

ARNEC CASE STUDY

# Home-Based Early Childhood Care and Development Program

EARLY CHILDHOOD CARE AND DEVELOPMENT  
(ECCD) COUNCIL, PHILIPPINES



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Asia-Pacific Regional Network  
for Early Childhood

## **ABOUT THE EARLY CHILDHOOD CARE AND DEVELOPMENT (ECCD) COUNCIL**

The Early Childhood Care and Development (ECCD) Council was established in 2009 and is a national government agency in the Philippines. It acts as the primary agency for supporting the government's ECCD programs, supporting health, nutrition, early education, and social services for children aged from birth to four years. The ECCD Council is responsible for developing policies, programs, and guidelines for ECCD, providing technical assistance and support to ECCD service providers, and monitoring ECCD service benefits and outcomes. It is mandated by Republic Act 10410 (or Early Years Act of 2013). The ECCD Council works in partnership with other government agencies including the Department of Education, the Department of Social Welfare and Development, Department of Health, and the National Nutrition Council, among others.

## **EXECUTIVE SUMMARY OF THE HOME-BASED EARLY CHILDHOOD CARE AND DEVELOPMENT PROGRAM**

The Home-Based ECCD program was developed primarily to support parents as first teachers and to provide alternative programs for children who were not able to attend centre-based programs. Pilot implementation coincided with the COVID-19 pandemic, thus becoming an alternative for learning continuity for young children in the Philippines. The framework for the program was based on previously implemented ECCD programs including the Infant-Toddler Early Development Program and a series of online workshops conducted with Child Development Teachers and Workers. The focus of the program was to enrich the home learning environment through empowerment of parents (i.e., a parent, caregiver, guardian, or other key family member) as the child's first teacher and by enhancing parent-child relationships and responsive caregiving through play-based activities. The program consisted of weekly one-hour parent support sessions run by program facilitators (i.e., Child Development Teachers and Workers) in small groups. These small groups were either face-to-face or through online platforms depending on the geographical location, COVID-19 situation, and available resources of each community. This case study focuses primarily on information derived from the pilot implementation of the program between September and December 2020.

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### KEY PROGRAM FEATURES

The home-based ECCD program was developed to deliver a sustained ECCD service for children between birth and 4 years. It drew upon previously implemented programs (i.e., the Infant-Toddler Early Development Program) within a mature policy environment that identifies the need for children to experience quality ECCD programs and makes provision for their delivery in the local government unit.

The ECCD Council worked with local government units (LGUs) to re-deploy local Child Development Teachers and Workers (CDT/Ws) as program facilitators. Children without access to ECCD services were identified through a formal mapping process, which also focused on identifying children at heightened risk of vulnerability and disadvantage. As there was no existing national database covering children aged from birth to four years, and local data only existed for children registered in the LGU's early learning programs, this mapping process was essential for the identification of children's needs and to increase access to ECCD programs accordingly.

The focus of the program was on supporting parents as children's first teachers and creating enriched home learning environments that were appropriate and responsive to children's developmental and learning needs. There was also a focus on enhancing parent-child relationships and maintaining (or not disrupting) home routines.

The developers of the program recognised the critical role of parents and adopted an adult education approach to build parental capacity and independence in the delivery of the program. Differentiated parent groups were established based on community mapping and child age for coaching purposes (by facilitators) and to build sustained peer support networks.

The program was designed in recognition of the need for regular support for parents. Parent communities were established to provide peer support and an environment in which parents could discuss issues and challenges they may otherwise face alone. Parents were able to connect with each other through similar experiences, and work together to achieve shared goals.

### PROGRAM RATIONALE

The program was created to serve children and families without regular access to community-based or centre-based ECCD services. The COVID-19 pandemic and consequent community quarantines resulted in widespread closure of early childhood services throughout the Philippines. Families had continuing work responsibilities from home and there were increased concerns regarding the disruption of children's routines and parental anxiety about

the capacity to respond to children's needs. Physical isolation and increased familial stress posed potential risks for young children to fall behind across various developmental domains.

The target population for the program were parents due to their ongoing contact with their child and the potential for them to directly impact their child's health, nutrition, social services, and early learning.

### GOALS OF THE PROGRAM

The ECCD Council aimed for the program to address the holistic needs of children from birth to 4 years of age from poor, disadvantaged, and isolated areas, within their home setting. This included children with disabilities or developmental delays, children from Indigenous Peoples communities, and children whose parent(s) had a disability, who did not have access to community-based or centre-based ECCD programs and services on an ongoing basis.

The goal for the program was to support parents – a parent, caregiver, guardian, or key family member within participating families – as the child's first teacher by cultivating responsive caregiving behaviours and developmentally appropriate practices.

The program targeted (1) areas where there was an absence of centres or where centres were geographically far from the child; (2) areas in which public transportation was unavailable or unsafe for children; (3) areas affected by natural disasters or other critical incidents; (4) areas with the presence or threat of armed conflict; (5) areas with highly congested centres, containing high numbers of children.

### PROGRAM DEVELOPMENT AND STRUCTURE

The program was characterised by clearly defined roles and responsibilities for all participants. The ECCD Council consulted and worked with local government ECCD decision makers and leaders (see Supervisors, below) to disseminate the program and resources (e.g., start-up package, learning resources), including guidelines for community mapping. Supervisors, in turn, nominated, resourced, and supported local facilitators to deliver the program to parents within communities, who registered for the program, attended weekly support groups, and engaged in the activities with their children.

The development and implementation of the program depended on communication and consultation between the national agency (ECCD Council) and the LGUs, who maintain the ECCD workforce and have responsibility to provide ECCD services. The ECCD Council developed and operationalised the program for different age-groups (see Learning Resource Packages), which included the production of evidence-informed

and developmentally appropriate resources that were available and accessible for facilitators and parents. The roles of other participants are explained below.

**Supervisors** were typically Social Welfare and Development Officers (but could also be ECCD Focal Persons, and Day Care Coordinators) within the LGUs. They had local strategic and decision-making responsibility for the program, which included resourcing and supporting program facilitators, and local policy development. While they were not solely responsible for technical assistance, they needed to be able to support facilitators.

**Facilitators** were Child Development Teachers and Workers (CDT/Ws) who had some background in child development and experience in designing developmentally appropriate activities. They often had existing relationships with local families and were directly responsible for implementing the home-based ECCD program with parents, including designing weekly plans and conducting weekly training sessions. Weekly training sessions were designed to discuss the weekly plan and address related matters. Outside weekly sessions, facilitators addressed parents' needs and issues through parent communities. Parent communities were initiated by grouping parents whose children were a similar age.

**Parents** – a parent, caregiver, guardian, or other key family member – of children aged from birth to 4 years could register for the program. They were expected to conduct daily activities with their child(ren), as well as follow the weekly training sessions led by the facilitators, demonstrating increasing independence and autonomy as the program progressed.

## CONTENT

### 1. Foundations

Each participating site was provided with a start-up package from the ECCD Council, which contained supplies and materials, such as office resources, books, etc. The ECCD Council also provided training (see below).

Community mapping meant that parents could be grouped in terms of meaningful factors (e.g., children of similar ages, coming from similar backgrounds) and facilitators could respond in a contextually sensitive manner to each group, adapting their approach and resources accordingly.

Program registration ensured that parents were committed to the program and information could be collected for ongoing monitoring purposes. Program registration was divided into three steps: preparation, registration proper, and parent orientation.

### 2. Delivery

Parents and children were grouped based on the target area, ages of children, and profile of the parents based on the community mapping. The program endeavoured to ensure that parents were provided with (a) concrete and practical suggestions to influence elements of the home learning environment over which they could have control, and (b) encouragement regarding mindfulness over and participation in child development activities.

Four successive phases were designed to increase parental independence, capacity, and confidence in responding to and planning for the child's early learning and development needs. These phases were:

1. Support parents as first teachers
2. Increase parent involvement
3. Gain progressive parent ownership
4. Establish parent independence

Parental independence is described as the ability of parents to sustain a home environment rich in developmentally appropriate, responsive play experiences aligned with their child's needs. Parental independence was supported through the establishment of the support network (i.e., parent community) that the parent could utilise in times of need. Program delivery involved a review cycle to ensure activities and supports were responsive to families' actual needs, as well as to record progress made by children and parents. The five components of this cycle included: assessment, planning activities, processing experiences, implementing activities, and evaluating activities.

### 3. Monitoring, Evaluation and Provision of Technical Assistance

Facilitators harnessed self and group feedback mechanisms through weekly sessions, parent journals, and weekly session records. This process was divided into four steps: setting goals, regular monitoring, technical assistance, and evaluating the school year.

The content of the one-hour weekly sessions was based on three discussion points: (1) processing experiences, observations, and insights from the previous week's activities; (2) plans for current week's activities; and (3) questions and other concerns.

## TRAINING & SUPPORT

Facilitators were trained through two in-depth workshops (National Early Learning Curriculum; NELC) prepared by the ECCD Council which covered:

- Developmental milestones for children
- Developmentally appropriate practices to support learning and development

- A learning through play model
- Resource training and activity planning

### **DURATION & INTENSITY**

Weekly parent support sessions were conducted by the facilitators over the pilot period (September to December 2020). The sessions were conducted in small groups, which were formed during the registration period. The target (and maximum) group size included five members. During the pilot implementation, group membership ranged from three to five parents. However, some facilitators were able to accommodate more than five group members, especially for Pre-K1 and Pre-K2 groups. Limiting the number of participants per group afforded time for everyone to share their ideas and experiences.

Weekly sessions were one-hour in duration and were conducted face-to-face or through online platforms (depending on geographical location, COVID-19 spread and restrictions, and resource availability of families and communities). Parents engaged with their children daily through developmentally appropriate activities. Efforts were made to not disrupt family routines.

Since pilot implementation, the 2020 pilot sites have opted to continue the implementation of the home-based program through their own capacity. In August 2021, the ECCD Council trained more service providers in the 2020 pilot sites, extending the implementation to a wider scope in support of local initiatives.

### **FUNDING**

Funding for the implementation of ECCD programs was devolved in local government units in the Philippines. This was standard practice throughout the country. The budget used for the pilot implementation was only intended to support local government units with materials to start-up the home-based ECCD Program.

### **PARTNERSHIPS**

The ECCD Council partnered with four local government units through the pilot program. These were first- and second-class municipalities and cities that were geographically near Metro Manila. They were also selected because they had stable internet connectivity. Municipalities are classified based on their average annual income. First class municipalities have an average income of at least Php 15,000,000, while second class municipalities have an average of Php 10,000,000-14,999,000. This affects how programs and services are funded and prioritised in the local government unit. This approach was taken for simplicity's sake during the pilot implementation.

### **IMPACTS & OUTCOMES**

The impacts and outcomes of the home-based ECCD pilot program were examined with 50 parents from four different locations: Antipolo City, Rizal; Bustos, Bulacan; Marikina City, Metro Manila; and Taytay, Rizal. Findings indicated that:

- Parents felt closer to their children and there was an increase in family unity
- Parents developed an increased understanding and awareness of their child's identity and their developmental progression during and after the program
- Parents were more confident teaching their own children
- Parents identified two types of play, one where learning does occur (e.g., planned activities by adults from the weekly plans) and one where children are not recognised to be learning (e.g., chasing siblings, playing with blocks, playdough etc.) The latter was initially considered to detract from children's learning, however parental participation in the program resulted in shifts in the perceived value of this type of play for children's learning and skills development
- While female parents/caregivers were the primary teacher in the home, other family members did provide support, including male parents/caregivers. It was reported that children formed closer bonds with their male parent through the program

Budget constraints determined the size of the pilot program evaluation which included data from only 50 parents (the total number of parents and child participants was projected to be greater than this, although exact enrolment numbers were not available due to the open enrolment scheme allowing entry of new parents and children at any point during the school year). There were also facilitators who were not part of the evaluation but implemented the program in the LGU.

Families' thoughts on what the children should learn within the program included: pre-academic skills, self-regulation skills, socialisation, and good values/positive traits. Pre-academic skills were highlighted to be most in-demand when families discussed learning outcomes for their children.

### **EVALUATION**

An ECCD Checklist was used to periodically provide information on seven developmental domains (i.e., gross and fine motor development, self-help skills, receptive and expressive language, cognition, and social-emotional skills) of children's development.

Parents were invited to partake in a focus group discussion to provide feedback on their experience of the program, as well as keep journals to assist with the understanding of children’s behaviours and development.

Data was collected for the program between September and December 2020. The final report was finalised in January 2021. In February 2021, the ECCD Council presented the results, findings, and recommendations to the participants of the program.

**FACILITATORS & BARRIERS**

**Key Facilitators:**






- Small parent groups meant that parents were able to support other parents
- Support from local government units ensured the program was contextualised and responsive to community need and ensured on-the-ground support and commitment
- Many of the facilitators were already working within local government units (LGUs), which contributed to their ability to establish credibility and build trust with parents

**Key Barriers:**

- Uncertainties around pandemic restrictions (e.g., opening of schools)
- While the program was designed to enhance parental value and adoption of rich and responsive play-based home pedagogies, in some instances parents and facilitators were resistant to this approach, instead believing children learn only through formal schooling
- Not all facilitators were able to design developmentally appropriate activities
- Implementation was a challenge for some parents due to competing responsibilities
- The COVID-19 pandemic brought about factors that had to be considered in the home-based ECCD program pilot implementation. Due to the preparations and shift in modes of implementation, there was a delay in beginning the program
- Some groups did not reach maximum capacity because of safety concerns during the pandemic. Additionally, since the Infant-Toddler Early Development (ITED) program is relatively new and the idea of engaging zero- to two-year-old children in an early learning program is still unfamiliar, there was a tendency for parents not to enrol in the program

**FUTURE DIRECTIONS**

- Continuation of parent engagement during the pandemic and beyond
- Exploration of offline media resources as online information dissemination has limited reach
- Make messages more accessible; continuation of translation from materials is ideal
- Draft a Guidebook to roll out the program nationwide

LINKS TO THE WHO NURTURING CARE FRAMEWORK OUTCOMES	
	Parental awareness and understanding of child development
	Nutritional information and learning provided for parents
	Direct support of connectedness between parent and child through development of responsive parenting practices and behaviours
	Daily at home learning activities guided by the parents; enrichment of parental knowledge base to support future activities/interactions
	Enrichment of the home learning environment and parent-child relationship; improved understanding of children’s behaviour

# 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 program was developed in a mature policy environment supporting quality ECCD services.
- The program adopted a multi-level structure with clear role descriptions for the ECCD Council, supervisors, facilitators, and parents to collectively support early childhood development.
- There was a well-developed and documented program plan, with clearly articulated vision, goals and targets, and guidebook for implementation.
- Clear roles and responsibilities for implementation were assigned on a national governance level, accountabilities were given to supervisors and facilitators to execute all program elements.
- Due to the nature of the ECCD Council and its funding models, funding for the program was relatively easily obtained (i.e., transferred from other previously existing programs). Nonetheless, preparing a long-term financial strategy to support the program was required.



### 2. FOCUS ON FAMILIES

- The primary focus was to support families directly through the facilitators, including the provision of resources and activities to enhance home learning experiences.
- Families and facilitators provided weekly feedback on the experiences and program implementation, which afforded opportunities for responsive amendments on a needs basis.
- Families were supported by local child development workers (i.e., facilitators were often known to the family and/or community) to become the drivers of change for children's development.
- Small groups were created for families to strengthen and support community platforms for early childhood development. Those groups were monitored on a weekly basis to ensure implementation of the home learning components.

### 3. STRENGTHEN SERVICES

- The program was based on previously implemented ECCD programs and, in the future, could strengthen those existing programs with the home learning components.
- Protocols were in place to mentor and supervise all participants (e.g., supervisors, facilitators, and parents), helping to ensure high-quality practices and experiences for everyone.



### 4. MONITOR PROGRESS

- Progress was monitored based upon facilitator and parental feedback. The monitoring stage consisted of goal setting, regular monitoring (e.g., meetings, needs assessment, ongoing communication), technical assistance and evaluating the school year.
- ECCD checklists were used periodically as indicators to track the progression of children's development on seven domains.
- Program evaluation and child information data was used for decision making for the future implementation. This included the development of a well-structured, comprehensive guidebook.



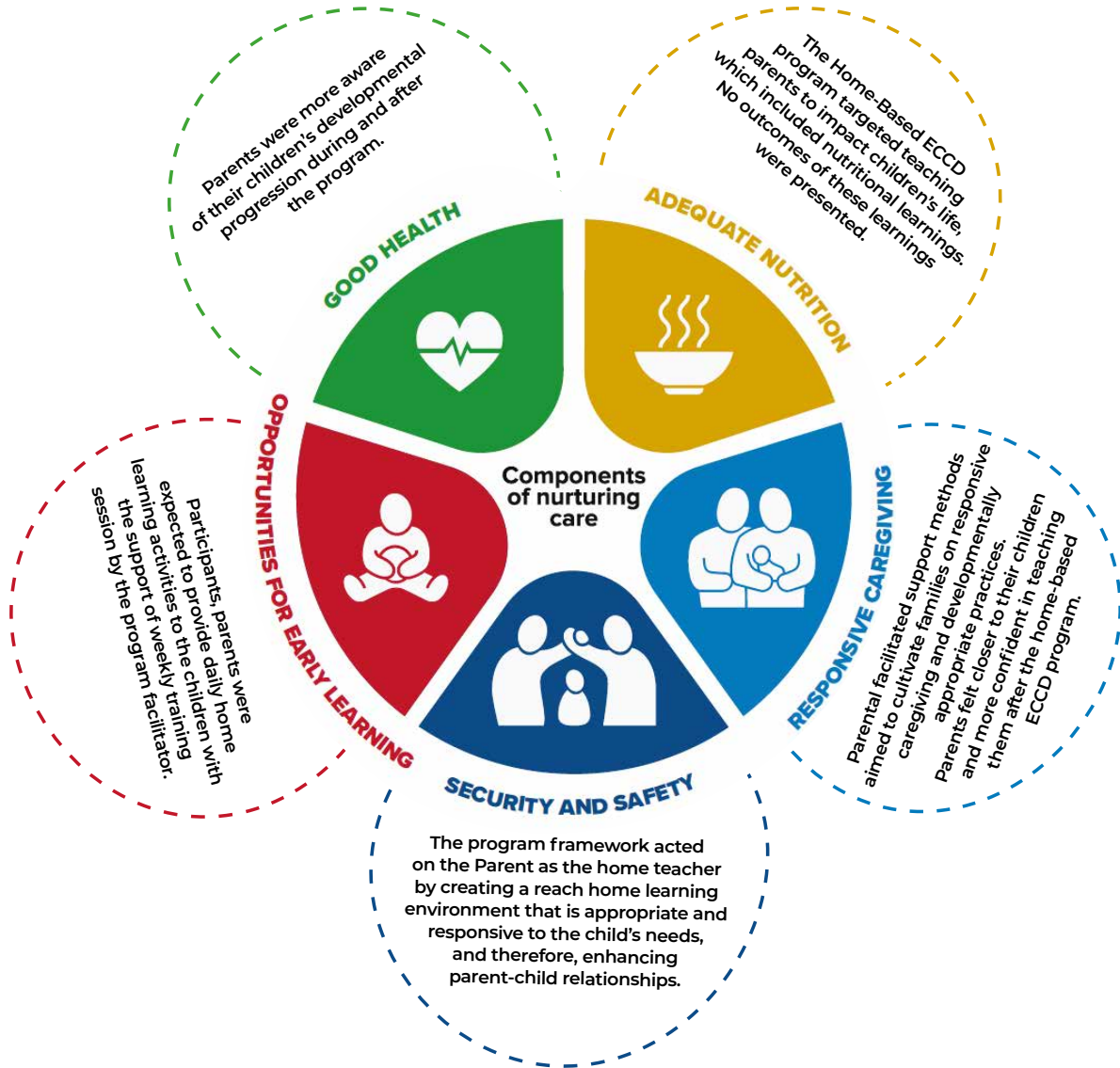
### 5. USE DATA AND INNOVATE

- The program was piloted and evaluated within four local government units. Since then, a guidebook has been developed to scale the program to a broader cohort of families.
- 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 Early Learning, Social Services, Health and Nutrition sectors recognised that this program:

- Ensured primary caregivers and young children had access to quality health and nutrition information
- Included families and children with the greatest risk of sub-optimal development
- Established services that cater to developmental difficulties and disabilities
- Collaborated with local government units to ensure a continuum of nurturing care
- Reinforced the importance of education from an early age
- Ensured good health practices
- Placed family engagement at the forefront of early childhood programs
- Invested in education for adolescence and adulthood by providing a strong foundation for during early childhood

Primary caregivers provided ample feedback throughout the program, and in focus group discussions. Difficulties with online access were noted, indicating that future implementation of the program ought to explore offline media where possible, to increase reach and accessibility.

Translation of materials is another key accessibility consideration. While this program was rolled out within four local government units, it is recognised that there is significant potential roll this out at a national level, and throughout the Asia-Pacific.

Future implementation of the program may need a mechanism to identify Facilitators who are not able to support parents effectively through the creation of developmentally appropriate activities. Furthermore, implementation in different local government units may require separate evaluations to understand fidelity in different contexts and amongst different communities or language groups.

## Links to research base and previous evidence

- Stimulating, play-based, and literacy rich home learning environments have a strong impact on children's development in early childhood (Lukie et al., 2013; Nicholson et al., 2016; Tamis-LeMonda et al., 2004). Likewise, neurological development and the acquisition of skills across developmental domains are supported by parent-child interactions that are characterised by responsive caregiving practices (including secure attachment, awareness of child's needs, and affection) and cognitive and communicative stimulation (Lugo-Gil et al., 2008; Nicholson et al., 2016; Weisleder & Fernald, 2012).
- Quality parental-child interactions can mediate the adverse effects of familial disadvantage and vulnerability, serving as protective factors for positive child development (Miller et al., 2014; Tamis-LeMonda, 2019).
- The objectives and outcomes of the ECCD home-based model align with an existing body of evidence linking improved child developmental outcomes through play and interaction based parental interventions within low-and-middle income counties (Aboud & Akhter, 2011; Aboud et al., 2013; Nahar et al., 2012; Tofail et al., 2013).

## Policy considerations

Accessing quality early childhood education and care is a difficulty faced by many parents/caregivers in the Philippines, particularly in poor, disadvantaged and isolated areas, and for children with disabilities. The ECCD Council's Home-Based Early Childhood Care and Development (ECCD) Program focused on the primary caregiver as a means to create an enriched home learning environment that was appropriate and responsive to the child's needs, thereby also enhancing parent-child relationships during the COVID-19 pandemic. Furthermore, this program was able to contribute toward children's health and nutrition needs, while also creating more child-safe environments.

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. National and Local Government policy frameworks that support access to and provision of quality ECCD services for all children, as well as responding to circumstances that threaten children's access to ECCD services
2. Recognised, professional roles at the local level (e.g., CDT/Ws) which focus on ECCD service delivery
3. Recognition that centre-based (or community-based) ECCD programs cannot be delivered to all children AND that home-based programs can play a complementary role if they are of sufficient quality
4. The existence and maintenance of a National Curriculum for the early childhood period
5. The existence of: (a) a national agency (The ECCD Council) with the expertise to develop programs and resources, and provide technical assistance, for locally delivered programs; (b) clear expectations for consultation with and inclusion of local governments, agencies and citizen groups in decision making processes; (c) Local data collection mechanisms (i.e., community mapping) to inform program design and implementation. Together, these elements support coherent and cascading responsibilities and accountabilities from the national to the local level in the delivery of ECCD programs
6. The creation and dissemination of high-quality training and guidelines (see the Guidebook for the program) that allow replication of the model in different contexts. It is essential to recognise the crucial role of parents in the learning and development of their children. This can be guided

or supported by the creation and dissemination of training and guidelines, supporting ongoing sustainability of home-based programs.

Focus group discussions and feedback from primary caregivers demonstrated that this approach to home care and learning can positively influence outcomes for young children in a way that is complementary to existing education and care opportunities.

At scale, and beyond the pandemic, this program has the potential to benefit families in need across the Philippines and in other countries. For this to occur, we recommend the following points are considered:

- It is essential to identify children who are developmentally vulnerable (location, number, etc.). Measurement of learning and development outcomes for children without access to ECCD services is necessary to address inequalities and/or provide adequate home care and learning support, as well as assessing its effectiveness. This ought to include measurement of a broad range of learning and development outcomes to ensure the program is meeting community needs. Policy decisions should be based on an evaluation of how best to target and support young children and their families in the home environment, with significant investment in children's services required by governments to ensure maximum reach and impact.
- A factor that contributed to the successful implementation of the ECCD Council's home-based ECCD program was training for Social Welfare and Development Officers, upskilling them in leading and managing early childhood focused programming. Stable, ongoing funding and a facilitative policy environment is required to continue to train and ensure supply of a suitable workforce, as well as ensuring they are equipped with up-to-date strategies that best meet the needs of young children and families, particularly those in poor, disadvantaged and isolated areas.
- Equitable and sustainable learning and education programs, with potential for both remote and in-person implementation, are game-changers for children's development. In circumstances such as the pandemic, many families did not have access to ECCD facilities. This has a significant impact on learning and education, and often also removes access to health screening, social support, meals, and therapeutic services. Stable, ongoing funding is required to sustain innovative programs such as

ECCD Council's home-based ECCD program. This program re-imagined education, bridging the digital divide and building on existing work and ongoing pilots to meet the needs of families in their home environment.

- Advocating for government investment in digital infrastructure and allocation of budgets toward digital learning, as well as leveraging partnerships to support learning programs that improve access to

quality education, is essential. Without this, children and families without access to ECCD facilities are at serious risk of not receiving essential support and quality education.

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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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