

ARNEC CASE STUDY

Gender transformative early childhood care and development project

PLAN INTERNATIONAL, BANGLADESH



ABOUT PLAN INTERNATIONAL

Plan International is a not-for-profit non-government development and humanitarian organisation that was founded in 1937. The organisation is active in 75 countries with over 50 country offices and their program units, four regional hubs, and four liaison offices. Plan International began working in Bangladesh in 1994, encouraging children and young people to be leaders within their communities through the implementation of programs that directly benefit 2.3 million children across the country. Plan International Bangladesh strives for the integration of gender equality and inclusion across all areas of their work, including education, disaster risk management, child protection, health, and social and economic empowerment. Plan International programs and initiatives are funded through child sponsorship, and grants (donations from institutions and corporate donors), and disaster appeals.

EXECUTIVE SUMMARY OF THE GENDER TRANSFORMATIVE EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD) PROJECT

The Gender Transformative ECCD Project was one of multiple programs that were prioritised by Plan International during the COVID-19 pandemic. The program was an existing program, aimed towards supporting families and children aged from birth to eight years, that was established in 2019 and subsequently modified in 2020 in response to the COVID-19 pandemic lockdowns and physical restrictions. Accordingly, the program was adapted to a hybrid model of remote and home-based delivery, aligned with the easing of COVID-19 restrictions during lockdown. It included three main components: (1) an alternative home-based learning model (remote and home visits), (2) the development of audio-visual content for COVID-19 awareness and home-based learning, and (3) the dissemination of COVID-19 awareness materials. To achieve the goals and objectives of the modified program, Plan International Bangladesh partnered with the Sesame Workshop Bangladesh to develop and disseminate audio-visual content and partnerships with implementation partners including South Asia Partnership Bangladesh (SAP-BD) and SUROVI to deliver the remote and in-person components of the home-based learning component of the program.

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KEY PROGRAM FEATURES

The Plan International COVID-19 response consisted of multiple programs and initiatives to respond to the COVID-19 crisis in Bangladesh. One of these response programs involved the modification of an existing program, the Gender Transformative Early Childhood Care and Development (ECCD) Project, in the Barguna Sadar and Dhaka urban slums. This program was subsequently modified in response to the COVID-19 pandemic in March 2020 when the national lockdown was declared across Bangladesh. The program aimed to support ECCD within the home learning environment and build positive parenting practices.

The pre-COVID Gender Transformative Project commenced in 2019 catering for children birth to eight years. It followed an implementation model consisting of parenting programs (i.e., parent group sessions), early learning opportunities (i.e., access to early learning centres), a community outreach program run by volunteer workers, and advocacy work to policymakers. The program was adapted to a hybrid model of remote and home-based delivery, based on the easing of COVID-19 restrictions during lockdown. It included three main components:

1. An alternative home-based learning model (remote and home visits)
2. The development of audio-visual content for COVID
3. Dissemination of COVID-19 awareness materials

PROGRAM RATIONALE

The Gender Transformative ECCD Project was prioritised in response to the heightened health and financial challenges and complexities experienced by parents (and their children) due to COVID-19. Closure of schools and ECCD services, meant there were limited opportunities for children to access quality learning, posing a risk to development. The program focus was modified to incorporate information and preventative messaging around COVID-19 for both parents and children, as well as supporting parents to provide positive parenting and home learning opportunities during lockdowns.

GOALS OF THE PROGRAM

The main objective of the program was for all children under the age of eight years to develop to their full potential, free from discriminatory and limiting attitudes, as well as developing practices and expectations that build on children's needs, abilities, gender, and other identities. The goal was to achieve this through an alternative home learning model, the development of audio-visual content for COVID-19 awareness and home-based learning, and the dissemination of COVID-19 awareness messages through advertising materials.

Strategic decisions made throughout the pandemic were framed by the following considerations:

1. Address the challenges which are not addressed in other Plan International projects or through other organisations
2. Utilise funding to maximise achievement
3. Provide need-based support rather than comprehensive support
4. Consider gender issues specific to the crisis period
5. Revise the program plan and budget whenever this is required to ensure best processes and outcomes

PROGRAM DEVELOPMENT AND STRUCTURE

Program objectives were consistent with the pre-COVID 19 offering, with modifications made to content and approach to delivery. Adaptations to program delivery and content were informed by familial consultations designed to identify additional needs and challenges that families were facing due to the COVID-19 pandemic (i.e., familial stress, lack of information around COVID-19).

The revised project plan incorporated three key components: (1) the implementation of an alternative home learning model, (2) the development of audio-visual content for COVID-19 awareness and home-based learning, and (3) the dissemination of COVID-19 awareness messages through advertising materials.

The alternative home-based learning model was created in lieu of the pre-COVID-19 model of centre-based visits with parents. It was designed to ensure children had access to developmentally enriching learning and play experiences and positive interactions with their parents during lockdown. Delivery included the utilisation of distance technology-based communicative models, including the use of mobile phones to conduct phone-call and SMS conversations between facilitators and parents to implement the home-based learning model. Home visitation was reinstated with easing of restrictions which allowed four to five people to visit homes.

Delivery of the program was supported by a Project Manager and volunteer facilitators. Facilitators followed specific program guidelines during both online and face-to-face visits.

Due to limited access to technology (particularly in remote areas), television was selected as an effective medium for reaching families during the pandemic. Audio-visual content on health and hygiene, ECD, and home learning was disseminated in collaboration with the Sesame Workshop Bangladesh. Social media platforms, including Facebook and YouTube, were also utilised to promote these messages.

CONTENT

This program involved the implementation of an alternative home learning model,

the development of audio-visual content for COVID-19 awareness and home-based learning, and the dissemination of COVID-19 awareness messages through advertising materials.

1. Alternative home learning model: This model includes the establishment of a play space (Khela Ghor in Bengali) within the home environment where mothers and fathers can play with their child and foster their learning and development. This space includes a play box or container which is decorated by the child and filled with learning resources, and or toys from around the home. Facilitators teach parents how to make toys and resources at low cost, how to tell stories, and how to play with their child in developmentally enriching ways. Parents are also provided with some play materials that are difficult to make within the home, such as books and puzzles. This model was delivered during the COVID-19 pandemic through:

a. Connecting with parents remotely: Facilitators conducted short phone calls and/or SMS or voice SMS conversations/prompts with parents to: (1) discuss COVID-19 information and prevention (health and hygiene procedures, information around testing) and, (2) provide information around positive parenting, child development, and the implementation of the alternative home learning model. Remote competitions were created for children to engage in (i.e., art competition) where children could win a small prize. These were established to increase children's motivation to learn and create and connect with other children remotely.

b. Home visits: These were conducted during lockdowns by facilitators when mandated restrictions allowed four to five people to visit homes. Facilitator visits included 30–40-minute mentoring sessions with parents and children in the home environment. Facilitators followed specific program guidelines and engaged parents and children in the alternative home learning model, demonstrating how to support learning through positive interactions and play. Parents also had time to discuss any issues or challenges they were facing.

2. The development of audio-visual content: In partnership with the Sesame Workshop Bangladesh, Plan International developed and disseminated audio-visual content on TV channels and social media platforms. This content featured characters from

the children's program Sesame Street promoting awareness of COVID-19 preventative measures (i.e., handwashing), activities which children could engage in within the home environment, and how to make low/no-cost play materials in the home.

3. COVID-19 awareness messages through advertising materials: These materials included posters, messages on big balloons, and public announcements regarding COVID-19.

TRAINING & SUPPORT

Facilitators were provided with specific guidelines to follow when connecting with families over the phone and through the home visiting component of the program.

DURATION & INTENSITY

The program started in the financial year of 2019 and is set to be completed in the financial year of 2022. It was modified for blended delivery in 2020.

FUNDING

The COVID-19 response to the Gender Transformative Project drew upon existing funding from the program.

PARTNERSHIPS

Plan International partnered with the Sesame Workshop Bangladesh to develop audio-visual content. They also drew upon partnerships with implementation partners including South Asia Partnership Bangladesh (SAP-BD) and SUROVI.

IMPACTS & OUTCOMES

Key impacts and outcomes of the program included:

- Around 5,000 parents attended the in-home parenting sessions
- Around 3,100 children received play materials
- Around 3,000 homes have established play spaces
- The audio-visual content has been viewed by over 2.7 million people
- Around 1,000 community members are aware of COVID-19 preventative hygiene measures
- Plan International have shared key learnings and experiences from the program through webinars, television, and social media to raise awareness and advocate for early childhood during COVID-19

EVALUATION

No formal program evaluation has been conducted as of 2021. Some informal consultations with children and families who have created play spaces have been initiated and documented through case stories.

FACILITATORS & BARRIERS

Facilitators:





- Field visits to talk to parents and children to understand contexts
- Contextualised activities pertinent to local community based on family’s needs
- Partnerships increased reach of the program components
- Easing of COVID-19 restrictions allowed for in-person home-visits
- Positive partnership experience with media (i.e., Sesame Workshop Bangladesh collaboration)

Barriers:

- Challenge to engage male participants
- Limited government support with regards to funding

FUTURE DIRECTIONS

- Informal evaluations have highlighted the benefits of an integrated approach to ECD which includes both child development and health.
- An integrated ECCD program is scheduled to be piloted in 60 ECCD centres post COVID-19 lockdowns and involves in-person and digital program components (e.g., blended approach). This program will partner with health, nutrition and child protection sectors and experts to support referral pathways for children and families and adding to the health, nutrition and child protection education model for parents.

LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	
	Increased incorporation of health and hygiene messages for families
	Enrichment of responsive parenting practices within the home learning environment through mentorship
	Increased quality of interactions and learning within the home learning environment through mentoring and provision of resources.
	Preventative information to keep children and families safe and help to stop the spread of COVID-19

Mapping to Nurturing Care Framework (NCF)

NURTURING CARE – OUTPUTS (STRATEGIC ACTIONS)

The NCF suggests five strategic actions for a program to align with best practice:



1. LEAD AND INVEST

- The adaptation of the existing program in relation to the pandemic were guided by the overarching goals of Plan International. The program had clear objectives, outputs, and outcomes outlined in relation to what the facilitators and participant should achieve after completion of the program.
- The Gender Transformative Project was developed in a mature policy environment supporting families during the pandemic.
- The program adopted a multi-level structure with clear role descriptions for Plan International's personnel, project managers, facilitators, families and children to collectively support ECCD.
- Clear roles and responsibilities for implementation were assigned on an organisational level, accountabilities were given to project managers and facilitators to execute all program elements.
- Due to the nature of the Plan International and its funding models, funding for the program was relatively easily obtained (i.e., transferred from other previously existing program). Nonetheless, preparing a long-term financial strategy to support the program was required.



2. FOCUS ON FAMILIES

- The programs focused on the support of families and children through an adapted home based learning model and its ongoing support of facilitators.
- Informal conversation with families on the experiences and needs required during the pandemic were conducted during the program, which afforded opportunities for responsive amendments on a needs basis.

- Families were supported by facilitators, who were the drivers of change for children's development and supported by the project managers.

3. STRENGTHEN SERVICES

- The pandemic led to a shift in content prioritisation (e.g., additional focus on COVID-19 safety), in the future, the adapted content could strengthen the existing program by creating a stronger focus on the online and remote learning components.
- Protocols were in place to mentor and supervise all facilitators to ensure high-quality practices and experiences for everyone.



4. MONITOR PROGRESS

- Progress was monitored based upon facilitator and parental informal feedback with consistent review of program content and frameworks based on the needs during the pandemic.



5. USE DATA AND INNOVATE

- Data and resources have been shared with and through partnerships, such as ARNEC, to support an international platform for early learning and research regarding effective practices in response to the pandemic.



NURTURING CARE – OUTCOMES

To reach children’s full potential of adequate early development, the NCF identifies five components of nurturing care, including good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety.



Stakeholder experiences and considerations for future implementation

Stakeholders from Education and Health sectors recognised that this program:

- Ensured primary caregivers and young children have access to good-quality health information and support
- Made health services more supportive of nurturing care
- Increased outreach to vulnerable families and children
- Reinforced the importance of education/play in the home environment, in the early years
- Ensured good health practices in the home environment

- Ensured primary caregivers had the means to engage in early childhood activities with their child in the home environment

Plan International Bangladesh's hybrid approach ensured the Gender Transformative ECCD Project was able to reach a significant cohort of families across Bangladesh. The program included essential health and child development information to support families during the widespread crisis. For future implementation, a proposed integrated ECCD program built upon the existing program, will provide additional content/support around health, nutrition and child protection. This will ensure a continuum of nurturing care for vulnerable families, linking them with referral pathways necessary for families to thrive.

Links to research base and previous evidence

- Plan International's Gender Transformative ECCD Project supports quality nurturing and responsive parent-child interactions which evidence suggests have the power to serve as mediating factors against the adverse effects of familial socio-economic disadvantage and vulnerability, serving as protective factors for positive child development (Miller et al., 2014; Tamis-LeMonda, 2019).
- Similarly, the components of the program, particularly the home-based play spaces, align with an increasing body of evidence supporting the potentiality of increasing child development trajectories through parental engagement in play-based interactions and home learning environments (Boonk et al., 2017; Lukie et al., 2013; Melhuish et al., 2008; Nicholson et al., 2016; Tamis-Lemonda et al., 2004).
- Evidence suggests that for digital technology-based interventions and programs to be efficacious, particularly in disadvantaged communities, they need to be tailored to overcome barriers including inequitable access to technologies or the internet (Sartore et al., 2016). The Gender Transformative ECCD project addressed these challenges through disseminating audio-visual COVID-19 and home learning content through the countries most utilised platform (television), as well as through other social media platforms, and other more innovative conventions such as balloon advertising, to increase the reach of messaging.

Policy considerations

In Bangladesh – as with many countries in the Asia-Pacific – young children have spent many months with no access to in-person early childhood education and care during the early stages of COVID-19 pandemic. Plan International Bangladesh ensured their Gender Transformative ECCD program was amended to continue to meet the needs of vulnerable families, whilst adhering to public health restrictions.

The program was adapted to a hybrid model of remote and home-based delivery, and included: (1) a home-based learning model (remote and home visits); (2) development of audio-visual content for COVID-19 awareness and home-based learning; and (3) dissemination of COVID-19 awareness materials.

The successful design, development, implementation and evaluation of the program depended on a number of background conditions that should be highlighted. These include, but are not limited to,

1. Use of technology

Plan International Bangladesh utilised a wide array of technological resources to distribute information to families during the COVID-19 pandemic. This included disseminating audio-visual content on TV channels and social media platforms, in partnership with Sesame Workshop Bangladesh. It also included use of mobile phones for phone call and SMS communications between facilitators and parents to implement the home-based learning model. To ensure an inclusive and equitable approach, use of technology – necessitating funding and necessary digital infrastructure – is critical in supporting families during times of crisis and beyond. It is particularly essential that mobile phone communication is an option, particularly where internet access is limited or non-existent.

2. Emphasis on importance of home-learning environment

Plan International Bangladesh assisted in establishing a low-cost play space within the home environment where parents could play with their

child and foster their learning and development. Facilitators taught parents how to make toys and other learning resources, how to tell stories, and how to play with their child in developmentally enriching ways in the home environment. The most critical step policymakers can take is to better understand the home learning environment through rigorous formative research. Due to the COVID-19 pandemic and additional roles undertaken by parents outside of traditional education settings, the time is ripe to better understand (1) how to support parents in the home environment, and (2) how supporting parents influences children in the home environment.

3. Pre-existing programs and workforce

The Gender Transformative ECCD program was a pre-existing initiative of Plan International Bangladesh. With program content already established, it was then shaped to be of further relevance in a COVID-19 context where parents/caregivers and children were largely restricted to the home environment. It is critical for policymakers to develop policy that focuses on quality, integrated early learning that is well-suited to remote implementation. Further, early learning approaches should be embedded in the Nurturing Care Framework – or similar – to ensure ECCD is fully supported in the home environment.

4. Flexibility and program responsiveness

The Gender Transformative ECCD program utilised a hybrid approach, reaching parents and caregivers across various mediums, e.g., television, mobile phones, print materials. This flexibility ensured information was dispersed widely, in ways that were accessible to various different families. Plan International Bangladesh's approach was responsive, ensuring they met the needs of many. Stable, ongoing funding is critical to ensure flexibility and program responsiveness in times of crisis and beyond.

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This is one of the ten case studies from ARNEC's documentation of good ECD practices and innovations in the context of COVID-19.

The case study was prepared for ARNEC by the team from the University of Wollongong led by Professor Marc de Rosnay in collaboration with partners from the Asia-Pacific region.

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