Scaling Up Quality ECD Centres



Photo Credit: LEAPS Project, Aga Khan University, and Harvard University

Here's how innovators are creating quality experiences with partners for scaling up delivery of early childhood education centres.

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ABOUT THIS BRIEF

This policy brief is part of a series **exploring practical lessons** from ongoing Saving Brains Transition to Scale projects. **Saving Brains**, a collaboration of **Grand Challenges Canada** and its partner organizations, supports innovations for early childhood development in low- and middle-income countries. Saving Brains seeks bold ideas to enhance three key areas of healthy development that are essential to every child: health and nutrition, enrichment and nurturing, and protection against maltreatment. Saving Brains values effectively integrating solutions for these areas and sustainably delivering them to the highest number of children possible. Accordingly, in addition to funding small "Proof of Concept" pilots, Saving Brains supports larger "Transition to Scale" projects, where the challenge of sustainable scaling takes center stage.

The briefing series reviews how Saving Brains innovators currently in the "Transition to Scale" phase are confronting this challenge. The present brief highlights three examples of innovations delivering *quality early childhood development (ECD) centres at scale.*

Summary

- Providing quality early childhood centres at large scale is a global priority for supporting international childhood development objectives.
- Scaling challenges arise in managing large systems to maintain the quality of ECD centres.
- This policy brief highlights three innovations, in Pakistan, India, and Vietnam, and describes how these innovators are developing diverse partnerships to maintain and continuously improve quality in ECD centres at scale.
- The three innovations described are currently funded in the Saving Brains portfolio, supported by Grand Challenges Canada. Each innovation has previously demonstrated its effectiveness and is now working on expansion.



Photo Credit: Meesha Holly

INTRODUCTION

Supporting early childhood development (ECD) in low- and middle- income countries is a global priority. There is a broad consensus that quality ECD centres are critical for this.

The UN Sustainable Development Goals (SDG) reflect an international consensus on early childhood development, with Target 4.2 calling for universal access to quality ECD services and pre-primary education for all children by 2030. Progress here is monitored through two agreed indicators, tracking both programme participation and early childhood development outcomes. In 2018, the World Health Organization (WHO), UNICEF, the World Bank, and other partners built upon the SDGs to develop the Nurturing Care Framework to shape international action.

Universal early childhood service seems like a straightforward goal, but there is a great deal of work left to be done to ensure equitable and inclusive access to quality childcare and learning opportunities for every child. Estimates by UNICEF suggest that, despite successful projects throughout the globe, 175 million (nearly 50%) of the world's pre-primary-age children are not enrolled in pre-primary education (UNICEF: A World Ready to Learn, 2019). In low-income countries, according to UNICEF, the proportion of children not receiving pre-primary education is close to 80%. Findings by the Overseas Development Institute also state that across 53 developing countries, 35.5 million children under 5 were left behind without adult supervision for at least an hour in any given week (ODI: Women's Work, 2016).

Reaching the goal for universal service means sorting out the challenge of maintaining quality on the front line when operating at large scale. There's no single answer, but the innovators highlighted here have made important progress by **working with multiple, high-commitment partnerships.**

This policy brief will illustrate how partnerships with government, local organizations, and communities can help mobilize resources and secure levels of commitment needed for sustainable growth and quality delivery of ECD centres at scale. Three Saving Brains innovators in Pakistan, India, and Vietnam serve as prime examples of leveraging diverse partnerships to create expanding networks to delivery ECD.


Photo Credit: OneSky For All Children

SAVING BRAINS INNOVATORS (1/3)

LEAPS: Sindh Province, Pakistan

Innovator: Aga Khan University

In Pakistan, there are currently no widely available preschool programs, leaving many kids unprepared for primary school. Young women also experience challenges, as they are subject to employment barriers even if they are educated. LEAPS (Youth Leaders for Early Childhood Assuring Children are Prepared for School) is making strides in conquering both challenges. The team has been addressing the preschool 'supply gap' and the gender disparities in employment through two program components:

1. Vocational training of young female early childhood educators, known as Community Youth Leaders (CYLs); and

2. A School Readiness preschool program delivered by CYLs.

After a successful pilot organized by the LEAPS team itself, LEAPS is now partnering with the National Commission for Human Development (NCHD), an agency of the national government of Pakistan, to expand the program across Sindh province. LEAPS and NCHD began with shared long-term goals for the partnership including universal primary education and female empowerment.

- CYLs aged 18-24 lead preschool classes for children aged 3.5-5.5 in their communities. Children attend one 3-hour class a day, 6 days a week.
- CYLs use a curriculum focusing on school readiness (including early academic skills and socio-emotional development).
- LEAPS partners with NCHD, an agency of the national government and with local communities to deliver the program.



Photo Credit: LEAPS Project, Aga Khan University, and Harvard University

Scope of Transition-to-Scale Phase

(with Saving Brains funding I as of April 2019)

- Throughout the course of the project, 1,980 children are expected to receive the full intervention, and 150 CYLs are expected to receive training.
- 633 child beneficiaries are currently receiving the full intervention.
- 79 CYLs have been trained to deliver the LEAPS program.

Proof of Concept Results

(with Saving Brains funding)

In the initial pilot study, LEAPS provided preschool classes to 237 children and trained 10 CYLs.

Children enrolled in the LEAPS pilot had significantly higher school-readiness scores in the areas of socio-emotional, cognitive, and motor development after nine months of the intervention (effect size of 0.3 standard deviations).

SAVING BRAINS INNOVATORS (2/3)

Mobile Creches for Working Mothers' Children: Delhi, India

Innovator: Mobile Creches

Children of migrant workers in India are often invisible to existing health and social services because of the precarious nature of their parents' employment. Creches (nurseries) for children under 6 are legally mandated for migrant workers but, in practice, few worksites offer them and many resist their establishment.

The Mobile Creches (MC) team has been working for 50 years to bridge this gap by creating worksite-based childcare programs for young children of migrant workers. MC initially focused on temporary construction sites, since these environments are the most common for migrant workers and the most unsuitable for children to be left unattended. MC is now expanding to all types of construction worksites, while breaking into new sectors where migrant workers are common. The goal is to assure creche access for 591,000 children by 2030.

- As a key scaling strategy, MC trains service providers from NGOs to run the creches.
- Children from birth to age 12 are cared for 6 days a week, from 9am-5pm. Programs include health, nutrition, early learning, and nurturing care. The creches also offer immunizations and other health services.
- Key partnerships for scaling include a range of NGO service providers and diverse industrial employers.
- Over the course of the project, 10 NGOs were trained to deliver 38 creches in partnership with 23 builders/construction companies to 8585 children under 6.



Photo Credit: Meesha Holly

Scope of Transition-to-Scale Phase

(with Saving Brains funding I as of July 2019)

- 37,500 children are expected to be reached.
- 11,850 children from birth to age 9 are receiving the full intervention.
- 125 frontline service providers have been trained.

Proof of Concept Results

(with Saving Brains funding)

In the pilot phase of the project, 10 NGOs were trained to deliver 38 creches in partnership with 23 builders/construction companies, ultimately benefitting 8585 children under six.

SAVING BRAINS INNOVATORS (3/3)

OneSky (The Migrant Model): Da Nang, Vietnam

Innovator: OneSky

In Vietnam, inadequate services for children of migrant workers in industrial zones is a major problem. These children are often left in unsafe conditions while their parents go to work. To enhance the care of these children, the Vietnamese government invited OneSky to pioneer a Vietnam-based Migrant Model in 2017. OneSky's approach in Vietnam builds upon its success and experience scaling the Orphanage Model in China (Box 1). OneSky's Migrant Model for Vietnam has three main components: (1) an Early Learning & Training Center (ELC); (2) home-based care provider training; and (3) parenting skills training for migrant parents. Starting in 2017, OneSky piloted this model in one in six industrial zones in Da Nang province. In March 2019, OneSky scaled to three additional industrial zones in Da Nang, training 240 providers and benefiting 6,960 at-risk children. Moving forward, OneSky will expand the model to other industrial zones in 19 additional provinces in Vietnam and hopes to employ this approach in Southeast and South Asia.

- **Early Learning Center:** Models ECE best practices through the provision of affordable childcare to migrant families working in industrial zones from 6:30am-6:30pm. In the Da Nang pilot, 54 local teachers and an onsite ECE specialist provide safe and continuous care and education for children 6 months old to 6 years old.
- **Home-Based Care Training:** Uses a blended learning approach consisting of face-to-face teaching, bi-monthly home visits, and continuous professional development through the OneSky online learning platform. Training focuses on responsive caregiving, nurturing, and promoting a developmentally supportive learning environment.
- **Parent Skills Training:** Each parent education trainer in Da Nang leads a team of 25 parents in parenting skills workshops. The program extends over 18 sessions with 1 hour per session. Topics include all areas of child development, such as routines, behaviours, and language skills.
- **Key Partnerships for Scaling:** National government and provincial governments, with links to local industrial zones.

Photo Credit: OneSky For All Children



Scope of Transition-to-Scale Phase

(with Saving Brains funding I January 2019 – December 2020))

- 14,000 children from birth to age 6 are expected to receive the full intervention package and 560 service providers are expected to be trained.

Proof of Concept Results

(with Saving Brains funding)

The first demonstration of the Early Learning Center (ELC) reached 252 children and had 54 ECD educators.

The pilot demonstrated improvements in the development outcomes of cognitive, language, and motor skills (0.15 SD)

WHO ARE THEIR SCALING PARTNERS?

LEAPS

National Commission for Human Development (NCHD) NCHD is an arms-length government agency responsible for education and healthcare provision in areas otherwise not covered by provincial governments. The partnership was founded based on explicit alignment of mission, including NCHD's commitment to child and youth development.

Local communities
To ensure community uptake of LEAPS, the project team partners with local communities in Sindh province. By working directly and systematically with families, district decision-makers and cross-sector community agents such as local teachers and health workers, LEAPS helped the program respond to local priorities and created a level of trust needed for sustained, high-quality service.

Mobile Creches

Non-Governmental Organizations (NGOs)
In its current scaling strategy, NGOs are the chief service providers of Mobile Creches. They run the centres and act as ECD practitioners. Partnering with strong, credible NGO partners committed to ECD gives the program greater reach while preserving its quality.

Builders, construction site owners
Construction sites absorb the largest number of migrant families in India, and federal law mandates that these sites be equipped with day care centres. Mobile Creches, in turn, secures buy-in from builders and site owners, who grant access to the physical space and financial resources needed to establish the centres.

OneSky

National and Provincial Government
Inspired by OneSky's success in China, the Government of Vietnam invited the OneSky team to develop quality early care centres. The government brought the resources and demonstrated commitment necessary to implement the intervention in Vietnam. At the pilot stage, the Ministry of Education and Training connected OneSky to six industrial zones in Da Nang province. Work is now starting on scaling to other provinces in Vietnam.

ENSURING QUALITY AT SCALE THROUGH MULTIPLE PARTNERSHIPS

Many projects at the pilot phase benefit from the passion, energy and deep local knowledge of a small but dedicated group of people. Reproducing this benefit across large systems is hard, but setting up and working with high-commitment partnerships is a promising approach. Mobile Creches, for example, has a "tripartite" partnership model that includes both NGOs, who provide direct child-care services, and businesses. In Pakistan, LEAPS partners with both a national government agency and local community groups to deliver its service model. Quality is then "owned" not just by the original innovator, but also by a diverse range of partners.

The innovators highlighted here report that successful partnerships for high-quality service delivery do not just happen, but require an intentional strategy. Innovators engaged with potential and actual partners in a way designed to create and sustain high-energy, high-commitment joint work. We can divide their partnership development work into **3 broad phases:**

1. **Selection and Negotiation** – Selecting partners whose goals are well aligned and who have the necessary capacities is the first step. Negotiating the arrangements requires frank, empathetic attention to the priorities, needs and constraints facing each partner, sorting out of various interests, and achieving co-ownership of key objectives. Innovators also report that they maintain "non-negotiable" standards that must be agreed to up front – such as resource commitments to assure on-going quality. For example, Mobile Creches organizes selection and negotiation systematically to ensure every childcare centre benefits from the appropriate mix of resources and commitments from the NGO delivery partners and employer host partner at each site.

2. **Training and Launch** – As part of the scaling process, innovators generally train partners' managers and staff and help them build capacity to ensure consistency and quality in service delivery. Training models are decided according to the program context, and this is a collaborative process. OneSky has developed, over years of successful implementation at scale, strong capacity to work with government partners in new settings and effectively train staff to operate ECD facilities at scale.

3. **Monitoring, Support, and Learning** – Once the program has been established at scale, innovators can extend their involvement beyond ongoing training by working with partners to support monitoring procedures, reviewing the processes and results, and offering advice and assistance, including at the frontline. This work enables feeding learnings back into the program to continuously improve overall quality. LEAPS exemplifies a high-engagement, high-empathy approach to continuing joint work, with regular, structured opportunities for communications and an explicit, co-owned management model.



Photo Credit: OneSky For All Children

OneSky: The Orphanage Model China (An illustrative example)

OneSky began in China in 1998. Recognizing that institutionalization can have harmful effects on children, the team worked in Chinese orphanages to provide family-like care and education to thousands of orphaned children. In this model, OneSky:

- Trains women from the local community to provide responsive care for babies and toddlers.

- Delivers a preschool curriculum blending ECE approaches with local kindergarten standards.

- Finds two-parent foster homes for children who are not likely to be adopted.

Today, OneSky is a trusted government partner that has helped China reimagine its entire welfare system. The team now teaches communities and caregivers how to deliver quality education and nurturing care to the world's most vulnerable children. By training over 30,000 caregivers, teachers, and foster parents, OneSky has reached over 160,000 children in China. More broadly, OneSky's Orphanage Model is now China's standard of care for children across the welfare system.

Phases of Partnership Development

(1) Selection and Negotiation

LEAPS
Pakistan

LEAPS chose NCHD as an equal partner because:

They shared a broader vision to increase primary school enrollment and outcomes for children. NCHD was also committed to the development of female youth leaders in the community. This alignment of shared goals was the defining moment of their partnership.

NCHD had an established network of schools which LEAPS could leverage to deliver the program.

LEAPS worked closely with NCHD to ensure **shared ownership** and co-investment in the program's success in order to achieve the end goal of NCHD led and owned centres.

Empathy and communication were key success drivers for the partnership. LEAPS and NCHD jointly created a comprehensive communication plan and held regular progress meetings together. This helped LEAPS understand and empathize with the challenges faced by NCHD, engage with them around those challenges, and help them succeed.

Co-ownership was emphasized in transitioning ownership to NCHD. NCHD therefore held decision-making power. For instance, NCHD field officers are responsible for providing data on, and autonomously selecting, which villages are the most suitable for LEAPS preschools.

MOBILE CRECHES (MC)
India

1) NGOs -- For their dedication and impact to be reflected on a larger scale, Mobile Creches needed NGO partners whose goals and values aligned with their own, and who had the requisite capacity to run the program.

MC selected NGOs who were strong advocates of ECD, and who were caring and emotionally responsive to children.

MC took on a due-diligence approach in assessing the financial, legal and institutional capacities of the NGOs prior to selection.

While engaging directly with partners' motivation to serve children, MC also defined "non-negotiable standards" for their NGO partners to adhere to during scale-up. These included guidelines for:

Meals and naptimes
Curriculum and learning aids
Safety regulations and child ratios

2) Private Sector -- In addition to their NGO partners, MC engaged up front with each potential worksite, highlighting the value to the partner's business derived from providing quality creches. To ensure worksites had adequate supports to host the creches, MC again articulated "non-negotiable" standards, e.g., for appropriate infrastructure, basic facilities, and financial support.

ONESKY: THE MIGRANT MODEL
Vietnam

Building on years of experience in China, OneSky approached Vietnam with a focus on leveraging government partnerships to facilitate systemic change.

- The Prime Minister of Vietnam called for increased effort to help children of factory workers, thereby setting a favourable environment for government partnership.
- The Department of Education and Training became a key scaling partner, with commitment to providing service in industrial zones and worksites throughout the country.

The Government of Vietnam selected OS to implement their program, based on a shared motivation to ensure quality care for all children. OS negotiated with the government to successfully incorporate the program into Vietnam.

- OS recruited a local leadership team to build the model in accordance with cultural norms and government curriculum standards.

- The Government of Vietnam had mandated OS to build an Early Learning & Training Centre. Both the national and provincial government partners helped OS meet this requirement through financial support, land clearance, and preparation for construction.

(2) Training and Launch

Pakistan (cont.)

In the spirit of co-ownership, training at all levels is collaboratively administered by LEAPS and NCHD.

LEAPS provides professional development workshops for NCHD staff on ways to train and mentor the Community Youth Leaders (CYLs), who in turn implement the program with children.

NCHD delivers training and mentorship programs to CYLs with ongoing coaching from the LEAPS team.

CYLs are trained by a 4-week session covering classroom curriculum and community engagement strategies.

LEAPS encourages an empathetic approach to training, taking account of the circumstances different partners and trainees may face.

India (cont.)

For MC, training credible NGOs to run the program was central to quality. NGO partners are supported through:

Supervisors providing training to every childcare worker at the sites.

Ongoing training – MC revisited their partner NGOs every 20 days until the work could be completed independently and with high quality .

MC sees training as more than just technical knowledge sharing – relationship building is also central to the process to secure investment in the program.

Vietnam (cont.)

OS paid particular attention to building capacity through the training and mentoring of care providers.

OS used a "Training of Trainers" model. The global OS team trained the Vietnam-based hub, who then trained local home-based providers in 11-month-long, fortnightly sessions.

Training takes place after the workday and uses a structured curriculum. Care providers receive a certification upon completion.

One-on-one follow-up sessions are held to assess knowledge and engagement.

While there are no formal incentives for care providers to participate in training, OS nevertheless sees a 95-100% attendance rate.

(3) Monitoring, Support, and Learning

NCHD co-chairs the LEAPS Program Steering Committee, reflecting co-ownership of ongoing implementation. Under this umbrella, LEAPS and NCHD work together to integrate data monitoring and evaluation into NCHD's systems, building NCHD's capacity to adjust training and resources in a process of rapid-cycle learning.

With enhanced capacity, NCHD uses its own data systems for monitoring and evaluation.

LEAPS and NCHD are working to identify relevant indicators and are meeting with districts to determine whether these can be used in their framework.

LEAPS offers additional coaching sessions on effectively harnessing data.

Ensuring quality through ongoing monitoring was a top priority for MC.

MC made unannounced visits to NGOs in the field in order to monitor their progress.

NGOs supervised their own frontline workers.

Quarterly collective meetings were held in order to identify and address problems. These meetings helped to build a sense of equal partnership among the NGOs and the MC project team.

MC ensured the NGOs felt supported throughout, financially and with respect to capacity building.

MC also sees monitoring as a learning opportunity, and the team revisits their models based on the experiences of their NGO and private sector partners.

OS considers ongoing monitoring and evaluation to be indispensable for ensuring quality.

OS conducts rounds of classroom observations to continuously assess quality, making program adjustments based on their discoveries.

Supervision visiting forms, debriefing with supervisors, and trainer reflections at the end of each session help to determine how training and program delivery is progressing.

Knowledge retention and long-term program impacts are at the core of OS's monitoring and evaluation focus.

Learnings from OS's Migrant Model in Vietnam are also being used to inform and improve OS programs in China.

To learn more about these projects and more, visit the Grand Challenges Canada website

www.grandchallenges.ca

This work has been made possible by:

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A partnership of:

Grand Challenges Canada
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Bernard van Leer FOUNDATION

BILL & MELINDA GATES foundation

the ELMA foundation

Ahri

FUNDAÇÃO Maria Cecilia Souto Vidigal

Palix Foundation

UBS Optimus Foundation

World Vision

We extend a thank you to the innovators who shared their stories for this brief.

LEAPS
Youth Leaders For Early Childhood
Assuring Children Are Prepared For School

MC MOBILE CRECHES
Nurturing Childhood Sowing Change

ONESKY
for all children