



Happy and Healthy
Children:

THE IMPACT OF RCC ON ECD IN PAKISTAN



Acronyms

AKES	Aga Khan Education Service (Pakistan)	IMCI	Integrated Management of Childhood Illness
AKF	Aga Khan Foundation (Pakistan)	LFA	Logical Framework Analysis
AKHS	Aga Khan Health Service (Pakistan)	LHV/W	Lady Health Visitors/Workers
AKPBS	Aga Khan Planning & Building Services (Pakistan)	MNCH	Maternal, Newborn and Child Health
AKU	Aga Khan University	MDG	Millennium Development Goals
AKU-IED	Aga Khan University-Institute for Educational Development	MIED	Mountain Institute for Educational Development
AKU-HDP	Aga Khan University-Human Development Programme	NEP	National Education Policy (2009)
CRC	Convention on the Rights of the Child	NGO	Non Governmental Organisation
DCO	District Coordination Officer	PKR	Pakistan Rupee
DDO	Deputy District Officer	PRSP	Poverty Reduction Strategy Paper
ECD	Early Childhood Development	PTC	Parent Teacher Committees.
ECE	Early Childhood Education	RCC	Releasing Confidence and Creativity
ECED	Early Childhood Education and Development	SEF	Sindh Education Foundation
EDO	Executive District Officer	SMC	School Management Committee
EFA	Education for All	SUNGI	SUNGI Development Foundation, Abbottabad
ELDS	Early Learning and Development Standards	TBA	Trained Birth Attendant
EPI	Expanded Programme on Immunization	TRC	Teacher's Resource Center
ESR	Education Sector Reform (2004)	UNESCO	United Nations Educational, Scientific and Cultural Organization
GDP	Gross Domestic Product	UNICEF	United Nations Children's Fund
GNI	Gross National Income	USAID	United States Agency for International Development
HANDS	Health And Nutrition Development Society	USD / \$	United States Dollar
ICT	Information and Communication Technology	UPE	Universal Primary Education
		WHO	World Health Organization



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Introduction

From Balochistan to Gilgit Baltistan, Sindh to Khyber Pakhtunkhwa, Pakistani parents possess a common nurturing desire – for their children to be happy, healthy, and have lives filled with possibilities. Instinctively they know that happy children become good people, make informed decisions, and are better parents; healthy children are strong, smart, and can take care of themselves and their families.

And science proves them right. Early childhood development research shows that during the first eight years of life:

- children experience their most rapid period of growth and change
- all basic brain and physiological structures upon which later growth, development, and learning depend are formed
- children experience increasing mobility, develop communication skills and intellectual capacities
- The combined results of these effects are patterns and capacities that impact a lifetime of interests, abilities, and competencies.²

There is undeniable evidence that “the period up to 8 years of age is of supreme importance for emotional, intellectual and social development”³, where concentrated efforts on child health, care and education will

- 1 Alexander, Gordon “Should new research on under-fives reshape our approach to development?”
- 2 ECCD Group, 2006
- 3 Hyde, 2008, p11

have the strongest impact on a human being’s development. Children who receive adequate and quality care and education:

- are more likely to complete successive cycles of education – from primary to university
- have greater literacy, numeracy, and communication abilities
- require less medical services in life and have generally stronger health outcomes
- are less likely to become involved in risky behavior (social habits, crime...)
- have stronger relationships with their families and societies
- are likely to earn more income in their lifetime.

A happy, healthy child is no mere desire – the global community has made it a fundamental right. The Convention on the Rights of the Child (CRC), endorsed by Pakistan, states that a child has a right to develop to “the maximum extent possible”⁴ and that “States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development”⁵ with a special emphasis on children under the age of eight.

4 CRC, 2005, Article 6

5 CRC, 2006, Article 27

Phase 1: Releasing Confidence and Creativity: Building Strong Foundations for Early Learning in Pakistan, Pilot Phase

Years: 2002-2004
Budget: \$1.5 Million
Funder: United States Agency for International Development, Aga Khan Foundation

Main Components

- Human Capacity Development
- Cluster Based Approach
- Demonstrative Effect
- Targets: Parents, Teachers and Government Officials
- Development of ECE teaching materials, and Training of Teachers
- Reach: **183** Schools

Phase 2: Releasing Confidence and Creativity: Building Strong Foundations for Early Learning in Pakistan, Implementation Phase

Years: 2004-2006
Budget: \$3.4 Million
Funder: United States Agency for International Development, Aga Khan Foundation

Main Components

- Improving Technical Competencies for Early Childhood Development
- School Deployment of ECE, Distribution of ECE Materials, Training of Teachers, Physical School Improvement
- Targets: Schools, Children Aged 3-5, Parents, Teachers and Government Officials
- Reach: **332** Schools

“We’ve got to get children, all children, on to the right trajectory, so that they can take advantage of all the opportunities that they will have as they downstream, and they go into life and they become adults.”¹

James Heckman, Nobel Laureate in Economics

Releasing Confidence and Creativity (RCC) is an initiative of the Aga Khan Foundation Pakistan (AKF), assisting children to realize their full potential, and empower and educate parents, communities, civil society and government to the rights they have promised their children – in other words: *to get all Pakistani children on the right trajectory.*

RCC was established in 2002, closely following Pakistan’s ratification of the Millennium Declaration (Millennium Development Goals) and the Dakar Framework for Action (World Declaration on Education for All). Within the context of these global obligations, the government is committed to restore pre-primary education in Pakistan. RCC began as a pilot project funded by USAID with the aim of improving learning and teaching for young children (pre-primary and early primary), focusing on demonstrating the effectiveness of early childhood approaches to teachers, communities and governments. Phase II, also supported by USAID, increased school coverage, improved the capacity of teachers to use child-centered pedagogy, distributed reading material, and introduced integrated approaches to early childhood education. The intent of RCC’s

first two phases was to help parents and communities explore, elaborate and witness the impact, techniques and tools required to move forward an early childhood agenda for all.

RCC’s most recent phase (2006 to 2011) – generously supported by the Embassy of the Kingdom of the Netherlands – marked the first time a large-scale, holistic programme dedicated solely to child development was undertaken in Pakistan. RCC activities include school-based improvements, increasing education quality, child health and nutrition, training a variety of caregivers, and addressing family wellbeing in one package – which is referred to as a whole of child approach. Alongside child-focused activities, RCC includes the creation of networks, outreach and advocacy, policy advice, training and developing sustainable institutions.

The purpose of this report is three-fold: 1) to share how RCC has improved the wellbeing of children; 2) to demonstrate how RCC has introduced and promoted ECD in Pakistan; 3) to explore how RCC’s findings can be leveraged to create more happy and healthy children nationwide.

Phase 3: Releasing Confidence and Creativity: An Early Childhood Development Programme

Years: 2006-2011
Budget: \$9.7 Million
Funder: Embassy of the Kingdom of the Netherlands, Aga Khan Foundation

Main Components

- Holistic ECD Approaches and Techniques
- Increase Access to Quality Center-based ECE Services for Ages 3-8
- Increase Access to supplementary ECD Services for Ages 0-3
- Build Capacity of Vector Multipliers: Parents, Teachers, Nurses and Government
- Distribution of ECE Materials, Training of Teachers and Nurses, School Improvement, Child Development Monitoring and Community-Based Activity
- Reach: **442** Schools



Part One.

RCC: An Early Childhood Development Programme

Early Childhood Development

Early Childhood Development (ECD) is understood as the physical, cognitive, language, social and emotional development of “young children: at birth and throughout infancy; during the preschool years; as well as during the transition to school” – which is generally accepted up to the age of eight.⁶ While ECD is technically a process, it has also been adopted as a programming concept, through which it is comprised of a variety of definitions, nuances, historical contexts, and implementation paradigms. While seemingly pedantic, understanding and adopting common nomenclature for ECD is of critical importance in assessing the performance of programmes, scope of activities, and impact on the development of a child.

Term	Elements ⁷
Early Childhood Education Pre-Primary Education Preschool Education	Formal education provided to children between the ages of 3 and 5 in a center-based environment, before entering primary school. Covers daycare, nursery schools, and katchi classes (the local term for pre-primary classes). Does not usually address child health or non-educational development.
Early Childhood Care and Education	Definition adopted by UNESCO, referring to services in support of ECD processes, in both formal and non-formal settings from birth to the age of 8 (which includes two years of primary education). ECCE is a holistic approach across the spectrum of child development and addresses programmes targeting all ECD vectors.
Early Childhood Care and Development	Similar in definition and approach to ECCE, with specific terminology to reference “development”.

RCC uses a holistic definition of ECD that is identical to ECCE, interchangeably using the term ECD as a process as well as a programming nomenclature. ECD is defined as the services rendered to children under the age of eight in support of their health, nutrition, hygiene; cognitive, social, emotional and physical development; as well as programmes to support families, maternal and child health; psychosocial support; household livelihoods and food security; and parental financial benefits.⁸

Types of ECD Interventions

ECD is a multi-sector concept, covering all aspects of a child’s environment that influence her development, therefore spanning a range of activities. The most common interventions found in ECD programmes – including RCC - are⁹:

- Center-based nursery education, usually for children aged 3 to 6, delivered by trained teachers in school premises, with a structured curriculum and programme.
- Community-based preschool or playgroups often in community facilities. Staff tends to be local women serving voluntarily, and providing relatively low-key play activities.
- Home-based childcare delivered mostly by untrained or minimally trained women working from their own homes.



6 Convention on the Rights of the Child, 2006

7 adapted from Rao and Sun, 2010, p4

8 UNESCO ECCE Regional Report August 2010, p 4

9 adapted from Penn, 2004, p2

- Feeding programmes usually administered by paramedics delivered in one of the above.
- Home visiting, parent education and support, delivered by para professionals.
- Health programmes including monitoring, vaccinations and treatment against illness and disease, also provided by paramedics. Delivered as a stand-alone services or part of other ECD services.

Intra-ECD Differentiation by Age

ECD is understood as processes occurring between birth and age eight; within these ages there are different development priorities by age – adding further complexity to understanding programming and impacts. It is conceptually useful to disaggregate ECD into four general stages of development, appreciating that child development is a continuous process, with no predefined or rigid benchmarks.

Age Group	ECD Elements ¹⁰
Perinatal and Neonatal	<ul style="list-style-type: none"> • Main concerns are mother’s health, child survival, nutrition, and neonatal care
0-3	<ul style="list-style-type: none"> • Sensitive period for child survival and immediate growth • Addresses postnatal care, mother’s wellbeing, breast feeding and nutrition, parenting skill, language exposure, and health • Elements of child stimulation, growth monitoring, development surveillance, and home to school transition
3-5	<ul style="list-style-type: none"> • Time of rapid brain development for cognitive, socio-emotional, and physical growth. • Focus on play, exploration, responsive caregiving, enriched curricula, stimulus, socialization, and preparedness for school.
5-8	<ul style="list-style-type: none"> • Early primary education years, and continued cognitive, socio-emotional, and physical development. • Transition programs, importance of school environments, and enriched pedagogy.

ECD is concerned with child wellbeing across a series of complementary development domains. Literature categorizes desired outcomes within five general domains.¹¹

Physical Health and Motor Development	Refers to physical competence and good physical condition; active participation of the child in their surroundings; ability to apply healthy and safe practices Observed through: gross and fine motor skills, behaviors, and sensomotoric development Includes clinical health indicators
Socio-Emotional Development	Refers to self awareness and control; self image; understanding emotions; positivity; respect and responsibility Observed through: social ability and emotional development Includes psychological wellbeing
Development of Approaches to Learning	Refers to the conditioning of a child and their disposition towards learning Observed through: curiosity; taking initiative; creativity; persistence; reflectiveness; interpretation
Language Development, Literacy and Communication	Refers to the ability of the child to communicate (language and writing); expressive skills and linguistic diversity Observed through: communication ability; reading; writing Includes sight and sound challenges
Cognitive Development and General Knowledge Accumulation	Refers to the child’s intellectual and mental abilities; strategies to explore and learn about the world Observed through: logic and thinking; numeracy; sciences; art

10 adapted from ECCD Group, 2006

11 adapted from Domovska, et al. 2009

Releasing Confidence and Creativity: An Early Childhood Development Programme

RCC's goal is to institutionalize a range of replicable supports for children's overall development as confident, capable, creative and caring people as an integral part of the education system and of the way communities operate.

Child-oriented initiatives in Pakistan are numerous; however, rather than positive child-outcomes, a quagmire of bad practices seems to be deepening. This is mainly due to a dearth of concepts which encompass the whole milieu around a child, including parents, family, community and school. Programmes only address schools, excluding other important factors that influence a child's development. According to AKF, this limited approach has resulted in gross enrolment rates of 56% in the public sector and 38% for the private sector; dropout rates are high between katchi and class one at about 37%, with 35% for boys and 39% for girls.

RCC covers all aspects of a child's environment that influence her development. Home and school learning dominate a child's early surroundings, meaning that building the capacity of schools and communities is a programming necessity to improve ECD outcomes. Therefore, AKF structured RCC across four overarching objectives:

- Expanding access to and improve the quality of teaching/learning in katchi classes and classes 1 and 2 (with an emphasis on reaching girls and poor communities)
- Developing a range of approaches which assist families and communities to increase their knowledge and skills, and their confidence in their abilities to support their children's development
- Building the capacity and commitment of key stakeholders at different levels, particularly within the education system
- Influencing ECD policy and practice and strengthening ECD learning networks.





The RCC Approach

RCC is Pakistan's first multi-input, integrated programme promoting holistic child development; in a sector defined by disparate ECE and maternal and child health projects, RCC's first challenge was to introduce the new ECD paradigm. Caregivers readily accept school-based activities as a medium for child programming, and outcomes from child learning are easily understood. Therefore, RCC adopted a practical approach in which schools are used as the primary entry point into communities, and upon which a broader set of ECD activities are layered. RCC delivers its programmes through a standard set of strategies:

- Improve the quality of education in katchi classes and demonstrate impact
- Expand geographical coverage by introducing quality katchi classes to new communities
- Increase awareness about ECD through capacity building programmes for families, communities, and professional caregivers
- Incrementally increase the uptake of holistic development activities through health programmes and family wellbeing activities
- Increase coverage of ECD programmes in class 1 and 2, as well as the 0-3 age groups
- Engage community leadership and governments into the ECD process to create a constituency that can influence sustainable financing for programmes

RCC's activities ranged across a number of interventions that included:

- Physical improvements to classrooms in public and community schools
- Development of curricula, guidelines, training materials and learning resources
- Extensive training for professional caregivers in health and education
- Training of community leadership and government decision makers
- Direct implementation of education and health programmes
- Family and adult-oriented training and capacity building
- Pilots for programmes targeting non-ECE age groups

RCC is implemented by a consortium of eminent and well-respected change agents whose mandates span a breadth of ECD competencies. By combining their capacities, RCC created a potent partnership, one that is commensurate to the magnitude of the ECD challenge facing Pakistan.

RCC's Consortium

Aga Khan Education Service, Pakistan

AKES focuses on two major areas: school improvement (quality) and access to education in remote areas (particularly for girls). AKES works towards the enhancement and sustainability of initiatives taken under the RCC programme and is a key implementing partner for activities in katchi, class 1 and 2 in the north of Pakistan.

- *To develop strong links between learning and literacy in schools and communities with accurate monitoring and evaluation data collection and action.*

Society for Community Support for Primary Education in Balochistan

Society is a service organization with a mission to create vital partnerships between the government and communities in all social sectors for sustainable development of Balochistan. Society works primarily through government mediums – schools, teachers, district officials – and is involved in all level of intervention, including supervision of the construction of katchi classes and distribution of school support material and teaching aids.

- *To mobilize a cadre of Government supported schools ensuring Government capacity and skills are sustained and institutionalised in a co-operative relationship for community improvement*

Health and Nutrition Development Society

HANDS works towards the provision of basic health, education and income generation opportunities for underprivileged communities in the province of Sindh. HANDS provides training and technical support to a large group of community organizations, NGOs and other public and private institutions in the areas of community-based health, education, and poverty alleviation in nearly 5000 villages of Sindh.

- *To integrate Education, Health and Community Development through raising health and literacy awareness*

Mountain Institute for Educational Development

MIED Pakistan is a national NGO working to improve the quality of education in Pakistan. MIED aims to establish, manage, maintain, own, administer, promote and subsidize educational institutions, schools, colleges, institutions for study and research, centres of learning, and other institutions for basic education, adult literacy, Early Childhood Development centres, school improvement initiatives and Teachers Resource Centres.

- *To implement ECD activities in special-needs areas affected by natural disasters and neighbouring communities in Khyber Pakhtunkhwa.*

Sungi Development Foundation

Sungi is a rights-based NGO striving for the empowerment of deprived and marginalized segments of the society. Sungi's works towards a peaceful and prosperous society based on social justice, equity and equality. Sungi mobilises marginalized communities to transform their lives through equitable and sustainable use of resources.

- *To promote ECD activities through a right-based approach in the remote areas of Khyber Pakhtunkhwa.*

Sindh Education Foundation

SEF is a semi-government agency undertaking educational initiatives in the disadvantaged areas of Sindh. SEF has a dynamic programme and research portfolio ranging from community-based primary education programmes to adult literacy and early childhood development initiatives. SEF serves as a technical support agency under the RCC programme, focussing on monitoring and evaluation, networking, materials development, ECD magazine and website, advocacy and training.

- *To work in step with Government policies, practices and personnel to provide and disseminate information through multiple media that is reader friendly, persuasive and data based.*



of Change Agents

Teachers' Resource Centre

TRC works with the public and private sector for ECE and primary education at the national level. TRC developed the national curriculum framework, carries out intensive teacher training programmes that are culturally relevant, and undertakes projects in which schools are given teacher training and classroom support. TRC serves as a technical partner for teacher training and development.

- *To strengthen the ECE component of ECD by building the capacity of teachers to support children's learning.*

Aga Khan University Human Development Program

AKU HDP demonstrates, through education, applied research, community ECD programme models and targeted advocacy, the holistic nature and impacts of ECD. AKU HDP has a technical advisory role, through: capacity building at the community and the professional/managerial level; conducting research studies; working with partners in selected communities; family-focused programming for the unborn child and infants.

- *To promote the importance of ECD within Pakistan's academic and research communities, and to develop and launch evidence-based 0-3 child development activities.*

Aga Khan University Institute for Educational Development

AKU IED provides professional development support and qualifications to a range of personnel through ECE certificate and Diploma courses and an advanced ECE diploma. AKU IED provides technical support to workshops, seminars and symposia, adding value by building the knowledge base and practices of teachers, trainers, partners and government education officials and providing accredited qualifications.

- *To advance the knowledge, skills, attitudes and qualifications of teachers and support staff in best practices, creative learning strategies through higher learning certificates and further study opportunities*

Aga Khan Planning and Building Service, Pakistan

AKPBS works to improve the built environment, particularly housing design and construction, village planning, natural hazard mitigation, environmental sanitation, water supplies, and other living conditions. AKPBS achieves these goals through the provision of material and technical assistance and construction management services for rural and urban areas.

- *To provide engineering and construction services for school, classroom, water and sanitation rehabilitation measures with a focus on child-friendly and seismically resistant facilities.*

Aga Khan Health Service, Pakistan

AKHS is one of the most comprehensive private not-for-profit health care systems in the developing world. AKHS provides primary health care and curative medical care and provides technical assistance to government in health service delivery.

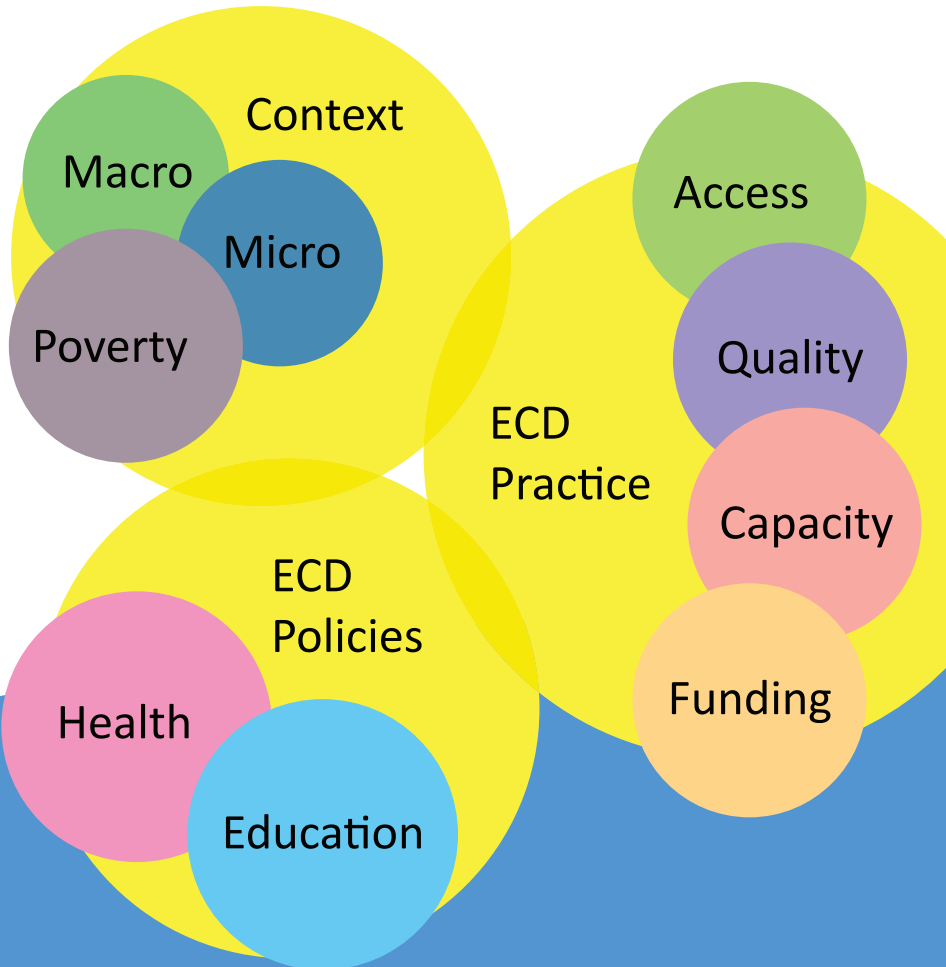
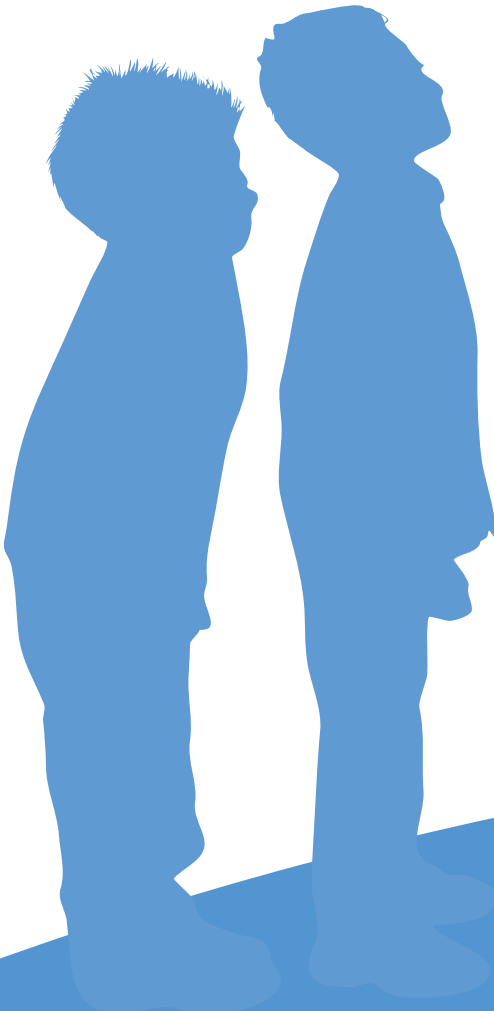
- *To implement health programmes through clinics and health workers and guide the health activities of other RCC partners.*

Aga Khan Foundation

AKF supports indigenous institutions to develop and implement quality programming. As a result of significant experience and reach, in addition to well-developed relationships with local CSOs and governments, AKF plays a unique leadership role in developing and implementing programmes and influencing policies around ECD. AKF's strategy emphasizes testing different approaches to ECD, particularly approaches that can demonstrate the relevance and replicability of public-private-community partnerships, and the importance of policy dialogue.

- *To provide overall programme and grant management (technical and financial aspects) including capacity building, coordination, reporting, and promotion of research, dialogue and outreach.*

Part Two: The Context of ECD in Pakistan



Releasing Confidence and Creativity: An Early Childhood Development Programme (2006-2011) was the first holistic ECD programme in Pakistan, pursuing a multi-input approach across implementation sectors, addressing gaps in knowledge and mitigating policy constraints. RCC was designed to explore and push the boundaries of Pakistan’s ECD environment, and stretch the understanding and ability of all institutions and vectors involved in ECD. This section presents an update of the context within which ECD is practiced in Pakistan, highlighting RCC’s significant contributions over the last 10 years.

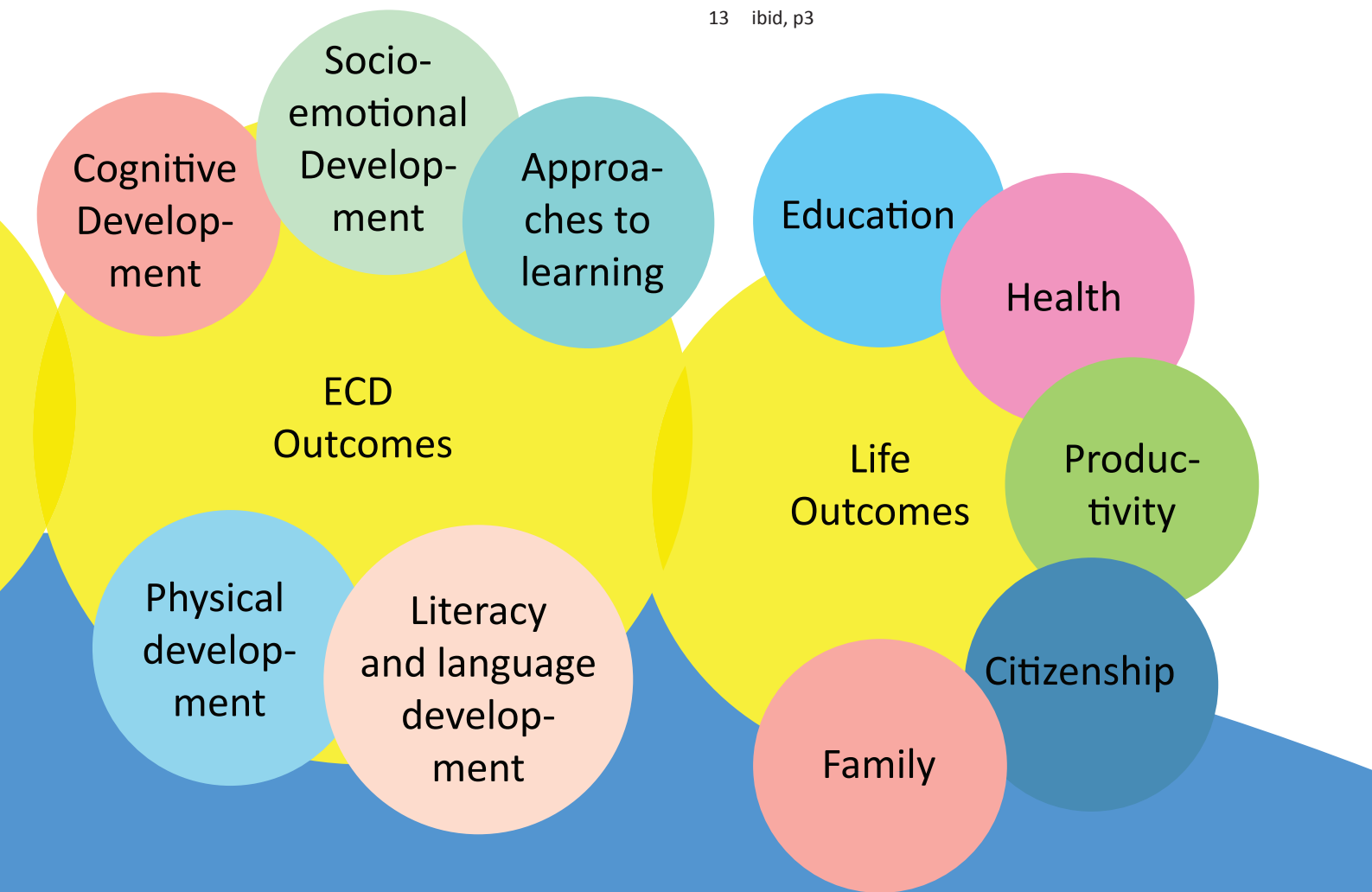
ECD is a complex paradigm. It is inherently broad, covers a variety of sectors, includes multiple vectors, is influenced by a myriad of policy environments, and seeks integrated and holistic impact. Therefore it is necessary to adopt a framework within which one can appreciate and analyze RCC’s contribution to the growth and development of the sector. While there is no agreed upon form, the policy assessment model presented by the

World Bank has proven to be useful for broad analysis, and has been adopted by ECD specialists globally as an overarching analytical framework¹².

As described by the World Bank’s authors, “the framework starts by recognizing that child development does not take place in a vacuum. The micro context—the interaction between a child and her or his primary caregiver during the early years—sets a child on a trajectory that affects her or his future development. In addition, the availability of programs, services, and policies directed at children, their caregivers, or both, affects this interaction and trajectory.”¹³ RCC adapts the World Bank’s framework to include a strong emphasis on ECD implementation, thereby creating a model that allows ECD professionals to better understand relationships between the enabling environment, policy, practice, and child development outcomes.

12 Vegas et al., 2009

13 ibid, p3



Context: The Macro Environment

"In any given country, the macro context (i.e., the economic, political, and social context) affects the nature and extent of social policies, which directly affect children's well-being, the type of programs made available to young children and their caregivers, and the organizations that translate these policies into programs for young children."

Vegas et al., 2009

Pakistan continues to lag behind the international community in overall social development – despite over 10 years of positive economic indicators. Ranking 125th out of 135 countries in the Human Development Index, Pakistan struggles to obtain broad economic growth and social progress due to structural, environmental, political, security and human capital factors.

Pakistan's macro ECD environment also takes into consideration major international commitments entered into by the Government.

- **Convention on the Rights of the Child**
- **Millennium Development Goals**
- **Dakar Framework for Action**
- **World Fit for Children**
- **Education for All**

The statistics presented in this section are drawn from a variety of sources – there is no central collection of ECD data in Pakistan. Primary references to be credited include UNICEF, UNESCO, Save the Children, and the Government of Pakistan.

Pakistan

Population	185 million
Population Ages 0-8	56 million
GDP	177 Billion USD
GDP Growth Rate	2.40%
Inflation Rate	13.66%
GNI Per Capita	1050 USD
Under-5 Mortality	87 per 1000
Universal Primary Education Coverage	66%
Gender Parity in UPE (Female:Male)	0.73
UPE Dropout Rate	58%
Poverty Rate (\$1.25/day)	23%
Access to Water	90%
Access to Sanitation	45%
Urban:Rural Population Divide	60%:40%
Adult Literacy	54%

Natural Disasters – a Child’s Reality in Pakistan

Pakistan is continually vulnerable to disasters including avalanches, cyclones/storms, droughts, earthquakes, epidemics, floods, glacial lake outbursts, landslides, pest attacks, river erosion and tsunami¹⁴. During RCC’s implementation period, Pakistan experienced two severe disasters: a 7.6 magnitude earthquake in 2005 that killed over 75,000 people and injured 100,000 more, and heavy monsoon flooding in 2010 (which continues to today) killing almost 2,000 people and causing \$40 billion in damage. Natural disasters are frequent in Pakistan, resulting in casualties, mass displacement of peoples, disruption of livelihoods, and loss of basic infrastructure. These events have considerable effects on child wellbeing: the loss parents and families, unavailability of food, shelter and medical services, absence from school, and incalculable psychological trauma. During the RCC programme period, several schools and communities were cut-off and isolated, rendered inaccessible for trainings, school redevelopment, monitoring and enrichment.

14 National Disaster Management Authority, 2007



State of Emergency

Pakistan’s history is defined by political change, instability, and evolution. In 2007, early during the implementation period of RCC, a State of Emergency was declared curtailing the Constitution and functioning of government apparatuses. While within Pakistan the State of Emergency triggered many political reactions and social changes, the international community responded strongly, with most donors, including those supporting RCC, halting all assistance for almost one year. The political events of Pakistan – from coups to elections to political violence – have profound impacts on development programmes; most significantly on child-based programming since they are exclusively financed by donors.

Context: The Micro Environment

“The micro context—the interaction between a child and her or his primary caregiver during the early years—sets a child on a trajectory that affects her or his future development.”

Vegas et al., 2009, p4

For most children their primary caregiver is a mother. Pakistanis are family oriented, with strong bonds, community ties and extended family caregiving. Therefor family and community wellbeing largely determines the day-to-day experience of a child. However, there is a growing trend towards urbanization, labour migration, and nuclear families that is changing the face of a typical family, which is increasingly reliant only on a mother as the primary caregiver – a mother who herself requires basic support. Indicators of maternal health and education, family poverty, and access to primary services provide a picture of the environment into which a typical child is born.

Maternal Mortality	276 per 100000
Rate of Low Birth Weights	32%
Under-5 Diarrheal Morbidity	11%
Poverty Rate (\$2/day)	60%
Adult Literacy (Female)	40%
Adult Literacy (Rural Female)	<10%
Rate of Birth Registration	27%

Birth Registration

A name and nationality is a fundamental human right¹⁵; in many states, without formal registration a child is not able to access the services and protections they are entitled to: vaccinations, growth monitoring, schools, licenses, scholarships, passports... In Pakistan the registration process, while seemingly simple, is difficult to access and often out of reach for remote, rural and poor parents. Over ½ of births take place outside of formal birthing centers and most parents are unaware of NADRA, union council and tehsil level registration processes. 70% of children begin their lives without any legal status or recognition – effectively invisible to the state.

15 CRC, 2005, Article 7

The Importance of Adult Literacy

Education research shows a high correlation between successful ECE performance of a child and the literacy levels of their primary caregiver. The inability of Pakistani parents to read, understand and convey concepts to their child severely limits development potential. RCC partners made significant investments into basic literacy and numeracy skills for family members of ECD children. Reading and writing classes have been provided to over 7000 parents – with strong and immediate results. Monitoring shows that these families have increased the reading of short stories and books to children, have literacy and learning materials available in homes, and are better able to track their child's progress at school.

Context: The Poverty Environment



Pakistan's Poverty Reduction Strategy Paper 2004 (PRSP) outlines a broad strategy and pro-poor positioning towards healthy and sustained economic and social growth. Underlying the PRSP is the notion that health, education and personal wellbeing is a prerequisite for any substantial change in Pakistan's economy and future. For ECD, clean water, sanitation, access to health and education, and employed parents are critical factors to a strong start in early life. Progress towards achieving PRSP implementation targets has been steady, while poverty alleviation outcomes have been measured.

While far reaching in its activities, the limitation of the PRSP in substantially reducing poverty is the fact that in a country where 2/3 of the population lives on less than \$2 a day, less than 7% of the country's GDP is dedicated towards poverty reduction.

Poverty Alleviation Budget (PRSP)	1.2 Trillion PKR (6.9% of GDP)
PRSP Education Budget	322 Billion PKR (1.8% of GDP)
PRSP Health Budget	106 Billion PKR (0.6% of GDP)
PRSP Water/Sanitation Budget	29 Billion PKR (0.16% of GDP)
Employable Labour Force	57 Million
Employment Rate Male	73%
Employment Rate Female	20%
Annual Government ECE Budget	no formal record



ECD Makes Poverty Alleviation More Likely

The average Pakistani child is born into poverty, economic instability and social uncertainty: “one-third of Pakistan’s population continues to live in poverty - women and children are the most vulnerable groups of poor. The poor also lack in all of the basic human, physical and productive assets and have limited or no access to essential social services... 56% of households can be classified as vulnerable.”¹⁶ These children are less likely to survive, receive inadequate nutrition, suffer irreparable damage at a critical stage of development, have a smaller chance of completing education, and are less likely to escape poverty.¹⁷

ECD is inherently linked to poverty reduction. Happy and healthy children require adequate nutrition, clean water, medical services, parents with income, healthy mothers, roads to transport goods, electricity to read at night... Pakistan’s National MCH Strategy explicitly states that poverty is the root cause of poor child health and that poverty alleviation is prerequisite for any improvement.¹⁸

Recent research reveals a lesser understood link: ECD makes poverty alleviation more likely. Poor children who receive adequate care and education magnify the impact of development efforts, at times increasing outcomes by over 50%. The chain of results is startlingly common sense. ECD children:

- are more likely to complete successive cycles of education, and enjoy greater literacy, numeracy, and communication abilities, making them more successful in later years
- start with better health, and therefore spend less on medical services in life
- are better adjusted and less likely to adopt risky behaviors which have high personal and social costs
- have strong relationships with families and become good citizens

The benefits of ECD programmes considerably outweigh their costs¹⁹:

- The average reported benefit-cost ratio is 3:1, rising to 5.8:1 for high-risk children in Egypt and 7:1 for poor children in America
- In Brazil, ECD costs \$100 per child – a child on the streets costs the state \$200, and \$1000 if they are in jail²⁰
- ECD costs less and achieves better results than any other educational intervention²¹

Research indicates that the mere presence of ECD makes concurrent MDG programmes more likely to succeed. It is imperative that ECD be considered not only an issue of child education, but also as an equal development tool alongside traditional poverty reduction interventions.

16 World Bank, Pakistan website

17 UNICEF, Children and the Millennium Development Goals, 2007, p5

18 Ministry of Health. National Maternal and Child Health Policy, 2005 p5

19 Most benefit-cost studies use non-standard econometric models and are in an infancy of development. While the absolute ratios maybe questionable, correlations and conclusions are quite clear.

20 Arnold, Caroline. “Positioning ECCD”. 2004, p14

21 general finding of Van der Gaag and Tan, 1998

The Policy Environment

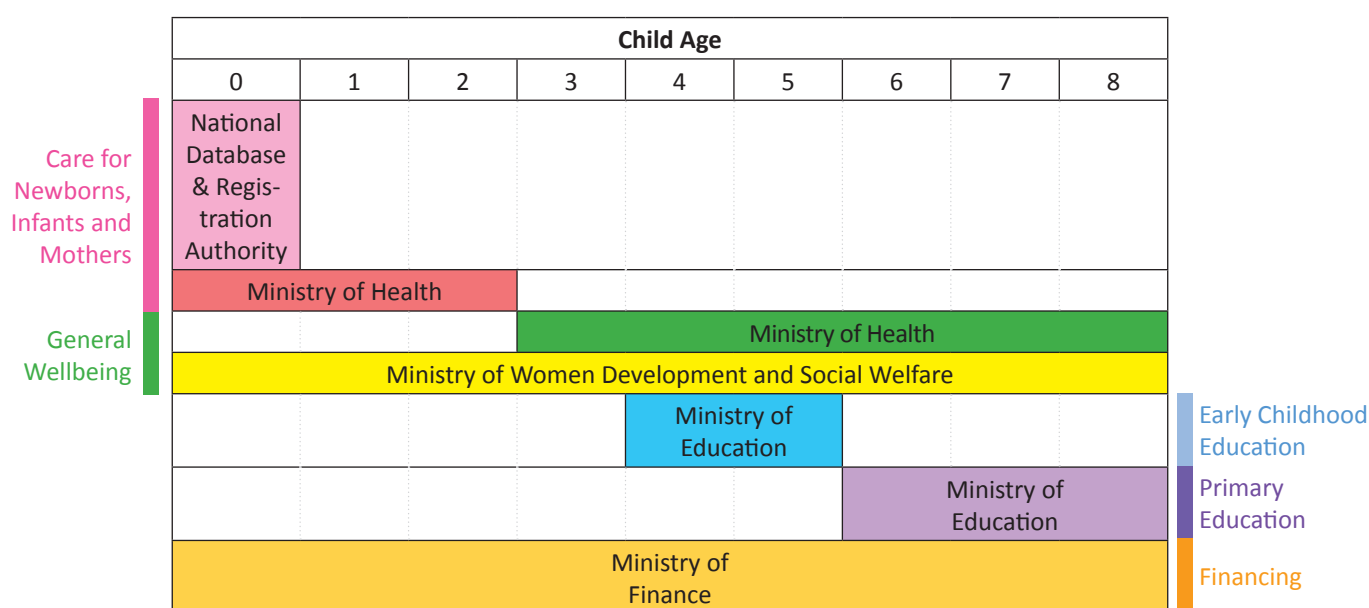
The policy spheres impacting ECD in Pakistan are broad, overlapping, and uncoordinated; nonetheless they collectively form a strong basis upon which national ECD concerns can be addressed. Pakistan’s ECD policy is fragmented across ministries – mirrored at both the federal and provincial levels – each addressing a realm of responsibility within its own silo, with no clear lead agency or coalescing body.

In 2010, legislative and financial responsibility for child-development was transferred from the federal government to the provinces. Policies regarding curriculum, enrollment, vaccination and birthing... are now formed and monitored by provincial govern-

ments. Implementation, management, and oversight is provided at the district level, with most authority residing in the district’s Nazim and the education district officer (EDO). A new policy locus has been formed at the provincial level, where there is a lack of governance capacity. RCC and other advocacy groups are just now beginning to understand the processes and realities of decentralization.

The lack of inter-ministerial and inter-provincial coordination, poor understanding of child development needs, and the absence of a “child’s champion” in government impedes the creation of a national ECD policy. However, child wellbeing could be improved within the breadth of existing policies if adequate funding were made available.

Ministries Involved in ECD²²



22 Adapted from UNESCO, Early Childhood Care and Education (ECCE) Programmes, 2006

Health Policy

The National Mother and Child Health Policy (2005-2015) comprehensively addresses Pakistan’s MDG health commitments. The Policy brings together major government strategies under one umbrella, most of which have considerable impact on child development.

National Programme for Family Planning and Primary Health Care	Commonly known as the Lady Health Worker Programme, employing community-based health outreach workers to provide essential primary health care including basic childcare and growth monitoring. Often seen as the most effective tool to reach remote and underserved poor communities.
Expanded Programme on Immunization (EPI)	Launched in 1978 to immunize children against deadly disease, EPI has a 50% coverage rate, vaccinating children against tuberculosis, poliomyelitis, diphtheria, pertussis, measles and tetanus. In 2002, EPI added Hepatitis B and Hib.
Maternal, Newborn and Child Health Programme (MNCH)	Federal programme to improve maternal, neonatal and child health indicators. Developed a cadre of Community Midwives to increase skilled birth attendance and care for newborns.
Integrated Management of Childhood Illness (IMCI)	A capacity, skills, education and implementation strategy to address the leading causes of preventable under-5 child mortality: diarrheal rehydration, acute respiratory infection, measles, and malaria.

Government programmes also address Vitamin A deficiency, iodine deficiency and child nutritional support.²³ It is expected that all major programming efforts will continue under the new decentralized regime.²⁴

Assessments of Pakistan’s health policies converge on the same general findings:

- Prescribed activities are in line with international best practice
- Implementation capacity at the district level remains low, if not poor
- The lack of an integrated health planning system and cross-sector coordination limits effectiveness
- Insufficient funding to finance commitments

AKU HDP notes that Government policies are effective in their tone, and that agencies are delivering the best possible care within the resources available. However, the focus of existing policy is on illness and disease and not child development; beyond child survival, there is no national approach towards the holistic development of newborns and infants and little, or no policies to address health and development beyond the age of five.

23 Ministry of Health. National Maternal and Child Health Policy, 2005

24 Nishtar, Sania, 2011

Education Policy

Pakistani education policies place a great emphasis on ECE as a requisite step to increase primary school enrolment, improve learning outcomes, promote whole child development, and achieve gender parity.

National Education Policy 2009	NEP lays out a roadmap to achieve Pakistan’s education objectives and introduces administrative and quality structures to ensure attainment. NEP formalized ECE as a national policy, making the state responsible for one-year of preprimary education. NEP also acknowledges holistic development through ECE and formally adopts the National ECE Curriculum that was produced through RCC.
Education Sector Reforms 2004	The ESR introduced measures responding to the reality that Pakistan was unlikely to meet MDG targets. ESR proposed radical changes to the “business of education” and formally introduced and made budgetary allowances for ECE.
National ECE Curriculum	Pakistan’s first ECE curriculum was developed in 2002 with the assistance of RCC, and further revised in 2007. The curriculum was created by TRC, building on international best practices in whole of child development. Through RCC, TRC and AKU IED developed teacher-training materials to support the deployment of the curriculum.

The current status of ECE funding in each province is unknown. Following decentralization, provinces took different approaches to adopting ECE measures; the National ECE curriculum remains the standard, but deployment, and quality of teaching varies across the country.

Pakistan’s education ministry highlights three key challenges that impede its policy vision:

- **Lack of Commitment:** currently, less than 2% of Pakistan’s GDP is directed towards education, much less than the 4% international norm. NEP aims for a 7% allocation.
- **Lack of Effective Use:** NEP states that within the education budget, “estimates range from 20% to 30% of allocated funds remaining unutilized.”²⁵

- **Misuse of Funds:** In the vein of transparency, the NEP points to the “corruption that perverts the entire spectrum of the (education) system...”²⁶ It specifies: “Political influence and favoritism are believed to interfere in the allocation of resources to the Districts and schools, in recruitment, training and posting of teachers and school administrators that are not based on merit, in awarding of textbook contracts, and in the conduct of examinations and assessments.”²⁷

25 Ministry of Education. National Education Policy 2009, 2009, p8

26 ibid

27 ibid



The Impact of the 18th Amendment on ECD

The Eighteenth Amendment of the Constitution of Pakistan, enacted in 2010, introduced an unparalleled devolution of authority, transferring all social and human development activities from the federal government to the provinces. The impact of the 18th Amendment is not fully understood and the demarcation of responsibilities for child development activities will require time to fully transpire. CRC, EFA and MDGs are officially federal responsibilities, but the implementation of education, health and poverty reduction is the provinces'. It is unclear who is mandated to fund these programmes, ensure quality, and who is ultimately accountable to meet commitments. The budgeting implications are more complicated. For example, the 18th amendment says "The State shall provide free and compulsory education to all children of the age of five to sixteen years in such manner as may be determined by law."²⁸ – but assigns the responsibility to the provinces without any commensurate increase in funds.

The relevance and enforceability of the NEP, National ECE curriculum, LHW and MNCH programmes are uncertain, as these programmes have been fully devolved to the provinces – from setting of standards and quality assurance to financing and accountability. Commentaries on the impact of the 18th Amendment point to possible outcomes:

- As provinces adjust to their new responsibilities, existing federal frameworks will remain in place in the short-term

- Adherence and performance against national and treaty commitments is likely to slow
- The lack of implementation, management, and governance capacity at the provincial level is likely to retard progress and quality
- Budgeting uncertainty will exacerbate performance and implementation shortfalls
- Un-mandated and new policy commitments will be delayed.

For ECD, decentralization has immediate and profound impacts:

- The National Curriculum will remain the standard for ECE, and MNCH and EPI will continue at existing levels – without additional funding
- Regularization of ECE teachers will likely be overlooked in favor of providing free secondary education
- A national ECD strategy is unlikely– inter-ministerial cooperation is further complicated by the need for inter-provincial coordination
- In provinces where RCC partners have strong and deep relationships with provincial and district levels, government and community ECD programmes may receive increased attention and have an opportunity to accelerate implementation.

28 Ministry of Education. Impact of the 18th Amendment on Education. 2009

The Practice of ECD

The practice of ECD in Pakistan is characterized by low rates of coverage, insufficient capacity, and a lack of basic funding. National ECD-related indicators reveal a systematic failure to effectively address the needs of young children. However, RCC’s experience shows that with dedicated effort, it is possible to achieve high levels of impact on child development with relatively low financial inputs.

It should be noted that data is not available for the full range of factors that influence child development (e.g. # of ECE teachers), impeding a holistic assessment of national ECD activity.

Access to ECD

Access is understood through indicators such as Gross and Net Enrollment rates, as well as the absolute numbers of children accessing services such as newborn health programmes, ECE, and class 1 and 2 of primary education.

Quality and Capacity of ECD

The corollary to access is quality – ensuring that when young children access ECD that they receive the best possible services. Research in the United States shows that quality delivery is strongly correlated with strong child development.²⁹ The same research shows that the strongest determinant of child development is the level of preparedness and quality of the caregiver involved – teachers, nurses, and most importantly, parents. As shown on the figure on the following pages, there are a variety of vectors in Pakistan who are directly involved in, or who influence ECD.

²⁹ Arnold, Caroline, 2004

ECD Activity	National Access	RCC Access
Net ECE Enrolment	37%	70% to 100%
Vitamin A Coverage	87%	100%
Prevalence of Breastfeeding (up to 6 months)	50%	94%
Number of Primary Schools	126759	>400
Gender Parity in ECE (Female:Male)	0.8	>1
12-36 Month Essential Immunization Coverage	68%	95%
Prenatal Consultation (min 1 visit)	62%	100%
Skilled Birth Attendance	24%	100%
ECE Dropout Rate	50%	<15%
Schools with Water	67%	100%
Schools with Sanitation	64%	100%
Schools with Electricity	42%	100%
1 or 2 Standard Deviation Undernourished	32%	3%

A proxy for quality and capacity of vectors is the presence of benchmarks and minimum training requirements for service providers.

Proxy for ECD Quality	National Indicator
ECE Benchmark	National ECE Curriculum (2007)
Training Requirement for ECE	2-year ECE Training Programme
% Primary School Teachers with Education Qualifications	95%
% ECE Teachers with ECE Qualifications	<5%
Child Health Benchmark	National LHW Training Standards
Training Requirement for LHW	LHW Training Programme
Number of LHWs	103,000
Population Impacted by LHWs	89 million
LHWs Trained in ECD	17,002 (by RCC)
Adult Literacy	54%

ECD-specific knowledge and capacity is alarmingly low in Pakistan, resulting in a nationwide inability to undertake the most of interventions.

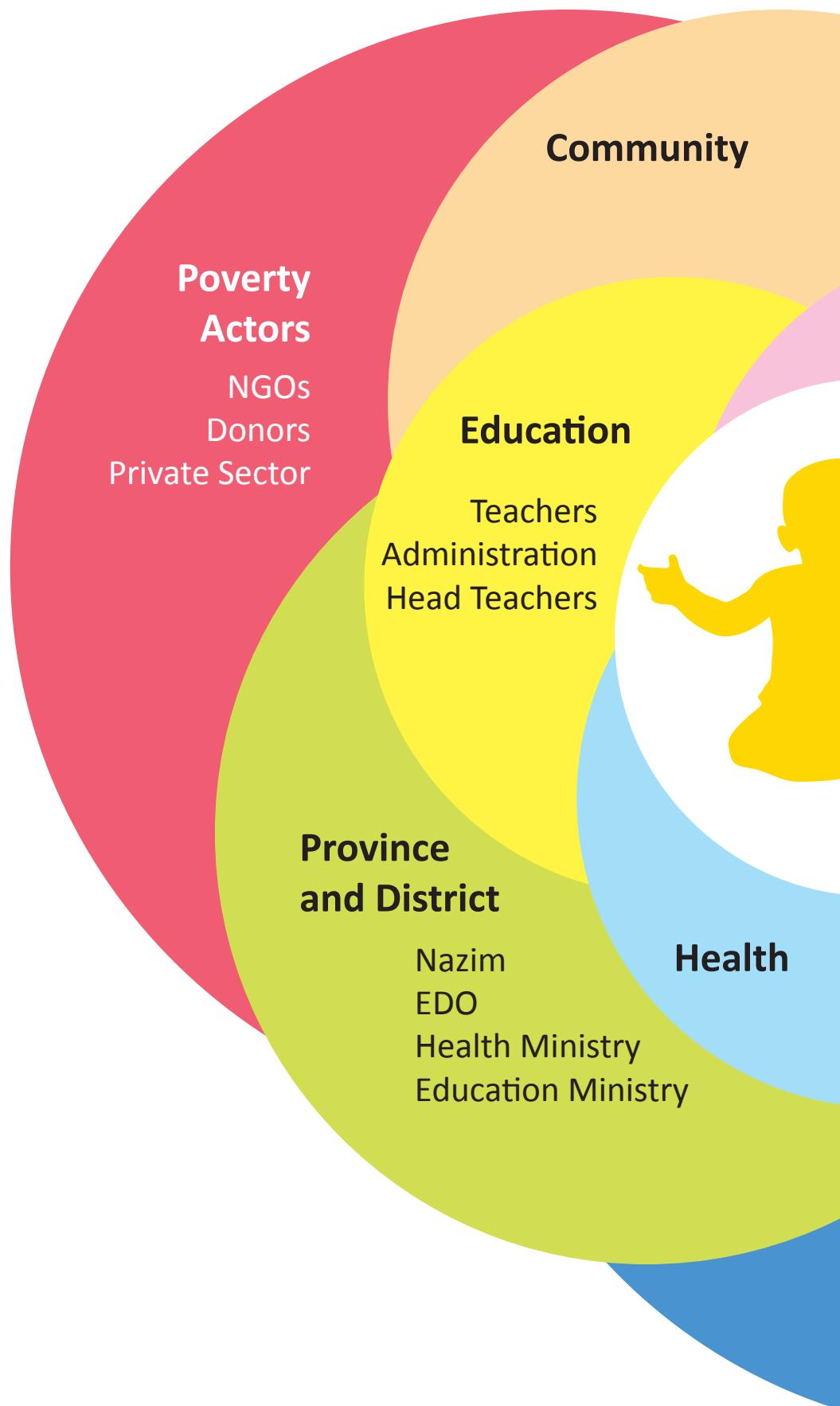
Funding ECD

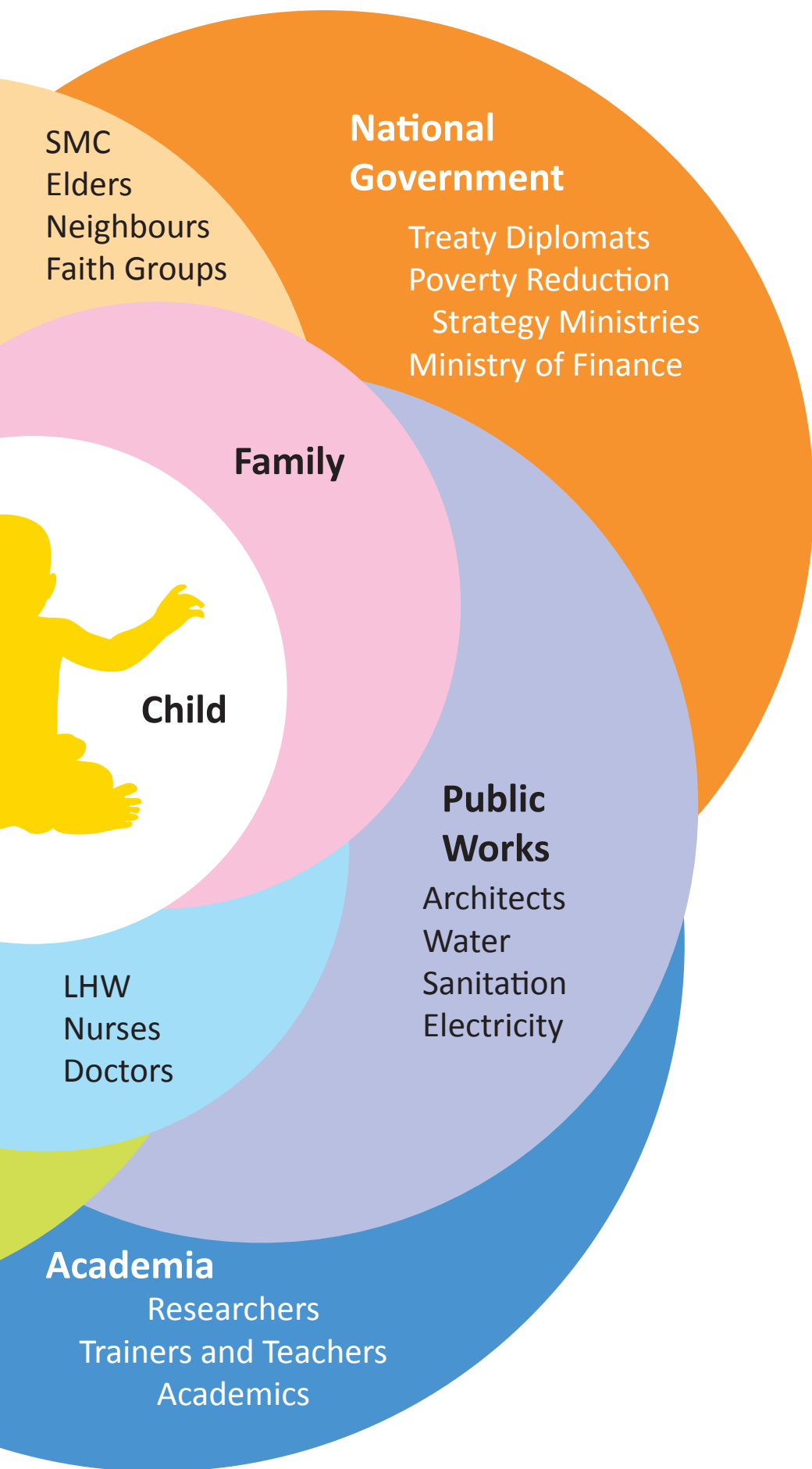
Costing ECD is elusive - the myriad of activities that comprise ECD and the variety of agencies, vectors, and donors involved make for a complex exercise. From RCC's experience, the most cost-ready figures are those related to school-based activities; costs for health, training, and other supporting measures are difficult to assess. Similarly, determining the funding available for ECD is multi-sector, therefore impractical to determine with any usefulness.

National Investment into ECE as of 2002:	75 Million PKR
2002-2005 ESR ECE Budget ³⁰ :	2.4 Billion PKR
Schools with Improved ECE through Government (as of 2002):	450
Donor Funds for ECD through AKF (2002-2012):	1.7 Billion PKR
Schools with Improved ECE through AKF:	442

³⁰ It is unclear if this amount was disbursed.

Vectors Involved in ECD





ECD Outcomes

The outcome of ECD programmes is happy, healthy children. Measuring and understanding outcome level impacts on child development requires a level of data sophistication that is just being developed and implemented in Pakistan today. There is no internationally agreed upon set of standards or monitoring tools to assess child development and none in wide use in Pakistan. However there are generally accepted measurement standards that many organizations have been using which include³¹:

- Early Learning and Development Standards – UNICEF
- Boehm Test of Basic Concepts
- Griffith Mental Development Scales
- Binet-Kamat Test of Intelligence
- Wechsler Preschool and Primary Scale of Intelligence
- Kaufman Assessment Battery for Children
- Hemoglobin/Height/Weight Standards – WHO
- Upper Arm Circumference - WHO
- Bayler Scales of Infant and Toddler Development

With the exception of RCC outcomes (please see Part Four of this report), there is no data available in Pakistan to indicate levels of child development.

31 Adapted from Penn, 2004, p13





Life Outcomes

The long-term effects of child development programmes on the wellbeing of the individual require longitudinal studies that track the progress of children who have been exposed to ECD. To date, the impact of ECD has been extrapolated mainly from studies conducted in the United States and Western Europe, which are not without controversy and limitations. As argued by Penn "... almost all the evidence about the effectiveness of ECD in determining cognitive, social and economic outcomes for children is drawn either directly from the North, particularly from the USA, or relies on the assumptions of work carried out in the North as a basis for programming and recommendations in the South."³² This approach is simplistic and wrought with transposition errors. Pakistan is in the early stages of adopting ECD, and is well positioned to introduce indigenous studies to track the progress of ECD children as they grow into adults. To support the creation of knowledge and evidence-based outcomes, long-term studies could address elements such as:

- Schooling Success and Cognitive Skills
- Education Continuum and Repetition
- Attendance
- Lifetime Productivity and Economic gains
- Enterprise Creation
- Nutritional Status of Family
- Fertility, Marital Status and Migration
- Health, Morbidity, Mortality...
- Risk Taking – smoking, drugs, crime...

32 Penn, 2004, p iv

Part Three:

RCC Activities to Progress the Practice of ECD

This report assesses the contribution RCC has made to progress the practice of ECD in Pakistan. To do so, AKF introduces a performance framework that is based on “Practical Themes of ECD” – a cross-sector and multi-input approach to map the work and efforts of RCC.

Theme	Elements
Science	Contribution to scientific knowledge about ECD including brain development, cognitive development, child health, physical growth and socio-emotional transformation.
Practice	Improvements in quality and increases in the capacity of ECD practitioners to deliver ECD programmes.
Implementation	Direct delivery of ECD programmes to beneficiaries – children, parents and schools.
Sustainability	Improvements in the ability of individual interventions and programme streams to sustain activities and impacts – financially and otherwise.
Cost, Scale and Financing	The reach of ECD services nationwide to all children.



The Science of ECD

The Science of ECD concerns itself with questions of 1) brain architecture and evolution, and 2) practices and tools to foster positive brain development. Strong foundations in the science of child development are critical to the understanding and promotion of effective ECD programming.

Being the first undertaking in Pakistan dedicated to, and based upon, the development of a young child's mind, RCC began by building a constituency that understood and accepted the basic premises of the Science of ECD: 1) children's brains respond to, and can be shaped by external stimulus; and 2) there is a link between targeted programming and positive child development outcomes. Most of RCC's science-based activities have focused on translating international research into the Pakistani context.

The following science-focused activities were implemented mainly by AKU and TRC:

- Introduced the results of international research on ECD to government, schools, teachers and parents. They addressed the topics of: brain development, child nutrition, safe birthing, child play, structured preprimary education, and peer learning.
- Established ECD as scientific field in Pakistan by engaging academics in Education and Medicine, and sparked local research interest in child development science at universities and research bodies throughout the country.
- Translated the science behind “domains of child development” for the consumption of teachers, health professionals and parents.
- Worked with WHO to modify age 0-3 growth monitoring stratifications to better reflect the reality of children in Pakistan, and adapted Upper Arm Circumference tools to monitor and track child growth in remote locations.
- Researched the needs of teachers to adopt the National ECE curriculum, and monitored the rate of National Curriculum use in the classroom.
- Sadaf Shallwani conducted localized, Pakistan-based research to understand how ECD activities result in better child development, and was able to demonstrate the positive impact of ECD on child outcomes in the spheres of language, literacy, and basic mathematical concepts.
- AKES furthered Shallwani's work and developed classroom-based observational tools to monitor and assess the influence of ECD activities on child development across all development domains.

AKU Uses Science as the Foundation for Successful Practice.

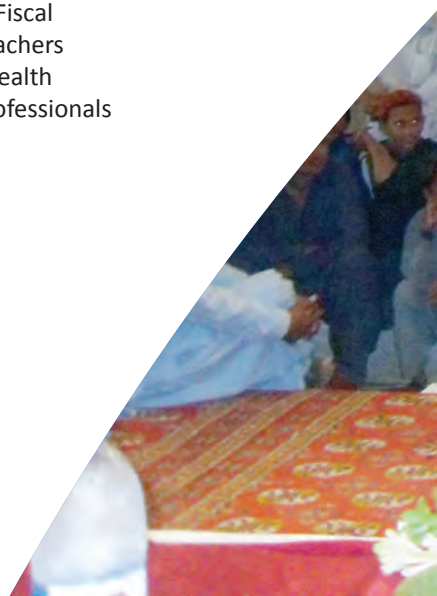
AKU IED's academic courses range from diplomas and teaching certificates to short term training. Programmes aim to increase the prevalence of child-centered pedagogy, active learning, and development-appropriate approaches by teachers and caregivers. AKU begins with the premise that all caregivers must understand how young children learn and develop. The ECED Teacher's Guide and ECED Programme Handbook contain dedicated modules on child development theories from Jean Piaget, Lev Vygotsky as well as Hohmann and Wiekart. Students are introduced to brain sciences, international evidences, and competing research. Subsequent modules explore different domains of child development – Health and Motor Skills, Socio-Emotional Development, Approaches to Learning, Language, Literacy, and Communication, and Cognitive Development – and are accompanied by practical examples of how to translate theory into techniques that can be applied in classrooms and at home.

Quality and Capacity for ECD Practice

RCC prioritized the creation of a skilled “community of practice” as a primary outcome. AKU and TRC developed an international level of professional standards, training products, learning materials, professional development courses, and trainings for master trainers. RCC partners were provided with extensive training in ECD practice, covering the topics of child development, education, health surveillance, and community engagement. In turn, RCC partners built the capacity of primary-caregivers at the home and ECD-center levels.

RCC completed the following activities:

- Sponsored TRC to develop the National ECE Curriculum that was formalized in 2007. The National Curriculum is mandated for ECE practice throughout Pakistan.
 - Concurrently, TRC developed and distributed an ECE Teacher’s Manual, instructing ECE teachers how to use the National ECE Curriculum
 - AKU IED developed Pakistan’s first ECD Training Qualification for teachers, providing them formal certification to deliver the National ECE Curriculum. The ECED Teacher’s Guide serves a national textbook, introducing child development concepts and presenting techniques to improve the teachers’ classroom activities.
 - AKU HDP formalized an approach to 0-3 growth monitoring and development surveillance, from which it created training products to build the capacity of health professionals working with newborns and toddlers
 - AKU developed two academic products targeting ECD practitioners: Advanced Diploma in ECD (offered by AKU HDP), and Master’s in Education with a specialization in ECED (offered by AKU IED)
 - RCC partnered with Red River College in Canada to offer on-line training on ECD
- The following short courses themes, professional development workshops, as well as long-term training programmes were deployed for every level of ECD practitioner:
- Introduction to ECD for Katchi and Primary School Teachers, focusing on:
 - ✓ Life skills
 - ✓ Language teaching Urdu/English.
 - ✓ Words formation/sentences.
 - ✓ Basic mathematical concepts.
 - ✓ Geometrical shapes.
 - ✓ Classroom record.
 - ✓ Weekly/Monthly and annual planning.
 - ✓ Importance of learning corners and Multiple Intelligences.
 - ✓ Management/ classroom management.
 - ✓ Child psychology/problems and solutions.
 - ✓ Growth and Development and child needs.
 - ✓ Child Centred Approach.
 - ✓ Classroom learning materials development.
 - Introductory course on the National ECE Curriculum
 - High/Scope Approach, Classroom Management, Child Assessment, ICT
 - Introduction, Promotion, and Management of ECD for Head Teachers
 - School Management and Fiscal Management for Head Teachers
 - Growth Monitoring and Health Surveillance for Health Professionals



In addition, on-going professional development, continuing education, and “on the job training” programmes were provided to teachers at all RCC schools.

Head Teacher Participants in ECD Awareness and Leadership Sessions	5056
Teachers Trained in ECD principles (education, health, curriculum...)	2932
Teachers Certified in ECE	130
Teachers Trained in Child Health and Well Being Principles	1895
Teachers Trained in Low-Cost Material Development and Use	237
Teachers participating in Field/Exposure Visits	766
0-3 ECD Care Training Registrations	13632
Parents Trained in Child Development Practices and Monitoring	8398
TBAs and LHW trained in ECD-related Practices	1701
Refresher/Monitoring/In-service Trainings Participants	3942



Implementation of ECD Activities

RCC was tasked with increasing access to quality ECD services. In the first instance, partners worked with government and community schools to develop child-friendly facilities and create learning environments within which child-centered activities could be hosted. The primary interventions pursued were:

- Identification of existing school rooms which can be used for child programmes
- Refreshment of classrooms with structural and cosmetic repairs, seismic reinforcement, ensuring provision of water and electricity, and access to sanitation facilities
- Where required, the provision of classroom furniture and computers
- Establishment of child learning corners and provision of curriculum, as well as start-up training and learning materials, including AKU IED's ECED Training Kit
- Promotion of child-learning activities to the public

RCC sponsored ECD programmes in 442 schools throughout Pakistan, who assist over 15,000 new children every year.

Government Schools involved in RCC	359
Private and Community schools involved in RCC	83
Schools provided with government ECE curriculum	61
Schools provided with learning materials (reference, stationary...)	442
Schools provided with posters, CDs, and other materials	442
Schools provided with Teaching Kits	442
Schools and centers provided with 0-3 Kits and Materials	29
New or refurbished classrooms	777
Schools provided with water and/or sanitation Facilities	142
Schools provided with classroom furniture	214
Schools provided with computers	95
Participation in poster and other competitions	95
Participants at integrated best practice sessions	132

Each ECE class was provided with the following standard stationary and resource materials:

Pencils	Crayons
Sharpeners	Colour Markers
Erasers	Ball Points
Glaze papers	Stapler Pins
Blanko	Colour charts
Glue Sticks	Paper Rim
Permanent Markers	Water Color
Whiteboard Markers	Washing line with clips
Masking Tape	

As school-based interventions took root, RCC expanded its programmes to target parents and primary caregivers. Formal sessions – in some cases through RCC Adult Literacy Centers – were delivered on subjects such as:

- ECD Awareness and Promotion
- Adult literacy (Basic and Advanced Urdu/English/Math)
- Family Skills Development (Session on tailoring, embroidery and hand crafts)
- Mother-based “Katcheri” Sessions (health and hygiene, nutrition etc)
- Home-Based Learning Corners
- Father’s Role in Child Development
- Toilet Training
- Reading with Children and Storytelling
- Newborn Care, Vaccinations, Growth and Health

Parents Participating in Child-Health Related Sessions	737
Caregivers Participating in Adult Literacy Classes	7408
Family Members Participating in Livelihood Improvement Projects	1158

For the first time in Pakistan’s history, health was made a formal part of ECD programming, with medical and hygiene expertise being provided by AKU HDP and AKHS. Using a strategy similar to the leveraging of ECE centers to deliver broad ECD programmes, RCC used mother and child health as a fulcrum to expand ECD coverage into the 0-3 age group.

A 0-3 pilot was delivered by AKES and AKHS in Gilgit Baltistan, the learnings of which were used by others to expand 0-3 coverage in Khyber Pakhtunkhwa, Sindh and Balochistan. The pilot included interventions for maternal care, neonatal care, vaccinations, nutrition supplements, breastfeeding promotion, child registrations as well as health and growth monitoring – in center based environments and through extensive home visit programmes. Coverage of the pilot is shown below.

District	Village	New ECD workers		Children		Parents		Pregnant Women	Indirect beneficiaries	Future beneficiaries
		M	F	M	F	M	F			
Gilgit	Danyore		4	57	61		110	10	16	20
Hunza/Nagar	Garelth		3	31	23		50	8	17	27
Ghizr	Thingdaas		3	19	20		39	6	82	45
Chitral	Hasanabad		2	21	17		30	7		27
Kailash	Bhombhrat		3	33	41		57	13		54

Far-reaching health interventions were introduced throughout RCC’s coverage area, ranging from awareness to treatment programmes. Regular medical check-ups were provided to schoolchildren, ECE schools were included in national vaccination drives, and ringworm treatment provided to affected children. First aid training was also provided to ECE teachers. AKU HDP developed a package for monthly health awareness sessions, targeting ECD-specific topics such as:

- Diarrhea Care
- Acute Respiratory Illness
- Expanded Programme on Immunization
- Child Nutrition
- Pneumonia
- Malaria
- Measles

Over 10,000 participants attended some 500 health sessions.

Household Visits Conducted with TBAs and LHW and other Health Workers	26227
Community-based Health Sessions Registrants at Health Centers	2782
Children receiving deworming/vaccination through RCC Partners	2533
Children receiving neo-natal registration and vaccinations through RCC Partners	1988

Sustainability of ECD Programmes

Sustainability refers to the ability of programmes – and their outcomes – to maintain themselves after the withdrawal of external funds. RCC developed models for two main intervention types: government-based ECD centers and community-managed ECD centers.

Sustainability within the context of government public school requires that ECD teachers trained through RCC are given formal appointments by the district education board and receive a regular salary (referred to as the “regularization” of teachers). RCC impacted over 2,300 government teachers, and in Sindh and Balochistan, memorandums of understanding were signed with the government to regularize over 3,400 teachers for ECE purposes; MIED negotiated with the government to retain 70% of its RCC trained ECE staff. To support governments in their ECE efforts, RCC conducted broad outreach efforts, providing intensive training to officials.

Education Officials Participating in Meetings and Trainings	595
Health Officials Participating in Meetings and Trainings	90
Other Government Officials Participating in Meetings and Trainings	311

In addition to building capacity of government officials, RCC held regular meetings and informal interactions with all levels of government officials. HANDS estimates that it conducted over 90 meetings every month with the following officials:

- Assistant District Officers Education
- District Education Officer
- District Elected Body
- Education Field Office
- Learning Resource Centre Coordinators
- Lady Health Worker
- Ministry of Education
- Union Council

To reinforce training and provide long-term professional development for teachers and government officials, SEF published over 70,000 copies of the Nurture Magazine and 96,000 of its monthly child newsletter.

Nonetheless, RCC struggled to regularize any teachers within the programme timeframe.

RCC was more successful with private and community-based modes, particularly through schools supported by AKES. In total, 83 private and community owned schools were captured by RCC, and over 175 PTCs and SMCs were provided leadership training. Over 5,300 registrants from community management boards took part in RCC management and leadership training.

Over 95% of RCC’s private and community-based schools are continuing with ECE programmes, employing all their trained ECE teachers and self-financing their operations. Interestingly, in Khyber Pakhtunkhwa, two out of four mother-run, home-based ECD centers have continued to operate as private day-home providers.



Cost, Scale and Financing of ECD

RCC provided a first-glimpse into the cost considerations for center-based ECE programming. RCC undertook the development of several one-time inputs that are required to create a foundation for a nationwide ECD structure:

- Standardized, quality and validated national ECE Curriculum
- Teacher manuals and guidelines for pedagogy and development of learning materials
- Standard training courses for teachers and other caregivers
- 0-3 growth monitoring and surveillance tools and processes
- Refreshment of 442 school environments

Analyses of school budgets provides a useful estimate of the cost for center-based ECE activity:

One-Time Infrastructure and Rehabilitation:

50,000 PKR per school

One-Time Training and Initial Learning Resources: **10,000 PKR per school**

Annual Teacher Salary: **60,000 PKR per year**

Annual capital maintenance: **10,000 PKR per year**

Total One-time Costs: **60,000 PKR**

Total Annual Recurring Cost: **70,000 PKR**

RCC partners observed several cost saving activities that increase effectiveness, and assist in reducing future costs:

- Vector multipliers and master trainers retain their knowledge and skills into future ECD projects, thereby reducing initial training costs for new projects

- Mothers in 0-3 programmes tended to create their own support groups, where one mother undertook RCC training and then provided ECD monitoring and surveillance activities on a voluntary basis – reducing personnel costs
- Some mothers established learning corners in one home in a community, that was then made available to other mothers at no cost

RCC partners indicate that despite high-levels of poverty, parents are willing, if not able, to pay for quality services outside of the government sphere. Their experience shows:

- Many families prioritize expenditures on education, sending their children to private providers, where they assume their children have access to higher quality education
- Most health care is provided by the private sector, and families have been paying
- In Khyber Pakhtunkhwa, PTC members raised over 167,000 PKR to complete small-scale projects for schools supporting ECE.

RCC notes that costs related to improving the quality of ECE for children in class 1 and 2 are generally subsumed within government budgets for primary education, and require additional funding only for teacher training. The cost of delivering non-ECE child development programmes (i.e. vaccinations, psychological care, play...) is unknown and limits the ability of RCC to estimate the financing requirement for true ECD provision.

Part Four:

RCC Outcomes and Findings

How do we know when children are happy and healthy? How do we monitor a child's development? Measuring the success of ECD programs is an enigmatic process. Being a multi-sector discipline, ECD outcomes span a range of activities. From poverty reduction to education achievement, the results of ECD programmes are closely linked to the sector interventions from which they stem – it is the cumulative effect of multi-input strategies that makes ECD succeed as a whole.

There is a high correlation between positive child development and exposure to ECD programming; in the short-term, practitioners rely mainly on indicators of access to ECD activities to gauge their contribution to a child's wellbeing. These proxies – or programme outcomes – are used to understand RCC's impact and the progress of ECD in Pakistan.

Independent mid-term assessments of RCC programme activities found that: 1) ECD methodologies chosen by RCC follow international best practice; 2) RCC training is effective in increasing positive practices amongst caregivers; and 3) more children and parents are accessing quality childcare. Moreno de Yanez notes, "Not only were RCC partners able to implement and support the programme successfully but also they went over the initial requirements: using multiplying agents to attend communities that fell out of the geographical range established, encouraging hard working mothers to disseminate their knowledge, to initiate their own ECD centres and to start up small co-operatives of learning material production for sale."³³ These same reviews also acknowledged the difficulty in packaging the broad impacts of RCC within conventional LFA and RBM methodologies³⁴ – quantitative assessments do not explain the qualitative and systematic contributions of RCC to ECD in Pakistan.

A rigorous analysis of RCC's outcomes shows that programme reach, spheres of impact, and learning extend beyond the initially envisaged framework; findings reveal trends and programming characteristics that can be leveraged to direct future ECD activities.

33 Moreno de Yanez, 2011, p3

34 *ibid* p4



Performance Against Initial Programme Objectives

RCC's initial programmes were designed to induce systematic "access" and "quality" improvements nationwide. Even within its short implementation period, RCC made significant progress against its long-term objectives.

Objective	Performance	Outcomes
Families having the skills and confidence to support their children's development	Strong	<ul style="list-style-type: none"> Parents exhibiting positive ECE practices such as reading to children, in-home learning corners, and joining school activities Mothers of 0-3 aged children highly active in mother groups and accessing services
Community-based services providing ECD support and advice to parents	Strong	<ul style="list-style-type: none"> Community-based schools and clinics have high attendance and service uptake rates Community mother and family events are promoting positive child-care practice
School-based katchi, Class 1 and 2 providing developmentally appropriate, vibrant and nurturing learning environments	Good	<ul style="list-style-type: none"> Physical environments have improved; child-friendly classes and materials are present throughout the programme area
Teachers energized and creative; katchi, Class 1 and 2 being prestigious classes to work in.	Good	<ul style="list-style-type: none"> Quality of pedagogy has improved; 50% increase in presence of best practices
Head teachers valuing and providing resources and support for ECE.	Strong	<ul style="list-style-type: none"> Head teachers according value to ECE classes and ensuring availability of resources where budgets allow
District Education Offices according ECE higher priority and access to resources and supports.	Strong	<ul style="list-style-type: none"> District governments are interested in expanding ECE coverage and training, particularly in Sindh and KPK, if budgets allow
Provincial Institutes for Teacher Education highlighting ECD as and developing dynamic training packages	Strong	<ul style="list-style-type: none"> AKU sponsored Development Centers are emerging as local training hubs for ECE teaching
Universities prioritizing ECD	Good	<ul style="list-style-type: none"> AKU is developing system-wide capacity to increase ECD research and teaching
Community School Organisations attending to young children	Good	<ul style="list-style-type: none"> Community-based school have retained ECE teachers and are officering 0-3 programmes after withdrawal of RCC
Policy-makers mainstreaming ECD and ensuring quality	Strong	<ul style="list-style-type: none"> ECD themes are emerging across all ministries working with child-issues – in absentia of an overall ECD policy
Donors providing increased attention and resources for ECD	Strong	<ul style="list-style-type: none"> USAID and AusAID increasing ECD specific funding

Overall Progress of RCC against Initial Objectives



Findings

Finding 1. RCC's Center-Based ECE Model is Effective

Center-based access and capacity interventions targeting children aged 3-5 accounted for over 75% of RCC's overall expenditures. Strategic investments in school refurbishment, provision of learning materials and intensive teacher training resulted in improvements in teaching and academic performance.

At the end of RCC, AKES rated ECE classroom environments and teaching practices at each of its schools to be very high, with most graded "good" to "excellent". Positive indicators of a child's learning environment are measured through presence of active learning, structured teaching, and interaction. ("0" indicates poor; "5" excellent)

Indicators	ECD 1		ECD II			Class 1			Class 2		
	GB	Sindh	GB	Sindh	KPK	GB	Sindh	KPK	GB	Sindh	KPK
Classroom Infrastructure	3.85	3.53	4.19	3.3	3.77	3.92	3.24	3.75	3.88	3.01	3.74
Curriculum and Resources	3.1	3.09	3.44	2.88	3.02	3.59	2.92	2.92	3.28	2.78	2.9
Teaching and Learning Practices											
Managing Learning	3.98	3.46	4.35	3.12	3.5	4.06	3.09	3.48	3.76	2.87	3.46
Use of Language	4	3.63	4.875	3.01	3.65	4.05	3.15	3.75	4.4	2.96	3.76
Use of Active Learning	4.02	3.34	3.76	3.12	3.3	4.02	3.19	3.18	3.89	2.95	3.17
Teachers' Understanding; Application of Content	3.82	3.31	3.96	3.25	3.25	4.29	3.27	3.55	3.9	2.98	3.51
Planning and Assessing for Student Learning	3.47	3.01	3.21	2.85	2.91	3.78	2.88	2.99	3.73	2.67	2.97
Relationships and Interactions											
Teacher-Student Interaction	3.62	3.52	3.99	3.17	3.59	3.97	3.27	3.7	4.01	3.08	3.76
Between Students	3.76	3.71	3.43	3.15	3.37	3.52	3.27	3.37	3.64	3.12	3.34
Teaching and Non-teaching Staff	3.96	3.68	3.5	3.26	3.33	4.2	3.42	3.26	3.81	3.25	3.26

Sadaf Shallwani, in her independent research and tracking of RCC impacts, compared RCC-participating schools with a control group, revealing vast improvements in learning environments that can be attributed to RCC interventions. RCC teacher development programmes have resulted in pedagogical improvements throughout the programme area: ECE classes are more child-centered and focused on positive interaction, while children are actively participating and learning.

Class (Government Schools Only)	Indicator	RCC	Non RCC
PrePrimary	Most/all Children Involved in Learning Activities	86.30%	33.30%
Class 1	Most/all Children Involved in Learning Activities	43.8	28.5
PrePrimary	Pleasant and Present Teaching Interaction Engagement	77.2	0
Class 1	Pleasant and Present Teaching Interaction Engagement	31.3	21.4
PrePrimary	Present and Positive Child to Child Interaction	86.4	41.7
Class 1	Present and Positive Child to Child Interaction	50	35.7
PrePrimary	Learning Materials Available and Accessible to Children	94.5	16.7
Class 1	Learning Materials Available and Accessible to Children	37.9	7.1

Shallwani also shows that learning outcomes in Class 1 improve following a structured ECE experience. Over a two year tracking period, Shallwani learned that students who attended RCC-sponsored ECE classes performed better on standardized examinations in: 1) English Competency, 2) Local Language Literacy; and 3) Numeracy and Mathematics.

	Scale	Balochistan		Sindh		GB&KPK (Private)		Programme Average	
		RCC	Non-RCC	RCC	Non-RCC	RCC	Non-RCC	RCC	Non-RCC
Overall Physical Environment	0-5	3.2	3.2	3.4	3.2	3.6	3.1	3.5	3.1
English Literacy Performance	0-10	4.47	3.45	6.68	4.07	8.78	7.39	6.63	5.41
Local Language Performance	0-10	4.8	3.63	7.71	5.39	7.75	6.99	6.93	5.75
Numeracy Performance	0-10	6.73	6.54	8.35	6.22	9.12	8.34	8.11	7.22

Improved learning environments, increased access and academic success have prompted other results: teachers are present in class more often, students attend classes regularly, they are retained within the class throughout the year, and are increasingly being promoted to higher grades.

	RCC Initial Results ³⁵	National-Average ³⁶
Child Attendance Rate	70% to 90%	< 50%
Teacher Attendance Rate	90% to 100%	60% to 80%
Retention Rates	85% to 90%	<60%
Promotion Rate	70% to 100%	70%

35 Range of rates shared by RCC partners in their quarterly reporting, available from AKF.

36 ECE statistics are not centrally reported in Pakistan. Therefore, the values presented reflect a range of figures that emerge from various studies, donor reports and RCC tracking – sample sources include UNICEF, UNESCO, and Save the Children.



Finding 2. ECE Programming for Ages 5-8 is Taking Root

RCC's ECE interventions included building the capacity of teachers and improving the classroom environments for Class 1 and 2, targeting children aged 5-8. Shallwani finds that pedagogical improvements have been witnessed in the early primary classrooms, although not as pronounced as in katchi classes.

Beginning in Class 1, schools are mandated to use strict government curriculum; resistance to deviate from standard texts and teaching methodology limits the transformation that can be induced in primary schools. AKU IED is nationally regarded as the leading authority on primary-level teaching, with a number of on-going programmes aimed at improving Pakistan's primary school system. Within RCC, all implementing partners introduced AKU's Class 1 and 2 methodologies and learning materials, and began initial activities that may evolve into a broad primary school programme. Partners note that parents whose children participated in RCC katchi classes demand increased quality from Class 1 and 2, serving as a push factor to improve primary education. In an ironic, albeit expected development, government class 1 teachers have expressed concern that young children progressing from RCC katchi classes are "overly" curious, questioning and active in their schools.

Finding 3. There is Strong Demand for ECD Activities for Children Aged 0-3

RCC's 0-3 pilot programme provided intensive home and center-based support for expectant and new mothers, as well as growth surveillance and development activities for newborns. The programme resulted in almost 100% birth registration, vaccination, skilled birth attending, and breastfeeding rates – well above the national norm. RCC experienced strong demand from mothers for skills and tools to monitor the development of their children, center-based care activities, and opportunities to share and learn from each other through support groups. Even though the pilot was implemented in the last year of the programme, it rapidly attained coverage of 330 mothers and 350 infants in five (5) communities; the quick attainment of coverage shows promise for expanded uptake throughout RCC programme areas. With the standardization of health worker and parent training programmes and a Pakistan-centric child assessment guide, RCC has developed the core-materials required to promote a nationwide 0-3 ECD agenda.



Finding 4. There is Now a Nationwide, Critical Mass of ECD Institutions

RCC consolidated a disparate group of child-interested programme partners, and by focusing on institutional-level capacity development, transformed them into veritable ECD organizations. These national assets created by RCC resulted in:

- Internationally recognized academic and specialist organizations that are able to lead national programmes of knowledge generation, training, and materials development: AKU IED, TRC, SEF, and AKU HDP. Their cadre boasts over 20 PhDs, doctors and other childcare professionals with the highest ECD qualifications and training certifications.
- Six large implementation organizations that are leading the deployment of holistic ECD activities including training, school improvement, financing, monitoring and government advocacy: AKES, Sungi, Society, Hands, MIED and AKHS. Combined, they host over 50 highly trained ECD professionals.
- A nation-wide coverage of ECD programmes, with on-going and expanding activities in Sindh, Balochistan, Khyber Pakhtunkhwa, Capital

Region, and Gilgit-Baltistan. RCC addressed the most difficult to reach and most vulnerable pockets of these provinces, demonstrating that effective ECD can be implemented in even the most challenging of conditions.

- There is now sufficient intellectual and leadership capacity in Pakistan to undertake a broader deployment of ECD programming.

Finding 5. There is Shortage of ECD Management and Project Capacity

All RCC partners – technical, implementation, and even AKF – experienced significant turnover of management and project staff, precipitated by aggressive recruitment by other donor funded projects, new schools, and private sector ECD agencies. The rate of re-employment of RCC-trained staff reflects the programme's training quality and effectiveness of project activities, as well as the dire shortage of ECD management and implementation capacity in Pakistan. Amongst the cadre of staff who were readily recruited are Project Managers, Officers, Monitoring and Evaluation Specialists, Master Trainers, School Managers, and Researchers.



Finding 6. There is a Dearth of Programming for Child Development Across Domains and Ages

The vocabulary and activity of ECD in Pakistan is largely defined by its lead practitioners – who are dominantly from the field of education. RCC programmes show strong cognitive development and school preparedness outcomes for children age 3-5; however there remains a gap in understanding how children of all age ranges develop across the spectrum of development domains, including health and other outcomes. The corollary to understanding how children grow across domains at different ages is the creation of activities and programmes that target child development milestones. RCC’s 0-3 growth guidelines and 3-5 ECE teaching manuals provide useful starting points to assist practitioners understand age-related development benchmarks, and in developing domain specific programme activities.

Finding 7. There is Opportunity to State Outcomes Based on Child Development

RCC’s activities are well understood in terms of number of schools, trained teachers, enrolments, and uptake of health programmes – indicators that result from 1) a focus on access and quality, and 2) a general assumption that participation yields positive child development results. “Access” as a proxy for “development” results in supply-side programming where outcomes largely overlook child-based impacts. AKES began a unique monitoring programme to track the effectiveness of its interventions against specific child development outcomes – allowing RCC to answer for the first time, “Do ECD activities result in happy and healthy children?”. AKES’ tool is a robust observational and interactive measure that results in a rating for each child, at each development domain (0 indicates

“poor” and 5 means “excellent”). AKES’ results below are presented as an example and not as an indication of the absolute outcome of RCC’s activity.

While carefully navigating the elusive question of attribution and causality, AKES shifted the focus of ECD programming back onto children. Child-centric outcome tracking, coupled with activities that target specific ECD domains, would allow RCC to better understand the effectiveness of specific activities on child development. Within an environment of limited finances and limitless scope of activities, understanding effectiveness allows practitioners to better allocate resources and concentrate on activities that have the greatest impact on child development.

Finding 8. Variety, Flexibility and Alternate ECD Programmes is Emerging

RCC successfully deployed replicable center-based ECE models, home-based 0-3 programmes, and center-based health initiatives – these models are a benchmark for effective child development activities. The programme also considered a variety of alternate approaches to education, health, play, outreach, messaging and surveillance activities that could be considered when increasing coverage levels, tailoring activities to different contexts (such as geography or cultural practices) and in dealing with budget realities. RCC partners have experience with mass-media approaches such as radio messaging, theatrical performances, eLearning, awareness raising, and many also implement programmes across a variety of sectors (such as water, rural development, and village organization). These alternate and non-center-based programmes show early potential for broader deployment.

Indicators	ECD I		ECD II			Class 1			Class 2		
	Sindh	GB	Sindh	GB	KPK	Sindh	GB	KPK	Sindh	GB	KPK
Physical skills	4.52	4.2	4.63	4.8	4	4.26	4.72	4.24	4.32	5	4.2
Hygiene	4.23	4.1	4.27	4.2	3.84	4	4.44	4.05	4.21	4.4	4.05
Cognitive Skills	4.25	3.8	4.27	4.2	3.74	3.91	4	3.76	3.61	4.3	3.9
Language Skills	4.27	3.8	4	3.9	3.47	3.86	3.7	3.55	3.38	4.3	3.8
Numeracy and Spatial	4.5	4	4.47	4.7	4.16	4.26	4.72	3.76	4.32	4.2	4.05
General Knowledge	4.48	3.6	4.64	4.8	4	3.58	3.06	3.05	3.36	4.3	3.9
Creative	4.25	4.1	4.31	3.8	4.17	3.55	3.63	4.3	3.41	4.4	4.1
Music and Movement	4.57	4	4.37	3.9	3.95	4.09	3.62	3.76	4.16	4.2	3.9
Social Skills	4.65	4	4.73	4.6	4.11	4.43	4.65	4.12	4.29	4.1	4.1
Averages	4.41	3.96	4.41	4.32	3.94	3.99	4.06	3.84	3.90	4.36	4.00

Finding 9. A High Reliance on Government Limits Sustainability

ECE programmes in government schools rely on district budget allocations to regularize ECE teachers; while there has been some level of commitment from EDOs to this effect, no RCC trained teachers have been formally appointed through government mechanisms. Moreover, the budgeting, policy, and implementation uncertainties created by the 18th Amendment make it unlikely that sufficient budgets will be accorded to ECE programmes within the next five-years. Absolute reliance on the government to achieve nation-wide ECD objectives is not a viable strategy.

Finding 10. Community-Based Models are Effective

ECD interventions managed by communities – center and home-based – have shown the highest rates of post-RCC programme activity; they are self-financed, remunerate teachers and caregivers regularly, and continue to provide mother and child care for the 0-3 age group. RCC’s model of assisting centers wholly owned and operated by the community, or facilities owned by the government and managed by communities, has emerged as the most sustainable intervention model. A key measure of the community model’s effectiveness is the overwhelming sense of community ownership and engagement³⁷ – signaling the commitment of parents and their neighbors.

Finding 11. Early Childhood Development is Now the Norm for Child Programming

RCC was highly successful in realigning the tone of child programming in Pakistan towards a holistic approach for Early Childhood Development; ECD is firmly established as a multi-sector theme. RCC’s awareness, education, and outreach efforts resulted in the national 2004 ESR and 2009 NEP to dramatically change their approach to katchi classes; rather than solely being intended as school preparation, the government now sees preprimary as an opportunity to develop the whole of the child. RCC has been attributed with redefining ECD in Pakistan in government documents and has even been referenced by UNICEF; AKU has shared this example of changing attitudes towards child development at seminars and workshops internationally.

Moreno de Yanez, in her mid-term review, shares: “Stakeholders mention that the mentality of people has changed through their participation in RCC. ECD has become a priority for many stakeholders. All people interviewed mention that they are aware now of the importance of the early years of the child and want to do something about it: parents, teachers, Head Teachers, education authority, community mem-

bers and ECD workers themselves, putting in practice what they have learned in their own families.”³⁸

Senior leadership at all RCC partners have noted that ECD has become the normative approach to young children’s programmes – regardless if the project is rooted in health, education or poverty reduction – and that “ECD” is now de rigueur terminology for government dialogue and policy discussions.

38 ibid p12



37 Moreno de Yanez, 2011, p17

Part Five:

Scaling Up Impact, a Forward Agenda

There are over 55 million children in Pakistan between the ages of 0-8; in 10 years, RCC provided improved ECD services to over 60,000 children between the ages of 3-5, 300 children between 0-3, and 25,000 between 6-8. The overarching challenge facing RCC partners and child development professionals in Pakistan is the development and deployment of scalable and cost effective ECD programmes.

Scaling-up ECD in any country, let alone one mired in poverty, is very difficult; in the United States, less than half of eligible preschool children in poverty and 5% of eligible toddlers and infants have benefited from the Head Start Program after 45 years of implementation³⁹. The international community provides extensive evidence of effective large-scale programmes – many that Pakistan can begin implementation in short order. The success of these programmes is based on: a thorough understanding of the link between activities and their impacts on child

development; targeted programmes seeking specific results; focus on quality; system-wide capacity to implement and manage; a variety of engaged, committed, and coordinated stakeholders; addressing the needs of primary caregivers; and fostering and catering to demand⁴⁰. Traditional ECE and center-based programmes alone cannot provide the scale required to effect children nationwide. To mirror international achievements, ECD in Pakistan requires a fundamental rethink of how practitioners understand results, assess success, and approach implementation.

Refocusing on impact, rather than programmes, is the key to scaling-up ECD in Pakistan. This report explores specific recommendations on how the experience, learning and capacity of RCC can be enhanced and leveraged to expand the reach of ECD services nationwide and how we can make significant impact on the development and wellbeing of children throughout Pakistan.

39 Bernard van Leer Foundation. “Early learning: lessons from scaling up”, 2011

40 *ibid*



Recommendation 1. Continue to Expand Access to Quality Center-based ECE Services

An estimated 120,000 additional katchi classes and pre-primary teachers are required to realize Pakistan’s constitutional obligation to provide ECE access for every child between the ages of 4 and 5. With enrolments increasing annually, there is a dire need to expand RCC’s center-based activities, working in partnership with government schools, private centers, and non-formal ECE vehicles. Continued investment into creating child-oriented learning environments and classrooms, as well as developing an ECE teaching cadre are essential elements for any forward ECD strategy.

If RCC’s per-school costs are taken as typical costs for ECE throughout the country, a first estimate is provided into the magnitude required for a nation-wide ECE coverage⁴¹:

One-Time Investment in Facilities, Training and Resources:	10 Billion PKR
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Annual Recurring Budget (Salaries, Maintenance):	17 Billion PKR
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Prior to RCC, it has been assumed that the cost of achieving universal ECE coverage would overburden Pakistan’s educational resources. While seemingly large, RCC’s projections, when equalized over 10 years of implementation, amount to less than 6% of Pakistan’s annual education budget. Coupled with the NEP’s assertion that between 20% to 30% of the education budget remains unutilized, there is a distinct possibility that nationwide, government sponsored ECE could be funded within current budgets.

41 Assuming one year of ECE provision in a facility refurbished within an existing school; a cohort of 7 million children of which 30% are already enrolled in ECE; and an average of 40 students per class.





Recommendation 2. Map the Development of a Child Across Ages and Domains

The science of child development underpins the practice of ECD; understanding how children grow and the factors that influence their development into healthy adults allows ECD practitioners promote child wellbeing. Mapping the development of a child – across the domains of physical, socio-emotional, learning, language, and cognitive development – as they grow from age 0 to 8 would allow practitioners to establish age-appropriate child outcomes, and develop programming responses to ensure these outcomes. To do so requires investments in knowledge creation, involvement of more stakeholders, development of new tools, and capacity building. Specifically, RCC should consider:

- Bringing together academics and practitioners from the fields of pediatrics, child education, psychology, anthropology... to increase the breath of disciplines contributing to the science of child development.
- Developing a scientific agenda to understand child-growth process, contextualizing for conditions in Pakistan such as poverty and remoteness.
- Sponsoring an academic umbrella for scientific endeavors related to child-development, ideally house at a multi-specialization institution such as AKU.
- Providing funding for research that directly contributes to ECD improvements in Pakistan.
- Continued translation and adaptation of international research for use in Pakistan
- Create a “map”, or age-wise benchmark of child-development outcomes that can be used as a standard, and against which programmes can be measured.

ELDS Macedonia

In 2009, Macedonia adopted the nation-wide Early Learning and Development Standards (ELDS) for children aged 0-6 years. ELDS was developed in response to the overarching question plaguing ECD practitioners: “What should children at a certain age during the period between 0 – 6 years know and be able to do?” After two years research, stakeholder consultations, understanding of best practices and extensive guidance from UNICEF, ELDS was presented as a national articulation of development benchmarks for children at every age, expressed in terms of cognitive, physical, social and emotional development. ELDS is not a prescriptive document, rather, it is a national instrument to ensure quality, provide guidance, and inform the creation of ECD programmes. More importantly, it is a tool to help parents and caregivers ensure that they are on track in meeting their obligations to young children.⁴²

42 Please see Domovska et al., Early Learning and Development Standards



Recommendation 3. Experiment with a Variety of Programmatic Responses

There is no universal model or standard process through which optimum child development occurs – child-centric programmes can be delivered through a variety of models. ECD can be institutional or informal, offered through direct contact or mass approaches, with front-line services from professionals or informal workers. Internationally there is dire need for alternative programmes that stimulate the development of children across the varying domains. Programmatic priorities for ECD in Pakistan are:

- Based on the Map, create corresponding activities to stimulate child development responses across domains, and for every age group
- Pilot new programmes under control conditions to determine which programmes are the most effective in producing child-impact, and those that are cost efficient
- Experiment with alternative delivery vehicles (beyond center-based activity) for every type of programme.

RCC partners note that based on current knowledge and capacity, there are there are immediate opportunities in Pakistan to:

- Improve Class 1 and 2 interventions within the primary school system (ages 6-8)
- Broaden surveillance and stimulation activities for the 0-3 age group
- Include psychological and physical development activities within ECE (age 3-5)
- Mass media messaging for programmes seeking to influence knowledge and practices.
- Leverage the reach and implementation ability of community based groups.

Mass Messaging to Improve 0-3 Care

ECD activities most critical for children between the ages of 0-3 are: neonatal care, skilled birth attendance, vaccinations, breastfeeding and dietary supplementation, responsive and active interaction with the mother, as well as engaged care from fathers. RCC encourages these actions by using LHWs and ECD professionals to deliver one-on-one consultations, community sessions, home kits, and health center access. International evidence shows that the same 0-3 wellbeing activities that RCC seeks to promote can be effectively prompted at scale by targeting million of families as one time through radio messaging, embedding positive practices into TV dramas, and even social media campaigns. Access rates are determined by replacing the counting of LHW meetings and health center visits with measuring broadcast coverage and random sampling for positive practices (e.g. breastfeeding). ECD practices that rely on imparting simple knowledge and repetitive reinforcement can be effectively scaled-up through such mass media strategies.



Recommendation 4. Protect Children in Natural Disasters

RCC has significant experience delivering programmes in communities devastated by floods, earthquakes, and conflict. Natural disasters are a regular occurrence in Pakistan; the need to deliver child programmes in these environments is a systemic requisite. While partners are familiar with emergency ECE classes and play facilities, there is a requirement to build capacity in:

- Child trauma and psychological care
- Legal entitlements and administrative process concerning displaced and orphaned children
- Nutrition and well being requirements for afflicted families.
- RCC's portfolio has a unique post-disaster ECD capacity that could serve as an international resource for communities that face risks similar to Pakistan.

Recommendation 5. Focus on the Family

CRC unequivocally places the family at the center of childcare. Research is clear noting that the greatest determinants of child wellbeing are the actions and responsiveness of their parents. There is no substitute for positive parenting in ensuring strong child development outcomes; governments, katchi classes and doctors cannot replace parents. RCC's family engagement activities should be leveraged to shift the responsibility for ECD from governments and NGOs to caring and loving mothers and fathers. To do so, RCC should focus on:

- Developing programmes that result in positive parenting
- Reaching more families, ensuring the inclusion of fathers
- Developing programmes that can be delivered regardless of access to formal facilities
- Assisting families to achieve the financial security required to take care of their children

Recommendation 6. Build Capacity Across Vectors

Parents, teachers, nurses, doctors, academics... across vectors, the lack of implementation capacity is the largest constraint to expanding ECD outcomes. Significant resources should to be allocated to create a cadre of mid-level managers and front-line practitioners. Alongside formal Master's and Diploma programmes, capacity-building should be directed towards:

- Associate and first-degree programmes for ECD practitioners
- Continuing education and professional development programmes for ECD managers
- ECD awareness for complementary vectors (e.g. school architects)
- Distance and remote learning for front-line workers.



Recommendation 7. Acknowledge the Contribution and Redefine the Role of Government

Education for All obliges governments to assist children to access ECD services when they are unable. In poverty-stricken countries such as Pakistan, governments take on a disproportionately large role in providing services regardless of state's fiscal ability to do so. Regardless, the Government of Pakistan has made considerable investments into ECD activities; child-based treaties, universal ECE and primary education, national curricula, inaugural budgets, vaccination and nutrition programmes... must be acknowledged as a significant contribution from government to ECD.

Current economic conditions make additional investments by the state unlikely for any sector of development, not just ECD. From evidence presented in this report, additional government funds may not be necessary to achieve far-reaching impact. Rather than

new legislation and finances, government-engagement activities should be repackaged to consider:

- More efficient use of existing allocations to education, and unlocking the 20% of the education budget that goes unspent each year to the benefit of ECD
- Changes to teacher appointment processes and regularization of qualified ECE teachers
- Use of primary education budgets to influence ECE in class 1 and 2
- Creating cross-ministry constituencies for ECD that can coopt moral, if not material, support from policy makers in health, education, rural development
- Identifying and improving child-outcomes within existing government programmes
- Promoting a strategic partnership with government to secure unencumbered support for community, NGO, civil society and private ECD initiatives

Community-Based Budget Advocacy

District level budgeting began in 2002 with legislation that empowered Schools and Parents to allocate education funds. However, lack of awareness, capacity and transparency limited the ability of parents to participate in district budgeting. MIED, Sungi, and Society advocate rights-based approaches, working with communities to avail rights and entitlements from government. These partners liaise with communities, informing them of budget developments and ascertain their priorities. They link with district officials to ensure community needs are budgeted, and monitoring the performance of the education budget. This approach has seen an increase in the number of improved ECE classrooms and more health services for children— all from existing budgets. RCC notes that targeting training for Nazims and EDOs in community rights, budget administration and transparency, can help underwrite government pledges to regularize ECE teachers and support ECD programmes.

Recommendation 8. A Professional ECD Association

Early childhood development – as a practice and as a profession – requires an institutional home in Pakistan. Private actors undertake most, if not all, ECD activity in Pakistan; communities, private schools, NGOs, and companies deliver over 75% of all ECD programmes. The effectiveness of non-government actors in ECD calls for intutional leadership that is provided by the community of practice – a cooperative of peers who can manage their profession, develop and promote best practices, and monitor and advocate for child development. A Professional ECD Association would be a formal, empowered institution that can set standards for training and qualify an ECD workforce; lobby and advocate for policy and funding; partner with implementers, governments and communities; promote research and innovation; track and monitor ECD activities; maintain a national data archive; and ensure sustainability of child-development outcomes.

Two research studies exploring the ECD environment in Pakistan identified RCC as being the most appropriate body through which a national ECD umbrella can be formed.⁴³ RCC, under AKF direction, houses the range of capacities required to effectively manage the variety of disciplines, organizations, and programmes that

would encompass a national institution. Moreover, RCC is the only consortium that has activities, influence and networks in every province. Similar practitioner-based professional organizations established by AKF as arms-length institutions include the Civil Society Resource Center and the Pakistan Center for Philanthropy.

The establishment of a Professional ECD Association would entail:

- Legal registration of the association as a self-regulating professional body
- A Charter from government(s), being granted with domain over ECD practice and professionals
- Forming a governing Board including membership from organizations, governments, communities, and children
- Ensuring a diversity of members including all RCC partners, other ECD implementing organizations such as Save the Children, Right to Play, and Plan International; private ECD providers; donor agencies such as UNESCO and UNICEF, as well as academic institutions
- Membership for stakeholders from the private sector and philanthropic organizations
- Establishing standards for ECD caregiver training, programme guidelines, and officially accrediting ECD projects and practitioners

43 Shakil, Sofia. Overview of Early Childhood Care and Development in Pakistan. (2002 and 2003)



Recommendation 9. Increase Uptake of ECD Responsibilities by Community Organizations

The sustainability and outcome effectiveness of community-based models points to a viable alternative to investing solely in government systems. To increase the uptake of ECD activity by communities, RCC should include:

- Training for community leaders and creation of community ECD bodies
- New community ECD centers, or community management of government facilities
- Mechanisms that allow communities to remunerate caregivers instead of government
- Legal status and accreditation for communities-based schools and medical centers
- Increasing community access to government and donor funds, including voucher schemes and redirection of government ECE budgets through communities.

A Recommendation 10. Create a Role for the Private Sector

The private sector includes profit and not for profit, company and home-based entities that provide a variety of ECD services (health, schools, daycare...) in a financially sustainable manner, as well as corporations who sponsor programmes. Increased cooperation and sharing of experiences between NGO/government ECD promoters and the private sector will strengthen the knowledge base and increase the variety of implementation options available to the sector. Some examples of private sector solutions to consider include:

- Private nurseries and daycares “adopting” and guiding ECE centers in rural communities
- Employer sponsored “crèches” programmes in the workplace
- Encouraging mothers to establish low-cost, home-based nurseries or family day homes
- Providing legal status and financing schemes for home-based ECD service providers
- Corporate sponsorship for mass media campaigns
- Increased rate of philanthropic contributions to ECD activities

Dirt is Good

“...every child has the right to get dirty” is the philosophy of Unilever Pakistan’s social responsibility programme marketed by Surf Excel laundry detergent. Initiated in 2006, the “Dirt is Good” campaign is a corporate commitment to ensure that children have the right to play, explore, and learn about one another. Surf Excel is the largest corporate sponsor of ECE in Pakistan. Recently, Surf Excel launched “Tools for Schools”, providing monetary assistance, learning materials, and networking opportunities to assist the thousands of students displaced by the 2010 floods. “Design for Change” is a new initiative, described as “a simple 4 step process (Feel-Imagine-Do-Share), [through which] children shall be encouraged to visualize solutions to the problems that they face and moreover, execute them.” Dirt is Good campaigns have reached over 600,000 children in Pakistan.⁴⁴

44 Surf Excel, website

Conclusion

Pakistan welcomes 7 million children into the world each year. Their families, communities and society promise them the best start to life: ensuring their good health, safety, and the opportunity to learn. But 5 million of these children will be born into vulnerability, without access to basic necessities such as water, sanitation, nourishment and access to quality schools and healthcare. But theirs doesn't have to be a destiny of poverty.

Pediatric science tells us that all children, regardless of the environment into which they are born, can overcome poverty if they are properly cared for – their brains are “wired” for progress. While a child's physical, genetic, and capital endowment at birth affects their brain activity, what is done to stimulate the child's brain in their early years determines who they are and what they will become. ECD programmes that promote physical, cognitive, so-

cio-emotional, communication, and literacy development, can help young children to stay in school longer, lead healthy lifestyles, become productive adults, and be good citizens. In no uncertain terms, nurture can overcome nature.

Dr. Almina Pardhan, a faculty member of AKU IED, transposes the science of child development into four simple core principles for ECD programmes: 1) adequate nutrition; 2) responsive caregiving; 3) sensory stimulation; and 4) quality health-care⁴⁵. RCC partners – AKF, AKU, TRC, MIED, AKES, SUNGI, AKHS, Society, HANDS, AKPBS, and SEF – have built upon these principles and established replicable models that provide access to quality Early Childhood Education, improve the support children receive from parents and communities, and expand coverage of basic health programmes for newborns, infants, toddlers, and young children. RCC shows that

45 RCC interview, 20 March 2012



well targeted, science-based, and results oriented interventions improve the wellbeing of children, especially for those living in poverty.

Delivering quality ECD services to Pakistan's 56 million children between the ages of 0 and 8 requires a significant commitment – children must be assured of continued moral, material, and financial assistance from government and the donor community. Bringing RCC's successes to scale will require the development of alternative practices and careful attention to sustainability. While providing access to improved ECE in katchi, class 1 and 2, as well as expanding health coverage remain priorities in Pakistan, the ECD community must become increasingly creative and experimental, and seek support to underwrite innovation in child development programming.

Whether we are preprimary teachers, child rights lawyers, LHWs, government officials, NGO workers... or if we draw our inspiration from the CRC, EfA, NEP, MNCH... we are all parents, families, and community members – we are all caregivers alike. Our challenge is to build a solid foundation for future generations and work towards the wellbeing of children under our care. RCC lays out a formidable early childhood development agenda, but one that is commensurate to the promise we have made our children, and one that is primal to our being – to ensure that every child is happy, healthy and has a life filled with possibility.

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