Balochistan - Early Childhood Development Project

Family Resource Center: End of Project Report

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Executive Summary

Early Childhood Development Project, Balochistan (ECDB-P) – Ensuring the Best Start in Life for Children' led by Aga Khan Foundation, Pakistan (AKF, P) and funded by AusAID was planned in consultation with two technical[1] and three implementing partners[2] (IPs) and the Government of Balochistan (GoB). The overall goal was set to enhance access, equity and quality of education with increased gender parity and participation and sustainability of community interventions. The project covered multi-dimensional factors that affect the overall growth and development of a child from family to community to school to the state. This report presents the conceptual framework and findings of the Baseline and Endline Surveys of the Family Recourse Centers (FRCs) component of the project.

There is no disagreement that 'every child must be ensured the best start in life' as their future, and indeed the future of their communities, nations and the whole world depends on it. However, millions of children around the world and thousands in Pakistan are being denied the right to reach their full potential. A major segment of Pakistani children, particularly from low income households enter formal primary schooling in grade-1 with minimal preparation. This lack of preparation leads to learning deficits that further limit educational achievements and learning opportunities at primary or higher levels – limiting their capacity to overcome poverty and perpetuating an intergenerational cycle of poverty. Early Childhood Development (ECD) requires a holistic approach which encompasses child's health, nutrition, education, social and emotional care and economic wellbeing of the family. ECD parenting programmes that work with caregivers to support positive practices have shown beneficial outcomes on child, family and community.

ECD programmes are concerned with ensuring that children grow up in environments that are supportive for their overall development. They aim to strengthen the abilities of families, communities, schools and the state to support children's development so that they grow up healthy and well-nourished; with a sense of self-worth and identity; have enthusiasm and opportunities for learning; and are protected from harm.

The ECDB-P was initiated in three target districts (Gwadar, Qilla Saifullah and Quetta) of Balochistan Province. The school based intervention was directed at 75 government primary schools. The project also establised a Family Resource Center (FRC), in each project district, as community based intervention. This report provides details about formation, activities, achievements, impacts and challenges of the FRC Model.

Aga Khan University- Human Development Programme (AKU-HDP) as a technical partner with experience in developing and implementing ECD programmes in low resource settings assisted and guided IPs in the establishment and development of Family Resource Center Models in their respective Districts. A variety of strategies for parents' and caregiver's education and awareness were designed and implemented keeping in view the local context and replicablility of scale. Technical support was provided mainly in three ways; 1) capacity building of the implementing partners' and government officials, 2) development of advocacy/educational materials and 3) undertaking action research and impact assessment studies.

Three FRC teams (n=18) of IPs were extensively trained and provided ongoing mentoring throughout the project life. Teachers, health workers, and mid-level managers of government departments were provided tailor-made trainings on ECE/ECD. Advanced Diploma in ECD was offered to project team members of IPs and Officials of Government departments. Awareness and Advocacy seminars were conducted in all three districts; these were attended by 220 key stakeholders (parents, teachers, civil society, academicians, legislators, political activists and senior government officials).

[1]Institute for Education Development (IED) and Human Development Programme (HDP) of Aga Khan University
[2]Rural Community Development Council, Taraqee Foundation (TF) and Institute for Development Studies and Practices (IDSP)

Besides these, media campaigns for wider awareness and advocacy were also designed and carried out in collaboration with IPs. Four research studies were designed and conducted to supplement project interventions, empower target community groups and assess impacts of interventions.

The three FRCs, one in each district, provided parenting education services to 1165 families (mother and father were the main focus) and 1440 children of 0-8 years from July 2012 onwards. Group sessions based on key ECD thematic areas covering the current science of early child development were organized for parents within FRCs or at common community places. These key themes of ECD were transformed into 21 modules with culturally relevant content and illustrations and compiled as an ECD Manual for Parents/Caregivers' Education. Two short videos and 10 audio messages were developed to supplement caregivers' education and awareness activities. Two action research studies were conducted that provided opportunities to 75 adults as members of Community Resources Groups (CRGs) for developing their knowledge about ECD and working as community educators to promote best ECD practices, whereas 50 youth (boys & girls) from Muslim Bagh Qilla Saifullah received exclusive sessions on health and hygiene, immunization and nutrition education for their own personal development and for acting as champions to educate the community in these particular themes. The two population based household surveys of FRC catchment areas (one in the beginning of the project as baseline and other at the end of project as endline) not only provided quantitative and qualitative datasets to assess the impacts of educational sessions of FRCs for caregivers and other supplementing activities but also gave opportunities to 42 young local girls from the target districts to get an exposure to research and develop their capacities as data collectors.

Key Baseline Quantitative Findings

The sociodemographic data were collected at baseline only:

1. The baseline survey covered 11692 people, 1632 households and 2880 selected children of 0-8 years with gender breakup of 51% males and 49% females. Of these, 935 HH were from intervention areas while 697 HH were from control areas. Children, under five years comprised 24 % of the total population.
2. The average number of people within a household was 7.0 ± 3.2 in intervention areas and 7.6 ± 3.6 in control areas with 19% families in intervention areas and 25% families in control areas having more than 10 househols members. On average there were three children of 0 – 8 years old in each household.
3. The family structures were different in all three regions. Gwadar had more joint family structure ((68% in the intervention and 71% in the control areas) as compared to the Qilla Saifullah and Quetta districts. Within the Qilla Saifullah, intervention area had more nuclear family setting (58%) as compared to the control (66%) while Quetta showed a reversal of pattern with a larger proportion of nuclear families in the intervention (69%) than the control areas (66%).
4. Majority of the population in the Gwadar and Quetta districts lives in pakka (cemented) houses constituting about 52% and 70% of the total population in the intervention and control areas respectively. However, on district level Qilla Saifullah being the most underprivileged ditrict differs significantly with only 1% to 3% Pakka houses in the control and intervention areas respectively.
5. In 83% of the sampled households in the three districts, adequate water was available for daily use. Only 21% HH in intervention areas and 9% HH in control areas were using methods for purification of water.
6. Overall 90% to 98% of the families in intervention and control areas of Gwadar and Quetta have a flush in their toilets. However, people in Qilla Saifullah still have very poor sanitation facilities; almost 21% HH in the intervention and 67% HH in control areas do not have any toilet facility.
7. The data shows that 51% of the

households in intervention areas and 48% of control areas have only one earning member and 27% in intervention and 26% in control areas have two members contributing to the family income. The average monthly income in intervention areas is PKR 14514.2 ± 9829.5 and in control areas is PKR 16677.6 ± 10821.8.

8. It was noted that the overall 13% of the employed population from intervention and 38% from control areas are engaged in Agriculture and related works. The second most common profession is the category of Clerical and related workers (23% from intervention areas and 10% from control areas) who are mainly employed in government services. Employment rate for women 18 years old and above is only 6% in intervention and 5% in control areas which demonstrates lower participation of females in the economic work force of the country.

9. The data of baseline survey revealed that overall 45% people from intervention areas and 65% population from control areas had never received any formal education. Among 3-18 years population, the trend seems to be improving; 69% from intervention areas and 60% from control areas were currently studying in schools. It is alarming to note that 27% and 34% children from intervention and control areas respectively have never been to school. The most common reason cited for not receiving education is the lack of interest of child or parents in the education process. The lowest enrollment rates were found in Gwadar Intervention areas, where one-third of the children were not enrolled, followed by Qilla Saifullah, with 45 % out of school children.

Endline Survey and Impact of FRC intervention:

The findings of the end line survey and comparison of the effect of FRC interventions on the knowledge and practices of caregivers at baseline and endline on antenatal care, nutrition and child rearing practices; child growth, development and home environment; and mental health status of mothers are given below:

1. The baseline sample included 2880 children of 0-8 years from intervention and control areas, which includes 1360 children of 0-3 years of age (46% boys and 54% girls from intervention areas and 49% boys and 52% girls from control areas) and 1520 children of 3-8 years of age (36% boys and 64% girls from intervention areas and 47% boys and 53% girls from control areas). Whereas in end line survey a total of 750 families, were interviewed to ensure representation for all age groups 125 mothers of 0-3 years and 3-8 years old each from both the intervention and control arms in all 3 districts.

2. The data of both surveys shows antenatal practices of mothers having a child aged one year or less. The percentage of mothers gong for atleast one ANC visits was almost Universal (over 90% to 100%) in all three districts both in the intervention and control areas at end line survey. Overall a marked improvement in ANC coverage was seen in the control areas of Qilla Saifullah and Quetta from 66% to over 90%. The mothers of Qilla Saifullah have also shown an increase in achieving the 4 recommended ANC visits during their last pregnancy in both intervention (from 27% to 43%) and control areas (from 9% to 30%). The proportion of women achieving the WHO target of 4 or more ANC visits declined in Gwadar from 87% to 54% in the intervention and 63% to 20% in control areas, whereas this practice remained almost the same in Quetta. Mothers who delivered their babies in hospitals or maternity homes was increased in Qilla Saifullah and Quetta from 78% to 98% and 67% to 81% respectively.

3. A total of 2138 women were assessed for mental health using Aga Khan University-Anxiety and Depression Scale (AKU-ADS) at the time of baseline and overall 36.7% women were found to be depressed whereas

1254 women were assessed at the time of end-line survey and 42% women were found to be depressed on AKUADS.

4. Nearly all mothers in all districts breast fed the infants. Baseline as well as end-line survey data reports a high rate of breastfeeding in all areas ranging from 95% to 100%. A good rate of early breast milk initiation has been documented in intervention areas at end-line survey (36-66%). Except for a very small number, all infants are being breastfed within 8 hours of delivery.

5. It was noted among 3 to 8 years children that 63.5% mothers in intervention and 62% in control area exclusively spend up to 2 hours from their daily routine. However marked improvement was also seen in Quetta and Qilla Saifullah where around 90% mothers now give more than 2 hours to the child. The percentages of father spending time with children increased up to 97% at district Quetta where they spent up to 2 hours with the child and 26 % in Gwadar with fathers giving more than 2 hours to the child. Qualitative findings reported that the parents of all three districts are aware about the importance of giving quality time to the child and this change has occurred after attending parent education sessions at FRCs. Participants also reported that now they participate in play activities with their children.

6. The comparative results of both surveys on Infant Toddler HOME inventory (0 - 3 years old children) showed that overall mean score of three districts in control area was reduced to 24.0 ± 6.8 in end-line as compared to 25.5 ± 5.4 in baseline survey. However, the overall mean scores in intervention areas are almost same in baseline and end-line surveys (26.8 ± 6.8 and 26.5 ± 6.6 respectively). Whereas HOME Inventory (3 - 8 years old children) showed that overall mean score of three districts in intervention area was reduced to 27.2 ± 7.1 in end-line from 29.0 ± 7.6 in baseline survey. The same pattern was observed for the mean scores in control area. However, the major mean differences were observed for two subscales, learning material (from 2.2 ± 1.9 to 3.5 ± 3.2) and Modeling (from 1.9 ± 1.5 to 2.4 ± 1.4) in intervention area of district Qilla Saifullah. In district Quetta the mean scores increased for physical environment (from 5.1 ± 1.5 to 6.0 ± 1.2) and for acceptance (form 2.5 ± 1.6 to 3.5 ± 1.2) subscales. In district Gwadar minor increase in means scores were observed for subscales language stimulation (from 5.0 ± 1.6 to 5.4 ± 1.0) and academic stimulation from 3.1 ± 2.1 to 3.5 ± 1.9.

7. Based on parent's rating on Strengths and Difficulties Questionnaire (SDQ) which is a brief behavioral screening questionnaire, at the time of baseline parents rated 37% as "normal", 24% as "borderline" and 39% of children as falling under the "abnormal' category on SDQ. However at the time of end line survey children rated as normal was 46%, borderline 23% and abnormal 31%.

8. Among children under one year age at the time of baseline survey, the overall malnutrition status (wasting) for Intervention areas was 32% and for control areas was 37%. At the time of End line survey, no significant reduction in malnutrition status was observed in intervention areas; however, controlled areas did show a 7-point reduction in malnutrition status. While segregating results on the basis of districts; District Gwadar intervention areas reported significant reduction in malnutrition status with a 7-point difference at the time of EL survey, while controlled areas remained unchanged. Qilla Saifullah also showed the similar trend with an 8-point decrease in malnutrition status, which was found to be significant. Whereas in children over 3-8 years, during baseline survey the overall malnutrition status (wasting) for both Intervention and control areas was 22%. During the end line survey, a significant

reduction of 16% in malnutrition status was observed in intervention areas.

Key Qualitative Findings:

Antenatal Care and Practices

- During baseline survey majority of the women from all three districts reported that a doctor (specialized care) was involved only if the pregnancy became high risk or the women developed complications during the delivery. Majority of the women also reported lack of the availability and accessibility of doctors for the antenatal care. Five barriers to ANC were significantly reported during all the FGDs; financial problems, transportation problems, time conflicts, the belief that antenatal care is not important by the elders (especially mother in laws), and a lack of knowledge about antenatal care. During endline suvery most of the respondents reflected that now they know more about danger signs and their adverse effects on their own health, fetal development and on newborns. Most of the respondents also shared that 2-4 visits for antenatal checks are must during pregnancy.They also reported that caring family environment and pleasant behavior with pregnant women can help greatly in promotion of healthy and safe pregnancy.

Nutritional Practices

- During baseline survey most mothers shared that a healthy balanced diet is important during pregnancy; however, little to no change in diet is practiced by the expecting mothers chiefly owing to the prevailing traditional barriers and also due to non-accessibility of food items due to poverty. The concept of exclusive breast-feeding (i.e. excluding all forms of other fluids and food except breast milk for the first six months) is ill-understood and is not generally practiced by mothers. There is a general consensus that mothers breast feed till two years of age. If a mother becomes pregnant during breast feeding she weans-off the child from her milk. There are mothers who say that their milk supply diminishes after 2-3 months. Milk is given along with complimentary foods. Some mothers continue to breast feed while others switch to alternatives. The general alternative milk option is formula milk or dried milk. End-line data reveals that nutrition education was able to bring a reduction in the practice of adding animal milk besides mother's feed to the infant's diet in all intervention areas. Control areas of Qilla Saifullah and Quetta show an increase in the incidence of using other milk besides mother's milk in end-line survey. Even though the survey areas have an easy availability of animal milk yet the milk source added is mostly infant formulas/powdered milk.

Maternal Metal Health

- Most of the women during baseline reported poverty and economic hardships as the main causes of mental health problems in rural areas. Some women reported lack of interaction with their maiden families due to husband-imposed restrictions. Multiple children, negative attitude of in laws, strained relationship with husband and lack of social support were the major causes of mental health problems as identified by the study participants. Endline survey findings reported that participants from district Qilla Saifullah have now good understanding about maternal mental health issues. They know the symptoms of mentally ill women and can differentiate between mentally healthy and unhealthy women. They also reported that good family environment and caring behaviour with women promotes maternal mental health. In addition, participants shared that maternal mental ill-health can have a bad influence on child development.

Child Care and Development

People have little knowledge about the term development and holistic development and mostly talked about the growth of the child when asked about their understanding of development. Majority of the participants

defined child development as an increase in height and weight. Participants were aware about the nutritional needs of children in early years in all three districts; however some participants also emphasized on the role of education in child development. Father's group of Muslim Bagh identified the role of love and care in child development.

The endline survey results indicate that parent's supervision and interaction with child has improved in all three districts at intervention areas with showing an increasing interest in child's friends or type of company the child has in all three districts. The third category was related to the involvement of parents in learning activities, overall the intervention areas of all three districts showed positive change in education practices with parents now being more aware about child activities at school and helping the child in homework.

Qualitative findings report that ECD intervention has brought a positive change in child rearing practices and improved mother child interaction. The major change noted was reduction in harsh parenting, previously most parents physically punished their child when the child disobeyed. Parents use play based activities to engage and stimulate the child. The positive behavior of parents also brings positive change in the child and improves child's attitude towards parents. Respondednt also reported change in their knowledge related to antenatal and postnatal health issues and care. They highlighted that during pregnancy brain develops in a sensitive fashion and proper diet of pregnant women plays a vital role for growth of brain.

The FRC intervention has faced challenges since its beginning, as almost all new interventions working in partnerships with many stakeholders for disadvantaged communities face. Major challenges were law and order situation and energy crisis; these issues did not allow the project team members to work with peace of mind. At the same time targeted community groups were also disturbed by these issues and reluctant to participate fully or were unable to receive maximum benefits from the intervention. ECD concept was new for IPs, they did not have trained or expirenced human resource in this area, as a result the team's capacities had to be built from scratch and they picked the momentum a little late. More so, IPs initial focus was on school level intervention and FRC teams could not get their IP Project Managers needed attention during the early part of the project life. Last but not least, mobilizing communities to come for parenting education initially was very difficult for newly hired teams of FRCs. However, with support of IPs and AKU-HDP this challenge was reduced to minimum overtime.

Given the challenges and considering that full project intervention activities were in place for just over a year the improved antenatal and child rearing practices evidenced by the endline data are quite remarkable.