Evidence presented in landmark documents such as the Lancet Series on early childhood development (ECD) and the report of the WHO Commission on Social Determinants of Health entitled ‘Early Childhood Development: A Powerful Equalizer’ provide compelling rationale for promoting early childhood development. There is also strong and growing evidence that ECD programmes and interventions can provide a “fair start” to all children and help to modify distressing socioeconomic and gender-related inequities. But from conception to five years of age, which is the most critical period for development of human brain, there are relatively few investments by governments in the development of young children, and ECD is currently not systematically incorporated into initiatives. The health sector has the capacity to play a unique role in the field of ECD during this most important window of opportunity.

In order to redress the situation, in July 2009, WHO and UNICEF organized a meeting in Sri Lanka. About 60 participants from 10 countries of the South-East Asia Region of WHO and South Asia region of UNICEF discussed their current country situations, shared strategies and developed action plans for promoting early childhood development through health sector initiatives. The meeting was facilitated by international experts and experts from WHO and UNICEF. The meeting explored what health systems, in collaboration with other relevant social sectors, can do to foster optimal development and protect children from the risk of developmental problems. Among the outcomes of the meeting was the articulation of future directions and actions that countries of the Region can take to promote and strengthen early childhood development activities in their existing programmes. The WHO-UNICEF “Care for Child Development Package” and parenting materials were also introduced, along with a draft regional framework of intersectoral action to promote early childhood development. Work was also initiated on developing country-specific action plans.

Promoting Early Childhood Development in South-East Asia

Report of the WHO-UNICEF meeting
Colombo, Sri Lanka, 13-17 July 2009
Promoting Early Childhood Development in South-East Asia

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Evidence presented in landmark documents such as the Lancet Series on early childhood development (ECD) and the report of the WHO Commission on Social Determinants of Health entitled “Early Childhood Development: A Powerful Equalizer” provide a compelling rationale for promoting early childhood development. Evidence suggests that globally 200 million children do not reach their developmental potential in the first five years because of poverty, poor health, nutrition and lack of early stimulation. These disadvantaged children are likely to do poorly in school and subsequently have low incomes, high fertility, and provide poor care for their children, thus contributing to the perpetuation of poverty. The main causes of poor child development are inadequate nutrition and cognitive and social-emotional stimulation. In South-East Asian countries more than 88 million children are not achieving their full potential. As a result, these countries suffer an estimated 20 per cent loss in adult productivity.

There is a strong and growing evidence base regarding interventions that can address these causal factors and reduce the burden of poor child development. ECD programmes and interventions can provide a “fair start” to all children and help to modify distressing socioeconomic and gender-related inequities. The health sector in countries has the capacity to play a unique role in the field of ECD because the most important window of opportunity for ensuring optimal development, and preventing risk of long-term damage is from pregnancy to the first five years of life. But between birth and five years of life, there are relatively few investments by governments in the development of young children, and ECD is currently not systematically incorporated into initiatives to promote and protect maternal and child health. Families are often not prepared or aware of the critical role they can play in promoting cognitive and socio-emotional development.
In order to redress the situation, in July 2009, WHO and UNICEF organized a meeting in Sri Lanka. About 60 participants from 10 countries of the South-East Asia (SEA) Region of WHO and the South Asia region of UNICEF discussed their current country situations, shared strategies and developed action plans for promoting early childhood development through health sector initiatives. The meeting was facilitated by international experts and experts from WHO and UNICEF.

The meeting explored what health systems, in collaboration with other relevant social sectors, can do to protect children from the risk of developmental problems and foster optimal development. It provided a platform to Member States to understand the rationale for investing in early childhood development and the specific kinds of interventions that may be effective, such as increasing stimulation and learning opportunities, detecting and intervening with children and families at risk, and improving responsive feeding. Among the outcomes of the meeting was the articulation of future directions and actions that countries of the Region can take to promote and strengthen early childhood development activities in their existing programmes. The recently developed WHO-UNICEF “Care for Child Development Package” and parenting materials were introduced, along with a draft regional framework of intersectoral action to promote early childhood development. Important work was also begun on developing country-specific action plans. A set of conclusions and recommendations emerged from the meeting that would help guide further develop health sector interventions to promote ECD in the Member States.
The challenge is clear

In developing countries, nearly 10 million children die before their fifth birthday and nearly 20 times that number (over 200 million children) survive but do not reach their full human potential.¹ About 88 million of them live in South Asia. As a result, their countries suffer an estimated 20 per cent loss in adult productivity.

Children do not reach their full human potential because they do not receive adequate nutrition, care and opportunities to learn. Good nutrition and health, consistent loving care and encouragement to learn in the early years of life help children do better at school, be healthier, have higher earnings as adults in future and participate more productively in society. The early years of a child’s life and the health and well-being of the mother are most critical for the child’s growth and development. This is especially important for children living in poverty.

Attention to early childhood development (ECD) is fundamental to attaining the Millennium Development Goals of reduction in poverty, reduction of malnutrition, gender equality, and primary education for all, as well as child survival. Focus on development—including the physical, social/emotional, and language/cognitive domains—during the early years is essential because ECD has a determining influence on subsequent life chances and health. What children experience during the early years sets a critical foundation for skills development, coping, education, and job opportunities through their entire life-course. There is strong evidence that many conditions of adult life including

mental health problems, obesity, stunting, heart disease, criminality, literacy and numeracy, all have their roots in childhood. Impeding early development in children is a major public health problem and a violation of human rights according to the Convention on the Rights of the Child.

**The evidence is overwhelming**

Over the past decade research in the fields of neurobiology and behavioural genetics have advanced our understanding of how early exposure to malnutrition, toxins, stress, lack of nurturing and brain stimulation affect the development of neural circuits that mediate cognitive, linguistic, emotional, and social capacities.\(^2\) The period between conception and the first few years of a child’s life is now recognized as one of great risk and great opportunity. Rapid brain development affects cognitive and social-emotional development, which is critical for long-term economic productivity, for meeting the challenges of globalization, and for ensuring every child’s right to survival and development.

Poverty, poor health, undernutrition and lack of early stimulation undermine children’s development early in life when brain development is most rapid and the architecture of the brain is most sensitive to the influences of the external environment. This is from the prenatal stage through 3-5 years of age. When the quality of nutrition, stimulation, and care is deficient, brain development can be seriously affected and result in long-term consequences.

In many parts of the world, including East and South Asia, studies show that children who receive assistance in their early years have greater chances of survival and achieve more success at school. As adults they have higher employment and earnings, better health, lower levels of welfare dependence and crime rates than those who do not have these early opportunities. Indeed, research suggests that the most efficient strategy for strengthening the future workforce, both economically and neurobiologically, and improving its quality of life is to invest in the environments of disadvantaged children during the early childhood years.\(^3\)

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Early intervention efforts for disadvantaged children lead to improvements in survival, health, growth, and cognitive and social development of the children.4 We can no longer afford to lose the potential of millions of future citizens. It is the right of each and every child to survive as well as to develop. Health is a state of complete physical, mental and social well-being, not just the absence of disease.

The health sector has a central role

The health-care system has a critical role to play in ensuring that every child survives and thrives. In many countries, the health-care system is often the only existing infrastructure that can reach young children and their families. In addition, families have contact with the health-care system most often when women are pregnant and when their children are young, which is when attention to optimum brain development is critical. In South and South-East Asia, the health-care system reaches more pregnant women, children under three years and their families than any other service. Therefore, if taken, the window of opportunity within health care encounters for young children gives golden opportunities to help strengthen families’ efforts to promote their children’s development and may be the only chance for professionals in developing countries to positively influence parents of young children.

Health workers and community health workers are respected sources of knowledge and skills as well as curative care. Health workers can guide families to provide stimulating care for their children as well as good nutrition. This is especially useful where developmental approaches are added to existing structures in routine maternal and child health care within primary health care. Community-based health workers (CBHWs) and community outreach programmes provide a unique link with families.

In some countries of the SEA Region, health-care providers promote child development through advice to families on child care and stimulation, monitoring the child’s development, guidance on common developmental problems, and identifying and providing additional support to children with developmental delays. Evaluations have shown that even relatively brief interventions can improve developmental outcomes for children and improve the faith/confidence of the parent in health care.5

5. Healthy Steps programme and evaluations; Brookline model; Integrated Health and Development programme.
The recognition of Early Childhood Development as an important determinant of health and well-being across the life-cycle

The WHO Commission on the Social Determinants of Health (CSDH) recognizes the importance of early childhood development. The landmark report, “Closing the Gap in Health in One Generation” by the Commission states.

“Investment in the early years provides one of the greatest potentials to reduce health inequities within a generation.”

“Early childhood development (ECD) – including the physical, social/emotional, and language/cognitive domains – has a determining influence on subsequent life chances and health through skills development, education, and occupational opportunities because what children experience during the early years sets a critical foundation for their entire life-course. Through these mechanisms, and directly, early childhood influences subsequent risk of obesity, malnutrition, mental health problems, heart disease, and criminality.”

“The science of ECD shows that brain development is highly sensitive to external influences in early childhood, with lifelong effects.”

The challenge to help all children develop to their full potential is great but the evidence is clear. Good nutrition and health, consistent loving care and encouragement to learn in the early years of life help children to do better at school, be healthier, have higher earnings and participate more actively in society. The early years of a child’s life, and the health and well-being of the mother, are most critical for the child’s growth and development. This is especially important for children living in poverty and adverse family circumstances.

Investing in the earliest formative years makes good sense for national development. Educated and healthy people participate in and contribute to the financial and social wealth of their societies.

Health sector initiatives for child health have primarily focused on reducing child mortality. Despite the overwhelming evidence for the importance of early childhood development interventions in the first three years of life for

long-term productivity in reducing disparities for disadvantaged children, and for closing the gap in health, there are few targeted initiatives that the health sector has taken to promote early childhood development and prevent risks for children’s subsequent development.

Indeed, the Commission on the Social Determinants of Health calls on policymakers to commit to and implement a comprehensive approach to early life, building on existing child survival programmes and extending interventions in early life to include social/emotional and language/cognitive development.
Recognizing that the health sector must contribute to ECD in the Region, WHO-SEARO and UNICEF jointly organized this intercountry meeting at Colombo, Sri Lanka from 13-17 July 2009. Over 60 participants from 10 countries (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste) in the South-East Asia Region of WHO and South Asia Region of UNICEF met and discussed promotion of early childhood development through health sector interventions. Participants represented a range of health ministries and departments, national training institutions, universities, international professional associations as well as WHO and UNICEF country, regional offices as well as headquarters.

The general objective of this meeting was to promote early childhood development through health sector interventions. The more specific objectives of the meeting were to:

1. Share country experiences on early childhood development initiatives;
2. Introduce the WHO-UNICEF “Care for Child Development Package” and parenting support materials to Member States;
3. Reach agreement on a regional framework of intersectoral action to promote early childhood development; and
4. Develop draft action plans for participating Member States to strengthen early childhood development through health sector initiatives.
Proceedings of the meeting

4.1 Inaugural Session and Keynote Address

The five-day meeting, the first international meeting to take place in Sri Lanka on Early Childhood Development (ECD) and the health sector, was opened with the traditional custom of inviting honoured guests to light a ceremonial oil lamp. Participants were welcomed by Dr Ajith Mendis, Director-General of Health Services, Ministry of Health (MoH), Sri Lanka. A message from the WHO Regional Director, South-East Asia was delivered by Dr Firdosi Rustom Mehta, WHO Representative to Sri Lanka, and a message from the Regional Director of UNICEF’s Regional Office of South Asia (ROSA), was delivered by Dr Genevieve Begkoyian, Regional Adviser, Young Child Survival and Development ROSA. Both regional directors expressed their shared interest and commitment to working together with Member States to utilize the full potential of health systems to promote ECD in the regions.

A statement from the International Paediatrics Association (IPA) was delivered by Professor Mohamad Mikati, Chief of Duke University’s Division of Paediatric Neurobiology. The IPA has several programmes to achieve its vision that every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill his or her human potential. Recently, the IPA has added ECD to its portfolio of programmes and expressed a great deal of interest in exploring the synergies between its ECD programme and WHO-UNICEF’s revised Care for Child Development Package.

The inaugural address was delivered by Dr Nihal Jayathilake, Additional Secretary, Ministry of Healthcare and Nutrition, Sri Lanka, who emphasized the
importance of this meeting for individual countries and for the wider regions. He also shared some of the successful strategies Sri Lanka has implemented to improve its child health indicators and promote early childhood development through the health system.

Dr D.C. Perera, Director, Family Health Bureau, Ministry of Health, Sri Lanka, closed the inaugural session by thanking both WHO and UNICEF for co-sponsoring this meeting, the members of the Secretariat for planning and facilitating this meeting, as well the country participants for their participation.

**Keynote Address**

In his keynote address, the Honourable Mr Nimal Siripala De Silva, Minister of Healthcare and Nutrition, Sri Lanka, shared his views on ECD as an important social determinant of health. Having been personally involved with WHO’s Commission on the Social Determinants of Health from its conception, the Minister emphasized the role of distal factors affecting child health and development such as international trade regulations on breast milk substitutes. The Minister also emphasized the need for the health sector to improve coverage of more proximate interventions affecting ECD, such as exclusive breast-feeding programmes.

During the WHO Executive Board at the Sixty-second World Health Assembly in May 2009, a resolution was passed on reducing health inequities through action on the social determinants of health. This resolution explicitly recognized that millions of children globally are not reaching their full potential and that investing in comprehensive supports for early childhood development that are accessible to all children is a fundamental step in achieving health equity across the lifespan.7

The Minister concluded his keynote address by emphasizing that in order for a country’s ECD programme to be effective it is necessary for it to be culturally and contextually appropriate. This specific message was, in fact, echoed by participants throughout the meeting during presentations, discussions, and strategic planning sessions.

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4.2 Business session

ECD – A Powerful Equalizer for Health Equity

*The Commission on the Social Determinants of Health Recommendations to Reduce the Health Equity Gap and ECD*

Dr Davison Munodawafa, WHO/SEARO Regional Adviser Health Promotion and Education, and Focal Point for Social Determinants of Health.

With a focus on avoidable inequities in health, the Commission on the Social Determinants of Health’s (CSDH) three overarching recommendations are (i) to improve daily living conditions; (ii) to tackle the inequitable distribution of power, money and resources; and (iii) to measure and understand the problem and assess the impact of action. Ensuring equity from the start of life through, for example, early childhood development interventions, is identified as the first area of action under the Commission’s first recommendation to improve daily living conditions.

WHO’s Regional Office for South-East Asia (SEARO) has participated in the work of the Commission since the outset, and has organized two regional consultations on Social Determinants of Health in 2007 and 2009, respectively. The “Colombo Call for Action” adopted during the February 2009 consultation, highlighted the political commitment of SEA countries to address the social determinants of health. WHO/SEARO has supported health equity analysis case studies from seven countries, a case study of the Self-employed Women’s Association (SEWA), a study of the impact of globalization on food consumption patterns among young people, as well as the Bangalore Healthy Urbanization Project.

The Commission’s recommendations for addressing early childhood development in Member States in the South-East Asia Region include (i) the need for routine monitoring systems for health equity and social determinants of health (because what is not measured is not addressed); (ii) share the evidence with policy-makers and programme managers; (iii) advocate for equity in health; and (iv) build the capacity of the Secretariat and Member States.

Currently, there is a disproportionate percentage of funding spent on downstream factors affecting ECD – a fact that needs to change. For ECD interventions to achieve desired outcomes, there is a need to address structural
distal determinants (upstream causes of premature death, ill-health and poor development) through health equity in all policies, intersectoral action, fair financing, market responsibility, empowerment, gender equity, and good global governance among other actions.

**The Rationale for Action in Early Childhood Development**  
*Dr Meena Cabral de Mello, Senior Scientist, Child and Adolescent Health and Development, WHO/HQ, Geneva*

The rationale for early childhood development is supported by scientific, programmatic, human rights and economic arguments for promoting ECD in resource poor countries. The definition of ECD emphasizes a holistic approach dealing with the child’s physical, emotional, social as well as cognitive/language development from birth to entry into primary school in formal and non-formal settings. ECD is considered the most important developmental phase in life because of (i) the intensity of brain development and its sensitivity to the care environments; (ii) the implications of poor care and development on survival, health, well-being, learning, and productivity across the life-course; (iii) the benefits of ECD programmes in preventing developmental problems and promoting community development; (iv) the role of ECD in achieving social and health equity; (v) the economic benefits of investing in ECD.

Optimal growth, development and resilience of children depends on protection and care that meets their nutritional needs and ensures their health, a secure attachment with consistent and invested caregivers that support their developing psychological and social capacities, and ongoing interactions with encouraging adults that promote their language and cognitive development. In order to ensure that these needs are being met and supported, the important role of health systems must be highlighted.

The health system has a comparative advantage to promote ECD between 0-3 years because of the many opportunities health-care providers have to connect with mothers during pregnancy, birth and in the postpartum period and with children in the early years and therefore have a unique opportunity to provide care, guidance and support to caregivers and families to promote the development of young children when it counts most. Early childhood is a strategic place to begin the broader agenda of addressing social determinants as it has a strong research base and sound economic case. Therefore, there is a strong rationale for taking strategic and significant action in ECD at community, country and international levels.
Evidence-base for Early Childhood Development
Dr Vikram Patel, Professor of International Mental Health and Wellcome Trust Senior Clinical Research Fellow in Tropical Medicine, London School of Hygiene and Tropical Medicine and Sangath, Goa, India

The evidence base on the burden, risk factors and promising interventions for early childhood development in low- and middle-income countries was synthesized in the Lancet series on child development (2007). Key messages from the series were summarized in this presentation. In the absence of data on specific indicators of child development outcomes, proxy indicators such as stunting show a high burden of impaired development, especially in the South-East Asia Region. The impact of developmental difficulties is evident well into adulthood with poorer educational outcomes and loss of productivity.

Well-established risk factors are related to undernutrition, micronutrient deficiencies (iron and iodine) and lack of adequate cognitive stimulation in early childhood. Emerging evidence also indicates that child abuse and violence, maternal depression, childhood infections and intra-uterine growth retardation (IUGR) are also risk factors. Cost-effective interventions exist for most of these risk factors; these need to be delivered adopting a continuum of care approach starting from pregnancy, and strengthening the focus on the mother’s competencies and her interaction with her child. Psychosocial stimulation is a critical “new” intervention which improves growth and development outcomes with measurable benefits even into adolescence; this intervention, which is at the heart of the Care for Child Development Package, should be integrated into routine maternal and child health intervention programmes.

Early Childhood Development The International Paediatric Association perspective and the neurobiological basis
Mohamad Mikati MD, Professor of Neurobiology, Duke University Medical Center, USA

The International Paediatric Association (IPA) is an NGO with a membership of 144 national paediatric societies, 10 regional, and 13 international subspecialty paediatric societies. Its vision is that every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill his or her human potential. The IPA has several programmes to achieve this vision, and the most recent one being added is the ECD programme, which is in line with that being developed by WHO and UNICEF.
Recent advances in neurobiology have demonstrated that the brain enhances and rearranges its connections through use and stimulation-dependent mechanisms by enhancing neurogenesis and synaptogenesis as a result of environmental stimulation. In addition, functional MRI techniques have demonstrated that new areas of the brain gain function in response to clinical developmental interventions. All these factors provide the biologic basis for ECD programmes and argue for initiation of such programmes in collaboration between IPA, WHO and UNICEF.

**Opportunities for promoting ECD in the social sector**  
Dr Narada Warnasuriya, Vice-Chancellor and Professor of Paediatrics, Sri Jayawandine Pura University

Promoting early childhood development is a multisectoral activity and the health sector should play a pivotal role—especially in the care aspects from conception to three years. Many other sectors also need to contribute to the creation of an ECD comprehensive programme, the more important sectors being education, social services, women’s empowerment, local government, labour, food and agriculture. Partnerships between states and NGOs are needed. The corporate sector/industry should exercise corporate social responsibility, by providing adequate maternal benefits, for example, and day care crèche facilities wherever possible. Provision of maternity leave for six months for a lactating mother is an effective intervention that should be implemented and which will yield great benefits for ECD. Coordination of ECD activities is best done by a dedicated agency such as the children’s secretariat in Sri Lanka.

Many community-based workers from a variety of sectors have a role to play in ECD. Public health midwives in Sri Lanka are the ones who have the most access to children in the family from conception to three years of age. As midwives already have a large number of tasks and responsibilities the support of community volunteers is important to ensure successful delivery of ECD programmes. When day care is provided to children under the age of three years, well-trained crèche attendants are necessary, as are well trained pre-school teachers for children between 3-5 years.

Academic institutions can play a role by assisting in developing curricula and delivering training of trainers programmes. Such institutions can also focus on researching the efficacy and cost effectiveness of ECD activities and their incorporation into existing programmes. The media’s role could include developing more responsible advertising policies and providing support for social marketing of ECD activities. The (I)NGO sector should continue to increase its efforts in advocacy, funding and providing technical support.
Opportunities for promoting ECD in the health sector
Dr Nurper Ulkuer, Senior Adviser, Chief, Early Childhood Development Unit, UNICEF, New York

Opportunities to include early childhood development in the health sector exist along the maternal/child continuum of care in terms of both time (adolescence/pre-pregnancy, pregnancy, birth, postpartum, neonatal/postnatal, infancy, and early childhood) and place (health facilities – primary and referral care, communities, and households). At the household and community levels, for example, opportunities exist to promote positive care practices through exclusive breastfeeding, care for pregnant women, early stimulation and care for development, home-based newborn care that encourages bonding and attachment, as well as post-natal visits including Care for Child Development. In order to take advantage of these opportunities to include ECD in the health sector, ECD needs to be integrated into results-based planning, costing and budgeting.

Two major recommendations emanating from UNICEF’s State of the World’s Children reports on child survival (2008) and maternal and newborn health (2009) are (i) to incorporate “continuum of care” into community and family services, and (ii) to improve family care practices, including parenting programmes for child survival, growth and development.

Research has demonstrated that “bonding” and “attachment” between caregiver and child are two imperatives for quality maternal/newborn and child care. High-risk conditions for poor bonding and attachment include the mother and infant being separated for a long period after birth (due to family reasons, emergency settings or poor health), as well as newborn and infant low birth weight. The objectives of the WHO-UNICEF Care for Child Development Package, therefore, are (i) to strengthen home care to improve the child’s chances of survival, and (ii) to stimulate the development of the child’s full potential. As it is within UNICEF’s current plans to integrate early stimulation into existing interventions, it is in fact very timely that the Care for Child Development Package is being made available.
Presentations by countries on ECD activities

Participants from each of the 10 countries developed formal presentations on their country-specific early childhood development activities, achievements, challenges and opportunities as part of their pre-meeting preparations. A substantial part of day one was dedicated to these country presentations, which provided meeting participants with an important opportunity to share and learn about the breadth, depth and diversity of current ECD activities in the regions. Below are “snapshot” overviews of each of the country presentations.

**Bangladesh**

ECD has been included in Bangladesh’s National Plan of Action for Children (2005-2010) developed by the Ministry of Women and Children Affairs. A pre-primary education (PPE) policy framework developed by the Ministry of Primary and Mass Education has also been approved, and ECD has been identified as one of the five focus areas of community Integrated Management of Childhood Illnesses (IMCI) intervention. Currently, a comprehensive policy on “Early Childhood Care and Development” covering children between 0-8 years is being developed by the Ministry of Women and Children Affairs.

Major activities in ECD include national and district level advocacy workshops, development and implementation of packages on caregivers’ education, pre-school education, child-to-child activities, mass media communication and operations research on integration of ECD with existing health and nutrition programmes. “Anchal Centres” have also been established, which provide integrated child survival and development services to children of working mothers for four hours a day. In each Anchal centre, 20-25 children between the ages of 1-4 years are supervised by a trained “Anchal Mother” and assistant, who also promote ECD and home safety through home visits and community meetings.

**Achievements**

- Establishment of Early Learning Centres- 205 500 children attending 7858 centres;
- Approximately 355 500 parents and caregivers at community level are oriented on the importance of ECD period and early learning;
- National ECD network formed and ECD newsletter published;
- Significant initiatives undertaken to mainstream ECD;
Incorporation of ECD in training curriculum of front-line health and FP workers and community-based workers of the National Nutrition Programme;

One-hour session on ECD has been included in trainings of doctors, paramedics and nurses;

Postgraduate certificate course on ECD initiated;

ECD indicators have been included in the Multi Indicator Cluster Survey (MICS);

ECD has been included in Maternal, Neonatal and Child Survival interventions (c-IMCI) and injury prevention projects;

Indicators have been developed and capacity of M&E unit of Bangladesh Shishu Academy has been strengthened.

**Challenges**

- Survival of newborns as the major challenge for the health sector;
- Ownership of the ECD programme is not clearly identified at present;
- Difficulties in measuring the impact of ECD activities;
- Inadequate guideline for implementation, supervision and M&E even with training provided to health, FP and nutrition workers;
- The health sector is not involved in Bangladesh ECD Network;
- Inadequate participation of health sector in policy formulation and implementation plans.

**Bhutan**

The Bhutan Convention on the Rights of the Child (1990) highlighted the government’s commitment to ensuring all children’s rights to life, survival, development and a standard of living adequate for physical, mental, spiritual, moral and social development. A policy specifically on ECD is currently being drafted, with the objectives of (i) providing the best start in life for every child by ensuring access to quality health and nutrition services along with opportunities for psychosocial and cognitive stimulation; (ii) promoting and strengthening comprehensive, cost-effective and sustainable ECD programmes through a multisectoral approach; (iii) enhancing the capacity of parents, caregivers
and communities to adequately support children’s development in a holistic manner; and (iv) ensuring provision of adequate resources for supporting ECD programmes and services.

The ECD section of the Ministry of Education is the official coordinating body. The Ministry of Health also contributes to ECD through focused programmes on nutrition (breastfeeding, supplementary feeding, vitamin A, iron supplementation, iodized salt, balanced diet) and health (immunization, mother and child care, growth monitoring, safe water and hygiene practices).

Achievements

- Bhutan’s Model Villages (a joint initiative between the government and UNICEF) have now been established in almost all the 202 geogs (subdistrict blocks) in the country, and aim to promote basic health, sanitation and healthier living conditions for children as an example for neighbouring communities;
- Childcare programmes are developed and implemented using the national radio, TV and other social forums;
- ECD is an integrated component of the non-formal education programme;
- The government has been encouraging individuals and entrepreneurs to set up childcare centres and nurseries in areas where demand for such programmes exist (eight centres have been created in the capital).

Challenges

- No legislation on ECD;
- Lack of coordination between sectors (health, education and private);
- Lack of knowledge and sensitization on the importance of ECD in communities as well as the public and private sectors;
- ECD not currently integrated into pre-service training of teachers and health workers;
- Lack of capacity of key stakeholders (such as caregivers, health workers, and teachers) to deliver quality ECD services;
- Need for the strengthening of the system for monitoring and evaluating the quality and impact of ECD services.
India

Home to the largest child population in the world, India has a history of ECD policies and programmes. There are several provisions in the Constitution of India either as Fundamental Rights or Directive Principles of State Policy that have been used to promote quality ECD services in the country. The government of India proclaimed National Policy on Children in August 1974, declaring children as “supremely important assets”. The policy provided the required framework for assigning priority to the different needs of children. The Integrated Child Development Services (ICDS) programme was launched in 1975 seeking to provide an integrated package of services for the holistic development of the child. ICDS today represents one of the world’s largest programmes for ECD.

Other ECD activities include the Rajiv Gandhi National Crèche Scheme for Working Mothers (serving approximately 0.55 million children) as well as early child education centres operated in the private sector (serving approximately 20 million children).

The focus of the health sector is on reproductive and child health services and the implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) programme. At present, the health sector does not deliver any specific interventions for the psychosocial development of children.

Achievements

- The ICDS programme provides services to over 33 million children (20% of eligible children) aged 3-6 years and focuses on underprivileged and vulnerable populations;
- A plan has been adopted to achieve the first goal of Education for All (EFA), ECD, through the provision of universal coverage of ICDS;
- Over one million child care centres have been established throughout the country;
- Community monitoring is achieved through Village Health and Sanitation Committees;
- A wide network of village health (ASHA) workers has been established;
- ECD diploma/certificate courses are offered through Open Universities;
Diploma/degree and PhD Courses in ECD are offered by various universities;

WHO growth standards and counseling for development through maternal and child protection cards have been adopted.

Challenges

- Competing priorities and the unfinished agenda of child mortality and malnutrition, with wide variations among states;
- Poor quality of child development services in the private sector;
- Overburdened ICDS programme, with
  - Poor attention to age-group 0-3 years
  - Low availability of trained child care workers
  - Child care workers not recognized as skilled workers;
- Lack of minimum standards and regulatory mechanisms;
- No credible information on indicators of ECD;
- Poor documentation of efforts in the voluntary sector.

Indonesia

The National Planning and Development Agency (Bappenas) is the coordinating body for programmes and stakeholders involved in ECD in Indonesia. This agency has also developed Indonesia’s “National Strategies for Comprehensive Childhood Development” (2008) and is in the final draft stage of “National Guidelines for the Management and Implementation of Comprehensive Childhood Development”.

The majority of ECD activities focus on early detection and referral for deviation from growth, nutrition, and development standards. The Maternal and Child Health (MCH) Handbook is the main tool utilized, which includes early childhood growth and development charts and is distributed to families, integrated community health posts, preschools, kindergartens, other programmes aimed at families with children under five years, as well as to primary health facilities and hospitals.
Achievements

- The issue of ECD has become a priority area in the Ministry of Health and other relevant departments, such as the Ministry of Education, National Family Planning Board, Ministry of Home Affairs, Ministry of Women’s’ Empowerment, and the Social Department;

- Posyandu (integrated health services posts) provide community-based preventive and promotive care programmes including MCH, FP, nutrition, immunization and diarrhoeal disease control and have been established throughout the country’s 68 000 villages;

- PAUD (Directorate of Early Childhood Education) has launched a variety of non-formal interventions geared to children aged 2 to 6 who are not targeted by formal services, with a particular focus on children aged 2 to 4. These include playgroups called Kelompok Bermain (KB), daycare centres known as Taman Penitipan Anak (TPA). The KB playgroups are centre-based programmes that focus on the socio-emotional stimulation of the young child through a “learning by playing” methodology;

- The Bina Keluarga Balita (BKB) programme, which is supported by the National Family Planning Board, offers group sessions in parental education once a month to groups of about 15 mothers with their children. Each group is led by a cadre, a volunteer mother from the community, usually the wife of the village head, who has received some pre-service training. It was estimated that in 2003 there were 89 000 active BKB groups in the country.

Challenges

- Need for the revitalization of and reinvestment in many programmes such as the Posyandu and BKB to improve their quality and effectiveness;

- Lack of coordination between the public and private sectors;

- Suboptimal access and quality of early detection and intervention of growth and development deviations at the primary level;

- District and provincial hospitals underprepared for referrals and interventions;

- Lack of knowledge and skills at the family and community level about early childhood care and development practices.
**Maldives**

The National Health Plan (2006-2015) of the Maldives includes goals and target indicators related to ECD. A national strategy (2006-2010) has also been developed for infant and young child feeding which aims to improve nutritional status, growth and development. A process is currently underway to draft a policy to expand and improve comprehensive ECD services, including guidelines for ECD centres, child-friendly preschools and preschool teacher training curricula.

The health sector provides services to children between 0-5 years, with a focus on 0-3 years. Growth monitoring is conducted through health clinics and information is funneled into a child health surveillance system. However, the health sector does not provide programmes to support the holistic needs of childhood.

**Achievements**

- Parent education workshops focusing on the importance of holistic child development are conducted through the education sector;
- All mothers receive information about their child’s health, growth and development following growth monitoring sessions at health clinics;
- A Baby Friendly Hospital Initiative (BFHI) has been implemented utilizing the WHO/UNICEF self-appraisal tool; and
- Implementation of the ECD Positive Deviance Health programme, which is based on behaviour change principles' and aims to build the capacities of families to support newborn and young child survival, growth and development.

**Challenges**

- Lack of coordination between ministries;
- Lack of specific policies on ECD;
- Preschool education not mainstreamed into the formal education system;
- Continuum of care exists but all services not provided on a national scale;
- Access barriers, geographical nature of the country;
- Minimal transport facilities;
- Lack of community awareness about ECD and difficulty in community mobilization;
- Lack of human resources/facilities/resources to accommodate community demand;
- Not all components of ECD addressed in the programmes.

**Myanmar**

ECD has been outlined as one of the four social objectives of the State Peace and Development Council in Myanmar. Additionally, an Education For All National Action Plan (2003-2015) has been adopted, the fifth goal of which is to expand and improve comprehensive early childhood care and education. The focal point for ECD in Myanmar is the Department of Social Welfare under the Ministry of Social Welfare, Relief and Resettlement, which has established day-care centres, community-based pre-primary schools, and residential nurseries for orphans, abandoned children, and impoverished children younger than five years. The Ministry of Education has recently taken a larger role in delivering ECD pre-primary programmes and although the Ministry of Health does not deliver any separate ECD programmes, it does deliver many survival, health and nutrition programmes that contribute to ECD.

**Achievements**

- Parenting education has been carried out in villages and wards through discussion programmes on parent care, malaria prevention, HIV/AIDS education, nutrition assistance and child care for children under five years;
- The community-based Health Activities (CBHA) scheme has been implemented to improve key family and community practices in 28 townships out of a total of 325 townships;
- Nearly 4000 voluntary health promoters have been trained;
- A development record book has produced and distributed for children under age five;
- Therapeutic feeding, improving Infant and Young Child Feeding (IYCF), iodine deficiency disorder elimination, vitamin A deficiency elimination, prevention and control of iron deficiency anaemia, deworming campaign, infantile beri beri prevention and control are targeted to pregnant women and children under five years;
• Universal salt iodization has been adopted for sustained elimination of iodine deficiency disorders;
• The Ministry of Progress of Border Areas and National Races and Development Affairs has opened 38 preschools in remote, border and disadvantaged areas where minority groups live.

Challenges

• Lack of awareness in communities and families about ECD and the importance of stimulating psychosocial development;
• Difficult terrain in some regions is a barrier to parents sending their children to ECD centres;
• Limited number of ECD centres for impoverished children, children from remote, border and mountainous areas, children with disabilities, children from mobile families and orphans;
• No specific ECD policy or programmes within the Ministry of Health;
• Lack of coordination between the MOH’s child survival, health and nutrition programmes and other ministries involved in ECD programming;
• Weak coordination among stakeholders involved in ECD activities;
• Insufficient health promoters for family and community-based activities and attrition of health promoters.

Nepal

The Ministry of Education and Sports (MoES) is the focal point for ECD. With regards to policy, the Poverty Reduction Strategy Paper (PRSP) Interim three-year plan calls for the expansion of holistic ECD services. Additionally the Education For All National Plan of Action (2002-2015) has set the target of establishing 74 000 ECD centres by 2015. At present, there are 24 000 centres functioning throughout Nepal; however, home-based ECD programming is still in its early infancy.

Linkages with the health sector have been highlighted in the National ECD strategy; however, there is no specific reference to ECD in the National Health Plan. Once the health sector begins to play a larger role in ECD, Nepal is well positioned to deliver interventions at scale. Nepal has a decentralized
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health system with more than 48,000 female community health volunteers throughout the country who can serve as community advocates to promote ECD, as well as existing national packages such as the Birth Preparedness Programme (BPP), IMCI, community-based IYCF and the newly initiated Community-Based Newborn Care Programme (CB-NCP) that can serve as platforms for ECD promotion.

Achievements

- A high-level multisectoral national ECD council has been established centrally, district-level ECD committees have been established in all 75 districts, and there are also ECD committees at the village level;
- Integrated parenting orientation is implemented in 15 districts;
- Immunization and micronutrient programmes have been successful – more than 80% of children are fully immunized and received Vitamin A supplementation.

Challenges

- Lack of conceptual understanding in the health sector on ECD issues and their implications;
- Health sector solely focused on the MDG target of child survival;
- Poor linkage between health and education sectors;
- Lack of ECD indicators as performance measure in the health sector;
- Lack of adequate budget within the health sector for ECD;
- ECD not positioned in health workers’ pre-service training curriculum.

Sri Lanka

Sri Lanka’s focus on ECD dates back to the early 1980s, when developmental screening and home risk factors were incorporated into the Child Health and Development Record. In the early 1990s, a project was initiated to promote child development, and later in the decade another project was initiated to optimize the development of children with delays. In 2002, Sri Lanka’s ECD programmes were re-focused by the National ECCD Policy developed by the Ministry of Child Development, the Ministry of Healthcare and Nutrition and the Ministry of Education.
With the policy mandate to “enable all infant and preschool children to survive and reach their full potential for growth and development through provision of optimal care”, the Ministry of Healthcare and Nutrition operates both home-based and clinic-based services to provide for the holistic needs of early childhood. Adopting a continuum of care approach, services are provided to care for the pregnant mother, as well as to support the health, nutrition, safety and psychosocial development of young children.

**Achievements**

- By 2006, a home-based Early Childhood Care and Development (ECCD) programme had been implemented in 209 districts and 100 estates;
- Implementation of ECCD activities has been made sustainable by operating through the existing health infrastructure as part of the Maternal and Child Health Programme;
- Strong linkages have been created at village level between health workers and other stakeholders;
- Principles and practices of ECD, including the psychosocial development of children, have been incorporated into the basic training of field health staff;
- The Child Health and Development Record has undergone major revisions to incorporate a psychosocial component.

**Challenges**

- Widespread undernutrition;
- Lack of monitoring (namely the lack of quality indicators for psychosocial development);
- Frequent mobility of trained staff;
- Unmet needs of vulnerable populations.

**Thailand**

ECD has been targeted within Thailand’s tenth National Socioeconomic Development Plan (2007-2011). Specifically, there is a target to increase the rate (from 67.7 per cent in 2007) of children under five years achieving normal development to over 80 per cent by 2011, and a target to improve the rate of exclusive breastfeeding for six months from 14.7 per cent to over 30 per cent.
Achievements

- A maternal and child health handbook that includes principles and practices of ECD has been developed;
- A parenting programme that begins in the first trimester, continues through the antenatal period, the early postpartum period, and onwards at well-child clinics until the child is three years of age has been implemented;
- The “Family Love Bonding Hospital Programme”, which encourages hospitals to improve by incorporating safe motherhood, baby friendly and community involvement practices, as well to achieve birth asphyxia ratios less than 30 per 1000 live births, low birth weights less than 7 per cent, exclusive breastfeeding for six months more than 30 per cent, and normal child development rates more than 90 per cent has been implemented.

Challenges

- Lack of caregiver knowledge on promoting child development;
- Inequitable access to standard ECD services;
- Unmet needs of vulnerable populations;
- Health clinics provide vaccinations only;
- Inadequate health personnel in the government sector;
- Lack of home visits for postnatal and child care.

Timor-Leste

Timor-Leste is in the process of finalizing a national health policy, yet there are a number of strategies presently being implemented that focus on the physical growth, nutrition and development of young children. Although there is no health sector intervention to promote enabling environments for cognitive, social and emotional development, opportunities have been identified within the Ministry of Health to strengthen key family practices through the C-IMCI programme, as well as to include a psychosocial assessment component into growth and development monitoring in nutrition programmes.

Other entry points for promoting ECD in Timor-Leste include the education sector through parenting programmes and preschools, the social welfare sector through child disability support programmes, and the labour, law and enforcement sector through “baby corners” at workplaces.
Achievements

- Along the continuum of care, Timor-Leste has established healthcare services that include antenatal care, safe delivery, postnatal care, expanded programme on immunization (EPI), facility-based IMCI, as well as community health promotion;
- Nutrition programmes include supplementary feeding, growth monitoring, behaviour change communication (BCC), as well as therapeutic care for severely malnourished children;
- In the education sector, a draft national policy on early childhood education was created in 2000 through an early childhood forum brought together by the Ministry of Education, Culture, Youth and Sports and UNICEF.

Challenges

- ECD yet to be considered a priority in the health sector;
- Lack of established policies and strategies;
- Lack of skilled human resources;
- Lack of a platform for coordinating different sectors;
- Budgetary constraints.

It is clear from the above “snapshot” overviews that there is a wide range of ECD activities within and between participating countries in the regions. ECD activities in some countries include a great deal of health sector involvement, for example, while others have very little or no involvement. Some countries have well established ECD policies, while others have none. The discussion among the participants following the country presentations, however, recognized that all countries have policies and programmes that contribute to early childhood development, although some may not be explicitly labeled as such. It was also evident from the country presentations that specific opportunities existed in each country to strengthen the health sector’s role in promoting ECD, as well as opportunities to integrate culturally adapted components of the WHO-UNICEF Care for Child Development Package into existing programmes.

The common challenge of monitoring and evaluating current ECD activities was identified by majority of countries. Indeed, the lack of country based evidence on programme effectiveness, coverage and cost was the most salient gap identified and discussed in this session by the participants.
An introduction to the WHO-UNICEF Intervention Package on “Care for Child Development”

Purpose of “Care for Child Development” package

Poor growth and development during childhood is widespread. Beyond the direct consequences on children and their families are the huge social and economic losses for society.

In resource-poor areas, the challenges that children and their families face are particularly daunting, and so are the efforts needed to reverse the limitations that prevent children from reaching their full potential. Interventions to support families, therefore, must be highly focused on the daily care practices that most likely will improve the child’s healthy growth and development. They must be feasible, requiring minimal new resources from the family or community, and building on existing systems to reach newborns and young children.

This business session introduced participants to the WHO-UNICEF intervention package on Care for Child Development. This intervention guides health workers and others as they help parents and other caregivers stimulate the development of the capacities of young children and provide good nutrition. It helps to improve caregiver-child interactions and relationships and solve common problems in caring for children at home. It relies on evidence of the most basic caregiving skills related to helping the child survive, grow well, be healthy, and develop fully. It provides simple tools that can be used by persons working in health facilities, nutrition programmes, and a variety of other community settings.

Simulated training workshop

During this full-day session, participants were exposed to the Care for Child Development Package and its potential to improve child survival and healthy development. They experienced some of the training activities utilized to support counselors working with families. This sample training introduced recommended play and communication activities designed to stimulate the child’s learning, and which help caregivers become more sensitive and responsive to the child’s needs and interests.
Due to limited time the training module on Counsel the Family on Feeding could not be introduced to the same extent as the module on Counsel the Family on Care for Child Development. However, both modules apply principles of child development and responsive care to the daily tasks of interacting with and feeding a child. Finally, considerations for planning, adapting and implementing these activities within health, nutrition, and other programmes were identified and discussed.

At the end of the sample training workshop, participants were expected to be able to:

- Identify the rationale for implementing the Care for Child Development package, including the basic theory and evidence for the impact of activities to stimulate development and improve growth of children at risk;
- Identify the importance of strengthening basic care-giving skills and try out techniques to help caregivers be more sensitive and responsive to their children’s psychosocial and nutritional needs;
- Describe the basic components of the intervention, and issues to be considered in planning and implementing.

By joining in the sample training activities, participants were expected to be able to:

- Select play and communication activities for a child and caregiver, appropriate for the child’s age and skills;
- Advise the caregiver on appropriate play and communication activities to stimulate the child’s growth and healthy development (simulated);
- Identify the interaction between a child and a parent or other caregiver;
- Counsel the caregiver on activities to strengthen the relationship between the child and caregiver.
Promoting Early Childhood Development in South-East Asia

Comments by participants on workshop

“Having to examine what looked like just play to understand how these activities affected the development of children in the four domains (physical, cognitive, social and emotional) was very intellectually stimulating. I’ve never deconstructed such simple play activities in that way, and I think it is a very useful method for understanding how play can actually be developmentally very valuable.”

“As medical doctors we are usually only focused on the clinical examinations of children, so it was very valuable to gain a better understanding of the benefits of also focusing on the children’s stimulation. I believe this will better equip us to analyse not only the health and nutrition status of the child but also the quality of the interactions with the caregiver.”
“What we have done has been helpful, because although as paediatricians we may know a lot about early childhood development, this module will help us learn how to convey these messages to less specialized health workers. How we paediatricians usually think about conveying child development messages may not actually be understood by front-line workers and parents, so this is a good means of stimulating us to communicate in a more clear and simple manner.”

“The importance of this needs to be transmitted to all people involved in health care. I only wish that we had something like the Care for Child Development Package a long time ago – to help people learn about the importance of quality interactions between caregivers and children, about what can actually be done to improve them, and about what we are missing by not doing anything.”

“One of the strengths of this intervention package is its interactive and practice-based training methodology. The exercises and activities are excellent.”

Helping families to adopt “Care for Child Development” package

**Generic Draft Parenting Materials for the Care for Child Development Package**

Dr Patrice Engle, Department of Psychology and Child Development, Cal Poly State University, USA

There are some unique challenges to communicating Care for Child Development effectively through parenting materials. Some of these challenges include the difficulty of providing behavioural suggestions in a simple directive manner, and the difficulty of addressing the existing myths that all parents innately know what is needed for their child’s development and changes are unnecessary.

The benefits of including early childhood development information in parenting material are wide-reaching as they encourage parents to focus on their child’s successes rather than on problems, and emphasize which care practices have a positive affect on child survival, growth and development. Parenting
materials including ECD messages are particularly important for children at risk of poor parent-child interactions as they work to increase caregiver sensitivity and responsiveness to ensure the child’s health and well-being.

Research has identified nine key elements for successful parenting education which include

(1) Clear, behavioural, and focused guidance;

(2) Demonstration and practice with feedback;

(3) Consistent with cultural beliefs on child development (i.e. should be based on assessment of existing beliefs/practices);

(4) Learning materials and behaviour prompts (i.e. cards with pictures, homemade toys);

(5) Build caregivers’ confidence (i.e. praise existing positive care-giving practices, express complex ideas without using complex words, help caregivers recognize how important they are to the child);

(6) Financial sustainability of the programme and materials (i.e. avoid expensive glossy booklets, ensure a feasible method of continuing to supply learning materials to families, encourage toy-making and book-making from local materials and using household objects for play);

(7) Integrated with a delivery system (i.e. materials become more effective if part of ongoing system, link images/messages with those used in different settings);

(8) Balance between milestones and guidance (i.e. including some milestones can be helpful, but focusing solely on milestones without including guidance on promotion activities does not empower caregivers and may lead to stigma);

(9) Support child rights (i.e. the right to nondiscrimination by showing boys and girls as equals as well as showing children with disabilities, the right to shared parenting by showing fathers as well as mothers, the right for children to have their ideas taken into account according to their evolving capabilities by presenting the child’s perspective).
Marketplace of ECD Materials for Family and Community Outreach

The “marketplace” session was a unique opportunity for participants to share and learn about each country’s ECD outreach materials and strategies. Participants from each country brought samples of materials and resources used in their countries for educating and supporting families and communities in early childhood development. Each country was assigned a table on which to display their sample materials and one representative from each country was asked to remain at the table to describe their materials and answer questions.

“It was interesting to see how similar ECD messages can be delivered in so many diverse and culturally appropriate ways.”

“This was a great chance for countries from this region to learn from each other – I know that I am definitely leaving with some new ideas about ECD outreach materials.”

Marketplace materials
Promoting ECD through the health sector

**Young Child Survival and Development UNICEF’s focus in South-Asia and Pacific**

*Dr Genevieve Begkoyian, UNICEF Regional Adviser, South Asia and Dr Basil Rodriques, UNICEF Regional Adviser, East Asia and Pacific*

Early Childhood Development (ECD) is an integral component of UNICEF’s Young Child Survival and Development (YCSD) strategy in the South Asia and Pacific regions. Present priorities include strengthening national strategies, addressing disparities and inequities, seizing missed opportunities, focusing on culturally specific behavioural change, as well as on the continuum of care (from mother to newborn to child, and from community to clinic to policy).

At the level of national strategies, UNICEF will be working to:

- Pro-actively strengthen partnership to integrate and prioritize ECD within the national strategic plans;
- Focus on leveraging support on continuum of care, promotion of key family practices and changing behaviour;
- Generate the evidence base to assist strategic planning to overcome the specific constraints and bottlenecks at each respective service delivery mode;
- Reinforce monitoring and evaluation to enhance the results-based approach for programming and budgeting;
- Document and share lessons learned.

At the community level, UNICEF will be working to mainstream ECD through Communication for Development (C4D) activities. This strategy stems from the recognition that maternal awareness and behaviour is the essential component of child survival and development. To target change at the community level, activities will focus on women’s empowerment and the role of men in Asian society.

The poor coverage of key interventions along the continuum of care from pre-pregnancy onward is a major challenge facing child survival efforts and is an area of opportunity where ECD messages and interventions could assist. In Pakistan, for example, 50 per cent of children are not currently reached by key interventions along the continuum of care. Family planning, pre-pregnancy, the antenatal and postnatal care visits to health workers, are all missed opportunities for providing important ECD messages to caregivers.
Careful planning around the role of community health workers (CHWs) will be required to ensure sustainable implementation of ECD interventions along the continuum of care. CHWs can undoubtedly play an important role in delivering ECD messages, yet there is potential to reach a greater number of caregivers by enlarging and diversifying the delivery methods into other sectors. ECD messages could, for example, be delivered through community networks, women’s groups, faith-based groups, education and nutrition workers, social welfare workers, the media, as well as through policy-makers themselves.

**Presentation of Draft Strategic Framework for Promoting ECD – Role of the Health Sector**

*Dr Sudhansh Malhotra, Regional Adviser, Primary and Community Health Care, WHO/SEARO, New Delhi*

The draft strategic framework on the “Role of the Health Sector in Promoting Early Childhood Development” was presented to participants as a platform to collectively discuss, deliberate, edit and add to. The aim was to create a framework that is regionally relevant and which can serve as a guide for how countries can take their work forward in the coming months, years, and decades to ensure that ECD is provided to all caregivers and children.

The draft framework was presented under the following sections:

(a) Importance of ECD for child survival, growth and development

(b) Influences on ECD

(c) The current situation of ECD in the region and current activities

(d) Strategic directions

(e) A strategy for packaging the interventions the care for child development and care for feeding intervention modules

(f) Strategies for implementing at scale and with quality

(g) The way forward

Participants were divided into four smaller groups and requested to focus their discussion on the last four sections of the document, as the first three sections were more descriptive and did not require detailed discussion.
or debate. More specifically, the groups were tasked with addressing the following:

- What goals for ECD in the Region should be established in the document?
- Look at the content of each section with a view to identify the priority tasks to be done in the Region. Identify major gaps and correct any inaccuracies in the draft.
- Review the strategies for implementing ECD interventions and going to scale, which are listed in the Framework. Adapt each strategy as needed, to make it fully relevant to the region. As you adapt the strategies to make them effective and feasible, consider what has worked or not worked in other health programmes in the region.
- Provide guidance in the section on “The Way Forward” on the priority or first actions that are needed to support early childhood development (a) in countries that have ongoing ECD programmes, and (b) in those countries that would need to initiate them.

The following is an excerpt from the Draft Regional Strategic Framework that was discussed and deliberated upon during this session.
The development and implementation of an ECD implementation plan includes the following steps:

- Goal-setting within the country for early child development
- Building support from ECD policy and decision-makers and the policy or legislative structure for the programme
- Developing a coordinating committee from all sectors involved
  - Assessment of problems in ECD, current programming, gaps in programming, gaps in policy, and opportunities for linkages, partnerships and collaborations
  - Making an implementation plan (who will do what and how)
  - Policy analysis and development
  - Cost estimates and sources of financing
- Broad consultation on the plan at national, regional, and local levels
- Preparation for implementation
  - Adaptation of materials and strategy to the national and local context (at each level)
  - Plan for community involvement and empowerment
  - Develop capacity building system and supervision system
  - Administrative arrangements at subnational/district level for coordination and cooperation
  - Pilot implementation
- Monitoring and evaluation system established to ensure quality
- Funding sources and partnerships defined on a long-term basis.
**Strategies to ensure success**

In order to create a sustainable system for promotive, preventive and curative care for early child development in the health sector, four groups must play a part: policy- and decision-makers, academics/supervisors, frontline and community health workers, and communities and families. Table 3 summarizes actions to increase their motivation and awareness of ECD, to improve capacity to deliver interventions, and to facilitate the process of implementation. Despite all the rationale for the importance of early child development, building a component into a health system will require commitment, motivation and strong partnerships.

**Sustainability**

The key to sustainability is existence of a policy, adequate funding, ongoing monitoring and improvement, and a high level support for the inclusion of ECD in health services. Not only at the highest level, but at all levels, workers as well as families and communities need to recognize the critical role of early child development for the future of their children. Ongoing advocacy, research, and demonstration of effects can often increase sustainability. Involvement of academic and training institutions creates a cadre of leaders who will be able to renew the efforts.

*Actions of stakeholders to create a sustainable policy change for ECD*

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Motivation and raising awareness</th>
<th>Improving delivery capacity for ECD interventions</th>
<th>Facilitating the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy-/decision-makers/ finance</td>
<td>Advocacy and communication for ECD in health systems</td>
<td>Training and skill building for policy analysis and planning for ECD in health systems</td>
<td>Laws and legislation in place – resources leveraged, institutions and systems enhanced</td>
</tr>
<tr>
<td>Academia/trainers/supervisors</td>
<td>Increased awareness and receptiveness to ECD in health system</td>
<td>Pre-service and in-service training systems development, leadership, M&amp;E</td>
<td>Increased incentives for the implementers, including financial benefits, research</td>
</tr>
<tr>
<td>Frontline health workers and community health workers</td>
<td>Increased awareness and willingness to promote ECD as part of their routine work</td>
<td>Training of frontline health workers (Care for Child Development training and implementation)</td>
<td>Additional benefits, recognition and other incentives and support, requirement for incorporation</td>
</tr>
<tr>
<td>Families and communities</td>
<td>Perceived benefits to families and communities of children’s development</td>
<td>Parenting support programmes, trainings, counseling (Care for Child Development Parenting Materials)</td>
<td>Linked social services, social protection policies, communication strategies</td>
</tr>
</tbody>
</table>
**Policy framework**

Having a strong policy and legislation basis plus strong political commitment will help the process tremendously. In some cases a good place to start is to initiate a policy development process, but in other cases, policy should be pursued once a programme is underway. Having a policy and/or legislative basis for the intervention, including a funding source and a system for accountability, should be the goal.

**Communication strategy**

Reaching families through many channels is often the most effective method for behaviour development. A broad communication involvement is likely to result in wider coverage and greater likelihood of attaining goals.

**Research, monitoring and evaluation**

Research on the situation of children’s growth and development in each country, the most effective strategies for improving children’s development, and an assessment of programme activities require ongoing research. A monitoring and evaluation framework for Care for Child Development has been developed and is being adapted and applied in Central Asia.

After this session the inputs from each of the four working groups were brought together and presented to the larger group in the plenary session. Both WHO and UNICEF Regional Offices committed to work together to incorporate these inputs into a finalized framework and to subsequently share with the countries in the region.

**Using Care for Child Development in Countries**

*Chair Dr S.M. Moazzem Hossain, Chief, Health and Nutrition Section, UNICEF Sri Lanka*

This session provided participants with an opportunity to begin transforming the ideas generated throughout the meeting into draft country action plans. Working in small groups with their country colleagues, participants were tasked with developing a draft action plan for strengthening ECD through health sector initiatives, as well as preparing brief presentations outlining their draft plans to the larger group.
The following questions were provided to country teams to guide their planning work:

1. What might be your goals or objectives for the ECD component of the health sector for young children?

2. How can ECD be incorporated (or more completely incorporated) into your health-care system for mothers and young children?
   
   a. Would the Care for Child Development Package be useful? If so, how could it be incorporated at the field level?
   
   b. How do you plan for early child development interventions to reach families and communities?

3. What kinds of links with existing programmes could you develop, or what new entry points might you use?

4. Outline the first steps you need to consider in making this happen in the table below.

5. What support from UNICEF and WHO would you need for moving this plan forward?

The draft country action plans developed during this session were context-specific and thus as diverse in their details as the 10 participating countries themselves (See Annex for details of Draft Country Action Plans). Yet common to all draft country action plans was a commitment to the following objectives:

- Increase awareness of the importance of ECD among policy-makers, professional associations and training institutions, as well as among communities and families;

- develop or strengthen national policies and strategies on ECD;

- improve intersectoral coordination of ECD services and, specifically, strengthen the health sector’s role in promoting ECD;

- incorporate ECD interventions such as Care for Child Development into existing programmes;

- build capacity among health-care and other professionals to deliver ECD services;

- enhance the capacity of parents, caregivers and community members to support the holistic development of young children;

- generate country-specific data on ECD.
Some of the common activities outlined in the draft action plans included:

- Intersectoral consultations with key stakeholders from health, nutrition, education, and social protection/welfare;
- advocacy campaigns to increase awareness about the scientific, economic and human development rationales for ECD;
- situational analyses to determine the policy bases for ECD as well as the coverage and quality of current ECD programmes/activities operating in the country;
- identification of entry points in current programmes to adapt and incorporate ECD interventions such as the WHO-UNICEF Care for Child Development Package;
- Inclusion of ECD components into the pre-service and in-service curriculum of doctors, nurses, midwives, and other community health workers;
- development and dissemination of ECD education materials to caregivers and families;
- incorporate ECD indicators into national data collection instruments.

Not surprisingly, the timelines for initiating and completing specific activities in the draft action plans varied substantially. Yet all the timelines clearly reflect the recognition that action to promote and strengthen ECD needs to be taken immediately.

The commonly identified support needs within the draft action plans included:

- Financial assistance by WHO and UNICEF;
- technical assistance by WHO and UNICEF in the areas of training, programme implementation, monitoring and evaluation, and advocacy at the national level.
Conclusions and recommendations

It was evident throughout the five-day meeting that every participating country has, to a greater or lesser degree, health sector programmes that contribute to early childhood development (ECD). Yet, it became clear that there is a great deal that needs to be done in every country, whether in ECD policy development, programme development, or monitoring and evaluation, to ensure adequate quality, coverage and funding of ECD activities. The majority of countries, for example, identified a gap in current programming to promote holistic ECD, including quality caregiver-child interactions and psychosocial development. The need to build up country-specific evidence on the effectiveness of current ECD programmes was also highlighted as a critical step for improving strategic planning and investment processes.

The general conviction that the ECD agenda does not compete with, but rather complements, the survival and nutrition agendas was a significant outcome of the meeting’s discussions. Indeed, research presented in the technical sessions demonstrated the synergistic effects between ECD, child survival, health and nutrition activities. The revised WHO-UNICEF Care for Child Development Package, therefore, was presented as a resource for countries to adapt and incorporate into existing programmes rather than as a vertical programme in itself. The synergistic relationship between ECD and child survival is further reflected in the very objectives of the Care for Child Development Package, which are (i) to strengthen home care to improve the child’s chances of survival, and (ii) to stimulate the development of the child’s full potential.

During the concluding days of the meeting participants dedicated a significant portion of time to discussing and deliberating on a regional framework of intersectoral action to promote early childhood development. Participants also worked within their own country teams to develop draft country action
plans. Another key outcome of this meeting was the drafting of a set of common principles for ECD, and conclusions and recommendations for promoting ECD through the health sector in the South Asia Region of UNICEF and South-East Asia Region of WHO. This set of principles, conclusions and recommendations is presented below and represents the collective commitment of participants to take these forward in their countries and their own work.

Conclusions

1. ECD is the right of every child. It should be included in the national agenda related to child issues.

2. Promotion of ECD is clearly a multisectoral activity in which the health sector must play a pivotal role during the first years.

3. The health sector should take responsibility for integrating ECD in national Maternal and Child Health (MCH) and nutrition policies and strategic plans.

4. Interventions for ECD should be nested in existing MCH and nutrition programmes adopting a life-cycle approach.

5. While the global evidence for ECD is fairly robust, there is need for generating evidence regarding effective interventions in the context of countries.

6. Interventions, tools and implementation and monitoring guidelines for ECD should be customized to the socio-cultural context of the countries.

Recommendations for Member States

1. Develop an ECD policy, which should be multisectoral in nature.

2. Examine national health and other social sector policies to ensure that ECD is appropriately reflected in MCH and nutrition policies and strategies, and clearly define the role of the health sector in ECD.

3. Adapt the regional strategic framework for ECD to national conditions and priorities.

4. Establish multisectoral working groups to address issues related to ECD. In case there are existing working groups for MCH and nutrition, their scope of work may be enlarged to include ECD.
(5) Implement health sector initiatives for promoting ECD by adopting the primary health care approach building on existing systems and structures.

(6) Generate evidence about effective interventions for ECD in the countries through a multisectoral approach.

(7) Engage in capacity building of workforce (community, other facilities and institutional levels) for promoting ECD including development partners, training institutions, NGOs and the private sector.

(8) Integrate ECD monitoring indicators into the national health management information system and encourage other sectors and programmes to include the same indicators.

(9) Develop a communication strategy for ECD focusing on creating demand for ECD and strengthening care practices at family and community levels.

(10) Establish sustainable mechanisms for financing the interventions.

**Recommendations for WHO and UNICEF**

(1) Continue to advocate with governments and stakeholders for health sector contributions in ECD and provide technical support to Member States in their efforts for integrating ECD in health and nutrition programmes.

(2) Finalize and support country adaptation of the draft Regional ECD Strategic Framework “Role of the Health Sector in Promoting Early Childhood Development – A Strategic Framework”.

(3) Finalize the “Care for Child Development Training Package” and support countries for national adaptations, implementation and scale up, training of trainers and monitoring and evaluation.

(4) Develop indicators for monitoring progress in collaboration with Member States for ECD that could be rapidly incorporated in existing monitoring and evaluation mechanisms like the Multi-Indicator Cluster Survey (MICS), Demographic Health Survey (DHS), etc.
Key outcomes

- There is a critical need to increase ECD advocacy efforts, as many policy-makers and planners are still not aware of the scientific, economic and human development rationales for ECD. Strong and concerted efforts are needed to develop and promote ECD advocacy. There is also a need to generate public demand for ECD through well-designed information and communication campaigns.

- Countries will follow up and take action on the meeting recommendations and share the meeting report and its conclusions with the policy-/decision-making levels.

- WHO and UNICEF will finalize the Strategic Regional Framework for ECD, assist in its adaptation to national contexts, and assist in the development of a critical mass of resource people in the regions.

Countries supported by UNICEF and WHO will adapt and introduce/integrate the Care for Child Development intervention within ongoing health/nutrition programmes.
Message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia
(Delivered by Dr Firdosi Rustom Mehta, WR Sri Lanka)

Your Excellency, distinguished participants, ladies and gentlemen,

I have the honour to present greetings from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, to the distinguished participants of the WHO-UNICEF Meeting on Promoting Early Childhood Development. As the Regional Director is unable to be here, I have the privilege of reading out his message on this occasion:

Over the last couple of decades, Member States of the WHO South-East Asia Region have achieved significant improvement in child survival. The under-five mortality rate in the Region declined from 114 under-five child deaths per 1000 live births in 1990 to 65 per 1000 live births in 2007. Implementation of targeted interventions such as immunization and control of diarrhoeal diseases and acute respiratory infections and the integrated management of childhood illness approach have contributed to this improvement. It is indeed a matter of satisfaction that eight of the eleven Member States of the WHO South-East Asia Region are currently “on track” for achieving Millennium Development Goal 4 which mandates a two-third reduction in the under-five mortality rate between 1990 and 2015.

In the efforts to rapidly reduce infant and child mortality, the public health community focused on addressing the biomedical causes of childhood illness and death. The time is now opportune to re-visit the child health agenda and build comprehensive programmes that, in addition to ensuring survival, give due cognizance and importance to initiatives that promote physical, social, emotional and cognitive development of children. Such initiatives will need to be built on existing child survival programmes.
The report of the WHO Commission on the Social Determinants of Health provides a compelling rationale for promoting early childhood development. The report concludes that early child development – including the physical, social, emotional, language and cognitive domains – has a determining influence on subsequent life and health of children through skills development, education, and occupational opportunities. Yet, evidence suggests that globally 200 million children do not reach their developmental potential in their first five years because of poverty, poor health, inadequate nutrition and lack of early stimulation. Of these, 88 million children live in South and East Asia. These disadvantaged children are likely to do poorly in school and subsequently have low incomes and high fertility and will provide inadequate care for their children, thus contributing to the perpetuation of poverty. As a result, these countries suffer an estimated 20 per cent loss in adult productivity.

It is important to note that studies from many parts of the world, including East and South Asia, indicate that children who receive appropriate nutrition and care for development in their early years, achieve more success at school. As adults they have higher employment and earnings, better health, lower levels of welfare dependence and crime rates than those who do not have these early opportunities.

The health sector should promote child development and also reduce the loss of potential of children at risk. Prevention and early intervention treatments increase the well-being of children with developmental delays and disabilities. The WHO Commission on Social Determinants concludes that these interventions can close the gap between the rich and the poor and reduce health inequities even in one generation. The loss of the potential of millions of future citizens has to be reversed.

Traditional approaches to child health have taken an illness centred approach. The IMCI strategy and its predecessors, the ARI and CDD programmes, take the sick child contact as an entry point for “child health”. There are several opportunities, like immunization sessions, growth monitoring sessions or postnatal visits, that can be used to foster optimal child development. Collaborations between the health and other sectors, for instance, nutrition supplementation programmes, provide a platform to promote child development.

The health-care system has a critical role to play in ensuring that every child survives and thrives. Community health workers and community outreach programmes provide a unique link with families. In South and South-East Asia, the health-care system reaches more pregnant women, infants, children and their families than any other service. Health workers and community health workers are not only respected sources of knowledge and skill but also serve as
resources for curative care as well. Health workers can guide families to provide developmental as well as nutritional care for their children.

Evidence-based interventions that foster optimal child development are now available. The WHO-UNICEF “Care for Child Development Package” is an evidence-based tool that can build capacity for community-based and facility-based action for early childhood development.

In order to fulfill the potential of children in the earliest years, certain health sector actions are needed at various levels. Health policies must support the inclusion of a child’s development into ongoing health care systems, training, capacity building and financing. Health services and community health services must incorporate information and support for child development into their basic services. Families must be facilitated to give their children opportunities to learn and realize the importance of care and stimulation as well as health and nutrition for the development of the child. The outcome of this Meeting will help develop recommendations on interventions for early childhood development to be incorporated in the public health agenda.

The continued partnership between UNICEF and WHO, the co-hosts of the Meeting, will significantly assist Member States in institutionalizing their programmes for improving early childhood development.

I will apprise the Regional Director about the outcome and recommendations of this Meeting. Meanwhile, on my behalf, and on behalf of the WHO Regional Office for South-East Asia, I would like to assure you that every effort will be made to assist all Member States in realizing early childhood development. I also take this opportunity to thank our hosts for their hospitality and the excellent arrangements made for the Meeting. I wish you all successful deliberations and a satisfying outcome, and a comfortable stay in Colombo. Thank you.
### Programme

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<td>08.30 - 09.00</td>
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<td>09.00 - 10.00</td>
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<td>• Welcome Address</td>
<td>Dr Ajith Mendis</td>
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<td>• Message from Regional Director, WHO/SEARO</td>
<td>Dr Firdosi Rustom Mehta</td>
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<td>• Message from Regional Director, UNICEF/ROSA</td>
<td>Dr Genevieve Begkoyian</td>
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<td>Regional Adviser, Young Child Survival and Development UNICEF/ROSA</td>
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<td>• Statement from International Paediatrics Association</td>
<td>Prof. Mohamad Mikati</td>
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<td>International Paediatric Association</td>
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<td>• Inaugural Address by Guest of Honour</td>
<td>Dr Nihal Jayathilaka</td>
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<td>Actg. Secretary, Ministry of Healthcare and Nutrition, Sri Lanka</td>
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<td>• Vote of Thanks</td>
<td>Dr D.C. Perera, Director MCH, Ministry of Healthcare and Nutrition, Sri Lanka</td>
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<td>10.30 - 11.00</td>
<td>• Objectives and Expected Outcomes</td>
<td>Nurper Ulkuer</td>
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<td>• Introduction of Participants</td>
<td>S. Malhotra</td>
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11.00 - 13:00  **Business Session – I: ECD - a powerful equalizer for health equity**

- Recommendations of Commission on Social Determinants of Health and ECD
- Rationale for promoting Early Childhood Development
- Evidence-base for ECD
- Opportunities for promoting ECD
  - In Social Sector
  - In Health sector
- Discussion

S. Fernandopulle – Chairperson
Davison Munodawafa
Meena Cabral
Vikram Patel
Narada Warnasuriya
Nurper Ulkuer

14.00 - 15.30  **Business Session – II: Presentations of country activities for ECD for children**

- Bangladesh
- Bhutan
- India
- Indonesia
- Maldives

Neena Raina – Chairperson

**DAY 1: Monday, 13 July 2009 (contd…)**

16.00 - 17.30  **Business Session – II (continued)**

- Myanmar
- Nepal
- Sri Lanka
- Thailand
- Timor-Leste

Basil Rodriques – Chairperson

**DAY 2: Tuesday, 14 July 2009**

08.30 - 09.00  **Reflection from Day 1**

Adam King

09.00 - 10.30  **Business Session – III: An introduction to WHO-UNICEF package on Care for Child Development (CCD)**

Jane Lucas/Patrice Engle
Adam King and facilitators

11.00 - 13.00  **Business Session – III (contd…)**

14.00 - 15.30  **Business Session – III (contd…)**

15.30 - 17.00  **Business Session – III (contd…)**
DAY 3: Wednesday, 15 July 2009

0900-09.30  • Keynote Address by Chief Guest  Hon’ble Mr Nimal Siripala de Silva, Minister of Healthcare and Nutrition, Sri Lanka

09.30 - 10.30  Business Session – IV: Helping families with Care for Child Development  Dini Latief  – Chairperson
  • Generic draft parenting materials for Care for Child Development  Patrice Engle
  • Marketplace – Display of parenting materials used in countries

11.00 - 12.30  Business Session – V: Promoting ECD through the Health Sector:  Prof Nazmun Nahar  – Chairperson
  • Young Child Survival and Development: UNICEF’s focus in South-Asia and Pacific  Genevieve Begkoyian/Basil Rodrigues
  • Presentation of the draft document: Strategic Framework for promoting ECD – role of health sector  S. Malhotra
  • Discussion

13.30 - 15.30  Business Session – V (contd…)
  • Guidance on Group Work  Anoma Jayathilaka
  • Group Work on Strategic Framework (4 parallel groups)

16.00 - 17.00  Business Session – V (contd…)
  • Group Work on Strategic Framework (4 parallel groups)

DAY 4: Thursday, 16 July 2009

08.30 - 09.30  Feedback from Groups – Strategic Framework  Shyam Raj Upreti  – Chairperson

09.30 - 10.00  Discussion on Group Feedback

10.00 - 10.30  Business Session – VI: Using Care for Child Development in Countries  D.C. Perera  – Chairperson
  Guidance on How to develop country plans  S.M. Moezzam

11.00 - 12.30  Countries work in groups to develop country plans
13.30 - 15.00 Presentations on country plans  
• Bangladesh  
• Bhutan  
• India  
• Indonesia  
• Maldives  

M.Y Perera  
– Chairperson

15.30 - 17.00 Presentations on country plans  
• Myanmar  
• Nepal  
• Sri Lanka  
• Thailand  
• Timor-Leste

Erna Mulati  
– Chairperson

DAY 5: Friday, 17 July 2009

09.00 - 10.30 Business Session – VII Identification of country needs for strengthening ECD to be supported by WHO-UNICEF  
Meena Cabral/Nurper Ulkuer/Neena Raina/Basil Rodrigues/Genevieve Begkoyian

11.00 - 12.30 Consensus on Statement for Promoting ECD through Health Services  
Meena Cabral

12.30 - 13.00 Concluding Session  
Ms Kannika Ratanamanee  
– Chairperson

Valedictory Address  
Dr Athula Kahandaliyanage  
Secretary, Ministry of Healthcare and Nutrition, Sri Lanka
Annex 3

List of participants

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Prof Dr Fatima Parveen Chowdhury  
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Ms Marina Jayasinghe
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WCO Sri Lanka, Colombo

Mr N. Mitroo
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Primary and Community Health Care Unit
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WHO/HQ

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Geneva, Switzerland
Annex 4

Draft Country Action Plans for Promoting Early Childhood Development

BANGLADESH

Outlined Objectives and Activities

1. Situation Analysis - Under the responsibility of the Director-General of Health Services, scheduled to begin August/September 2009.
   - Activities include briefing meeting, document review, in-depth interviews at national and implementation level, consultation meetings with implementing bodies and field visits.

2. Incorporation of ECD in major policy documents - Under the responsibility of the Director General of Health Services, scheduled to begin November/December 2009.
   - Activities include advocacy and dissemination workshop.

3. Adaptation of strategic document - Under the responsibility of the Director-General of Health Services, scheduled to begin January 2010.
   - Activities include orientation and national planning workshop, as well as review of the regional strategic framework.

4. Review of draft policy - Under the responsibility of MOH&FW, MOWCA, scheduled to begin August/September 2009.
   - Activities include National Health Policy, National Nutrition Policy as well as consultation with other sectors like MOWCA and MOE.
(5) Inclusion of ECD in existing interventions - Under the responsibility of DGHS, scheduled to begin August/September 2009.

- Activities include review of the existing modules, in-service and pre-service curriculum, facility and community-based IMCI (F-IMCI, Community IMCI counseling module), existing MNCS interventions (ANC, PNC and ENC counseling package), Community Clinic, NNP, SAM management module and EPI.

(6) Reaching the community and family - Under the responsibility of DGHS, scheduled to begin June 2010.

- Activities include the development of communication strategies.

**Support Needed**

- Technical and financial

**BHUTAN**

**Outlined Objectives and Activities**

(1) Recognize the importance of ECD and stimulation; “All children 0-3 years will be supported to enhance their intellectual, emotional and physical development”.

(2) Provide the best start in life through early childhood development by ensuring access to quality health services along with opportunities for development, psycho-social and cognitive stimulation.

(3) Enhance the capacity of parents, caregivers and communities to support children’s development in a holistic manner.

(4) Incorporate in Health Care System

(a) ECD Package

- Activities include IMNCI Program Revitalized from 2009 onwards which can be included in IMNCI Program “IMNCI and ECD Program”, as well as adding two modules of ECD into IMNCI.

(b) ECD Plan for Intervention

- Activities include briefing the Health Sector, adoption to Health Sector for ECD Program and implement tentatively
set for 2010, integration of the ECD components in health sectors, pre-service training and others, training of trainers for resource person, and the training of health workers, caregivers and VHWs, families and others.

(5) Strengthen, collaboration and coordination among various stakeholders of ECD.

(6) Increase awareness of ECD through sensitization of communities and stakeholders.

(7) Build capacity of key stakeholders such as parents, HW, health professionals and programme personnel.

(8) Develop guidelines, models, strategy plan and policy for ECD.

(9) Strengthen capacity to undertake research to develop quality programming.

Support Needed

- Technical guidance and financial support to carry out the ECD Program
- Capacity building for Health and programme personnel
- Assist in developing modules, policy and strategy frameworks
- Promote collaboration with other agencies
- Financial support.

INDIA

Outlined Objectives

(1) Advocate for “Care for Child Development” package
(2) Assess the current situation for ECD in the country
(3) Adapt “Care for Child Development” package
(4) Create local evidence
(5) Incorporate ECD in NRHM Behavior Change Communication Strategy
(6) Strengthen ECD in the medical and nursing curriculum
(7) Incorporate ECD at field level opportunities in existing programme

(a) Through ‘Ministry of Women and Child Development’- Child Care Centre (Anganwadi Center) in each village for every 1000 population
   - Nutrition and Health Education to women
   - Home visits for 0-3 years age group (expected from AWW)
   - Growth monitoring
   - Pre-school education for 3-6 years age group
   - Periodic health examinations for children.

(b) Through ‘Ministry of Health and Family Welfare’
   - Health Worker
   - ASHA
   - Village Health and Sanitation Committee
   - Village Health and Nutrition Day

(c) Through ‘Ministry of Social Justice’
   - Rajiv Gandhi National Creche scheme for working mothers in unorganized sector.

(d) Through ‘Ministry of Human Resource Development’
   - Pre-primary education
   - Lifeskills education
   - Strengthen Diploma/Degree Courses in ECD.

(e) Through the ‘Private Sector’
   - Strong private sector
   - Need to improve quality
   - Involvement in 0-3 years age group
   - To be explored
(f) Through ‘Non-profit Sector’

- Involvement in 0-3 years age group
- Capacity building

(8) Strong links between MOHFW and MWCD to be further strengthened

(9) Links with the education sector, social justice sector, profit and non-profit organizations to be established.

**Action Plan Table**

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<tr>
<td>To advocate ‘Care for Child Development’ package</td>
<td>Organization of inter-ministerial group and technical group&lt;br&gt;Advocacy with civil societies, academia, professional bodies</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>To assess the current situation of ECD in the country</td>
<td>Collate existing experiences (within and beyond the health sector)&lt;br&gt;Mapping of available services, manpower involved (within and beyond the health sector)&lt;br&gt;Mapping of existing family and community practices&lt;br&gt;Review of ECD in existing curriculum for different cadres</td>
<td>Ministry of Health and Family Welfare (through academic institutions)</td>
</tr>
<tr>
<td>To adapt ‘Care for Child Development’ package</td>
<td>Adaptation of the package</td>
<td>Technical expert group</td>
</tr>
<tr>
<td>To create local evidence</td>
<td>Piloting of adapted ‘Care for Child Development’ package&lt;br&gt;Operational feasibility&lt;br&gt;Effectiveness</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
</tbody>
</table>
Support Needed

Technical and financial assistance required for the development/improvement of the following

- Communication Strategy
- Monitoring indicators
- Operational Research
- Capacity Building

INDONESIA

Outlined Objectives and Activities

(1) Report to Director of Child Health and Director of Early Childhood Education, scheduled to begin July 2009.

- Activities include relate information and recommendations of “WHO-UNICEF Meeting on “Promoting Early Childhood Development, Colombo, Sri Lanka 13-17 July 2009” including the next plan.

(2) Core team meeting (MOH, MOE and National Family Planning Board), scheduled to be held in July 2009.

- Activities include
  - Discussion on the existing child survival coverage (National Health Baseline Research and routine report)
Discussion on the existing programme of Posyandu, Taman Posyandu, the Early Stimulation Detection and Intervention Growth Development, Mother and Child Class, Post Early Childhood Education and Program for Family with Children under 5 years old and other activities related to ECD

Identification of the materials guidelines, training modules, instrument tools for monitoring and evaluation, screening kits for ECD, stimulation kits for education/parenting programmes; the problems or gaps (summary of programmes, another survey); contribution of related programmes and support from related sectors and others; consensus on short list of indicators

Creation of an integrated plan

Meet stakeholders related with ECD (National Planning and Development Bureau, MOH, Ministry of Education, National Family Planning Board, the Ministry of Public Welfare Coordination, professionals, academic, NGOs, experts, agencies/WHO, UNICEF, UNESCO, World Bank, Plan Indonesia, Save the Children, World Vision, etc), scheduled to begin in August 2009.

Activities include

- Implementation of “National Grand Strategies for Comprehensive Childhood Development” and guidelines for management of the implementation of comprehensive childhood development strategies
- Review of materials and guidelines including training modules based on WHO-UNICEF recommendations
- Revision of Mother Child Card and other ECD materials based on MCH handbook revised in 2008 and new recommendations

Socialization and advocacy efforts with local government, private sector, women organizations, scheduled to begin July 2009.

Meet with specialists, professionals and related ECD programme staff.

Activities include Development of the VCD ECD (include in ICATT) as well as development of guidelines “The Standard of Early Child Health Development Services in Hospitals”, field testing and finalization of VCD and the standard for ECD in hospitals.
(6) Review and revise job description of PHC, midwife and other care givers related with ECD, scheduled to begin in August 2009.

(7) Disseminate the guidelines of VCD ECD and standards of ECD services in hospital settings, schedule to begin in December 2009.

(8) Print and distribute the guidelines, VCD ECD and standards of ECD services to primary health centres, hospitals through district and municipalities health offices, scheduled to begin in 2010.

(9) Propagate ECD as a part of the curriculum for students in the following fields medicine, midwifery, nursing, public health and teaching, scheduled to begin in October 2009.

(10) Integrate ECD in related programmes (CIMCI) and training materials of ECD among sectors, scheduled to begin in August 2009.

(11) Integrate monitoring and evaluation, scheduled to begin in August 2009.

(12) Develop print materials describing best ECD practices for families and caregivers, scheduled to begin in 2010.

(13) Conduct study to assess current implementation of ECD programmes in the country, scheduled to begin in 2010.

MALDIVES

Outlined Objectives

1. Convince policy makers on the importance of ECD
2. Have specific ECD policies in place
3. Identify a focal point to initiate ECD programmes
4. Enrich existing programmes
5. Build capacity.

Outlined Activities and Timeline

- Convince policy makers of the importance of ECD and ECD programming by October 2009
- Form a multisectoral working group by October 2009
- Revise existing materials according to the current situation in place by the end of 2010
• Put a draft policy in place by the end of 2010
• Build capacity at all levels
• Sensitize and incorporate ECD materials and programming
• Monitor and evaluate ECD activities on an ongoing basis

**Responsible Parties**

Country team, multi-sectoral working group (health, education, child protection, social security sectors, as well as non-government organizations, MNDF, religious groups, media, island/women committees/communities).

**Support Needed**

• Financial and technical support is needed at all levels including in
  – Capacity building
  – Development
  – Implementation
  – Monitoring and evaluation
• Support requested from the government, UN Agencies, INGOs and NGOs, as well as regional support.

**MYANMAR**

**Outlined Goal**

Attainment of optimal development of under-five children including those with special needs and living in disadvantaged circumstance by providing necessary information, guidance and support to all families and caregivers of the children of Myanmar with a multi-sectoral approach.

**Outlined Objectives**

(1) Attain optimal development of children under five years of age by providing necessary information, guidance and support to all families and caregivers of the children of Myanmar

(2) Provide additional support for children with special needs and those living in disadvantaged circumstances for their survival, growth and development from 0-5 years
(3) Incorporate ECD into existing programmes with more emphasis on the developmental aspect of children under 5 years

(4) Build the capacity of all healthcare providers and community health workers including providers from other sectors.

**Action Plan Table**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Support Needed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness raising at all levels including Interrelated stakeholders.</td>
<td>MOH, MOE, MOSW, MOI, MOBAD, UN, NGOs</td>
<td>2010</td>
<td>Both technical and financial support from WHO and UNICEF</td>
<td>Need to negotiate with UNICEF-Myanmar office to implement ECD through the health sector rather than the education sector alone</td>
</tr>
<tr>
<td>Situation analysis</td>
<td>MOH</td>
<td>2010</td>
<td></td>
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<tr>
<td>Translation and adaptation of ECD</td>
<td></td>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing and distribution of ECD package</td>
<td></td>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity building of health care providers and caregivers</td>
<td></td>
<td>2010-2011</td>
<td></td>
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<tr>
<td>Phasing out implementation of ECD</td>
<td></td>
<td>2012</td>
<td></td>
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<tr>
<td>Monitoring and evaluation</td>
<td></td>
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</tbody>
</table>

**NEPAL**

**Outlined Objectives and Activities**

(1) All families and caregivers will receive information and guidance to help their children achieve their potential

(2) Special focus will be given to children with special needs and those who are disadvantaged
(3) ECD will be integrated into the existing Maternal and Child health care system

- Activities include
  - Integration of ECD package into the existing continuum of care (safe motherhood, newborn, IMCI, IYCF, etc)
  - Service to be provided utilizing all existing delivery levels including referral hospitals, peripheral health facilities and community level organizations and programmes
  - Integration with other relevant sectors on different levels
  - Support from the Health Sector for the implementation of ECD package in existing ECD centres in collaboration with MOES, INGOs, NGOs and private sector.

(4) Functioning coordination and collaboration of the health system with other relevant sectors

**Action Plan Table**

<table>
<thead>
<tr>
<th>Activities</th>
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</tr>
</thead>
<tbody>
<tr>
<td>High level advocacy</td>
<td>Planning division, MOHP/CHD of DoHS and MOE</td>
<td>Oct. 2009</td>
<td>WHO/UNICEF</td>
</tr>
<tr>
<td>Situation analysis and Policy review and inclusion of ECD in National Health Sector Plan</td>
<td>Planning division MoHP andMoES</td>
<td>Jan. 2010</td>
<td></td>
</tr>
<tr>
<td>Develop TOR of relevant stakeholders and networking them</td>
<td>Planning division, MOHP</td>
<td>March, 2010</td>
<td></td>
</tr>
<tr>
<td>Review of existing maternal and child health package and integration of ECD at different curriculum (pre-service and in-service) as per the level of care</td>
<td>CHD/FHD of DoHS</td>
<td>March, 2010</td>
<td></td>
</tr>
<tr>
<td>Development and printing of ECD package including IEC materials</td>
<td>CHD of DoHS</td>
<td>June, 2010</td>
<td></td>
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<tr>
<td>Activities</td>
<td>Responsibility</td>
<td>Timeline</td>
<td>Support Needed</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Training of health professionals in ECD (MTOT)</td>
<td>CHD/FHD of DoHS</td>
<td>July, 2010</td>
<td>WHO/UNICEF</td>
</tr>
<tr>
<td>Training of health workers and community volunteers in integrated package</td>
<td>CHD/DHO</td>
<td>Aug., 2010</td>
<td></td>
</tr>
<tr>
<td>Reactivation of ECD committees and local stakeholders to ensure full community participation thru’ orientation</td>
<td>CHD/DHO</td>
<td>Aug., 2010</td>
<td></td>
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<tr>
<td>Supervision and monitoring plan</td>
<td>CHD/DHO</td>
<td>July, 2010</td>
<td></td>
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</tbody>
</table>

**SRI LANKA**

**Outlined Objectives and Activities**

1. Address gaps in law and policy in relation to maternity benefits and day care centres/child development centres
   - Activities include revisit child health strategies to incorporate ECD into all relevant strategic plans, for example, nutrition, child action plan, maternal care, newborn care, etc.

2. Address gaps with regard to marginalized groups and children with special needs

3. Address existing gaps in communication
   - Activities include studying the role of the media, addressing the negative impact of the media and the lack of social marketing in the promotion of ECD

4. Address existing gaps in monitoring and evaluation
   - Activities include Identification of the indicators and incorporating them into existing HMIS and national child health review

5. Improve integration with other sectors
   - Activities include strengthening and expanding within the ministry as well as within other partners
(6) Improve the continuum of care within the health Care system using life-cycle approach with attention to family and community; preventive and promotive care; referrals and curative care.

(7) Improve capacity building of relevant groups through both pre-service and in-service training.

**Responsible Parties**

- National Steering Committee on ECD chaired by Secretary, Ministry of Child Development and Women’s Empowerment.
- Members MoH, MoE, Social Service Ministry, provincial councils, PHDT, professionals/academics, UN Agencies, INGOs and leading NGOs.

**Support Needed**

- Revision of relevant national policies (ECD, MCH, maternity benefits...)
- Capacity building
- Revision of MCH package
- Evaluation of communication strategy and revisit
- Development of monitoring tools
- Operational research and documentation
- Adaptation of training materials.

**THAILAND**

**Outlined Objectives**

(1) All families and caregivers receive information and guidance to help their children achieve their potential.

(2) All children, normal and vulnerable, receive care for their survival, growth and development according to the Convention on the Rights of the Child.

(3) Policies at all levels should include support for child development.
**Outlined Activities and Timeline**

(1) Preconception- revise and produce manual for new couples regarding adjustment to married life, preparation for parenting, as well as initiate counseling unit at family development centres and lead campaign on ECD. Under the responsibility of the Ministry of Social Development, MOPH, Department of Local Administrative Organizations and NGOs. Scheduled to begin in October 2009.

(2) Prenatal and Postpartum- work on MCH handbook, parent classes, IEC material development, manual for health personnel and outreach through home visits. Under the responsibility of MOPH, the Ministry of Development, Department of Local Administrative Organizations, universities and professional associations. Scheduled to begin in October 2009.

(3) Children 0-3 years- conduct ECD classes at health centres or through outreach, train nursery personnel in ECD and expand caravan on child development project with more focus placed on ECD. Under the responsibility of MOPH, Ministry of Social Development, Department of Local Administrative Organizations, NGOs and professional associations. Scheduled to begin in October 2009.

(4) Children 3-5 years- conduct ECD classes at health centers or through outreach, train day care personnel and pre-primary school teachers in ECD, expand caravan on child development projects and incorporate ECD in child protection programmes. Under the responsibility of the Ministry of Social development, Department of Local Administrative Organizations, MOPH, Ministry of Education, universities, NGOs and professional associations. Scheduled to begin in January 2010.

(5) Other activities to be undertaken under the responsibility of MOPH, Ministry of Social Development, Department of Local Administrative Organizations, universities, professional associations, Ministry of Agriculture and Ministry of Labor (scheduled to begin in January 2010) include:
   - Situational analysis on ECD
   - Advocacy
   - Improvement of social determinants of health, for example, income generating projects
   - Strengthening ECD in medical, nursing and social welfare curricula
   - Monitoring and evaluation
   - Research.
Support Needed

- Training for trainers on ECD
- National seminars for advocacy
- Monitoring and evaluation tools and indicators
- ECD manuals and materials
- Research to generate an evidence base.

TIMOR-LESTE

Outlined Objectives

1. Incorporate ECD at each level of the health system including Child Health Policies, Community Health Programmes (SISCA/PSF, MSG) and health care facilities.

2. Provide information and guidance to all families and caregivers to help their children achieve their full potential.

Action Plan Table

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Support Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness and Commitment from different sectors on ECD</td>
<td>Advocacy meeting in different sectors (MoH, MOE,MSS) on ECD Programme</td>
<td>MOH, MOE, MSS, UNICEF, WHO</td>
<td>Late 2009/2010</td>
<td>Technical support</td>
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<tr>
<td></td>
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<td>Financial and Documents Support (Evidence Based)</td>
</tr>
<tr>
<td>To start implementation of ECD in the near future through incorporation into existing MNCH programme</td>
<td>• Review and analyze existing MNCH programme/Strategy (IMCI, Newborn, Nutrition, EPI, SISCa)</td>
<td>MOH, UNICEF, WHO</td>
<td>2009/2010 - 2011</td>
<td>Funding</td>
</tr>
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<td></td>
<td>• Set up Action Plan for Implementation (Training, Monitoring and Evaluation)</td>
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<td>Technical support</td>
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<td>Human resources</td>
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</table>
Meeting participants of the WHO-UNICEF Meeting to Promote Early Childhood Development, Colombo, Sri Lanka, 2009
Evidence presented in landmark documents such as the Lancet Series on early childhood development (ECD) and the report of the WHO Commission on Social Determinants of Health entitled ‘Early Childhood Development: A Powerful Equalizer’ provide compelling rationale for promoting early childhood development. There is also strong and growing evidence that ECD programmes and interventions can provide a “fair start” to all children and help to modify distressing socioeconomic and gender-related inequities. But from conception to five years of age, which is the most critical period for development of human brain, there are relatively few investments by governments in the development of young children, and ECD is currently not systematically incorporated into initiatives. The health sector has the capacity to play a unique role in the field of ECD during this most important window of opportunity.

In order to redress the situation, in July 2009, WHO and UNICEF organized a meeting in Sri Lanka. About 60 participants from 10 countries of the South-East Asia Region of WHO and South Asia region of UNICEF discussed their current country situations, shared strategies and developed action plans for promoting early childhood development through health sector initiatives. The meeting was facilitated by international experts and experts from WHO and UNICEF. The meeting explored what health systems, in collaboration with other relevant social sectors, can do to foster optimal development and protect children from the risk of developmental problems. Among the outcomes of the meeting was the articulation of future directions and actions that countries of the Region can take to promote and strengthen early childhood development activities in their existing programmes. The WHO-UNICEF “Care for Child Development Package” and parenting materials were also introduced, along with a draft regional framework of intersectoral action to promote early childhood development. Work was also initiated on developing country-specific action plans.