Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Ankur- Responsive Caregiving Program

2. Country or countries where the practice is implemented *

India

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- [ ] Action Track 1. Inclusive, equitable, safe, and healthy schools
- [x] Action Track 2. Learning and skills for life, work, and sustainable development
- [ ] Action Track 3. Teachers, teaching and the teaching profession
- [ ] Action Track 4. Digital learning and transformation
- [ ] Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

UNICEF, Vikramshila and Department of Women and Child, Government of Maharashtra

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

- Responsive Caregiving
- Early Childhood Development
- Parental engagement in children's learning
- COVID response

6. What makes it a best practice? *

The intervention was designed to involve parents in their children's development. The digital adaptation of the program during the COVID pandemic enabled it to reach over 0.7 million young children in the age group of 3-6 years and ensured continuity of learning at home during the pandemic. This was the only initiative that ensured that young children were meaningfully engaged at home during the COVID-19 closures.

Description of the best practice

7. Introduction (350-400 words)
   This section should ideally provide the context of, and justification for, the practice and address the following issues:
   i) Which population was affected?
   ii) What was the problem that needed to be addressed?
   iii) Which approach was taken and what objectives were achieved? *

The brain develops most rapidly in the first six years of a child's life. Brain development is closely linked to the development of emotional, physical, social capabilities of individuals and thus, if these capabilities are not developed in the early years of an individual, it can negatively impact children's overall potential to learn.

Early Childhood Care and Education (ECCE) Programs focus on children's holistic development from birth to age 6, before they enter the formal education system. Pre-schoolers, especially the poorest and most disadvantaged, who receive quality ECCE are more likely to be healthy, ready to learn, and stay longer and perform better in school. Globally, school readiness is gaining currency as a viable strategy to close the learning gap and improve equity in achieving lifelong learning and full developmental potential among young children. School readiness has been linked with positive social and behavioural competencies in adulthood as well as improved academic outcomes in primary and secondary school, both in terms of equity and performance. In addition, school readiness has been garnering attention as a strategy for economic development. Approaches to economic growth and development consider human capital as a key conduit for sustained and viable development, the inception of which begins in the early years.

Children have a bright future if they develop interest in learning at an early age. Surrounding environment influences a child's education, health and overall holistic development. Not all children are privileged enough to reap the benefits of mainstream preschool education due to varied reasons. Hence, it is vital that the journey begins from home. All parents however are not equipped with appropriate skills to engage children in meaningful activities. In an effort to ensure that children are occupied in a meaningful way and parents are equipped with skills to engage their children in early learning activities, the concept of Responsive Care Parenting emerged. UNICEF in partnership with Integrated Child Development Services (ICDS) started implementation of Aakar based activities at home called the Responsive Caregiving Package (RCP) in 2018 (it includes activities from all the domains of development- physical development, sensory, cognitive and perceptual development, creativity, language, literacy, and communication, personal, social and emotional development) to help establish a play-based learning routine for children at home.

The main objective of RCP was to increase the qualitative interaction level of the caregiver and the child by engaging them in age-appropriate and meaningful activities which are directly linked to holistic development of the child.

8. Implementation (350-450 words)
   Please describe the implementation modalities or processes, where possible in relation to:
   i) What are the main activities carried out?
   ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
   iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
   iv) What were the resources needed (budget and sources) for the implementation?
   *

During the period of the pandemic, 2 videos related to different aspects of child development (physical development, sensory, cognitive and perceptual development, creativity, language, literacy, and communication, personal, social and emotional development) were sent out on a daily basis to the Anganwadi workers, who worked at the government pre-primary centres (AWW). These AWWs would then forward the videos to the parents of children aged 3-6 years who were part of Whatsapp groups. The parents were encouraged to watch the videos, and spend time doing the activity with their child during the course of the day. The AWWs would then follow up with parents further during home visits, to encourage them to do the activities with their child and to demonstrate the activities if required. Prior to the pandemic closures, these activities were demonstrated in bi-monthly parent meetings at the pre-primary centres, by the anganwadi workers to the parents.

Prior to COVID, these activities were demonstrated in bi-monthly parent meetings at the pre-primary centres, by the Anganwadi workers/ teachers to the parents. During the period of the pandemic, 2 videos related to different aspects of child development (physical development, sensory, cognitive and perceptual development, creativity, language, literacy, and communication, personal, social and emotional development) were sent out on a daily basis to the Anganwadi workers(AWW), who would then forward the videos to their parent groups. The parents were encouraged to watch the videos, and spend time doing the activity with their child during the course of the day. The AWWs then followed up with parents further during home visits, to encourage them to do the activities with their child and also to demonstrate the different activities. Currently, these videos continue to be sent out and parents are guided when they come to pick/drop off their children.
The intervention was implemented with UNICEF support by the Women and Child Development department and its field functionaries. Vikramshila, a civil society organisation is also a partner in this program.

Funds were provided by UNICEF for the content development and digitisation of the content. The dissemination and follow-up was done using the government network.

9. Results – outputs and outcomes (250-350 words)
   To the extent possible, please reply to the questions below:
   i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
   ii) What were the concrete results achieved with regard to outputs and outcomes?
   iii) Has an assessment of the practice been carried out? If yes, what were the results? *

   -The Anganwadi workers (teachers) were able to understand how the parents can be partnered with to help keep the learning of their students continuous, and thus felt supported in their efforts of teaching the children (in those centres where parents did respond).
   - Those parents who were able to do these activities with their child, saw that over a period of time, their children were able to concentrate better and seemed calmer as they did these activities together with them.
   - As a result of the initiative, the state saw value in the program and issued guidelines for all pre-school teachers in the state to participate in the program, i.e. the program has been institutionalised and has become sustainable. They also requested that UNICEF conduct trainings of all the functionaries so that they are equipped to deliver the program adequately. As a result over 2000 government functionaries were trained to be trainers reaching out to over 100,000 pre-school teachers in the state.
   - A rapid assessment was conducted during the pandemic to understand reach and develop strategies to address gaps. (see link below)
   - Monitoring data indicates that over 0.7 million children are engaged in the program.

10. Lessons learnt (300 words)
    To the extent possible, please reply to the following questions:
    i) What were the key triggers for transformation?
    ii) What worked really well – what facilitated this?
    iii) What did not work – why did it not work? *

The intervention responded to the need for involving parents in the wholistic development of their children. During the pandemic, this became even more crucial as children were not receiving any inputs at the pre-school center. The program provided a way to continue learning for young children and due to the structured video guidance, caregivers were able to actively participate in its implementation. What also helped the implementation was that the programme had been initiated prior to COVID-19 when parents were given face-to-face inputs by the centre teachers.
The parents who were able to actually implement these activities with their children, found that both, they and their child found the experience of doing things together very satisfying and enriching.

The major challenge has been in the lack of internet facilities and devices among parents.
- Parents who did not have either smart phones or internet data or network, despite being reached out personally by the AWWs found it difficult to access the activities on a daily basis.
-In some cases, due to both parents being at work all day (as they could not afford to lose a day's wages), they were not able to prioritize these activities.
-In some cases, the messaging that the activity videos being sent on WhatsApp were to be watched by the parents and not show to the children, but that the parents were to do the activities in-person with the children, was not clearly understood by the parents (or possibly not clearly communicated to them), and so, the parents ended up showing the activity to the child on the mobile and then got it done by the child.

11. Conclusions (250 words)
    Please describe why may this intervention be considered a "best practice". What recommendations can be made for those intending to adopt the documented "best practice" or how can it help people working on the same issue(s)? *

i. Relevance and response to field needs- the intervention addressed the need to involve parents in their children's development; the digital adaptation of the intervention enabled the program to continue and be scaled up when pre-primary centres were closed due to COVID-19 pandemic.
ii. Partnership with multiple stakeholders, including the community and system functionaries for the implementation and follow-up.
iii. Scalability of the intervention- the intervention was scaled across the state and was designed for scale.