

Parenting for Lifelong Health

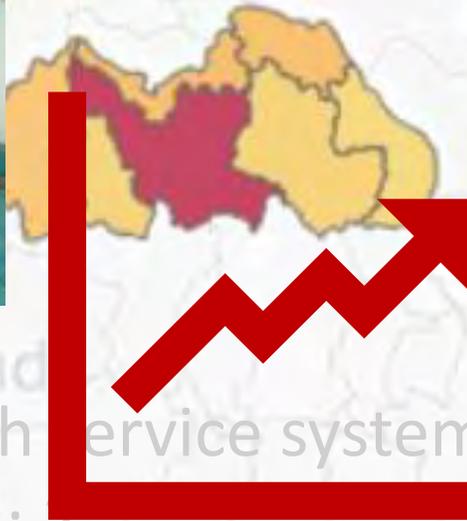
POSITIVE PARENTING SKILLS FOR THAI
PARENTS IN REGION 8

One Stop Crisis Center (OSCC)
since 2002:88
Social workers: 23

Udon Thani ***
Sakon Nakhon
Nong Khai
Nong Bua Lum
Nakhon Phanom
Bueng Kan
Loei



OSCC Information Center



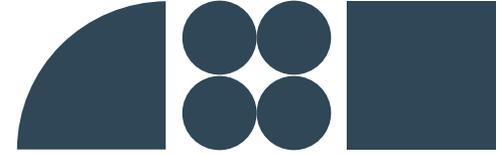
Population
Total: 5,561,304
Children(<15): 955,988
At: 1/10/2020

Regional hospitals: 2
General hospitals: 8
Community hospitals: 78
Subdistrict health promoting hospitals: 874

Why?



- Traditional Child protection practices have failed us – we can no longer remain on the defensive
- Lack of social workers – high number of victims – many more that are unreported – existing practice can no longer shoulder the growing burden
- Long Live Prevention! – the next step in elevating child protection is to prevent the child from ever becoming a victim

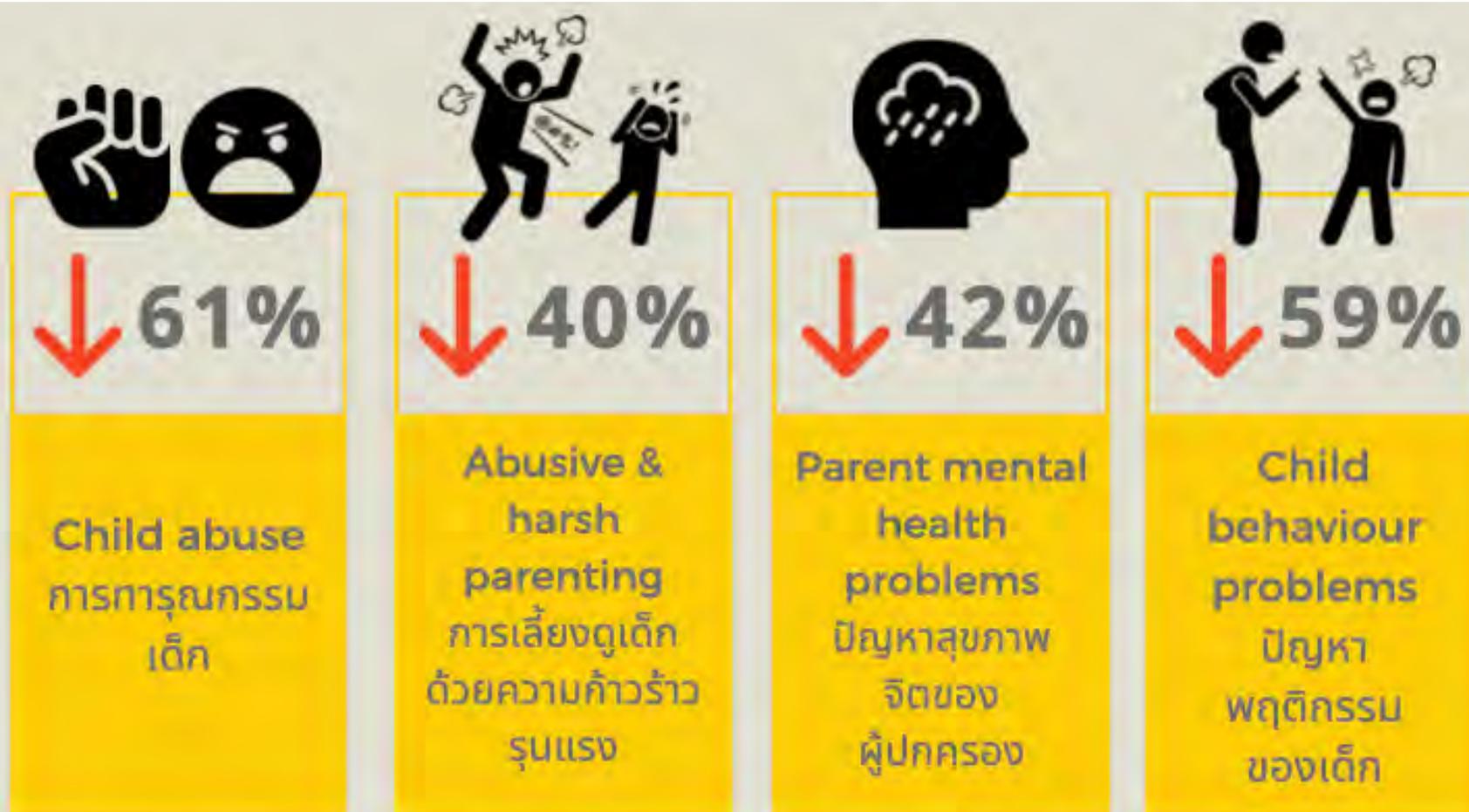


Child-shield: ML Risk Model

Province Name	Total Number of High-Risk Cases to the number of Tambon in the province	Total High-Risk and Medium-Risk Cases	Total Low-Risk Cases	Total Risk Cases
Nakhon Phanom	25/41	143	3,824	3,967
Bueng Kan	9/21	92	2,556	2,648
Loei	30/53	265	6,375	6,640
Sakon Nakhon	35/67	253	8,342	8,595
Nong Khai	19/25	98	2,670	2,768
Nong Bua Lam Phu	15/36	93	3,811	3,904
Udonthani	61/97	378	11,037	11,415
Total	135	1,323	38,615	39,938

- **High Number of risk cases**
The number of risk cases were significantly higher than we thought
- **Surprisingly Accurate**
The Model's prediction is surprisingly accurate at 72.27% Accuracy
- **The model cannot be 100% Accurate**
Doing so will overfit the model and it cannot be used
- **Categorization is problematic**
At the moment, because sexual abuses are overrepresented within the reported cases.

Evidence Based Prevention: PLH



ผลดีเหล่านี้ยังคงอยู่เมื่อเวลาผ่านไปสามเดือนหลังจากการอบรม
Positive results were sustained 3 months after the program.

Resources required for PLH-YC implementation



- Community-based group meeting space (Health Promotion Hospital)
- House of Support poster and flip chart
- Facilitator Manual
- Parent Handbook
- Optional: transport subsidies, on-site child care, free lunches



- 5 days of training for facilitators (2 per group)
- 3 days of training for coaches (who have already trained & worked as facilitators)
- 3 days of training for trainers (who have already trained & worked as facilitators & coaches)



- **60 USD** per parent (for basic programme delivery including training & coaching costs for facilitators)
- **32 USD** per parent (for basic programme delivery excluding training & coaching costs)
- **37 USD** extra per parent (for optional transport subsidies and on-site child care)

PLH-YC Thailand Theory of Change Model

PROCESS

Delivery Methods

- Participatory approach
- Modelling positive behavior
- Accept, Explore, Connect, Practice facilitation method
- Group discussions & problem solving
- Positive reinforcement
- Illustrated stories
- Practicing skills in groups and at home
- Peer support
- Phone calls, LINE/SMS, and Home visits

CONTENT

Behavior Change Techniques

- Quality time together
- Child-directed play
- Socio-emotional communication
- Positive reinforcement (praise and rewards)
- Limit setting (rules and routines)
- Giving instructions
- Ignoring negative attention seeking and demanding behavior
- Consequences
- Mindfulness-based stress reduction

Proximal Adult Outcomes

- Reduced harsh parenting
- Increased parental confidence
- Increased positive parenting skills
- Improved monitoring & supervision
- Reduced support for corporal punishment

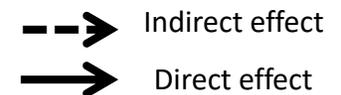
Distal Adult Outcomes

- Reduced poor mental health
- Reduced IPV and coercion

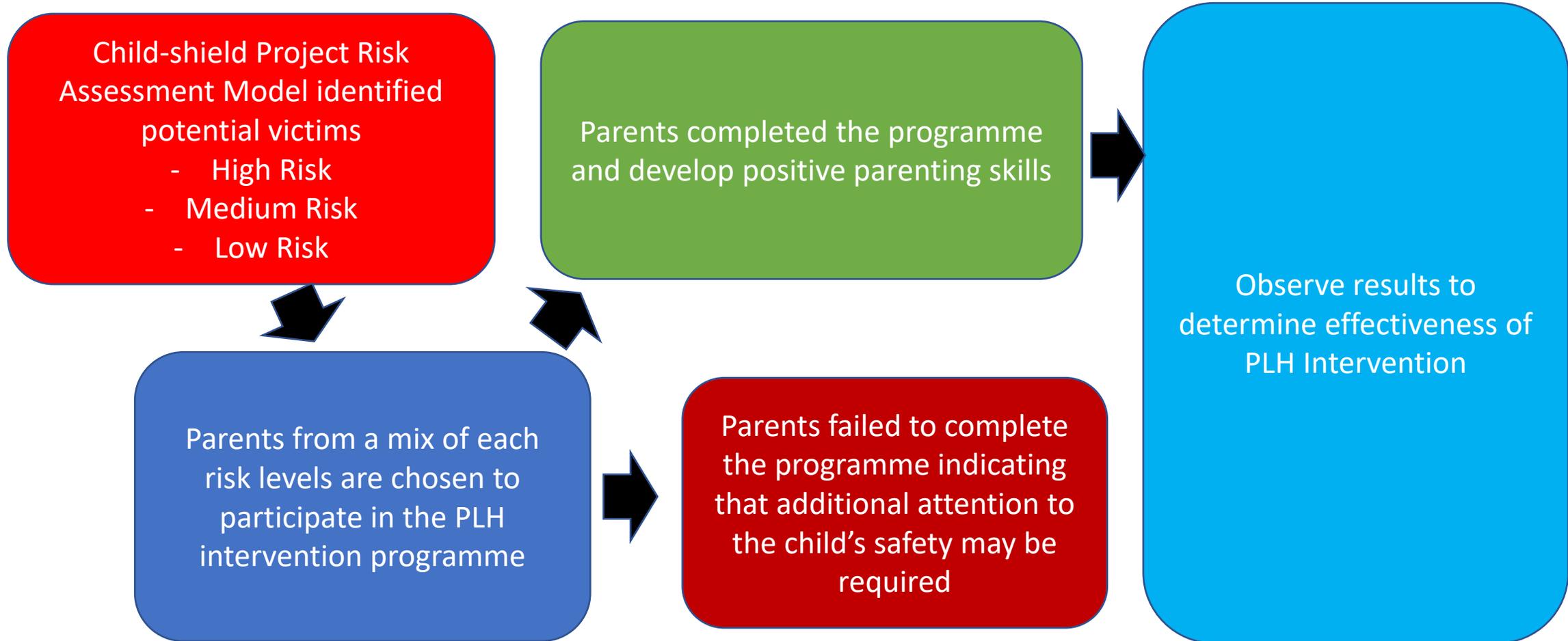
Distal Child Outcomes

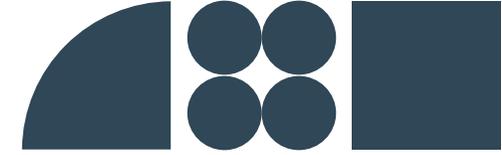
- Reduced child behavior problems
- Improved socio-emotional regulation

Primary Outcome: Reduced VAC



TARGET





Lessons Learnt so far

Digital Training can be done

The PLH team was able to conduct 2 successful training sessions for facilitators with no face time through the use of digital technology. This demonstrates

Training conducted in this format can limit face time, ensure the safety of participants and encourage participation as it can cut down on travel costs and time. But the facilitators must ensure that participants have proper devices to participate in the training as well as internet access.

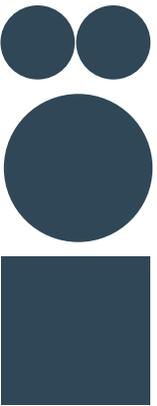
PLH: evidence based intervention

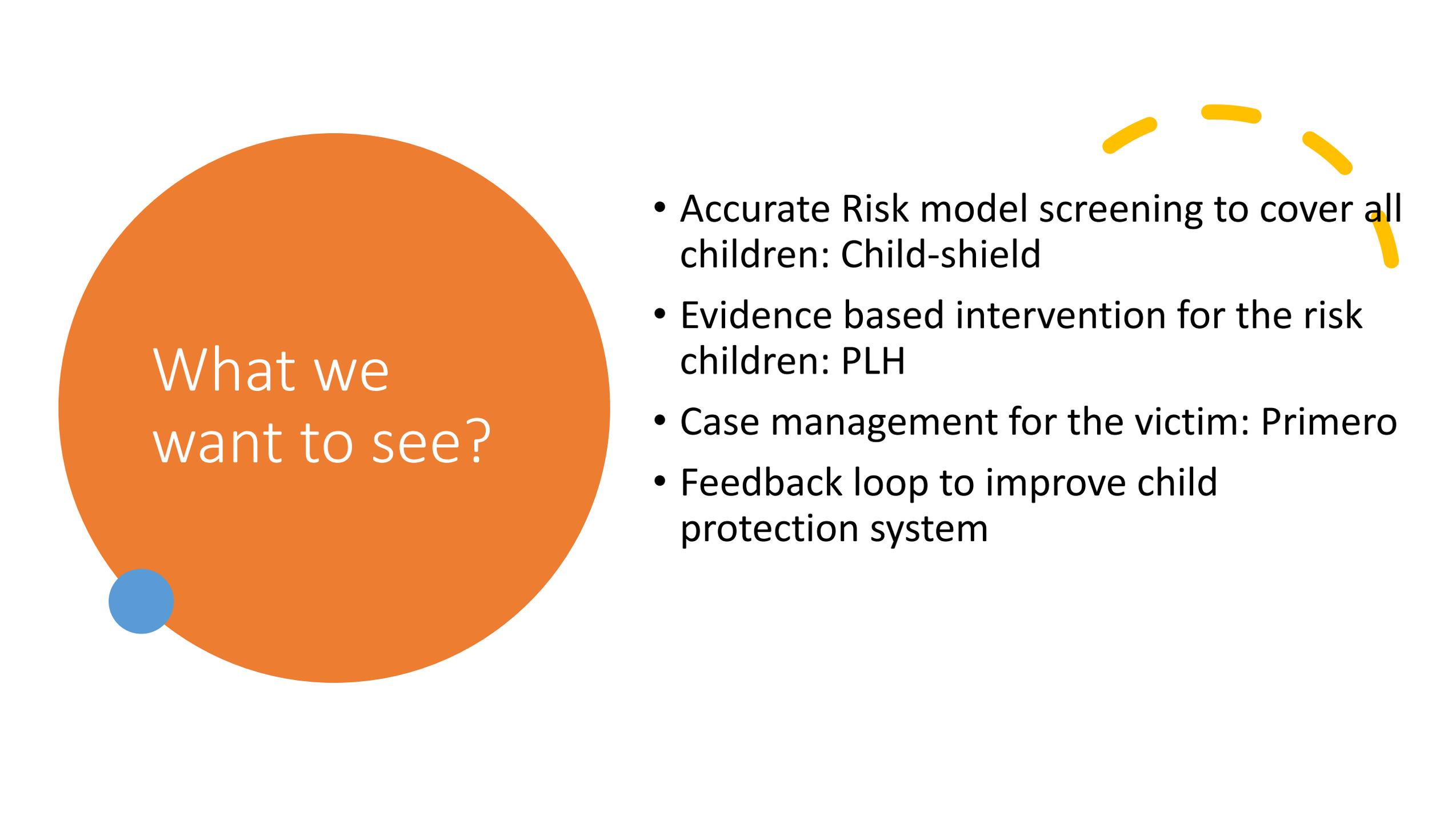
The PLH team in Thailand will be the first in the world to select participating parents for the programme based on risk rather than parents who have already abused their child, courtesy of the Child-shield risk assessment system. There will be a lot that can be learnt from this experience, and the lessons will be compiled and shared in the near future.



Big picture approach

Parents who have been selected to participate in the PLH Programme have been selected by the Child-shield risk assessment model. In order to encourage diversity in the participating parents in each class, to allow each class to have varied discussions and to facilitate problem solving in group discussion by having parents of various skills participate in classes, the 15 families participating in each class for the PLH Programme will be specifically selected so that each class will be composed of a mix of parents from low, medium and high-risk groups.



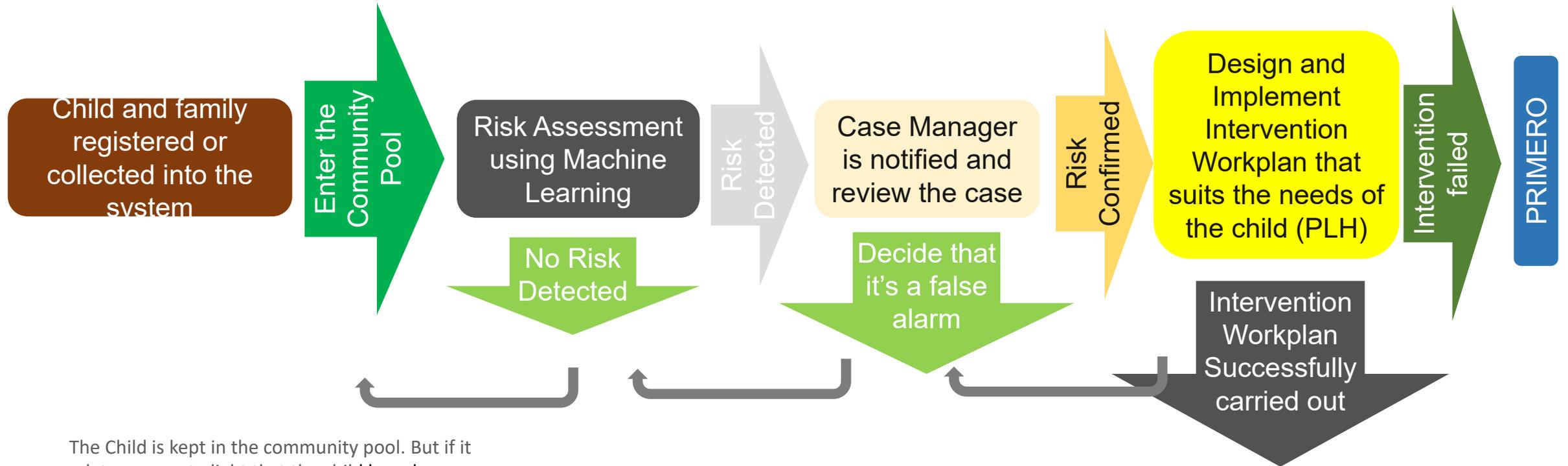


What we
want to see?

- Accurate Risk model screening to cover all children: Child-shield
- Evidence based intervention for the risk children: PLH
- Case management for the victim: Primero
- Feedback loop to improve child protection system

Child Protection Workflow

Many factors may lead to failure of the intervention, and failure also come in many forms. All of these will be subjected to review so that the mistake will not be repeated. Once the child goes through PRIMERO and are considered rehabilitated, it will return to the community pool.



The Child is kept in the community pool. But if it later comes to light that the child have been abused, then the risk assessment model will be re-evaluate to account for its failure and improve upon.

Primacy is given to the human decision maker within the system over machine learning. But case managers are encouraged to at least carry out preliminary investigations to ensure that the identified child is not a victim of abuse. If the decision to kept the child in the community pool resulted in the child coming to harm, a review of the case manager's decision will be undertaken.

Once the Intervention Workplan is completed, all risks factors will be assumed to have been minimized and the child will be returned to the community pool. If they are abused, then the intervention process will be reviewed.

Creating enabling
environment for women
working in garment factories
for better nutrition of their
children and themselves



Presented by:

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Ms. Win Lae Lae

unicef 

for every child

Presentation Outline



Project background



Action and Interventions



Results



Lesson learned and challenges



Background

90% of a 400,000 workforce in Myanmar garment sector are women mainly of 18-35 years

Even before the COVID and crisis, research showed that working women in the factories are highly vulnerable to malnutrition and not able to take care of their children. High prevalence of malnutrition in women and children

Limited knowledge about labor law and their rights in the workplace including maternity protection, parental leaves and support to breastfeeding

As part of Urban nutrition strategy, UNICEF designed program to support and care nutrition of women working in garment factories and their children

The program is being piloted in four garment factories which have high proportion of women worker (80% woman of reproductive age) .

Encourages parents working in garment factories to take care of their children ensuring exclusive breast-feeding and adequate complementary feeding for optimal growth and development of child and continue their jobs.

Project Interventions

Initial assessment for selection of the pilot factories in collaboration with Myanmar Garment Management Association (MGMA)

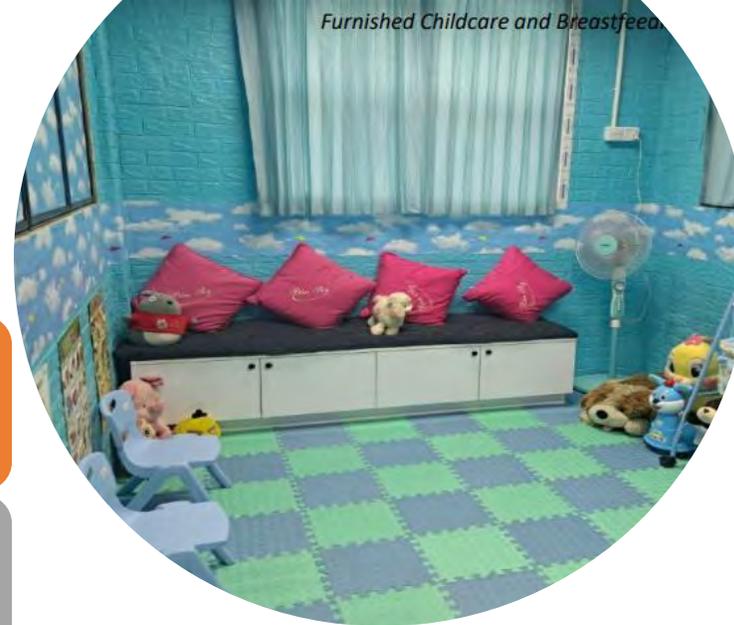
Nutrition and child-care education to workers

Creating of breast-feeding and child-care rooms in factories

Mobile health and nutrition services

Upgrading factory clinic and canteen facilities

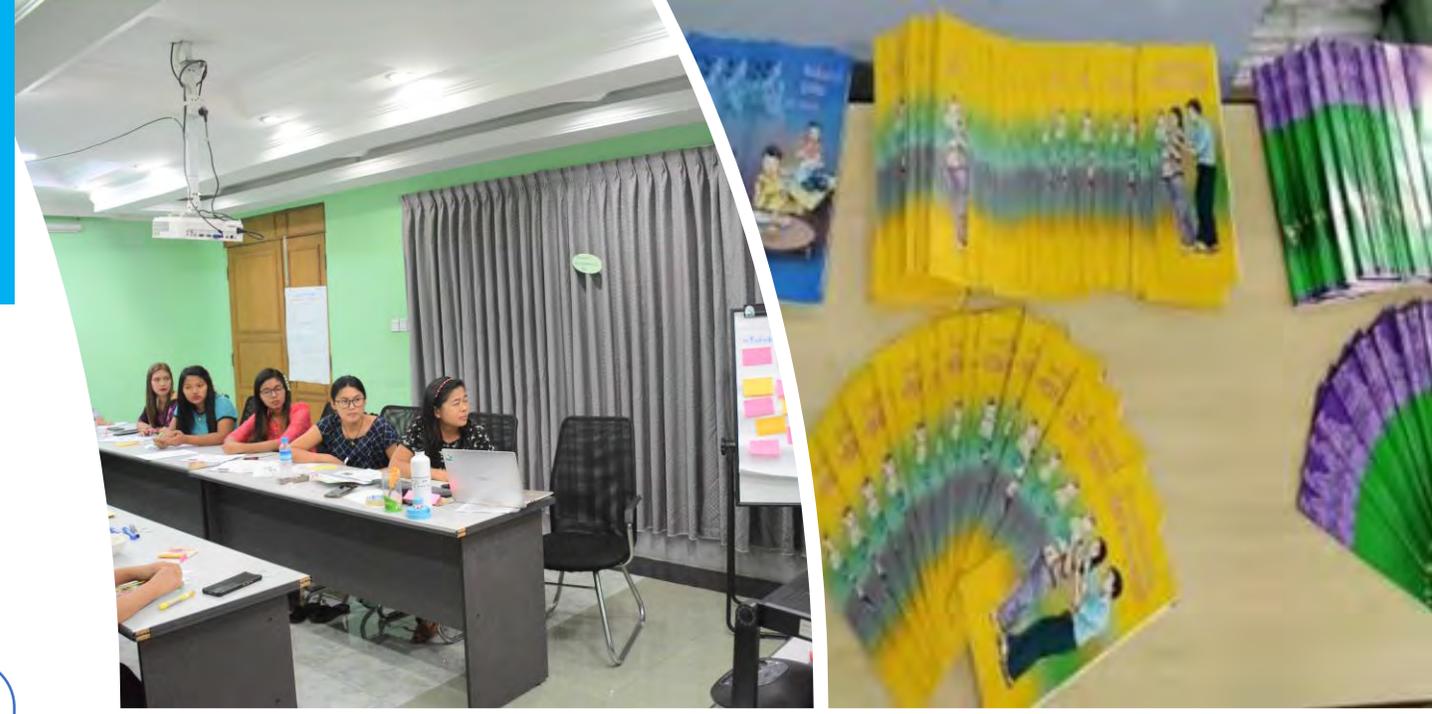
Advocacy for provision of parental leaves and breaks for the breastfeeding after mothers return from the parental leaves: 14 weeks paid leave and 1 hr breastfeeding break



Interventions contd:

Distribution of nutrition packs and nutrition promotion materials including bowls and pamphlets for better parenting

Orientation on labor law including maternity protection, parental leaves and support to breastfeeding and child caring



MGMA- UNICEF Project Activities at CNM Garment Industrial Limited



No.594/A, Pan ta Pwint Taung Street,
Aout Wa Net Caung,
Hmawbi, Yangon

The program supported establishment of breast-feeding/child-care rooms and clinic facilities in the three piloted factories. Another factory with upgrading canteen facility with hygiene and nutritious foods

Awareness on labor law including parental leave entitlement training were delivered in the three factories.

600 factory workers (530 female, 70 male) were supported with nutrition packs and nutrition promotion materials including pictorial nutrition bowls with four stars posters and pamphlets for promotion of child and good parenting.

The factories have recruited trained nurses for provision of health and nutrition services and counselling to the mothers working in factories on child-caring and feeding practices.

The breast-feeding spaces are equipped with IEC materials, toys and anthropometric equipment. Privacy and confidentiality are ensured in the breast-feeding rooms and clinics.

Periodic mobile health and nutrition services such as COVID testing, general medical up, health/nutrition education and height and weight measurements were also provided to total 600 workers (471 female, 129 male).

Lesson learned

- Multistakeholder coordination and advocacy including Scaling up Nutrition (SUN) Business Network Myanmar, private sectors, MGMA and UN agencies created enabling environment for success of new initiative
- Close monitoring and onsite coaching ensure quick adaption of new behaviors
- Use of social media and multiple platforms helps to reach more people with healthy and better caring practices

Challenges

- COVID-19 pandemic and military takeover delayed implementation of project
- Limited funding for scale up of this project as funding has been prioritized for humanitarian response
- Unpredictability and uncertainty have created insecurity and threats among both factory workers and owners





ENGAGING WITH YOUNG CHILDREN AND THEIR MOTHERS DURING COVID

THE ROLE OF PLAY



CONTEXT

EARLY CHILDHOOD EDUCATION AT PRATHAM

Pratham has early childhood interventions in **15+ states and union territories** across India, with interventions spread across **urban and rural** communities



DELIVERY MODELS

Anganwadis

~70,000 children

Active community participation and mother engagement

Bihar, Uttar Pradesh, Gujarat, Odisha, Rajasthan

Government Partnership

~400,000 children

Formal agreements with governments for system led implementation

Punjab, Haryana, Himachal Pradesh, Delhi, Andhra Pradesh, Karnataka

WHAT WE DID PRE-PANDEMIC ADAPTING TO THE PANDEMIC

Activities in government preschool centres



Awareness about public health and safety



Volunteer mobilization (adolescent girls, young women)

Mothers and children playing together



Mothers' groups in the community



Lots of phone calls – back and forth!

ACTION & DELIVERY

STAYING IN TOUCH DURING COVID-19

To navigate the pandemic and continue to fulfill its mission, Pratham implemented the campaign “**Karona: Thoda Masti, Thodi Padaai**” to keep in touch with communities and encourage learning.

COMMUNITIES

Equipping **parents, volunteers and children** to facilitate learning in their homes through play



COMMUNICATION

Supporting communication with the help of all available media, **audio calls, IVR, SMS and WhatsApp**



CONTENT

Pratham has curated content for learners across age groups in different Indian languages. Currently, we have **4,000+ videos, 1,000+ games and 3 learning applications.**

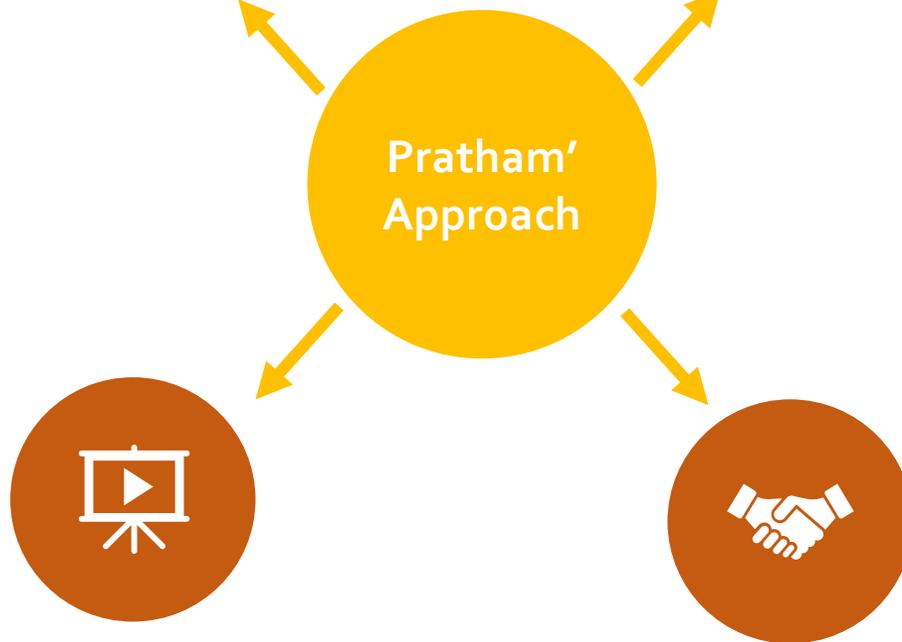


COLLABORATIONS

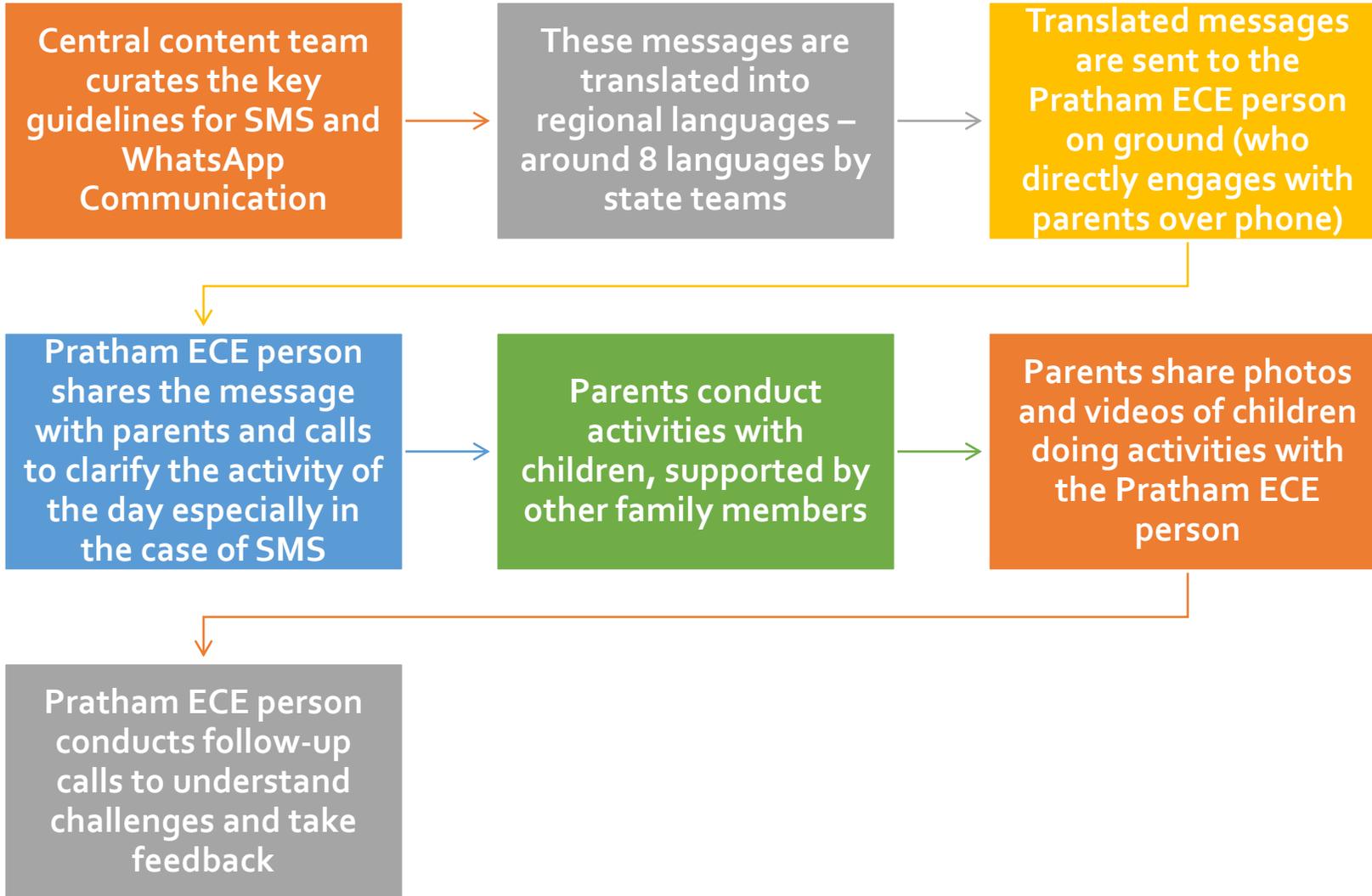
Working with **governments and other not -for-profits** to adapt to the changing times and reach the last mile learner



Pratham'
Approach

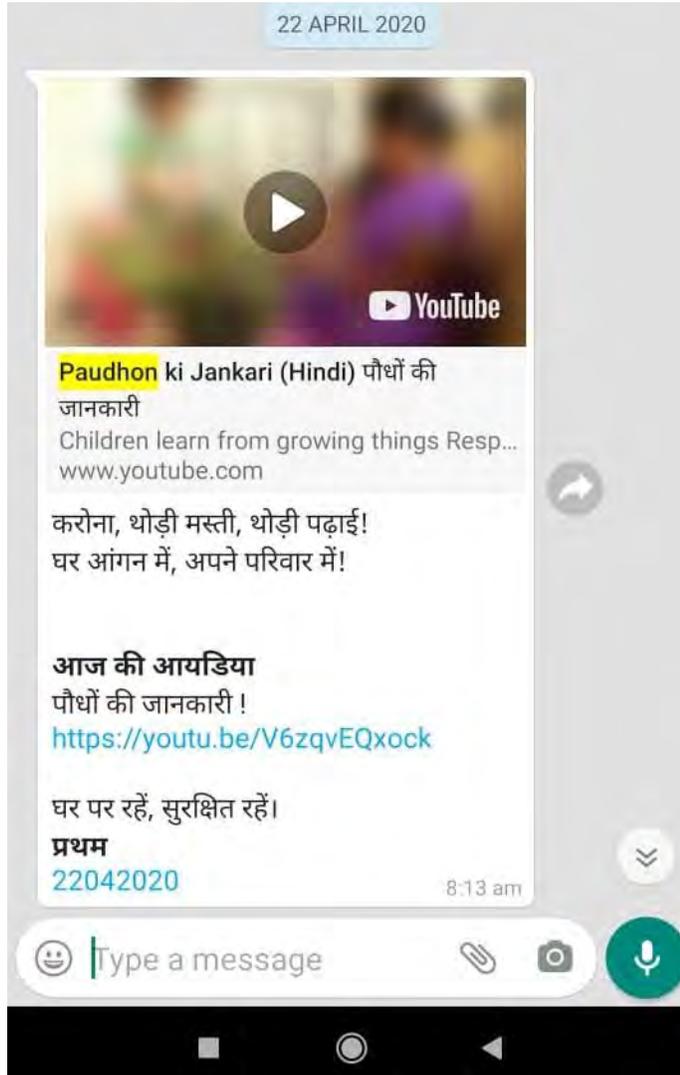


CONTINUOUS COMMUNICATION



WHATSAPP - WHAT WE SEND OUT AND WHAT WE GET BACK

Through WhatsApp – we sent out a video of a mother explaining how plants grow.



In return – we received the following responses!



SMS - WHAT WE SEND OUT AND WHAT WE GET BACK

Take a bag and put different things in it—spoon, bangle, pencil or cap. Close your eyes. Put your hand in the bag. Touch any object and identify and talk about what you find.

एक थैली लें।
उसमें अलग-अलग चीज़ें डालें जैसे चम्मच,
चूड़ी, पेंसिल या ढक्कन। बच्चा आँख बंद
कर ले।
थैली में हाथ डाले।
कोई भी चीज़ छूकर उसका नाम बताए। उस
पर कुछ बोले।



In a basket, take some peas or garlic.
Show your child how to peel these.
Now sit together and peel the peas or
garlic with each other!

एक टोकरी में कुछ मटर या लहसुन लें।
अपने बच्चे को दिखाएँ कि कैसे छीलते हैं।
अब आप और आपका बच्चा साथ बैठकर
कुछ मटर या लहसुन छीलें।



PARTNERSHIPS - SUPPORTING GOVERNMENTS

Pratham's digital content outreach across age groups through government systems has taken different forms



IVR

In partnership with Delhi government



TV

Bihar



Content Portals

Uttar Pradesh, Maharashtra, Rajasthan, Madhya Pradesh, Jharkhand, Bihar



WhatsApp /SMS

In partnership with Himachal Pradesh and Punjab governments



Radio

In partnership with Maharashtra Government

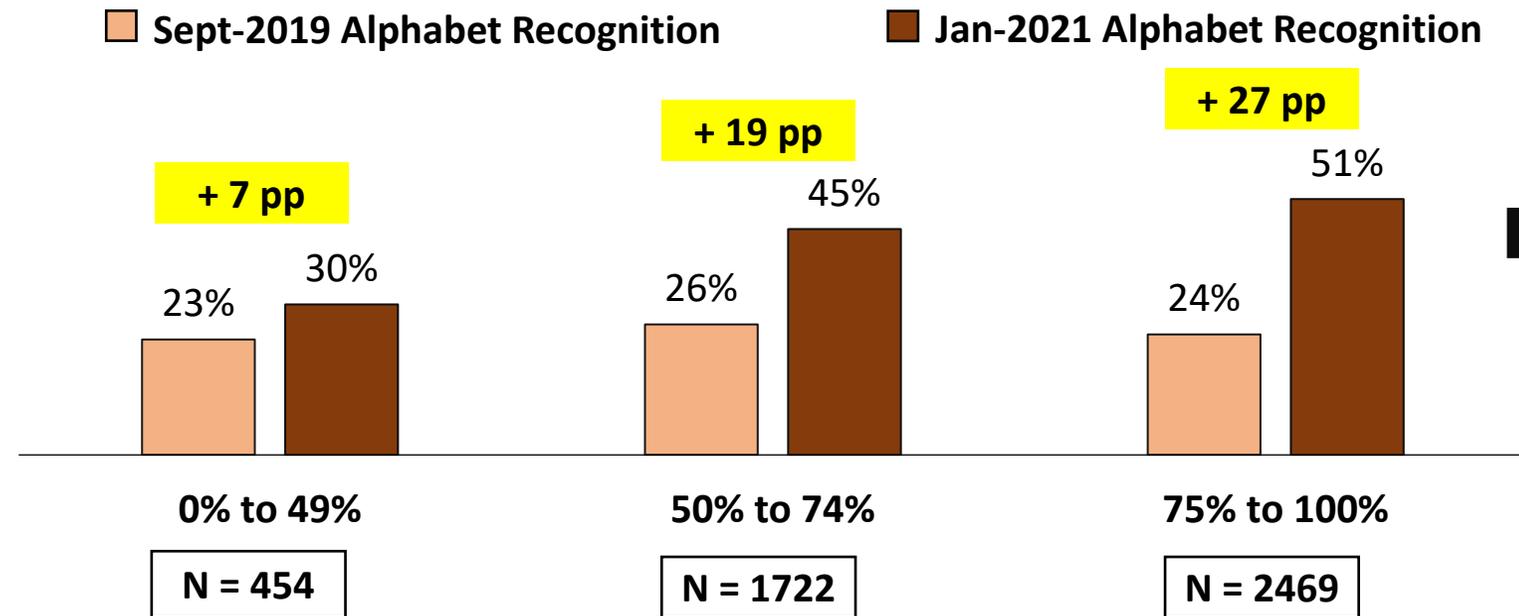
Pratham's total digital library of content across age groups in eleven Indian languages, is being utilized by **14 state governments** for their teachers and students.

IMPACT & LEARNINGS

Does higher engagement translate to better performance?

For the reference week (i.e., last 7 days), the completion of activities (sent via phones) was used as a proxy for engagement

% Children who could recognize alphabets, based on the activity completion rate



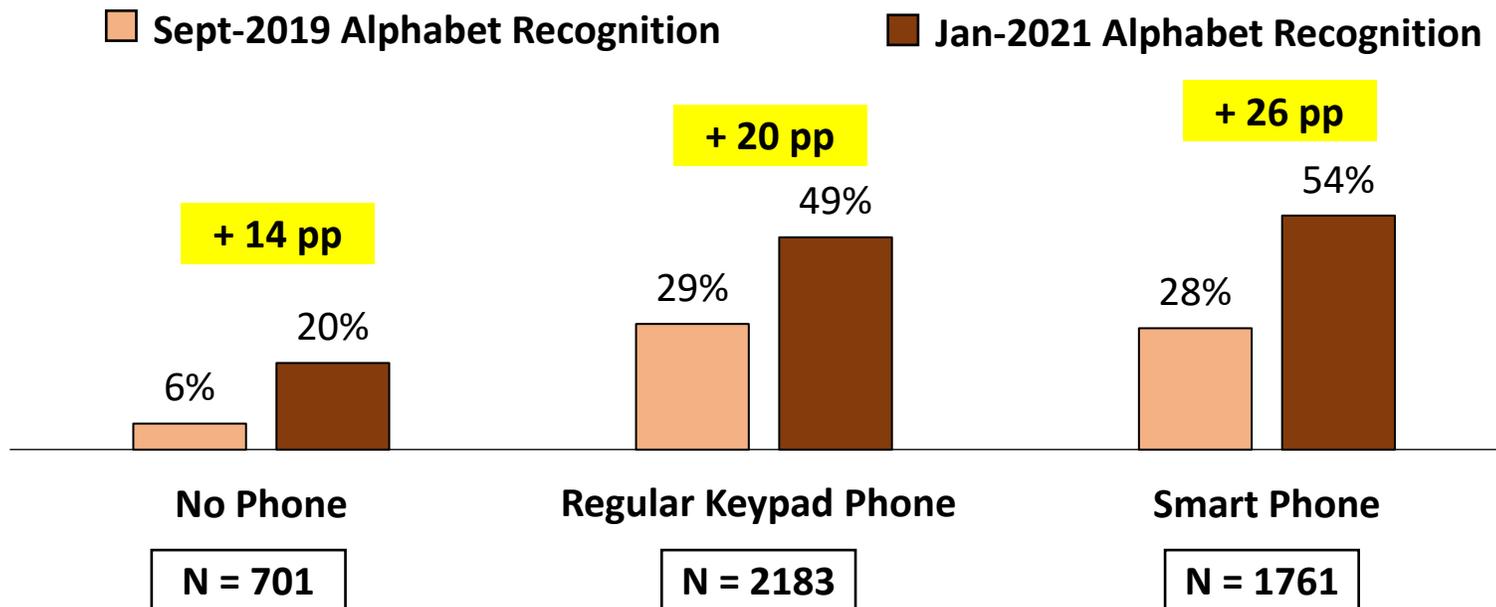
Results from a multiple regression also showed that children who completed more than 50% of the activities in the reference week were 6.0% more likely to progress in alphabet recognition, keeping other variables constant

Note: The results were statistically significant with p values less than 0.05

- Amongst mothers and children who were more engaged with remote learning activities, a higher proportion had learning improvements. This engagement was sustained through regular follow ups conducted by Pratham team members and support from community volunteers.
- **Thus, delivering remote learning activities and following up with mothers consistently was correlated with improvements in the learning outcomes.**

Does the mother's phone ownership matter? The mother's phone ownership reflects **underlying socio-economic conditions of the household**. In addition, mothers with smartphones had access to **digital learning content via videos/ audio clips**.

% Children who could recognize alphabets, based on the mother's phone ownership

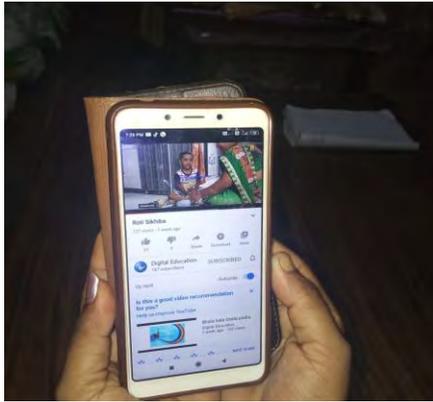


Results from a multiple regression also showed that when the mother owned a phone, children were 8.6% more likely to progress in alphabet recognition, keeping other variables constant

Note: The results were statistically significant with p values less than 0.05

- The proportion of children who demonstrated learning improvements was higher when mothers owned phones, especially smart phones. The relatively weaker learning outcomes of children whose mothers did not own phones indicates the impact of the digital divide.
- **During this period of prolonged lockdowns, access to phones, especially smartphones with activity based digital learning content, was correlated with improvements in the learning outcomes.**
- **In Pratham's ECE programs, mothers groups in the community helped in expanding access to devices and digital content.**

WHAT WE LEARNT



Content

Activities that were most popular were those which were easy to understand, fun and utilised materials that were easily accessible.



Communities

Social structures within the villages (Anganwadi workers, volunteers, mothers' groups) are important to initiate and sustain momentum over time



Communication

The “human connect” is most important – two-way communication through follow up calls help translate the messages into action

THANK YOU

 @PrathamEducationFoundation

 @prathameducation

 @Pratham_India

 www.pratham.org





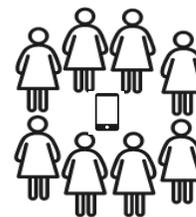
During the pandemic, **the role of mothers in early childhood education became even more important than before**. Hence their **engagement and participation** with children learning was important, and having access to a **variety of appropriate activity based content** was essential.



Delivering remote learning activities via SMS/ WhatsApp messages to mothers and maintaining a strong **support mechanism through follow ups calls**, was **positively correlated with children's learning improvements** during this period.



When mothers had access to **engaging digital learning content** sent via **smart phones**, children were **more likely to demonstrate learning improvements**.



Leveraging social structures in the community, like **mothers' groups**, was essential to **increasing the access to digital learning content**.