh, besides the EFA commitments (1990 and 2000) are relevant for policy and operational guidelines in early childhood development. These commitments relate to the UN Convention on the Rights of the Child (1989);
- Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the Millennium Development Goals (2000) adopted by the United Nations.

# **GOVERNMENT COMMITMENT: NATIONAL**

- Constitution of Bangladesh (1972);
- First Education Commission (1974);
- NPA for Children(2004-09);
- EFA NPA-II(2005-09);
- NFE policy 2006;
- PPE operational Framework (2008);
- National Education Policy (2010);
- National Children Policy (2011);
- Sixth Five Year Plan (2011-2015);
- Comprehensive Early Childhood Care and Development Policy (Draft-2011).

# **COMMITMENT TO PRACTICE**

- Pre-primary education under INFE project (1991);
- Government circular permitting "baby classes" in primary schools (1994);
- Preschools of Bangladesh Shishu Academy (BSA) (1995);
- A Primer for Pre-Primary Education published (1997);
- Pre-primary classes in Govt. primary schools by BRAC and Save the Children USA (2002);
- 1st national project of BSA under MoWCA with UNICEF/Plan support-preschools in CHT & other locations (2001-2006);
- 2nd phase of national project–Early Learning Centers with preschool/playgroup in CHT and other locations (2006-2012).

# **Commitment to practice** Continued...

- In 2001, when government launched the first national project on Early Childhood
  Development through BSA of MoWCA with the technical support from Plan Bangladesh and financial support of UNICEF.
- Up to then, NGOs were working on ECD maintaining their own priority and focusing on program model development, curriculum/material development, awareness building, professional development, service delivery etc.

## MAJOR ACHIEVEMENT UNDER FIRST NATIONAL ECD PROJECT (2001-2006)

- Awareness raised at all level (from policy to family) through an advocacy and communication campaign;
- With the support from UNICEF and experienced NGOs (Plan Bd, BRAC, GS of Grameen Bank), government designed preschool model and started to pilot in CHT areas from 2002 and plain Land (rural & urban) from 2003;
- Strengthened institutional and professional capacity of government and partners for implementing ECD activities;
- With the support of NGOs (SC-USA, Plan Bd, FIVDB, CAMPE and others) and Institute of Educational Development, BRAC University established a network called Bangladesh ECD Network (BEN) comprising all GO, NGO,UN and Institutions working in the field of ECD in Bangladesh;
- Initiated 2<sup>nd</sup> phase of the project called Early Learning for Child Development (ELCD) by shifting focus from family to early learning center.

# BANGLADESH ECD NETWORK (BEN): AN INTRODUCTION



- Bangladesh ECD Network (BEN) is a forum of governmental, non-governmental, academic and research organizations, United Nations agencies and development partners working on Early Childhood Development in Bangladesh.
- To encourage and support the governmental, non-governmental, national and international organisations and partners and other relevant actors in their commitment to and investment in ECD in Bangladesh.

# **INCEPTION OF THE NETWORK**



- An initiative was taken in 2002 to form a Network of ECD stakeholders in Bangladesh with the support of UNICEF-Dhaka and Bangladesh Shishu Academy (the national academy for children);
- Fifteen organizations were active partners of this initiative;
- The mapping of PP education was prepared by ECDRC of BRAC;
- They identified 147 ECD stakeholders across the country through a survey in 2006;
- Now more than 231 organizations are members with BEN.
# **KEY OBJECTIVES OF THE BEN**



- To advocate for ECD with policymakers and stakeholders;
- To promote public awareness on ECD;
- To strengthen ECD capacity in Bangladesh;
- Support the establishment of a solid knowledge base and organisational culture on ECD;
- Sharing information & assist ECD stakeholders to gain access to new information and knowledge on ECD; and
- Develop generic guidelines.

**Pictures** 

### 2<sup>ND</sup> PHASE NATIONAL EARLY LEARNING FOR CHILD DEVELOPMENT (ELCD) PROJECT FROM JULY 2006 TO DECEMBER 2012

# **OBJECTIVE OF THE PROJECT**

" is to promote age appropriate interactive care and early learning activities for children aged 4-6 years, act as a platform for the promotion of caregivers' education, formulation of policy regarding **ECCD & Early Learning** and **Development** Standards (ELDS)"

# **OPERATIONAL STRATEGY**



- ELC as entry point instead of home based education;
- Mainstreaming of caregivers' education on age appropriate interactive care through outlets of MOHFW/Partner NGOs;
- National level support for policy development on ECD/ pre- primary education;
- National level advocacy and local level program communication.

### **IMPLEMENTATION MECHANISM**

- Institute of Child and Mother Health (ICMH): mainstreaming ECD into the medical education system and promoting safe child friendly environment in fixed health facilities;
- National Institute of Population Research and Training (NIPORT): ECD mainstreaming into the regular training programme of family welfare visitors, family welfare assistants, health assistants and family planning inspectors of the Government Departments;
- Integrated Community Development Project (ICDP): establishment of centre based heath, nutrition & early learning programme through Para Centres in three hilly districts inhabited mostly by ethnic minority people;
- BRAC: promote early learning opportunities and expand school readiness programme & run Day Care Centres, organize local level advocacy on importance of early learning, caregivers education in remote & disadvantages' districts;

### **IMPLEMENTATION MECHANISM Continued..**

- Grameen Shikkha of GB: create early learning opportunities, organize local level advocacy, parents meeting and expand coverage of school readiness programme in under privileged areas;
- City corporations: runs centre based early learning in urban slums through their existing infrastructures;
- Bangladesh Shishu Academy: operates centre based early learning in tea gardens, central prisons, brothels, Remote Island through existing Crèches/Community Centers in the areas.

### MAJOR ACHIEVEMENT UNDER 2<sup>ND</sup> PHASE NATIONAL ELCD PROJECT (2006-2011)

- Introduced around 8000 early learning centres (Preschool & Play group) through government and NGOs structure in urban and rural areas including CHT, refugee camps, tea garden, central prisons, brothels, orphanage homes, abashan (rehabilitation) projects etc;
- 0.9 million children completed one year pre-primary education (B-47%,G-53%) and more than 95% are enrolled in primary schools;
- Incorporated ECD module into medical professional course (Under graduate, post graduate course and nurses course);
- Incorporated ECD module into government health and family welfare's FLWs and field level managers;
- Established 20 Play Corners at medical college hospital premises & central prison;
- Draft comprehensive ECCD policy and ELDS developed and currently under MoWCA for approval;
- Steps taken to mainstream school readiness initiative through government education system.

# **CENTRE BASED EARLY LEARNING**

Established Early Learning Centres (Plan Land- 4,300, Hill Districts-3,500, Tea Gardens-159 & other vulnerable areas- 41)

### **CENTRE BASED EARLY LEARNING Continued...**

# Developed curriculum & training module, prepared teaching learning & <u>toy materials</u>



### CENTRE BASED EARLY LEARNING Continued.... Trained trainers and teacher Development (Basic training-7 days & Refresher training-3 days)

### **Centre Based Early Learning Continued...**

<u>Support for transition from pre-school to primary schools (Meeting</u> with local primary school teachers, facilitators of ELCs & Parents to ensure smooth transition)

#### PROMOTION OF INTERACTIVE CARE AND SAFE CHILD FRIENDLY LEARNING ENVIRONMENT IN HOMES AND COMMUNITIES

Led to the inclusion of Early Childhood Development (ECD) issues into the regular training and academic programmes of different sectors of the *Institute of Child and Mother Health* (ICMH) and the *National Institute of Population Research and Training* (NIPORT)





### PROMOTION OF INTERACTIVE CARE AND SAFE CHILD FRIENDLY LEARNING ENVIRONMENT IN HOMES AND COMMUNITIES Continued...





### PROMOTION OF INTERACTIVE CARE AND SAFE CHILD FRIENDLY LEARNING ENVIRONMENT IN HOMES AND COMMUNITIES Continued...

Guideline, containing a set of indicators to assess safe child friendly environment in hospital indoor & outdoor in different departments, has been developed



### PROMOTION OF INTERACTIVE CARE AND SAFE CHILD FRIENDLY LEARNING ENVIRONMENT IN HOMES AND COMMUNITIES Continued...

Play Corner at Medical College Hospital premises

#### ADVOCACY, SOCIAL MOBILIZATION AND PROGRAM COMMUNICATION

 Advocacy manual, Communication Strategy developed;
 Communication materials – Poster, Dangler, Billboard, TV serial, TV Spots, Radio Magazine & Interactive Popular Theater (IPT).





### INITIATIVES OF ELCDP IN POLICY DEVELOPMENT

Operational Framework for Pre-Primary Education

**ELCDP** had a significant role in formulating the policy and operational framework for pre-primary education which was approved by MoPME in March 2008 with a provision and guideline to introduce one year pre-school program through primary school.

#### INITIATIVES OF ELCOP IN POLICY DEVELOPMENT Continued.....

Comprehensive Early Childhood Care and Development (ECCD) Policy

Lead role in the drafting of a comprehensive ECCD policy document. The document is now lying with MoWCA for approval.



#### INITIATIVES OF ELCOP IN POLICY DEVELOPMENT Continued-----

### Early Learning and Development Standards (ELDS) Document

- Developed by a technical team with the representation of Government, Professionals, Experts, Academicians, Researchers, Development Partners, INGOs and NGOs
- Shared with the professionals from different disciplines
- Shared with Inter-Ministerial working group
- Validation will be done.



# PRESENT STATUS AND SCENARIO ON ECCD/ECCE IN BANGLADESH

### **OPERATIONALIZING THE POLICY INTO PRACTICE**

- Pre-primary education operational framework developed and approved by MOPME with a provision and guideline to introduce one year pre-school program through primary schools(2008);
- Initiative taken by the Directorate of Primary Education (DPE) to implement PPE operational framework under guidance of MOPME and engage development partners, academicians, networks and professionals. These are-
- High level technical and coordination committees on PPE formed and activated by MOPME with representatives from GO NGOs, DPs, Institutes and Networks (BEN, CAMPE); and
- Development of core materials for pre-primary education is underway by NCTB involving representatives from BEN and other relevant Stakeholders;

### OPERATIONALIZING THE POLICY INTO PRACTICE continued...

- Interim PPE package developed and introduced through government primary schools (37642 GPS by 2011);
- Interim training and orientation plan on PPE developed and implemented by DPE;
- Draft GO-NGO collaboration guideline developed and approved;
- Child to Child Approach An alternative innovative approach for school readiness through GPS and RNGPS by DPE;
- Planning to establish 2100 community learning centres in most disadvantaged areas where no primary schools exist;
- Every school will have a provision of pre-primary;
- National Education Policy 2010 approved with a provision of one year pre-primary for children of 5-below 6 years.

### **OBJECTIVES OF ECCE AND PRE-PRIMARY**

- The specific objectives set in ECCE framework would include, among others, the following:
- a. To provide all the necessary care and education to young children that will help their development through physical, cognitive, language, social, and emotional growth and change; with due attention to children of disadvantaged groups, children with special needs, and children of ethnic minorities;
- b. To support language development of children through active interaction among and with children and creating opportunities for using the skills;
- c. To support parents and other caregivers by providing knowledge and skills necessary to meet children's developmental needs;
- d. To create a congenial and child friendly atmosphere at home, community and places of learning so that children benefit fully from care and learning activities; and
- e. To develop and train the other trained human resources and support them effectively to carry out their work in early care and education of children. 36

### PRE-PRIMARY LEARNING OUTCOMES SET IN ECCE FRAMEWORK

- Participant children in the pre-primary education, on completing the course, will be able to:
- a. Say own name, name of parents, address of family and own date of birth,
- b. Say names and function of different parts of the body,
- c. Follow social practices say greetings, respect elders, giving thanks, ask permission and engage in appropriate social interaction with relatives and friends,
- d. Recite children's rhymes, sing children's songs, national anthem and tell stories,
- e. Categorize similar objects/articles and differentiate dissimilar objects or articles,
- f. Draw and name circle, triangle & rectangle.

### PRE-PRIMARY LEARNING OUTCOMES SET IN ECCE FRAMEWORK continued...

- g. Recognize and tell the names and functions of natural objects around them e.g., flower, fruit, fish, bird, animal, sun, moon, tree, transport, weather, land and water
- h. Show creativity by making objects, toys/ play materials by self choice using block, clay, leaf, paper, sticks etc.,
- i. Count, recognize, read and write numbers from 0-20,
- j. Do simple addition and subtraction (with numbers below 10),
- k. Recognize, read and write Bangla letters,
- I. Read and write words composed of two Bangla letters,
- m. Describe events from picture,
- n. Have an expressive vocabulary of words presented in Class 1 reader,
- o. Recognise or say opposite word for known word.

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# UPDATE ON PRE-PRIMARY

- GoB has encouraged NGOs and communities to set up pre-schools within or near public primary schools. In 2009 there were 2,987 kindergartens in operation throughout the country serving 226,187 children in 'baby classes;
- 31,208 primary schools under the Ministry of Primary and Mass Education (MOPME )started pre-primary for 3-5 + age group children; 100% primary schools will start pre-primary by 2013;
- The Ministry of Women and Children's Affairs, the Ministry of Chittagong Hill Tracts Affairs and the Ministry of Religious Affairs operate pre-primary classes through projects;
- BRAC operates 13,054 pre- primary in 391 sub-districts for 3,65,000 children including 15,000 children with special need;
- In addition, many private kindergarten schools and more than 190 NGOs conduct pre-primary education throughout the country. According to the directory published by the Bangladesh ECD Network the number of privately run kindergartens throughout Bangladesh is between 18,000 and 20,000; 39

### UPDATE ON PRE-PRIMARY Continued....

- Mothers assembly is held in school regularly and they are informed and advised on children's nutrition, health, cognitive and social development;
- Presently teachers for grade 1-5 teach in pre-primary; new teachers are required to conduct pre-primary classes;
- Enrollment reached 99.47% by 2011,drop-out reduced from 50% to 39.8% over last three years after implementation of ECC and Education Framework-2008; and
- A generic curriculum for PPE has been finalized by NCTB.

### **School Feeding Program**

- World Food Program (WFP) has come forward to support school feeding program in 2001to cover 350,000 primary school children. About 1.1 million students are being benefited through the program;
- It provides a 75 gm packet of biscuits to primary and 50gm of biscuits to pre-primary school children in targeted areas, on a daily basis six days per week. The locally produced biscuits are fortified with fourteen vitamins and minerals. They provide 338 kcal/day to primary schoolchildren and 225 Kcal/day to pre-primary schoolchildren and meets 67 and 60 percent of their daily micronutrient requirement of vitamins and minerals respectively;
- Another program named 'EC Assisted School Feeding Program' has started to feed two hundred thousand students with fortified biscuits.

#### Study Findings on School Feeding Program

- A study undertaken by the International Food Policy Research Institute (IFPRI), Bangladesh in 2003, the project resulted in:
- increased gross school enrolment rates of 16 percent;
- reduced probability of dropping out of school by 10 percent;
- increased school attendance by 14 percent and
- improved academic achievement by 16 percent.

The study also found that the average energy intake and energy adequacy ratios were considerably higher for the participating students than for non-participating students was 11% higher in rural programme areas than the energy intake of primary school students in corresponding control areas.

#### Study Findings on SFP Continue......

- A study undertaken by the Tufts University (USA) in 2004 revealed the following:
- teachers reported that there had been a decrease in children who had difficulty concentrating in class;
- there was no gender based difference in the receipt or consumption of WFP biscuits;
- there was no evidence that the biscuits were substitutes for home consumption of family food;
- some parents reported that they no longer needed to give their children money for the tiffin break (recess) representing cash saving for the family.

### Study Findings on SFP Continue......

SFP Outcome Study between 2007 and 2009, revealed that:

### On Education

- Increased school attendance by 8 percent (76 to 84 percent)
- Reduced dropout rate by 3.6 percent (compared to nonassisted schools)
- Increased enrolment by 10 percent (compared to non-assisted schools).

### **On Nutrition and Health**

- 11 percent less children with anemia than in control group
- Reduced proportion of underweight students by 8 percent girls and 11 percent boys in assisted schools over non-assisted schools
- Reduced prevalence of worms in children a significant contributor of malnutrition– about three times less in assisted schools compared to non-assisted schools.

# CHALLENGES (ECCD/ECCE)

Developing and expanding ECD services for young children (3-5) - institutional, community-based and family-based;

Developing and expanding programs for parenting, care and stimulation; awareness, information, skills and support – especially pregnancy to first three years;

Making ECCD services inclusive – especially developing and expanding programs for early detection and care of children with special needs;

#### **ELDS Validation;**

Priority and urgency in policy initiatives – especially, Finalization of comprehensive ECCD policy and measures to implement the CECCD Policy as well as National Children Act.

## Challenges (ECCD/ECCE) Continued...

- Implementation of planned PPE activities under PROG3 in partnership with NGO and
- other actors
  - Mapping, database and expansion plan (increasing coverage from 23% to 100%;
  - Preparing developmentally appropriate PPE packages for children and caregivers/teachers;
  - Ensuring early literacy for all children in Mother Language ;
  - Minimum standard for PPE;
  - Disadvantaged people and hard to reach class, particularly urban working parents, hilly areas, coastal belt, haor, char AND

Tea gardens Brothels Central Prisons Mosque & Temple based pre-schools Private run Kindergartens Challenges (ECCD/ECCE) Continued... **Reducing teacher- student** ratio from 1:48 to ratio 1:30; Making linkage between the pre-primary and grade-1 curriculum; **GO-NGO** collaboration guidelines implementation; Professional capacity building and institutional strengthening; **Omegand** Monitoring and supervision.

High importance of Early Learning and School preparedness- example from Bangladesh

Children with Preschool background showed: •Higher score in school completion exam. (371 compared to 357 in mean score)

Better performance (51% from the farmers family, 46.6% of the illiterate parents family passed with first division compared to 34% and 33.3% of the same family background without Early learning Programme )
Transition is higher in secondary education- 83.8% with and 72.6% without pre-schooling Programme.

> Economic and Social Analysis of Primary Education in Bangladesh: A Study of BRAC Interventions and Mainstream Schools Alia Ahmad & Iftekharul Haque, June 2010

# **Our Dream for 2015**

All children of Bangladesh will receive **Early Childhood Care and Development** support from an aware and informed family, society and state. Trained teachers will facilitate young children's learning with tested programme models and teachinglearning materials.




#### Building the Wealth of Nations Holistic-Integrative Early Childhood Development (Indonesia's Experience)

#### Dr. Sanjoyo MEC

Director for Population, Women Empowerment and Child Protection National Development Planning Agency/ BAPPENAS)

International Symposium on Child Poverty and Development Beijing, 20 – 22 November 2012

# OUTLINE

- 1. Introduction
- 2. Concept of Human Development and Holistic-Integrative ECD
- 3. Problem and Challenges of ECD
- 4. The ECD Grand Design

### I. INTRODUCTION

#### (Why) Sustainable Policy on ECD?

- 1. Sustainable Human Development :
  - 1.1. Mandate of Law/Responsibility of State

(Indonesian Constitution, Human Right, Child Protection, Health, and education Law)

1.2. Human Development

(As stated in the Indonesia Medium Term Development Plan 2010–2014)

- 2. ECD as a Strategic Issue in Human Development (Human development should begin from early childhood)
- **3.** Proportional Budget Allocations, Distributions, and Utilization Mechanism

### II. CONCEPT OF HUMAN DEVELOPMENT AND HOLISTIC-INTEGRATED ECD

### Concept of Human Development and Holistic-Integrated ECD

National Long Term Development Plan



Human Development includes human life cycle since in pregnancy until old aged.

**Holistic-Integrated ECD :** 

- To Fulfill the essential needs of early age children: Health and nutrition; education; and care and protection
- To provide services simultaneously based on child development stages
- To capitalize window of opportunity of child development optimally

# III. PROBLEM AND CHALLENGES OF ECD

### **Problem and Challenges of ECD**

- **1. Health and Nutrition Status**
- 2. School Readiness
- 3. Capacity in Child Rearing
- 4. Provision of ECD Services
- 5. Disparity of ECD Services
- 6. Coordination among Stakeholders
- 7. Inclusion

### 1. Health and Nutrition Status

#### Child mortality by location in 2007

Location	Infant Mortality Rate	Under Five Mortality Rate
Urban	31	38
Rural	45	60
National	34	44

*Source : Indonesian Demographic and Health Survei, 2007* 

#### **Malnutrition among Under Five Children**



Source : SUSENAS Various Year and RISKESDAS 2007 and 2010, dusing WHO standard

### 2. School Readiness

Elementary School Repetition, 2006/2007-2008/2009



Source : Education Statistic , MoNE 2006/07, 2008/2009

# Correlation between ECD participation with elementary school dropout, 2008



Elemntary School

at

Drop out Rate

Source : Education Statistic , MoNE 2008

### 3. Capacity in Child Rearing



*Source : Indonesian Demographic and Health Survei, 2007* 

### 4. Provision of ECD Services

	Health Post	Parenting Education	Kindergarten / Religious KG	Day Cara	Play Group	Non Formal ECE	ECED	Holistic & Integrated Child care and Development
Type of program	Healthcare	Parental education	Formal kindergarten	Informal programs			Integrative informal programs (incl. health and parenting)	
Official age range	0-5 + their mothers	Parents of child 0-5	5-6	3 months-6 years	2/3-6	0-6	0-6	0-6
Age focus	0-5	0-5	5-6	3-4	2-3	-	3-6	2-6
interven tion	Child health and nutrition	Enhanced parenting skills	Developmen t & School readiness	Daycare and emotional & mental dev.	Emotional & mental dev.	Personal dev. and child education	Developmen t & school readiness	Holistic child dev.
Hours per day	(2 pr month)	(2 pr week)	2.5 or 3	8	2-7	Diverse	Mostly 2	2-3
Days per week	-	-	5 or 6	5-6	3-5	diverse	4	3-5

### 5. Disparity of ECD Services Participation in ECED by Districts





■ TK ■ Playgroup □ Daycare ■ School ■ Any ECD □ None

#### Per capita expenditure and ECD enrolment, by province (2002, 2008/09)



### 6. Coordination among Stakeholders

Challenges in conducting coordination in early child development:

1. Complexity of ECD stakeholders (including task and authority which still not clear)

2. Complexity of ECD services in field

## 7. Inclusion

ECD services still have not been able to reach all children based on their special needs.

### **IV. THE ECD GRAND DESIGN**

4.1. <u>Policies</u>: To Improve accessibility, quality, coordination, capacity building, and legal basis

#### **Policy Direction of Holistic-integrated ECD:**

- Improving access, distribution and types of early childhood development services
- Improving the quality of early childhood development services
- Improving cross-sectoral coordination and cooperation and partnership between government agencies, implementing agencies and related local, national and international organizations
- Strengthening institutions and legal basis and involving community including world business and mass media in implementing early childhood development services

4.2. <u>Strategies:</u> Increase Awareness, understanding, expansion of services, empowerments, coordination among stakeholders, and harmonization of law and regulations

#### **Strategies of Holistic-integrated ECD:**

- Improving the skills of prospective brides, parents, families and caregivers in taking care of child in an optimal way
- Conducting equitable and reachable early childhood development services
- Improving the quality of early childhood development services
- Internalizing religious and cultural values
- Empowering communities and business world
- Enhancing commitment, coordination and cooperation among government agencies, implementing agencies and related organizations
- Strengthening and harmonizing the legal basis of providing holisticintegrated early childhood development services

#### **4.3. National Guidelines of Implementation**

#### **4.3.1.** Principles of Holistic-Integrated ECD:

- Holistic Services which include early care conducted at home, education for parents and family members as well as caregivers in child care, health and nutrition services, provision of good and healthy sanitation, treatment and education of early childhood at education service centers, and legal protection from mistreatment, including exploitation and violence against children.
- Sustainable Services. A well coordinated and integrated service system providing services in a sustainable way from fetus to the age of six years.
- Community Participation. Community must be involved in the planning, implementation, monitoring and evaluation phases of holistic-integrated early childhood development program so the sense of belonging to the program of the community will be stronger.

#### Constructive Cultural Basis. Early childhood service program should take local and global cultures into account pursuant to the needs for optimal growth

- and global cultures into account pursuant to the needs for optimal growth and development of the child.
- Non-discriminative Services. Services should be provided in a fair way for all early childhood both males and females to meet their needs, including orphans, children with special needs such as disable children and children in the conflict area, poor communities, rural and remote areas, islands and refuges.
- Good Governance, including transparency, accountability, participation, efficiency and effectiveness of the use of available resources. Therefore, it is expected that all early childhood potencies can be explored and developed optimally.
- Expansion of Service Distribution between community groups is undertaken by applying principles of accessibility, consideration, availability of sources, economic reachability and socio-cultural acceptance.

#### 4.3.2. Institutionalization

**Organization Structure at every level for:** 

- Implementation coordination
- Planning and Reporting Coordination
- Ministries/Agencies responsible for ECD
- ECD Partners (NGOs, Professional Organization)

**Implementing Agencies/Units:** Health and Nutrition; Education; Care and Protection; Parenting Skill (Centers/Programs):

- Integrated service Post (Posyandu)
- Group of Family of Under Five Children (BKB)
- Play Group
- Kindergarten
- Day Care Centers
- Other similar ECD Centers/Services

#### **4.3.3. Typology of Services**:

#### **Integrated Services:**

Complete and holistic services, conducted in an integrated way by a number of Centers



#### **One Stop Integrated Services:**

Complete and holistic services conducted by one or several providers in one location.



4.4. <u>Legal Basis</u>: To develop and strengthen the planning, programming and budgeting Holistic-Integrative ECD

- Holistic-Integrative ECD Presidential Regulation has been submitted to President for signing
- The presidential regulation forms the official coordination among key line ministries to harmonize ministries annual plan and budget
- Holistic-Integrative budgeting guideline is being finalized for ministries reference in ECD planning and budgeting

## CONCLUSION

- 1. Provision of ECD services that is integrated and holisticintegrated is urgent to improve human resources quality especially in the poorest area
- 2. The principle of holistic integrated ECD is of the community, by the community and for the community to ensure local ownership and parental involvement are in place
- 3. The formulation of Grand Design followed by National Guidelines by all concerned-ministries for all stakeholders of ECD is a strategic step to provide quality holistic integrated ECD services

