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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:

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.

- 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.

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