CURATED REVIEW OF SCALED AND TRANSITION-TO-SCALE EARLY CHILDHOOD DEVELOPMENT PARENTING PROGRAMS

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Background

- 43% of children under 5 worldwide are at risk of not reaching their developmental potential.

- Parenting programs targeting parents of children under 3 years have been effective in improving parenting practices and children's cognitive and language development.

- **What is Known about Scaled Parenting?**
  - Buccini's analysis of Brazil's "Criança Feliz" parenting.

- **What is not known?**
  - Curated review of scaled and transitioning parenting programs

Objectives

- The primary objective is to analyse and synthesise existing literature on scaled and transitioning-to-scale ECD parenting programs.
- To provide the menu of options/recommendations and enabling parameters for implementing and scaling ECD programs.

Research Questions

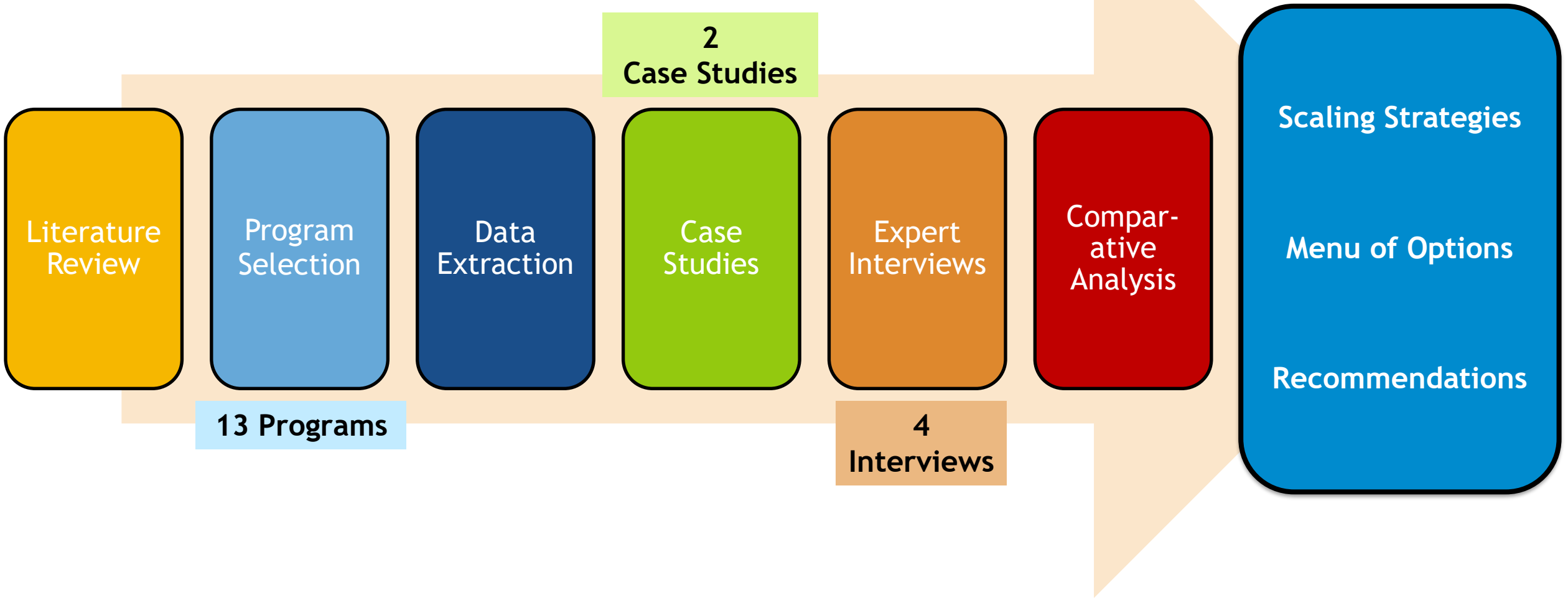
- What are the main features of parenting programs that have scaled or are in transition to scale.
- What are the common barriers and facilitators encountered in scaling ECD parenting programs, and how have these challenges been addressed by specific programs?
- What are the best practices and strategies identified from scaled and transitioning-to-scale ECD parenting programs that can guide in implementation of scaled programs?

Operational Definitions

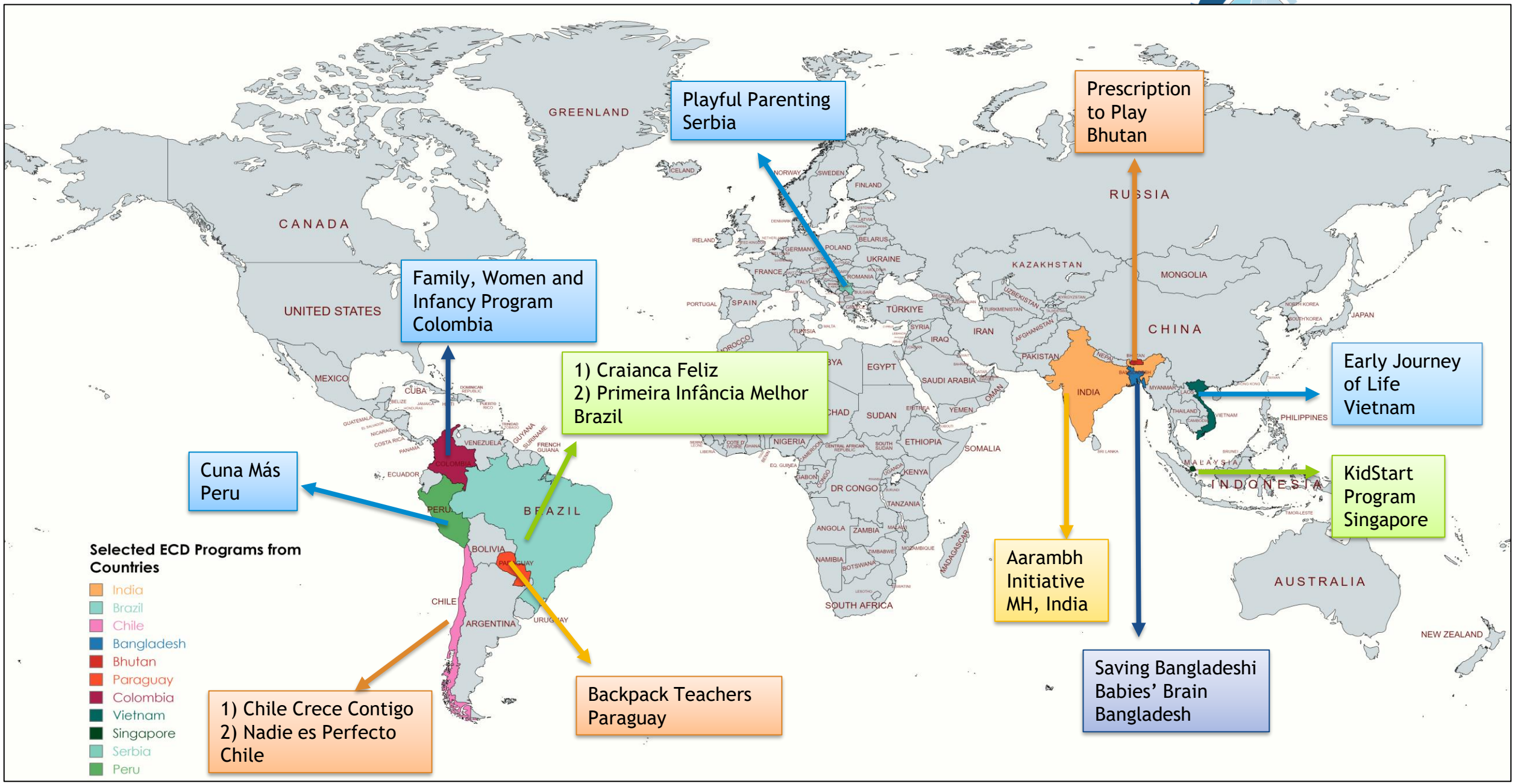
- **Scaling up** is defined as the 'deliberate efforts to increase the impact of successfully tested health innovations, so as to benefit more people and to foster policy and programme development on a lasting basis'. (As per ExpandNET definition)

- **Transitioning to Scale** is defined as the strategic and intentional process of expanding the program's reach and impact to a broader population and geographic area, along with activities aimed at transferring the program to an institutional entity such as the government system in order to make it sustainable.

Methodology



Snapshot of Selected ECD Parenting Programs



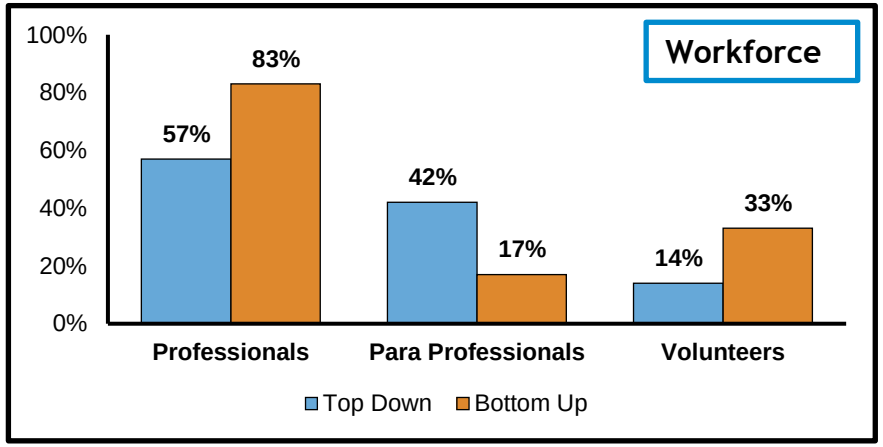
Findings

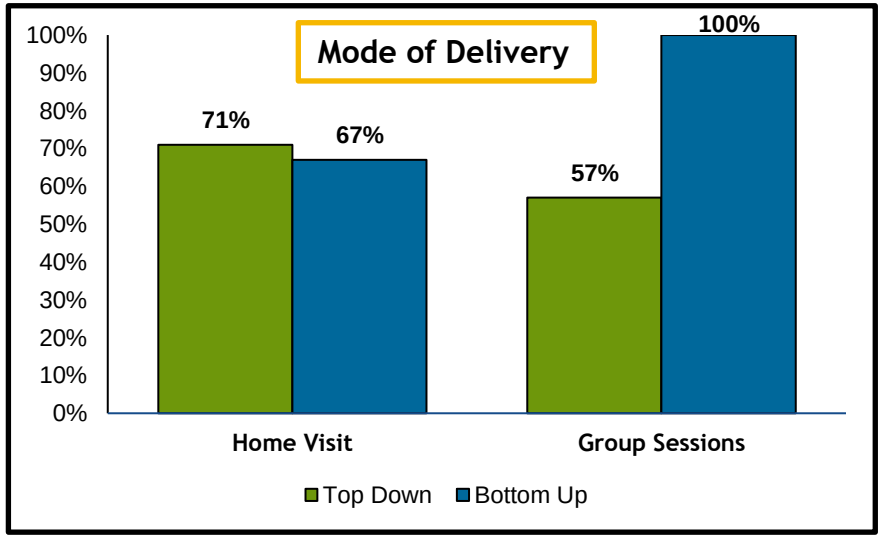
Bottom-up approaches initiate within communities, before approaching gov't

Top-down approaches initiate within Ministries, then move down

Quantitative Analysis

- Both approaches used supply-side programs, established proof of concept, and integrated programs into existing systems.
- A greater reliance on the professional & volunteer workforce in bottom-up programs compared to para-professionals in top-down programs
- Predominant delivery through group sessions in bottom-up initiatives and home visits in top-down initiatives, some have used both delivery platforms.





Qualitative Analysis

A. Critical Features

Scaled Programs

- Quality Assurance
- Supervision
- Effectiveness
- Funding

Transitioning to Scale Programs

- Government Support
- Funding
- Sectoral Approach
- Monitoring System
- Adoption

B. Key Parameters

Bottom-Up Approach

- Community Engagement
- Effectiveness
- Acceptance
- Govt. adoption may be slow

Top Down Approach

- Govt. support
- Policy and Budget in place
- Integrated into the system
- Lack of consultation from community and providers

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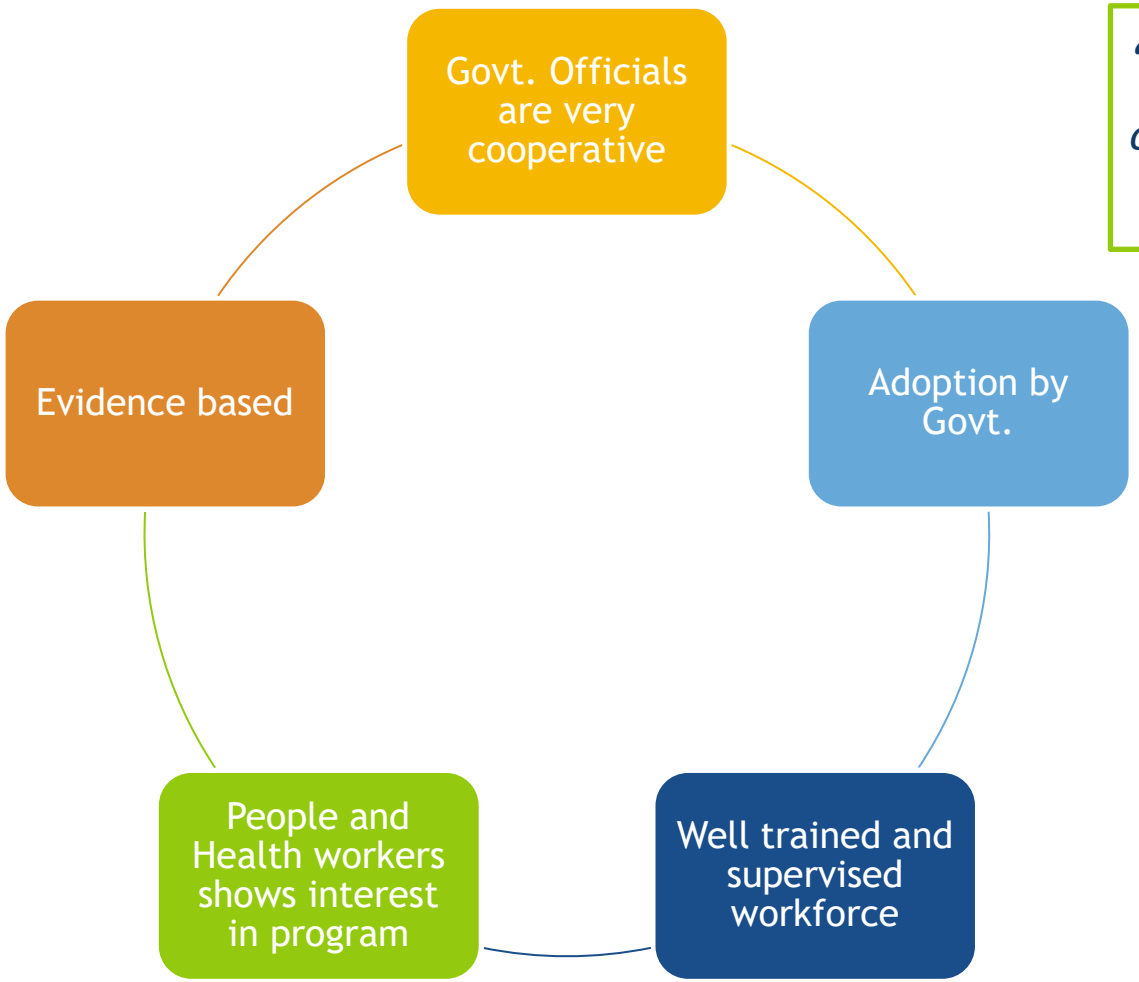
Facilitators for scaling a program



"The bottom-up approach would be the most desirable approach and the most successful in terms of sustainability."

(Key Informant 1)

Facilitates the

- Program integration into the system and Ownership by govt.
- Enhance Program Delivery
- Create demand from communities
- Established proof of concept

Challenges in Scaling a Program

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System Level

Mid Level

Community Level

> *"For sustainability, I look at four areas; the technical, financial, administrative, and the demand from the families."*
>
> **(Key Informant 2)**

Hinders the

- Program sustainability – lack of funds and no integration
- Program effectiveness – lack of supervision
- Program delivery – workload on providers
- Program reach – people not willing to participate

Two case studies of scaled programs

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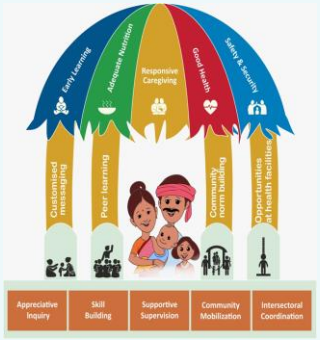
Aarambh Initiative Maharashtra, India

- Integrated into ICDS (Existing Govt Platform)
- Cascade training of workers
- Home visits and group sessions



❖ **Monitoring & Supervision**

- **Challenges:**

✓ Vacant positions of field workers and mid-level managers

✓ Diversion of staff to other government tasks.

Prescription to Play Bhutan

- Used Bottom-Up and Top-Down
- Group sessions delivered monthly by Health Assistants
- Transferring to Ministry of Health

❖ **Monitoring & Supervision**

- **Challenges:**

✓ Streamline the workload of health assistants – now too heavy

✓ Generating demand from families

Menu of Options/Recommendations

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Top Down Approach

- Leverage existing government structures, resources and initiatives for program implementation and expansion.
- Collect initial evidence of local parenting needs, both among the workforce and among caregivers

Bottom-Up Approach

- Use evidence from pilot projects to advocate for scaling up to higher levels of government.
- Conduct advocacy among government focal persons to identify a champion and willingness to adopt a parenting program.

Hybrid Approach

- Initiate pilot projects at the community level while simultaneously engaging with government officials for policy and funding
- Emphasize evaluation and integration into existing systems while fostering community ownership.

Multi Sectoral Approach

- Coordinated and collaborate with multiple sectors such as health, education, and social services to leverage resources and expertise and enhance delivery.

Evidence Based Scaling

- Conduct rigorous monitoring and evaluations to generate evidence of program effectiveness and successful implementation.

Take Aways

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Top-down programs are positive but lack acceptance of the program at the community level.

Bottom Up programs are more positive but they face difficulty in integrating into the system.

Practicing both approaches simultaneously can be helpful for the program to be sustained and effective.

Next Steps

- Further research is needed to better understand the scaling facilitators and challenges.
- Need to intensively evaluate the successfully scaled programs.

THANK YOU

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