

Spotlight on the Many Voices of the Early Childhood Workforce

Solutions Summit Report

11 December 2018
New Delhi

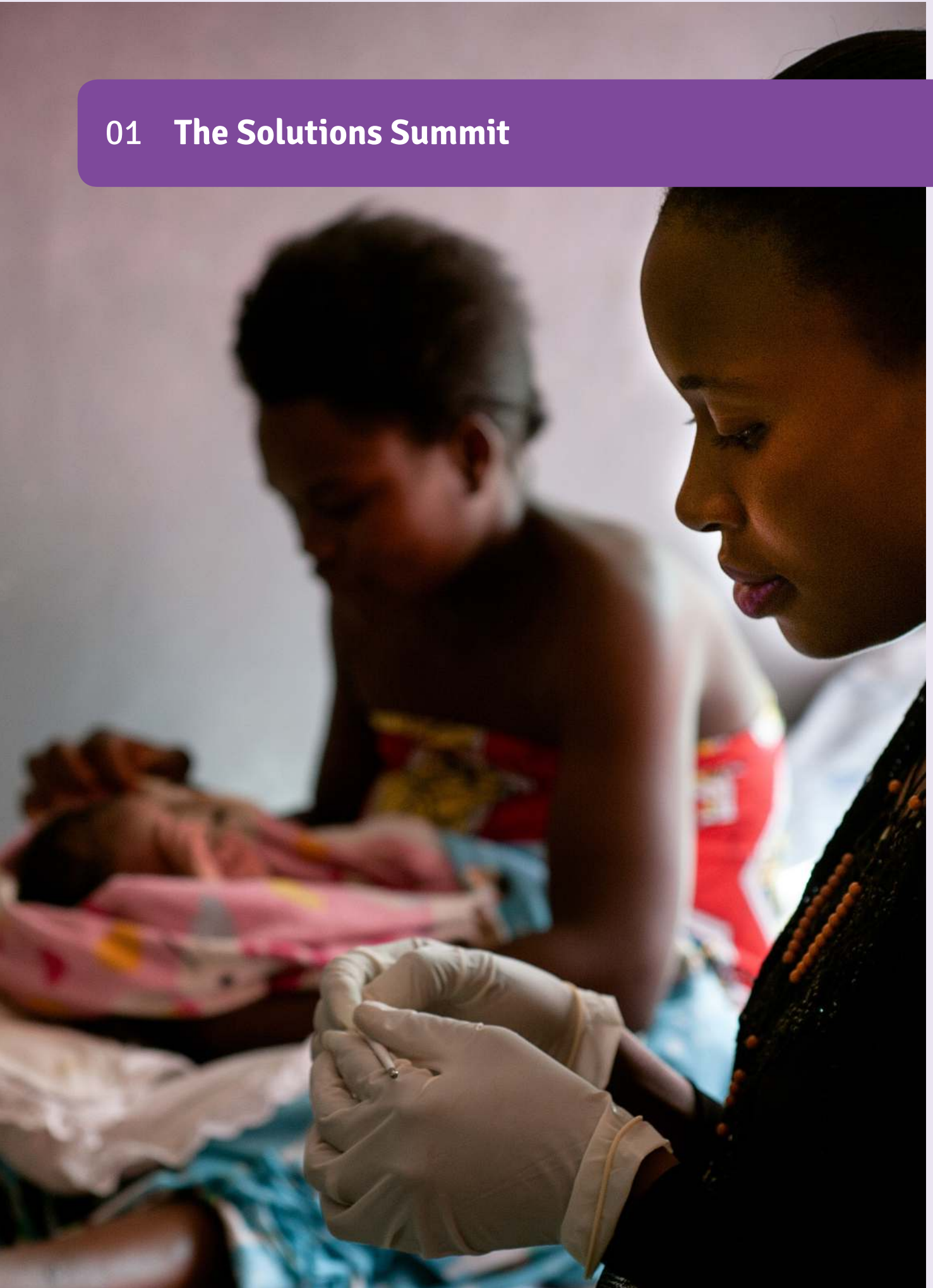


PMNCH Partners' Forum Side Event

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01 The Solutions Summit



Event at a glance

Sectors: government, international organisations, practitioners, researchers, foundations and workforce members

55 attendees; 15 countries
Areas: health, education, development and early childhood

The **‘Spotlight on the Many Voices of the Early Childhood Workforce’ Solutions Summit** was held on 11 December 2018 as an official side event of the **Partnership for Maternal, Newborn and Child Health (PMNCH) Partners’ Forum** in New Delhi, India. With assistance from Apolitical and the Early Childhood Workforce Initiative, the interactive Solutions Summit was convened by:



The Partners’ Forum brought together 1,200 PMNCH partners dedicated to the **Every Woman Every Child (EWEC)** movement and the achievement of the **UN Secretary General’s Global Strategy for Women’s, Children’s and Adolescents’ Health**, which calls for all girls and boys to have access to quality early childhood development. The Partners’ Forum focused on improving multisectoral action for results, sharing country solutions and capturing best practices and knowledge within and among the health and related sectors.

Inspired by the goals of the Partners’ Forum at large, the Solutions Summit objectives were:

- 1. Survive** To showcase successful examples of quality improvements of an early Childhood workforce in specific cities, states or countries.
- 2. Thrive** To place a spotlight on the importance of the workforce as a key lever to success in implementing integrated approaches at scale and on the benefits of cross-sectoral collaboration.
- 3. Transform** To surface solutions for specific workforce issues and foster continued cross-sector conversations among a strong international community.

Who is part of the early childhood workforce?

The nurses, midwives, educators, community health workers, social workers, pediatricians, pre-school teachers and government representatives, among others, who work to help improve outcomes for babies, young children, and the people who care for them.

The Summit brought together...

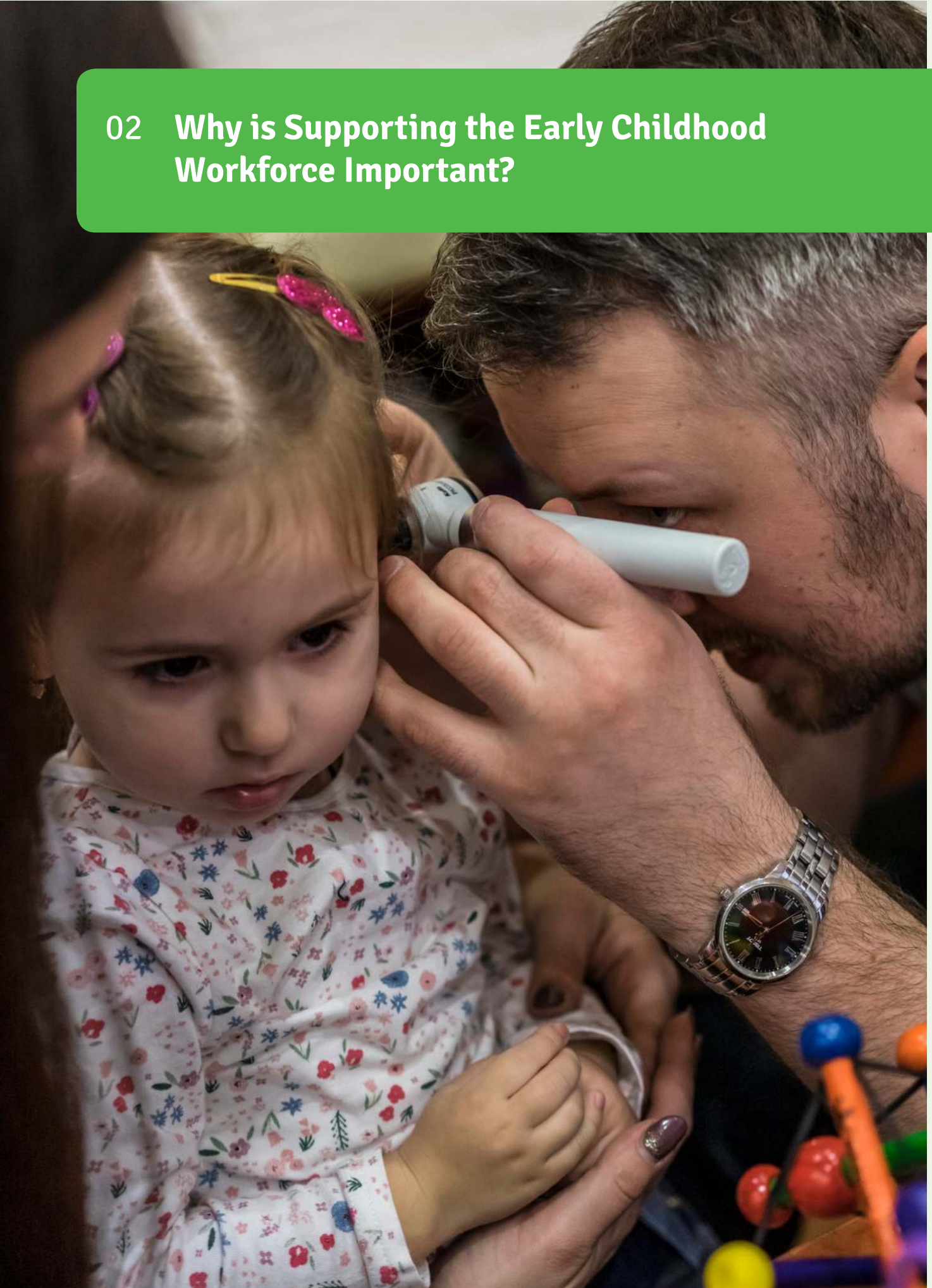
To achieve its goals of placing a spotlight on and developing solutions for the diverse early childhood workforce and creating a strong international community in support of the workforce, the Summit included:

- A panel of experts who have worked on successful programs around the world (see page 9),
- A highly interactive session that set out real-world challenges and asked the experts in the room to brainstorm solutions (see page 14),
- An insightful presentation on the policy levers to address early childhood workforce issues from Dr. Flavia Bustreo, Board Member, Botnar Foundation and former Assistant Director-General - Family, Women's and Children's Health, WHO.
- All centred around hearing the voices of the workforce themselves – with representatives from Kenya, India and New Zealand sharing their stories.

The organisations represented at the Summit include:

 <p>Women and Child Development Department Government of Odisha</p>	 <p>स्वास्थ्य एवं परिवार कल्याण मंत्रालय MINISTRY OF HEALTH & FAMILY WELFARE स्वास्थ्य एवं परिवार कल्याण विभाग DEPARTMENT OF HEALTH & FAMILY WELFARE</p>	
<p>BILL & MELINDA GATES <i>foundation</i></p>		 <p>Grand Challenges Canada® Grands Défis Canada BOLD IDEAS WITH BIG IMPACT®</p>
		
<p>REPUBLIC OF KENYA</p>  <p>MINISTRY OF HEALTH</p>		
		

02 Why is Supporting the Early Childhood Workforce Important?



A child’s experiences in the first few years of life have far reaching and long term impacts. Early childhood workers are important partners in ensuring that all children – and their caregivers – benefit from the nurturing care necessary to promote good health, adequate nutrition, safety and security, responsive caregiving, and early learning.¹

Around the world, as more and more children participate in early childhood interventions and programs, the quality of those services have come into focus.² Across diverse contexts and services, well-trained and supported personnel are associated with better quality early childhood provision.³

The first 1,000 days of a child’s life are particularly critical for development. Despite how essential the workforce is to the lives of young children and their caregivers, the early childhood workforce faces significant challenges around the world:

- Lack of training
- Lack of respect and support
- Low pay and status
- Insufficient number of workers to provide services
- High workload
- Low political prioritisation
- Lack of investment



“It is an enormous tragedy that the people who have the endurance and spirit to support young children have the least respect and are paid the least”

Michael Feigelson
Executive Director, Bernard van Leer Foundation



Bernard van Leer Foundation

Bernard van Leer  FOUNDATION

An infant and her family do not distinguish between the support offered to them across the various sectors. A tired mother with a colicky child is going to seek help from the professional that is most accessible to her, be it the paediatrician, community health worker, or parent group facilitator. In this sense, the number of professionals who work with young children and families cut across many sectors. By reducing inefficiencies across services and ensuring strong cross-sectoral collaboration, all of us will be able to build an enabling environment for children and their families, equip them with positive parenting skills, and ensure that the workforce can adapt to the challenges it faces.

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We know that supporting the critical providers of care for babies is vital, especially for the most vulnerable in society. The workforce delivering programmes for them needs to be valued and supported to do so effectively. The right place to start is to listen to these frontline workers and to hear their concerns and ideas to make their work easier and more effective. Focussing on the early childhood workforce – broadly defined – is an excellent way to start transforming early childhood for millions.

PATH

 PATH

As children around the world gain better access to healthcare and improved nutrition, more and more have the opportunity to live healthy, productive lives. While child mortality remains a major problem in many low-resource settings, today we must answer a new question: how do we ensure that our youngest children not only survive, but thrive? PATH has developed an approach to integrating nurturing care for ECD into existing health systems as a way to help children thrive. The health workforce at leadership, technical, management, health facility and community levels all have key roles to play in this.



“Don’t see the child in parts, see the child as a whole”

Dr. Arun Singh

National Advisor of Rastriya Bal Swasthya, Karyakram, Ministry of Health & Family Welfare, India in opening the Solutions Summit



Voices of the Early Childhood Workforce: Compassion

Image: © Anahí Clemens | Bernard van Leer Foundation



Ann Yates

Lead Midwife Advisor, International Confederation of Midwives

I have spent the last four decades working as a midwife across all settings from poor countries with few resources to high income countries where women can access the highest possible standards and comfort. In all settings, women need midwives. I believe that mothers have the most important job in the world, and being a midwife is a close second.

For so many women, their ability to be in control of any aspect of their lives is lacking. Poor education, poverty, hunger, disease and an absence of family planning leaves them extremely vulnerable. And as a midwife it is important to understand the challenges women are facing, and to show compassion. When I worked in Papua New Guinea, I understood that many women who came to me for care were having a difficult time, and not always in good health. Showing kindness is the best starting place to be able to engage with women.

Midwives support women to be healthy and informed and care for their newborn babies. But I have learned that intervention is not always better. In high resource countries, practices often get in the way of bonding, and we need to let some natural processes remain.

What do you want people to understand about your work?

My wish is for more respect and recognition of midwives and those who work with children. Gender is an issue - it's a female dominated industry and where there is not respect for women, there is not respect for workers.

03 Case Studies: Successful Programs



The Solutions Summit included a panel interview with representatives from four successful programmes on the elements, barriers and challenges of successful Early Childhood programmes. The presenters were:

- **Dr. Queen Dube**
Clinical Head of Pediatrics & Child Health at Queen Elizabeth Central Hospital, Malawi
- **Dr. Helia Molina Milman**
Dean Medical Science Faculty, University of Santiago de Chile, Chile
- **Rashmi Nayak, OAS**
Joint Secretary to Government of Odisha, Women and Child Development and Mission Shakti Department
- **Debjeet Sen**
Regional Specialist, Early Childhood Development & Nutrition, PATH

Here we present two of the successful programme case studies.

Case Study 1: The secret to Malawi's drop in infant mortality? Kangaroos

Malawi has reduced its infant mortality by 40% in a decade, largely thanks to integrating the Kangaroo Mother Care (KMC) method for premature births across many hospital maternity wards. The skin-to-skin contact boosts survival and growth by providing warmth, regular breastfeeding, and resistance to infections, without the need for incubators.

What is Kangaroo Mother Care?

Immediately after birth, premature babies under a certain weight are identified, placed on a parent's bare chest and covered in blankets. With continuous skin-to-skin contact, they quickly start regulating their own body temperature, can receive regular doses of their mother's breastmilk, and gain protection from infection from their parent's bacteria.

It has the potential to help save an additional 770,000 premature babies each year around the world. KMC began in Colombia in the 1970s and is widely recognised as an evidence-based, low-cost intervention for improving health and survival of premature and low-birthweight infants.

Dr. Queen Dube of the Queen Elizabeth Central Hospital, Malawi, said that the spread of KMC was helped by "a bottom-up approach." Pediatricians set themselves a two year timeline. They worked with partners before drafting and presenting guidelines to government and securing buy-in.

An estimated 32,000 children are being saved annually in Malawi by KMC. This in a country that has the world's highest rate of premature birth (18%). KMC covers around 56% of Malawi's 528 health facilities – the goal is 100% coverage.

In developing countries, KMC costs as little as \$4.60 per child per day for operational costs, including training and collecting information. But this approach would benefit babies and parents in wealthier countries too.

The principal challenge to implementing KMC in Malawi has been the lack of a reliable data system to capture the information about babies admitted, both during care and after discharge.

In addition, it is difficult to ensure a high quality of care: many health facilities are less successful at identifying babies that need it, intervening early enough, and waiting until the infant has reached an optimal weight for survival before discharge. For some health care workers, KMC required learning new skills. Maintaining financing and monitoring to properly support workers is a continued challenge.

In addressing these workforce challenges, Dr. Dube noted the importance of a mentoring system organised by the pediatrics association for those working with newborns – where showing gratitude for workers and their work is an integral part.

The second factor for success is to make systems as easy as possible for workers, saving time and easing pressure.

Potential Benefits of KMC:

- Proximity means exposure to mother’s bacteria to ward off infections, and frequent breastfeeding to stimulate growth and health
- Lower infant mortality rate
- Improved cognitive ability
- Improved bonding with parent
- KMC training and maintenance can be cheaper than other neonatal interventions.

Case Study 2: Chile was failing its poorest kids, so it closed the gaps between services

When Dr. Michelle Bachelet became Chile’s first female president in 2006, childhood development was high on her agenda.

Chile Crece Contigo, the country’s flagship early childhood program, is committed to coordinating the doctors, nurses, midwives, preschool teachers, social workers and other government employees in contact with all young children, and particularly with families receiving services through the public health system. Creating this kind of system was challenging, but it’s quickly becoming a model for countries across the region.

Devised in 2006 as an intersectoral policy that would support kids from gestation to their entry into preschool, the program’s name translates to “Chile Grows With You”. The main entry point for support is through the public health system, which serves more than 80% of Chilean children. The first antenatal nurse who sees a pregnant mother, for example, can flag her case if she lives in extreme poverty or a household with substance abuse problems.

That can lead to home visits from social support workers, free childcare or preferential access to housing and mental healthcare. Many of those services were already available, but not widely accessed or well-integrated.

Chile Crece Contigo's US\$80 million per year budget is managed by the Ministry for Social Development, which transfers funds to other ministries for two purposes. One is to enable sharing of detailed information between different services for children and parents. The other is to fund "top-ups" to existing services, where research on early development suggests they're particularly important.

A major challenge is making sure best practices are implemented in each of Chile's 345 local communes. The issue of local variation isn't insurmountable, though, because Chile's government is highly centralised and works to set intelligible delivery standards for local providers.

Maintaining an ongoing process of evaluation and reform has been another challenge. Money for evaluations is not always forthcoming. There have, though, been success stories. After evaluations suggested children's mental health outcomes were poor, an evidence review led to the introduction of targeted home visits and work in schools.

So far there has been no large-scale assessment of its overall impact, but the program is ensuring consistent implementation of interventions best supported by international evidence, according to the evaluations that have been completed.

A key to the programmes success? According to former Minister of Health Dr. Helia Milman Molina, who previously directed Chile Crece Contigo, it was showing that it is a win-win to collaborate across sectors – in the beginning it was difficult because "nobody wants to put water in the other house," but once the benefits for all were clear, collaboration became an easier task.

You can read more about multisectoral collaboration in Chile, as well as Germany, in the Success Factors case studies that were launched during the Partners' Forum – go to www.partnersforum2018.com >> Success Factors.



Voices of the Early Childhood Workforce: Endurance

Image: © Vanessa Touzard | Bernard van Leer Foundation



Asha Vijay Ghavghave
Anganwadi Worker, Degma Khurd Village, Nagpur, India

I became an Anganwadi (child care centre) worker because I love working with young children. But what has helped me to stay motivated in my work - which includes looking after 28 young kids from 10am to 3pm every day - is seeing the happiness that caring for children brings to their parents.

The most important partnerships in my work are with the community and the village I live and work in. I came to the village I now live in when I got married. It is a remote, tribal village in the state of Maharashtra in India. They have certain traditions and practices, for example discarding the colostrum when a baby is born. Through my training, I know that this practice is not ideal. I have dealt with this by connecting with village champions and leaders in the community and teaching them about health and nutrition.

I received training from the government to become an Anganwadi worker, and undergo ongoing training on ECD. I also work with a supervisor.

The challenging aspects of my role are the many reports that I need to fill in on the children I look after - I have to do this outside the hours I am looking after them. I also have to travel to my supervisor to have meetings - it would be better if they travelled to me. Travelling to the meetings takes a lot of time - sometimes the community thinks that is all I do!

What do you want people to understand about your work?

There are many, many expectations on Anganwadi workers - in addition to caring for children, we have to travel for meetings, complete a lot of paperwork and reports and take care of nutrition and food. There is a lot of work that the community does not see.

04 Solutions: Addressing Real World Challenges



Informed by the case studies of successful ECD programs, two early childhood workforce related challenges were presented to the experts at the Solutions Summit – challenges that many policy makers, practitioners and researchers around the world are facing – for their insights and inputs into possible solutions. The challenges were presented by:

- **Sumitra Mishra**
Executive Director, Mobile Creches, India
- **Dr. Nishat Rahman**
Academic Head, Early Childhood Development Program, Center for Psychosocial Wellbeing, BRAC Institute of Educational Development, Bangladesh

The experts worked in small groups, under time pressure, and used their varied expertise to come up with the ideas presented below.

Challenge 1: How do we create a winning argument for governments, business, and service providers to prioritise investments in the early childhood workforce?

Real World Example:

Over the past 50 years, Mobile Creches has provided ECD services and support to some of the most vulnerable communities in India: children under 6 living in poverty at construction sites, on the streets, or in slums. As Executive Director Sumitra Mishra explained, the Mobile Creches model takes a holistic approach by offering nutritional meals and supplements, breastfeeding support, growth monitoring, health check-ups, and early learning activities at workplace-based childcare centres.

Trained educators, mostly women recruited from local communities, are at the heart of the Mobile Creche model. They work with young children for eight hours a day, six days a week while their parents are employed at construction sites in New Delhi, Bangalore, Ahmedabad, Mohali, and Chandigarh, or living in one of the poor urban settlements in New Delhi. These educators often have limited formal education and low literacy levels. They receive 36 days of training over six months and ongoing professional development and support.

Recruiting, training, and retaining qualified early childhood workers is an ongoing challenge for Mobile Creches and across India. As in much of the world, care work is low paid and low status.

Mobile Creches has built alliances with women's organisations, legal experts, and academic institutions, and mobilized communities to pressure for change at the national level on these issues. This advocacy has helped strengthen ECD policy and legislation and continues to seek improved budgets, access, and quality of early childhood services for the most marginalised children and their families. Working in partnership with real estate developers and contractors, other NGO service providers and the government, Mobile Creches works to persuade construction companies to adopt workplace creches as policy.

Mobile creches at a glance

Over the past 50 years, MC has reached:

870,000 children

1000+ centres

8,500 childcare workers

300+ partner organizations

“Structural engineers are responsible for laying the foundation of a building; caregivers are responsible for laying the foundation - of life. Should they not be trained to do their job well?”

Mobile Creches

Despite advocacy and programmatic achievements, there has been a lack of sufficient investment and policy prioritisation to ensure a well-qualified and compensated early childhood workforce in India. Mishra called for early childhood services to invest in staff training, for government to recognise the sector, and for businesses to acknowledge the long-term impact of supporting early childhood development.

Proposed solutions:

- 1. Craft a persuasive message:** The ECD field is diverse and it is important for those working across roles, sectors, and services to “speak the same language,” according to participants. A unified argument to governments, business and providers can help unify and amplify the voice of ECD advocates. For example, ‘Chile Crece Contigo’ (Chile Grows with You) has built a communications campaign around: “The future of children is always today.” **Research** on leading advocacy initiatives around the world, including PMNCH, shows the importance of a common narrative – a single, clear message – to bring together numerous and diverse stakeholders to effect change around a complex issue.
- 2. Make arguments specific to the workers and supported by evidence:** Broad advocacy calling for more investment in young children is necessary, but insufficient. Arguments need to be specific to the workers. Participants generated a range of reasons for prioritizing investments in the workforce (e.g., workers need training, support, and fair working conditions to do their job well and cost-effectively). They also discussed how a “winning argument” is one that is supported by evidence. Advocates need to make a strong investment case, drawing on the economic arguments and the “cost of inaction” – that is the cost of not investing in the early childhood workforce. They stressed the need to share successful case studies with politicians. For example, the Governor of Siaya county, **Kenya** introduced regular stipends for community health workers, in part, after he observed their important work with young children and their parents.
- 3. Build demand from parents:** Given that parents generally know what is best for their children, they can be engaged as powerful advocates for better quality of early childhood services through a more professionalized workforce. In Dr. Dube’s words, “Parents have knowledge and know-how that you can build upon. Caregivers are not purely recipients of your ‘expert’ knowledge, but active participants.”
- 4. Timing matters:** Across communities and countries, there are particular windows of opportunity – new elections, new evidence, or new personal connections – that make change more likely to occur. Participants recommended targeting advocacy efforts to make the most of these important moments in time in order to increase their potential impact.



“While the economic imperative is important, the imperative should be more than economic...We (civil servants) are from the community and want to work with the community”

Rashmi Nayak

OAS, Joint Secretary to Government of Odisha, Women and Child Development and Mission Shakti Department

Challenge 2: How do we train early childhood workers to be playful and childlike?

Real World Example:

BRAC – an established international development organisation focused on poverty alleviation and education – has been working to promote the importance of learning through play in early childhood education in Bangladesh, Tanzania and Uganda. Since 2015, BRAC has established more than 360 “**Play Labs**” in the three countries, where young children participate in play-based learning activities in low-cost, child-friendly spaces designed by architects. Play Leaders, often assisted by volunteer mothers, facilitate child-centred, spontaneous, and fun activities in a child-friendly environment. The model seeks to give young children the space and time to explore their own interests and ideas – not just what adults think they should learn – in order to develop their curiosity, creativity, responsibility, and thoughtfulness.

Dr. Nishat Rahman of BRAC’s Institute of Educational Development explained that a major challenge is how to encourage Play Leaders to be childlike and playful themselves. BRAC is working to address this challenge by providing Play Leaders with six days of training on topics related to children’s development, care and safety, followed by bimonthly refresher workshops. Another issue is changing mindsets among parents and family members of the value of play-based learning as many of them are more familiar and comfortable with teacher-directed preschool approaches. Once a month, for example, Play Leaders meet with parents to discuss the importance of play, their child’s progress, and how to support their child’s development. Play leaders also help extend the play lab activities into the community – for example, organizing sessions where parents and family members to make toys together.

Researchers are studying the Play Labs to learn about the effects of children’s participation on their development and learning.

Play Labs at a Glance

Since 2015, BRAC has reached:

7,000 children in Bangladesh, Tanzania, Uganda

360 Play Labs

480 paraprofessional Play Leaders

Five components of Play Labs

1. Playbased curriculum
2. Quality workforce
3. Parent and community involvement
4. Low-cost, recycled materials
5. Child-friendly space

Proposed solutions:

1. **Shift mindsets and raise awareness:** Participants called for “making play OK,” by raising awareness and building understanding among early childhood workers, parents, and politicians that play is essential for child development and an important component of work with young children. This might involve helping people “unlearn” previous experiences from their own schooling.
2. **Make playful learning relevant:** Many parents expect that preschool should be focused on ‘academics.’ However play builds the foundations for learning. To make playful learning more accepted and relevant for parents, as well as early childhood workers, it may be helpful to identify and highlight cultural practices that involve play.
3. **Integrate play into training:** Play needs to be part of pre-service and in-service training. It’s not only about the content of training but how it is taught. “Let trainees play themselves,” participants recommended, and ensure that training involves experiential learning. “Don’t forget the supervisors,” participants noted. They, too, need training on the benefits of playful learning and how to support it.
4. **Recognise that it’s an ongoing process:** Participants discussed how one-shot training is insufficient for supporting the challenging work of early educators. They recommended better access to continuous professional development, supportive supervision, and mentoring/coaching.



“Governments and donors want evidence – integrate a learning agenda into advocacy activities, keep key stakeholders informed and continue to engage with them.”

Deajeet Sen

Regional Specialist, Early Childhood Development & Nutrition, PATH

Voices of the Early Childhood Workforce: Simplicity

Image: © Will Boase | Bernard van Leer Foundation



Lynette Jeptoo Kosgei
Siaya County Ministry of Health Nurse, Kenya

I work at a community medical centre in Siaya county in Western Kenya. The centre focuses on general medicine, HIV treatment, antenatal care, maternal health and postnatal care. My job is 24 / 7 - I deliver or help to deliver about 4 or 5 babies most days, and I work to assist my colleagues - we are short staffed and we all need to help each other. But the people need me, I have to do what I can to help them, despite this challenge. It is these things that motivate me in my work - teamwork and the knowledge that I am providing help that the community needs.

People in my community tend to keep babies at home for the first 2 months after they are born. This tradition means that they do not visit the health centre, and they do not receive their immunisations when they should. But we work around this - we do outreach and go out to them (with support from partners). And not all traditional practices are bad - babies are kept at home for 2 months to celebrate them joining the family, which can be disrupted having to travel to the medical centre.

I wish that the community was more sensitised to seek out medical care when they need it. And I wish that there was more capacity building to integrate ECD in to general medicine.

What do you want people to understand about your work?

ECD makes my job easier, and I have improved in my job because of it. I realised I was failing my patients by not connecting things, for example poor nutrition and delayed milestones. ECD is a path to long term eradication of other illnesses - it means parents come to the medical centre less - they take better care of their children. ECD is the way to go.

05 Conclusions



This report summarises the insights gained from the Solutions Summit and brings together the concrete solutions to real-world challenges facing the early childhood workforce that were co-created by the attendees.

We now like to think of all those who attended, and those reading this report, as part of a diverse, but powerful, community that can support the early childhood workforce. There is much that can be done, guided by the principles of **Endurance, Compassion** and **Simplicity**.

We invite you to:

- **Share this report** with anyone you think might benefit from the case studies, insights or solutions.
- **Take the ideas and solutions** from the report and implement any or all of the action items in your context, region and sector. Turn the challenges into lessons and apply them where you can – and let us know your progress. Do you need support? Get in contact with us (seen page 23).
- **Acknowledge the contributions** of early childhood workers to society in your work. For example, nominate an early childhood practitioner to PMNCH’s network of women leaders.
- **Support the recognition** of the profession through such initiatives as the Varkey Global Teacher Prize by nominating early childhood educators.
- **Help change the narrative** to emphasize the vital contribution that the early childhood workforce makes to society. Share the message that early childhood workers need to be respected and valued for the difference they make not just to the lives of young children, but to the whole of society.
- **Work within your organisation** or your partners to help simplify the responsibilities of early childhood workers – the burden of paperwork and administrative tasks takes their time away from working directly with young children, their caregivers and communities.



“There has never been a better time for ECD than today...Each one of us has a role to play. If we hold hands, we can go far”

Dr. Queen Dube

Clinical Head of Pediatrics & Child Health at Queen Elizabeth Central Hospital, Malawi

Endnotes

¹ Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... Bhutta, Z. A. (2017). Nurturing care: Promoting early childhood development. *The Lancet*, 389(10064), 91-102.

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