



Save the Children

CAMBODIA

FIRST READ BASELINE REPORT

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INTRODUCTION

What is First Read?

First Read is a Save the Children UK (SCUK) program that recognizes the importance of home-based ECCD approaches. Home-based ECCD is the cornerstone of First Read, stemming from an acknowledgment by Save the Children UK that centre-based interventions may not be feasible to establish in all contexts due to running costs, dispersed settlements, or a lack of suitable infrastructure. Meaning that a centralized ECCD centre may still not be convenient for *everyone*. For this reason, First Read promotes a community-based¹ parenting approach.

First Read is implemented in several countries globally, including Rwanda, Lebanon, Thailand, Cambodia and Philippines. In Cambodia First Read has been operating since 2013 and is currently entering Phase II of programming. The **project goal** for First Read Cambodia is:

“By the end of First Read Phase 2, improvements in cognitive, motor and socio-emotional development (for children aged 0 - 6) will be apparent in Save the Children’s targeted communities and households.”

What is ECCD and why is it important?

ECCD refers to the physical, cognitive, linguistic and socio-emotional development of a child, as well as the nutrition, health and protection support that children from conception up to 8 y.o. need to support them to start school on time and ready to learn. ECCD encompasses a wide range of activities, from prenatal care to nutrition, and from early childhood stimulation to pre-school education.

The first years of a child’s life are crucial. Research has shown that over 85% of the human brain develops during this period², and that the environment in which a child grows up substantially affects the development of the brain and the intelligence level of the child³. Weak foundations laid during this period can have a permanent, detrimental impact on the child’s long term development. It is key to focus investment on children in their early years.

CAMBODIA: UNDERSTANDING THE CONTEXT

The Royal Government of Cambodia (RGC) has committed to improve ECCD services by adopting the first ECCD National Policy in 2010, bringing together 11 ministries. The subsequent launch of the ECCD National Action Plan 2014 – 2018⁴ “seeks to increase enrolment and enhance protection for children aged 0 to under 6 years, especially children from poor families, indigenous minorities and children with disabilities, and prioritise community-based pre-schools and home-based early childhood education programmes”⁵. It plans to spend over US\$56million, the majority of which will be spent on expanding ECCD services provision, including state, community, private and home-based services.

First Read was launched in Cambodia in 2013, with the aim of developing an evidence base to demonstrate that working through parents and caregivers in the home environment is not only cost and resource effective, but can result in more equitable gains for children regardless of background, increased emergent literacy and numeracy scores, and more confident children and parents. First Read has reached 36,000 children in Phase 1, and is currently in Phase 2 of implementation. The **desired outcomes** for First Read Phase 2 in Cambodia are to:

¹ This paper uses the terms home-based and community-based parenting classes interchangeably.

² UNICEF (2014) Building Better Brains: New Frontiers in Early Childhood Development. Key messages generated from a Neuroscience Symposium organized by UNICEF on April 16, 2014

³ Deray, Ian J (2000). Looking Down on Human Intelligence: from Psychometrics to the Human brain. Oxford: Oxford University Press.

⁴ http://planipolis.iiep.unesco.org/upload/Cambodia/Cambodia_Early_childhood_national_action_plan_2014-2018.pdf

⁵ Ibid.

1. **Access to resources:** Children aged 0-3 y.o in the targeted communities have increased access to high-quality, age-appropriate, local/national language books.
2. **Parents change their behaviour:** Parents/caregivers use books and apply positive parenting approaches to engage with children aged 0-3 y.o, resulting in improvements to cognitive development.
3. **Mobilize authority figures and the community:** Increased commitment of resources, support or programming for home-based ECCD activities from community groups, agencies, and local authorities.

To achieve the desired outcomes, First Read has **4 key intervention pillars:**

1. **Book Development:** To develop high-quality, age-appropriate children’s books, by strengthening the capacity of local publishers, illustrators, writers and editors while stimulating demand for children’s books amongst parents, ECCD service providers and children’s book suppliers.
2. **Book Gifting:** To maximize the use of available reading and play-based materials through partnering with NGOs, government actors and local authorities to promote early stimulation and interaction between young children and caregivers and between young children and their siblings.
3. **Family Learning:** To develop young children’s motor skills, language and cognitive, social and emotional skills and emergent literacy, by supporting caregivers through regular parenting sessions led by parent group leaders within the community.
4. **Community Action:** To support local structures such as communes and primary schools, by engaging key community actors and helping to strengthen capacity through providing technical support and links with education authorities at district and provincial levels.

PURPOSE AND SCOPE OF EVALUATION

The objective of this study is to develop a better understanding of the parents, children, and communities who are about to receive interventions from Phase 2 of the First Read programme, and to establish a baseline against which to measure future growth and change. It will examine:

1. Are children and parents in the intervention and comparison groups statistically similar in terms of learning materials and practices, and child development levels?
2. What are the common learning materials and practices in homes in the First Read intervention area?
3. What are average child development levels for children in the First Read intervention area?

Methodology

The sample for this study was taken in 46 villages in the Kampong Cham, Kratie, and Prey Veng provinces. The Phase II First Read intervention areas had been identified prior to the research design so assignment to treatment and comparison groups was not random. However, intervention and comparison areas are located within the same provinces and within these areas, villages and families were randomly chosen for both study groups. All villages in the sampling frame received Phase I First Read support. In the case of the comparison group, First Read programming has been phased out and in the case of the intervention group, Phase II funding is beginning as a continuation of Phase I work.

The evaluation used four tools:

Section	Sample Size	Methodology
1. Parent and Child Survey and Child Assessment	400 treatment/400 control for child learning outcomes. 120 parent qualitative interviews, 57 child interviews	Mixed methods approach: Quantitative assessment of children using the International Development and Early Learning Assessment (IDELA) and

		Caregiver Reported Early Development Index (CREDI) tools and a caregiver quantitative survey. A follow-up parent and child qualitative survey
2. Survey with Book Publishers	9	Largely qualitative, online survey
3. Survey with ECCD Teachers and Classroom Observation	12 teachers, 67 student interviews	Largely quantitative survey and classroom observation. Qualitative interviews with children
4. Survey with Authority Figures and Key Stakeholders	8 authority figures	Largely qualitative survey

Table 1. Sample size by Assessment or Interview Tool

Assessing Children’s Learning Outcomes: CREDI and IDELA

To assess children as part of this study, we used two global assessment tools, CREDI for children age 0-3.5y.o and IDELA for children age 3.5-6y.o. CREDI is a child development instrument developed by Harvard University and was in its final development stage at the time of this study⁶. IDELA is an international assessment tool developed by Save the Children that has been used in 32 countries to measure child development and learning at the time of this study⁷⁸.

The CREDI tool contains 149 questions in 3 domains: motor, cognitive and social-emotional development. Children receive a subset of the total items that are most appropriate for their age group: 0-12 months, 13-24 months or 25-42 months. The CREDI tool asks parents to report the milestones that they have observed in their children, and is complemented by the interviewer observing the child.

Similarly, the IDELA child assessment tool assess the same developmental domains with an additional question related to children’s cultural competence, but for children age 3.5-6y.o. In tandem, the IDELA Caregiver Questionnaire is issued to interview parents/caregivers.

Child Development: An Overview

This section will present an overview of the CREDI and IDELA results in Cambodia, before discussing the five key findings from the baseline in the next section.

Results of the CREDI analysis of 0-3.5y.o we find that within all domains, children’s skills strengthen with age. On average, children had the strongest skills in the area of motor development, and were weaker in cognitive and socio-emotional development. The discrepancy between the motor development and cognitive development is most significant at the 0-12 months age group.

⁶ <https://sites.sph.harvard.edu/credi/>

⁷ <http://resourcecentre.savethechildren.se/library/assessing-construct-validity-save-childrens-international-development-and-early-learning>

⁸ <http://resourcecentre.savethechildren.se/library/international-development-and-early-learning-assessment-technical-paper>

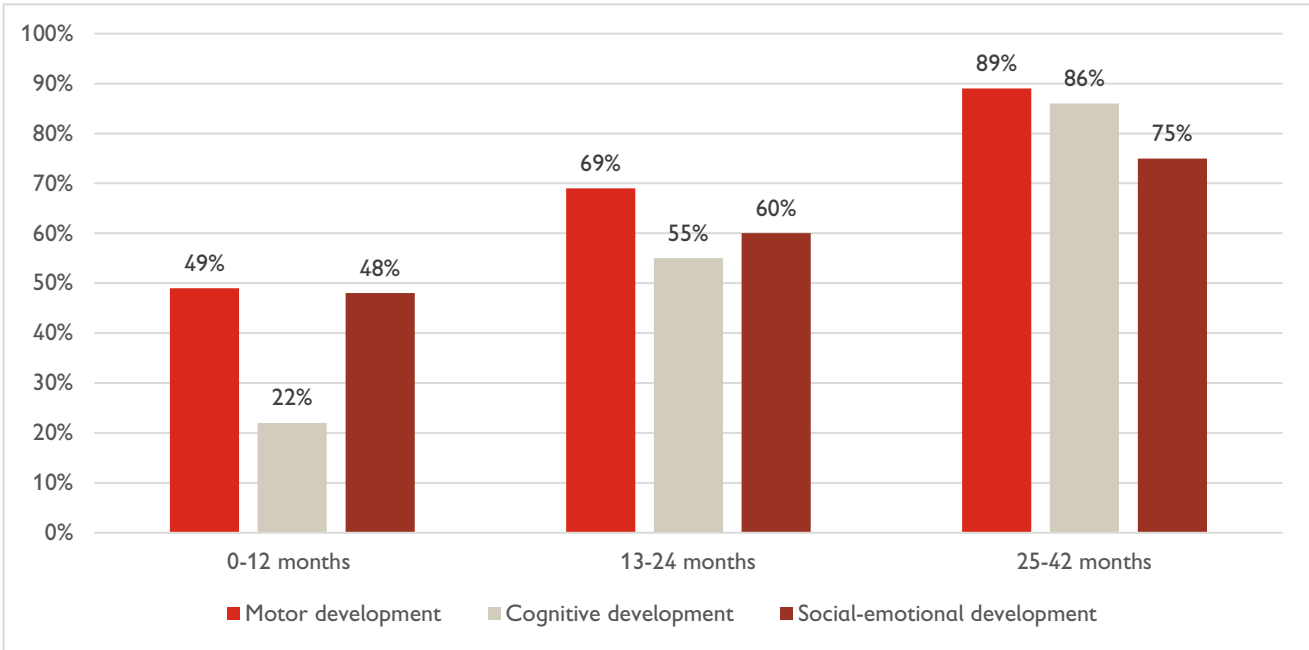


Figure 1. Average CREDI scores by age group

Based on the IDELA assessment for 3.5-6y.o, we find that children’s skills strengthen with age and they showed the strongest skills in motor development and lowest in emergent literacy on average. This is aligned with the CREDI results. The discrepancy between motor skills and socio-emotional skills are the starkest at the 60-72 months age group.

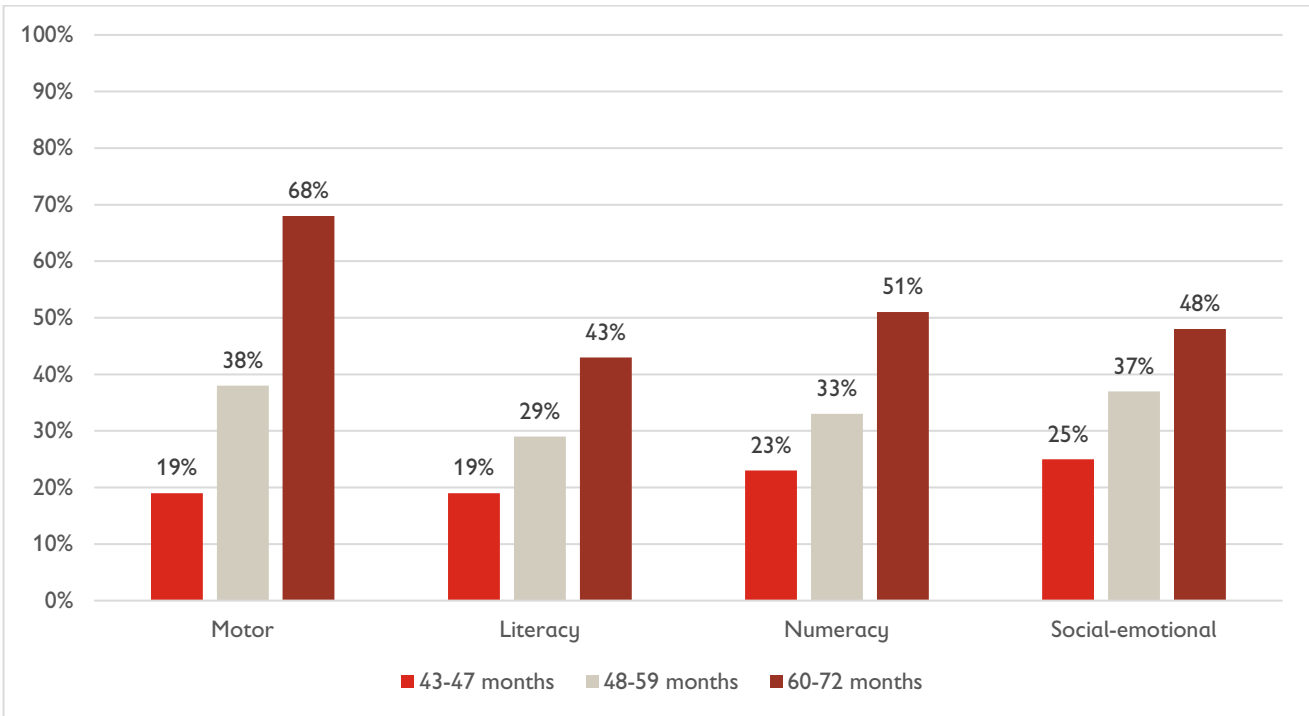


Figure 2. Average IDELA scores by age group

BASELINE: FIVE INSIGHTS AND RECOMMENDATIONS

There are 5 key findings in terms of understanding and evaluating the enablers and barriers for children's development that we have drawn from the baseline data. The following sections will highlight the data linked with the five key findings, before explaining the accompanying recommendations for project improvements in the final section:

1. Father's education, illness, home learning activities and discipline behaviours are strong predictors of child development

Father's education, having diarrhoea in the past two weeks, home learning activities (HLA), and home discipline behaviours have been found to significantly predict child development and learning. Paternal education and HLA have a positive relationship with child outcomes (higher education/more activities are related to stronger child development), whereas diarrhoea has a negative relationship (having diarrhoea recently is related to weaker child development) and discipline is on a continuum such that more positive behaviours and less negative behaviours is positively related to child development.

This finding suggests that children aged 0 – 6 who experience more stimulation and play at home, and more positive care and reinforcement (less negative discipline) have stronger development and early learning skills than their peers who do not have these experiences at home. For younger children, the variety of food they received was a significant positive predictor of development. For older children, being enrolled in an ECCD centre was a strong significant positive predictor of learning and development. These findings highlight the importance of holistic development support for young children's development. In order for children to develop to their full potential they require appropriate health, care and stimulation from their caregivers.

What does this mean for the program?

There is a misunderstanding among parents that parenting is simple, and that children can be too young to learn. Door to door activities, broadcasts using the community loudspeaker, flyers, posters, community engagement with champions are necessary activities to encourage parents to take interest and attend parenting sessions. Parents need to be aware of the added benefit of parenting classes before they will commit to attend them, and see how the sessions relate to their needs.

2. Parents have a limited understanding of child development, particularly its cognitive and socioemotional aspects

Parents have a fair understanding of children's physical development milestones, but a poor understanding of cognitive or socio-emotional milestones. Parents associate 'preparing their child for learning at school' with the provision of materials e.g. chalk, school uniform, rather than imparting foundational cognitive skills. The qualitative research found that 15% of parents have learning activities consciously incorporated into their normal routine, such as routine reading before bed or counting together every day during food preparation. Excluding the prevalence of physical punishment, other undesirable behaviour was minimal.

It is therefore important that First Read educates parents on the cognitive, motor, and socio-emotional elements of child development and teaches them a broader set of skills. Qualitative research has also shown that parents have differing levels of education and different understandings of child development milestones. It is thus useful for parenting facilitators to use more pictures, posters, and demonstrations during the session, moving beyond a teaching style that favours discussion and written handouts. Reducing the duration of parenting sessions and varying the session venues is useful.

What does this mean for the program?

It is essential to inform parents of both the socio-emotional and cognitive milestones for children, beyond the physical ones. Parents should learn to associate 'preparing the child for learning at school' with skill development rather than material provision. Clear explanations of the order in which you teach children basic literacy skills e.g. starting with the alphabet, then phonetics, then simple, short, high-sight words is key.

3. Parents tend to be good at praise, but bad at punishment

Three core issues emerged regarding praise and punishment when parenting: 1) parents feel confident to give praise to their child with 92% of the treatment group reporting in the quantitative data that they feel confident to give praise; but 2) 20% of parents feel confident to admit that they hit their child from the qualitative research and on average 54% of parents from the quantitative research report spanking, hitting or slapping their child; and 3) the qualitative data found that most parents do not understand how to talk to their child about emotions.

	0-42 months		43 - 60 months	
Behaviour	Control	Treatment	Control	Treatment
Shook	21%	15%	34%	24%
Shouted, yelled or screamed	64%	62%	86%	80%
Spanked, hit or slapped	48%	43%	68%	64%

Table 2. Rates of Corporal Punishment Amongst the Treatment and Control Groups

The praise that is given is typically centred around intelligence rather than behaviour or beauty, which is a great foundation for helping the child grow in confidence in their abilities as they prepare for school. On punishment, the qualitative research found that typically the parents who hit their child were also the parents that focused on their own emotions more rather than the child's emotions. When discussing emotions with the child, parents generally stated the emotional state their child was in rather than trying to rationalise with the child as to why they were crying or might be feeling a certain way. Methods for soothing the child typically related to the word 'buy', with the parent giving the child money if they stopped crying or tempting them with sugary snacks.

What does this mean for the program?

In order to reduce instances of corporal punishment, providing parents with alternative coping mechanisms or discipline approaches is necessary for parents to change their behaviour and provide the space for them to practise and model these behaviours as much as possible. More time should be focused on providing parents with alternative discipline methods, by encouraging parents to remove themselves from the situation, talk about their emotions with the child, and model, practice, and create 'triggers' for using these other methods.

4. Parents teach their children the alphabet even without access to books

Teaching children the alphabet is the most common behaviour reported when reading with a child under the age of 6. Some parents are teaching the alphabet to their children without books, and did so by writing the alphabet down on paper, in the dirt, or a blackboard, or noting the letters to their child from household objects. Of the 120 parents surveyed in the qualitative research, 85 taught their child the alphabet; some of them had access to books while others did not:

	Number of parents	Number of parents that teach the alphabet	% of parents that teach the alphabet	Number of parents that don't teach the alphabet	% of parents that don't teach the alphabet
Total Number of Parents that:	120	85	71%	35	29%
Have books	78	59	76%	19	24%
Do not have any books	42	26	62%	16	38%

Table 3. Parent Behaviours Compared to Book Ownership

This shows that having access to books may increase the chance and effectiveness of parents teaching their child the alphabet, given that 62% of individuals who do not have access to books continue to teach their child the alphabet using other means.

What does this mean for the program?

To stimulate market demand for books, local book publishers should be engaged. Book publishers should be consultative with local community groups, working together to identify the most appropriate areas to sell the First Read books, enabling age-appropriate books to be available in locations that are accessible for beneficiaries. Simultaneously, shaping the attitudes of teachers and the school leadership regarding children's access to books is important. This is to encourage the school leadership to have books in accessible locations for the children and for children to borrow books and continue their learning beyond the classroom.

5. Parents' perceptions pose as barriers to child development

Parents with lower levels of education are more likely to perceive a lack of knowledge as being a barrier to their parenting abilities. 45 parents (38%) thought that their child was too young to warrant them doing some of the First Read exercises with their child. However, parents who own a First Read book are less likely to hold the opinion that a child could be too young to learn.

What does this mean for the program?

This means that we need to not only focus on improving parents' knowledge, attitudes and practices as they relate to our key messages and encourage practices, but we also need to support parents to feel confident and capable of implementing the behaviours. This can be strengthened by coaching of parents, having a good mentoring system, having a buddy system between parents, as well as giving parents the opportunity to try and practice new behaviours in the environment of the facilitated sessions. Critically, improving parents' self-efficacy also requires the facilitator to praise parents for their efforts and to keep encouraging them.

CONCLUSION

Crucial foundations are laid in the first years of a child's life. Quality guidance, care, love and protection from harm impact a child's future choices, attainment, wellbeing, happiness and resilience. A lack of ECCD services disproportionately affects vulnerable children around the world. Children who participate in quality ECCD programs are generally better prepared for primary school, perform better at school, and are less likely to repeat grades or drop-out of school, all reducing the costs of the education system.⁹ Therefore, it is crucial to focus investment on children in their early years.

This report has presented an overview of the baseline findings from Phase 2 of the First Read programme in Cambodia. We have presented the current status of children's learning outcomes, as assessed using the CREDI and IDELA tools, as well as presenting the five key findings and the respective programmatic recommendations that they have generated. To reiterate these findings are:

1. Father's education, illness, home learning activities and discipline behaviours are strong predictors of child development
2. Parents have a limited understanding of child development, particularly its cognitive and socioemotional aspects
3. Parents tend to be good at praise, but bad at punishment
4. Parents teach their children the alphabet even without access to books
5. Parents' perceptions pose as barriers to child development

⁹ Heckman, J.J. (2008). Schools, Skills and Synapses. IZA Discussion Paper No. 3515

These findings have been developed following an analysis of the baseline data and the triangulation of all data sources. Recommendations have not been developed in isolation, but

Since launching First Read in 2013, the program has worked to develop an evidence base that can demonstrate that working through parents and caregivers in the home environment is not only cost and resource effective but it can result in more equitable gains for children irrespective of background (e.g. socio-economic status, literacy of parents), can lead to increased emergent literacy and numeracy scores, and more confident children and parents.