



**Second Regional Seminar for the  
ASEAN Project on Early Childhood Care  
and Development Phase II**

**March 3-6, 2003  
Bangkok, Thailand**





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**Supported by UNICEF EAPRO**

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## Foreword

It is very important for the development of a country to have well-developed, qualified people with knowledge and ability. It is a known fact that development of human beings begins at early childhood, that is starting from the period of pregnancy through infancy and up to the age of six years. Therefore, all government and non-government agencies, including parents, have a responsibility to put forth every effort to ensure that their children grow up with a strong emotional, sociological and spiritual background.

In order to achieve this goal, the ASEAN ECCD Project has been established within the framework of the ASEAN Plan of Action for Children. In Phase I, an Expert Group Meeting was held from 2-4 June 1999 in Singapore with the purpose of identifying the status of ASEAN member countries as well as the countries' needs and challenges in the areas of ECC and education. Accordingly, Phase II policy was drawn out with the main purpose of helping to minimize disparities in policies and practices in ECC and development in the region. The Philippines kindly hosted the first part of Phase II, the First Regional Seminar for the ASEAN Project on ECCD, from 10-12 October 2000, focusing on the development of a regional work plan and comprehensive framework for ECCD.

The Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security, the Royal Thai Government, in collaboration with the National Institute for Child and Family Development, Mahidol University, organized the Second Regional Seminar for the ASEAN Project on ECCD – Phase II, which took place from 3-6 March 2003 in Bangkok. Participants from 10 ASEAN countries attended the Seminar. The aim of the seminar was to address the issue of community-based monitoring of child development and suggest recommendations for future plans for action at the national and regional levels.

This Second Regional Seminar culminated with very positive results. The participants reaffirmed the commitment to support a global movement for children and a child-friendly society. The summary of the Seminar is presented in this document. The organizers hope that this document is beneficial to all stakeholders as an effective tool to ensure that each child receives the best possible start in life.

Panit Nitithanprapas  
Permanent Secretary  
Ministry of Social Development and Human Security

## Preface

### **“Ensuring every child the best start in life”**

*The early years of life are crucial - a time of immense opportunity for growth and development. When nurtured and cared for in their earliest years, children are more likely to survive, to grow in a healthy way, to have less diseases and fewer illnesses, and to fully develop thinking, language, emotional and social skills.*

ASEAN member countries launched the 5-year ASEAN Project on Early Child Care and Development (ECCD) in Singapore in 1999 (Phase I), and held the First Regional Seminar in the Philippines (Phase II) in 2000 focusing on the policy frameworks and guidelines for ECCD programmes.

As a part of Phase II of the Project, a Second Regional Seminar, hosted by the Royal Thai Government was held in Bangkok, Thailand in March 2003. It brought together 39 delegates from various sectors representing all 10 ASEAN member states, with the theme of Monitoring and Promoting Early Childhood Development in ASEAN.

The seminar provided an excellent opportunity for the sharing of knowledge and experience among member countries concerning the situation of young children's development and the techniques currently used to measure various domains of development. It also led to insightful discussion and recommendations on the monitoring and promotion system, to make it more effective in improving children's survival, growth and development and to empower families to assess and promote the early development of their children.

A series of recommendations was identified for further ASEAN action. Among them, the most significant is to move beyond the original 5-year ASEAN project for ECCD to a Strategic ECCD Plan by establishing an ASEAN Working Committee for ECCD that will facilitate further networking, coordination and development among member states.

UNICEF is pleased to be a partner with ASEAN and to support these positive measures for the improvement of young children's development in the region. We look forward to a continuing fruitful relationship.

Lastly, I wish to acknowledge with special thanks the Government of New Zealand and Kimberly Clark Corporation for their generous contributions to the Second Regional Seminar, as well as to the Royal Thai Government for the successful organization of this regional meeting.

Mehr Khan  
Regional Director  
UNICEF East Asia and Pacific Regional Office

## **Report of the Chairperson of the Organizing Committee**

Nittaya J. Kotchabhakdi, MD

Director, National Institute for Child and Family Development

Mahidol University, Thailand

Honorable Permanent Secretary Mrs. Panit Nitithanprapas; Mr. Steve Dowall, First Secretary New Zealand Embassy, Dr. Patrice Engle, Senior Advisor Early Child Development, UNICEF New York; Delegates from ASEAN member and distinguished guests:

On behalf of the organizing committee, it is my honour and pleasure to welcome you to the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II. This seminar is actually the third of its kinds and focuses on the theme “*Monitoring for the Promotion of ECCD in ASEAN.*”

ASEAN member countries launched the ASEAN ECCD project in 1999 based on the collaboration agreement for a five years project on early childhood care and development. Delegates from 9 member countries convened for the 1st Early Childhood Care Expert Group Meeting, sponsored by UNICEF and hosted by Singapore 2-4 June 1999. Phase I focused on the development of the conceptual framework and ECCD programming in ASEAN. Phase II was planned for enhancement of specific thematic areas of ECD. The second meeting, which was the first regional seminar of Phase II, was held October 10-12, 2002 in Iloilo, Philippines. In this second meeting, the outputs were guidelines for developmentally appropriate practices in ECCD programming, the minimum standards of child care services, and the establishments of a training framework for child care practitioners. Thailand was proposed to host the following seminar.

After a preparatory period of two years, The Royal Government of Thailand, through the Ministry of Social Development and Human Security in collaboration with the National Institute for Child and Family Development, Mahidol University, have organized the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II. We would like to address the importance and utilization of monitoring for promotion of early childhood care and development in this region. We would like to express our appreciation to all 10 ASEAN member countries for their encouragement, assistance and co-operation in preparing country reports and exhibitions to share their experiences and lessons learned, and for sending delegates to participate in the seminar.

During the next four days, we expect to accomplish the following objectives: Firstly, to share the knowledge and experience of member countries concerning the situation of young children’s developmental status and related issues. Secondly, to share the ECD assessment tools and processes by which ECD has been monitored in each country. Thirdly, to discuss lessons learned, good practices, challenges and opportunities in monitoring and promoting ECD. And if possible, we would like to identify common core elements of ECD monitoring and promoting for ASEAN countries because we share so many concerns about young children and their families and many socio-cultural

aspects of our lives. Today, I have the honor to present to the honourable Permanent Secretary Mrs. Panit Nitithanprapas. We are very delighted to welcome altogether 70 participants, We have delegates from all 10 ASEAN members countries participating, observers from Thai governmental organizations as well as non governmental organizations in Thailand and international organizations. We have participants from UNICEF headquarters, EAPRO and the Thailand Office. A representative from UNESCO regional office also join us in this seminar. It is evident that we have a very good combination. For interdisciplinary resource persons, we have Dr. Jim Irvine, Dr. Patrice L. Engle, Ms. Feny de los Angeles-Bautista and Dr. Naiphinich Kotchabhakdi, all of whom have vast knowledge and experience to share with the participants. Therefore, within these precious 4 days, we will have a lot of exchange and learning from each other. Meanwhile, we will have the opportunity to renew our friendships and to build new ones, so we can work together for the best interest of young children in this region.

Finally, we would like to acknowledge with our sincere thanks the following persons and organizations that make it possible to convene this regional seminar by providing support and working hard for the success of the second phase of the ASEAN ECCD: the delegations from the ASEAN member countries, the resource persons, Dr. Rodney Hatfield and staff from UNICEF EAPRO, the New Zealand Government and the ASEAN Secretariat for their cooperation and support. In addition I would like to express our appreciation to the staff of the Bureau of Welfare Protection and Promotion of Children, Youth, the Disadvantaged, Persons with Disabilities and Older Persons (BPP) Under the readership of Mrs. Surapee Wasinonta, Director-General of BPP and National Institute for Child and Family Development (NICFD) who have worked very hard to organize and prepare document.

It is indeed high time to review the developmental status and well-being of young children, and the monitoring tools and processes in ASEAN region, in order to be able to provide them with a good start in life through knowledge-based practice and developmentally appropriate care. It is our collective commitment to provide all children in ASEAN the opportunity to develop to their fullest potentials, without losing the most valuable “window of opportunity” in the formative years.



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# Chapter 1

## Overview of the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II

The Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II took place 3-6 March 2003 in Bangkok. The Royal Thai Government through the Ministry of Social Development and Human Security hosted the seminar in collaboration with the National Institute for Child and Family Development, Mahidol University. Fifty participants represented all 10 ASEAN member countries: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The theme of the seminar was “Monitoring for the Promotion of ECCD in ASEAN”. UNICEF EAPRO and the New Zealand Government provided support.



### Preparatory meeting

On 2 March 2003, prior to the regional seminar, national delegations and the organizing committee participated in a preparatory meeting. Orientation and task division were carried out to enhance common understanding and cooperation in the regional seminar. At the same time, participants from ASEAN member countries prepared exhibitions.

## Opening address and keynote speech



*Nittaya Kotchabhakdi, Director, NICFD*

Dr. Nittaya Kotchabhakdi, Director of the National Institute for Child and Family Development, Chairperson of the Organizing Committee and conference director welcomed the participants and guests to the Second Regional Seminar for the ASEAN Project on Early Childhood Development – Phase II. She reported on the development of the ASEAN ECCD project and explained the objectives of this regional seminar. The expected output was the collective effort to strengthen cooperation for early childhood development monitoring and promotion in ASEAN through mutual understanding of the situation and sharing of experiences and resources. Contributions from national delegates, support from regional and national UNICEF offices, the New Zealand Government and resource persons were cordially acknowledged.

Mrs. Panit Nithithunpapart, Permanent Secretary, Ministry of Social Development and Human Security, spoke on behalf of the Royal Thai Government. In her message, she reiterated the importance of monitoring and promotion of early childhood development in the region. This seminar, she explained, aims to help create a cohesive and caring ASEAN in efforts to improve the lives of children. She encouraged all delegates and participants to work together in building capabilities for alleviating social problems with efficient social protection systems and upgrading the well-being of people in ASEAN, especially during their formative years.



*Panit Nithithunpapart, Permanent Secretary  
Thailand Ministry of Social Development and  
Human Security, Thailand*



*Steve Dowall, First Secretary, New Zealand  
Embassy, representing H.E. the Ambassador of  
New Zealand to Thailand*

Mr. Steve Dowall, First Secretary, New Zealand Embassy, representing H.E. the Ambassador of New Zealand to Thailand, spoke on behalf of the New Zealand Government and New Zealand Aid. He shared his experiences related to the early childhood development movement in New Zealand and focused on three issues: legislation on early childhood development that made care and education accessible to all families in New Zealand; parent involvement, which became the driving force for improving quality and efficiency of early childhood care and education; and language development, which was strengthened particularly among the young children from disadvantaged areas and minorities. He urged delegates and participants to take this opportunity to share and learn from each other's experiences. Field visits and informal discussions would be useful for creating new ideas. In addition, the plenary and meeting session activities could enrich and lead to friendships and future cooperation for the promotion of early childhood development in ASEAN.

In her welcoming comments, Dr. Patrice Engle, Senior Advisor on Early Child Development, UNICEF New York, acknowledged support from Kimberly Clark Corporation to this seminar. She addressed the importance of children's right to develop to their highest potentials, to thrive as well as to survive. She emphasized that the comprehensive approach in supporting young children with Integrated Early Childhood Development (IECD) programmes is one of UNICEF's five main priorities for the Medium-Term



*Dr. Patrice Engle, Senior Advisor on Early Child Development, UNICEF*

Strategic Plan adopted in 2001 and is reflected in the work of UNESCO, the World Health Organization and the World Bank. In 2002/2003 there were regional conferences conducted globally to bring together representatives of various countries to discuss not only survival but also the development of the young child. These conferences addressed successes and areas that need further development.

Dr. Engle presented three findings: i) Interventions for young children are feasible and effective in helping them survive and thrive. ii) These interventions have been increasingly implemented; and iii) policy initiatives are of great importance in articulating the vision of an integrated approach to early childhood. She discussed the need for identifying best practices and developing guidelines for future programming. An increase in the number of countries working toward this approach in many parts of the world is encouraging. The absence of good and simple indicators and the difficulty in measuring outcomes were the main reasons why early childhood development was dropped from the global list of goals, although it had been initially included in the World Summit Goals for Children in 1990. This situation also happened at the national level in most countries. Dr. Engle expressed her appreciation to ASEAN childhood experts and the participants in the regional seminar for taking the lead in working together on the issues of monitoring and promotion of early childhood development. "Children will not wait," stressed Dr. Engle, "A failure to invest at this point will have repercussions a generation later. Therefore, as IECD has been put on the global agenda, we cannot afford to pass on this opportunity. Together, ASEAN countries can work toward improving early childhood care and development, which must be seen as a positive force in the socio-economic development of each country. It is a step toward empowering all families and citizens to prepare them for a global world."

## Election of Chairperson and Vice Chairperson

The seminar was opened by Mrs. Ma. Elena S. Caraballo, project proponent and host of the First Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase II, conducted in 2000. After the election of Ms. Wisa Benjamano of the Bureau of Welfare Promotion and Protection of Children, Youth, the Disadvantaged, Persons with Disabilities, and Older Persons, Thailand as chairperson and Ms. Ida Suelo Wulan, Assistant Deputy for Child and Youth Education Ministry for Woman Empowerment, Indonesia, as Vice Chairperson, the agenda for the seminar was presented, revised and adopted.

The seminar included plenary sessions, exhibitions, presentations, field visits and debriefings, and workshops with discussion groups followed by a synthesizing of the seminar's outcomes and recommendation of action points.



## Highlights of the First Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II Iloilo City, Philippines, 2002

Mrs. Ma. Elena Caraballo, Deputy Executive Director, Council for the Welfare of Children, Philippines, presented the highlights of the First Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase II, which took place in Iloilo City, Philippines on 10-12 October 2002 (see Annex 3). Her presentation was based on the report prepared by Ms. Feny de los Angeles-Bautista, consultant for the meeting.



*Mrs. Ma. Elena Caraballo, Deputy Executive Director, Council for the Welfare of Children, Philippines*

There was discussion on the outputs by assigned countries as agreed upon during the Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase I, held in Singapore on 2-4 June 1999. The outputs consist of:

- Guidelines on minimum standards, licensing and monitoring of child care services (prepared by Malaysia)
- Guidelines for developmentally appropriate ECCD practices (prepared by the Philippines)
- Guidelines for establishing a training framework for child care practitioners (prepared by Singapore)
- Compilation of a directory on training, resource persons and other early childhood resources (prepared by Thailand)

The participants agreed in principle to adopt the revised comprehensive framework for programming in ECCD. The operationalization in each country will require further consultation with related organizations.

## Panel discussion: Global agenda on early childhood development

Presentations:

“UNICEF and the global agenda for ECD” by Patrice Engle

“Global agenda in ECD: Rights from the start” by Feny de los Angeles-Bautista

“What we know about the science of ECD” by Naiphinich Kotchabhakdi

Moderator: Nittaya Kotchabhakdi

Dr. Nittaya Kotchabhakdi, moderator of the panel discussion, introduced the speakers and addressed the global agenda on ECD and the need for bridging the gap between what has been learned about early childhood, particularly brain and behavioural development, from current advances in science and technology and practice in IECD programming. Recently, early childhood development has become part of the global agenda, and there have been attempts in ASEAN countries to put ECCD into national agendas. This plenary



*Nittaya Kotchabhakdi, Moderator*

session set the stage for an exchange and discussion on the development of guidelines for IECD in ASEAN countries.



*Patrice Engle*

Dr. Patrice Engle, Senior Advisor, on Early Child Development UNICEF New York, presented “UNICEF and the global agenda for ECD” focusing the “what, why, who and how” of developing ECD indicators. Her key messages were the integration of early childhood care and development, and cumulative differences in language experience and

performance of children younger than three years old from different levels of parental language ability and socio-economic status. Early intervention in developed and developing countries has had positive results for disadvantaged children. She cited four critical examples of the importance of a supportive environment for ECD:

1. Research from Miami, Florida in the United States found that the number of words and level of language development varied with parental socio-economic status. The most affected area was syntax complexity, which is known to develop during the first three years of life.
2. A controlled study in Canada indicated that early intervention improved school readiness of kindergarten children.
3. Using the Bayley Infant Development Scale developed in the US, the average infant developmental quotient has increased by 10 points in 25 years, from 100 points in 1970 to 110 points in 1995. Now the scale needs to be re-normed.



4. Interventions worked in developing countries when programmes involved parents and communities and provided support to young children’s health, nutrition, appropriate care and learning experience, as demonstrated by Chile’s Know Your Child Programme and the Integrated Child Development System in India.



*Panel discussion*

Dr. Engle noted that recently there have been changes in the focus of ECCD, namely the transition from preschool and beyond to a greater family focus, beginning parenting support during pregnancy and emphasis on the linkages between health, nutrition and child development. This integrated approach should be used in parent education, early childhood care and education, community development, policy making and nutrition and health programmes. There

is increased importance on “going to scale” and the need for evaluations of the impact on the child and the quality of care and education. This child-centred approach combines psychosocial care, early learning and protection with health, nutrition, safe water and environmental sanitation issues. The Global Agenda on ECD puts special attention on most-vulnerable children, those under three years old. At present, UNICEF supports the establishment of national indicators of child development in Ghana, Jordan, Paraguay, Philippines, South Africa and Turkey. UNICEF is also developing a simple indicator of family skills and practices in ECD to be included in the Multiple Indicator Cluster Survey in 2005. Dr. Engle introduced the matrix for IECD and noted the challenges concerned with monitoring the home-based and community-based levels, as well as difficulties with monitoring at referral centres. In addition, monitoring child development without support for promotion or intervention will not lead to positive results. The goal of IECD is “to fulfil all of a child’s indivisible rights for the best start in life and to fully develop her/his physical, cognitive, social and emotional potential.”

Dr. Engle proposed outcomes of the seminar be used as guidelines in planning and developing family-based monitoring and promotion for survival, growth and development. The outcomes could also be used to develop guidelines to ensure that the methods are appropriate.

Ms. Feny de los Angeles-Bautista, Executive Director, Community of Learners Foundation, Philippines, presented “Global agenda in ECD: Rights from the start”. The definition of ECCD, which she stressed should be reiterated to emphasize aspects of ECCD at the global, regional and local levels, includes everything a child needs to survive, develop and thrive. This involves support to families and communities to enable them to fulfil their function as children’s caregivers and teachers. It is children’s rights, not just their needs, that obligate adults to protect their best interests and to create the conditions under which



*Ms. Feny de los Angeles-Bautista, Executive Director, Community of Learners Foundation, Philippines*

they can develop. Despite the long collaboration in the field of ECCD among international and local NGOs, GOs and communities, there is still much to be learned and shared by working together.

The seminar was very timely in following the Special Session for Children in 2002. Ms. de los Angeles-Bautista noted that ECCD advocates support of “A World Fit for Children”, including some parts that did not appear in the final version.

In the Asia and Pacific region, Latin America and some parts of Africa, there have been various effective ECCD programmes that support families as caregivers and teachers and communities as learning environments. In

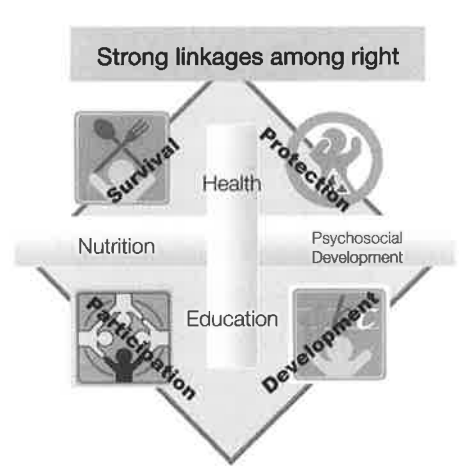
**What is ECCD?**  
 Early childhood care and development

all of which are needed for a child to:

- realize his or her human potential
- participate actively in his or her family's life

ECCD – laying the foundations for child participation

- and later his or her peer group and community



her opinion, ECCD indicators must give due attention to all aspects of children’s development, including to what extent the duty bearers are meeting their obligations and programme access. In addition, indicators must include quality assessment of learning tools for parents and caregivers, and aids for programme planning by service providers. Goals are for all girls and boys to receive a compulsory, free primary education of good quality and access to life-long learning opportunities, beginning with the pre-primary years and including non-formal ECCD activities in homes and communities.

Ms. de los Angeles-Bautista called for multidisciplinary ECCD programmes in diverse contexts and settings and outreach to families. In fighting poverty, she stressed that investing in children provides a fair start to every child and that because children suffer the most from poverty, the fight against it must begin with them. This includes investing in social services that benefit the poorest children and their families, such as basic health care, early childhood programmes and primary education. At the same time, the well-being of children must be a priority of debt-relief programmes, development assistance and government spending. She urged the participants to advocate for children’s rights and to be pro-active in their approach to reducing exploitation by developing family and community engagements with children’s rights from an early age. “Early childhood counts if we really want ‘A World Fit for Children,’” she explained, “We need to strengthen the position of ECCD in the global movement for children’s rights.”



Dr. Naiphinich Kotchabhakdi,  
Director, Neurobehavioural  
Biology Center, Mahidol University,  
Thailand

Dr. Naiphinich Kotchabhakdi, Director, Neurobehavioral Biology Center, Institute of Science and Technology for Research and Development, Mahidol University presented “What we know about the science of early child development”. He emphasized that the evolving knowledge generated by neuroscience and interdisciplinary developmental science increase understanding of the nature of early human development. Implications of recent advance in neurobehavioural science on parenting, education and social policy include nutrition from pre-pregnant mother to be, through prenatal and post natal periods with short term and long term impact, namely protein energy, iron, folate, iodine, and long chain polyunsaturated

fatty acids. Early experiences count because they are essential for nervous system’s structural and functional development..Windows of opportunity for developing specific abilities during early years were highlighted. The core concepts of human development excerpted from the book “*From Neurons to Neighborhood*” were shared as the followings:-

1. Human development is shaped by a dynamic and continuous interaction between biology and experience
2. Culture influence every aspect of human development ant is reflected in child rearing beliefs and practice designed to promote healthy adaptation.
3. The Growth of self-regulation is a cornerstone of early childhood development that cute across all domains of behavior.
4. Children are active participants in their own development, reflecting intrinsic human drive to explore and master one’s environment.
5. Human relationships and the effects of relationships are the building blocks of healthy development.
6. The broad range of individual differences among young children often make it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments.
7. The development of children unfolds along individual pathways whose trajectories are characterized by continuities and discontinuities, as well as a series of significant transition.
8. Human development is shaped by the ongoing interplay among sources of vulnerability and sources of resilience.
9. The timing of early experience can matter, but more often than not, the developing child remains vulnerable to risks and open to protective influences throughout the early years of life and into adulthood.
10. The course of development can be altered in early childhood by effective interventions that change the balance between risks and protection, thereby, shifting the odds in favor of more adaptive outcomes.

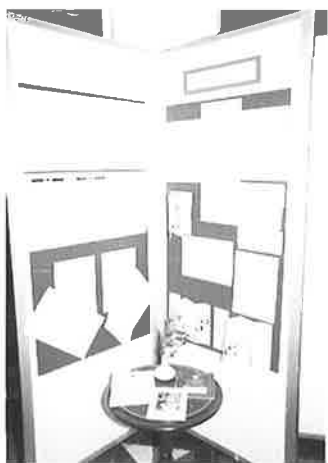
Dr. Naiphinich Kotchabhakdi urged the participants to search for more information on sciences and practical knowledge about IECD including successful programming, from State of the World Children 2001, Facts for Life 3rd edition, and web sites e.g. [www.unicef.org](http://www.unicef.org); and linkages.

## Country presentations: An overview of existing monitoring and promotion of early childhood development

The Chairperson called on the heads of delegations or designated speakers for a brief presentation on each country's existing ECCD programmes. Instead of listening to the reports one by one, the participants were invited to move around from one presentation to another, which were given at each country's exhibition booth.

There were three rounds, starting with Brunei Darussalam, Cambodia, Indonesia and Thailand. The second round featured Malaysia, Myanmar and Philippines. The final round spotlighted Lao PDR, Singapore and Viet Nam.

The following summary highlights the main ideas on "Monitoring for Promotion of Early Childhood Development" from each country's presentation and discussions with the participants.



Brunei Darussalam



Cambodia



Viet Nam



Indonesia



Lao People's Democratic Republic



Malaysia



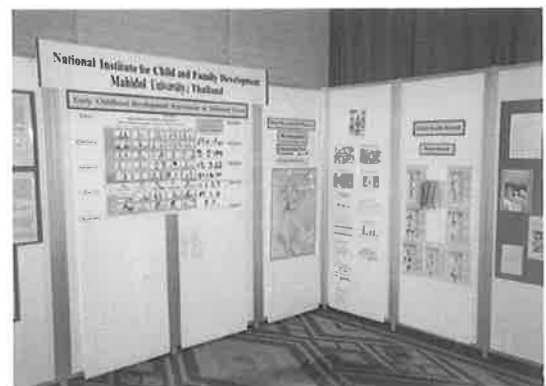
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## **Brunei Darussalam**

Mr. Haji Saidin Bin Haji Abas and Mr. Mohd Husaini Abdullah

Like other countries in the region, Brunei Darussalam emphasizes the development of children, especially those in early childhood. The Ministry of Health has long been offering services free of charge, providing maternal and child health services, including child growth and development monitoring, and immunization. All newborn babies are routinely checked by a paediatrician before being discharged from the hospital. Newborn screening is provided to detect any birth problems and congenital problems, such as Down's Syndrome, heart defects and eye problems. Children who are at risk of or already demonstrate developmental problems receive assessment. Intervention follows at the Child Development Clinic.



## **Cambodia**

Mrs. Chan Haran Vaddey and Dr. Hong Rath Mony

Cambodia does not yet have an intersectoral plan of action for children. However, a National Plan of Action for Education for All (EFA), in which ECCD is one of the major components, is being finalized. An intersectoral ECCD Subcommittee was established under the Cambodian National Council for Children (CNCC) in 2002 to facilitate, monitor and coordinate ECCD activities. This subcommittee plays a key role in monitoring child development issues and related activities. Most of the assessments are conducted at the village level. Children's and women's nutritional status are assessed. Health centres organize outreach services, including immunization, in connection with the assessment results. Health, nutrition and hygiene education are provided for mothers during the assessment sessions. Although Cambodia has not yet been able to implement child development monitoring, progress is being made. The newly established ECCD Subcommittee is identifying the gaps and paying special attention to child development issues.



## **Indonesia**

Ms. Ida Suelo Wulan and Mrs. Ambar Rahayu

ECCD in Indonesia covers services for young children, including health, nutrition and psychosocial or early learning interventions. These interventions reach young children through the various ECCD programmes that have been initiated by the national ministries and agencies. Two multidisciplinary ECCD teams exist, one for policy and programme planning and coordination and the other in a technical and supporting role. The ECCD programme emphasizes community empowerment to assure responsibility for monitoring. Regular monitoring and assessment is carried out to check how well Indonesian children are growing and developing. Over the years, child survival, growth and development indicators have been collected for consistent monitoring. The Government of Indonesia has prepared several national monitoring and status reports that include information and data specific to ECCD. Various tools that are currently used to assess the growth of young children cover the developmental domain and physical growth/nutritional status. A referral system is in place for children with faltering growth, childhood illnesses and developmental delay.





## **Lao People's Democratic Republic**

Mr. Douangsy Thammavong, Mr. Outhsa Phetsesanavong and Mrs. Viengkeo Phommachack

Under the initiation of the Lao's Women Union, the Early Childhood and Family Development Project is implemented in collaboration with the Ministry of Education. Its main objective is to improve parents' and caregivers' knowledge and skills on how to develop physical, emotional, social and cognitive skills of young children to prevent them from dropping out of school. The community-based training package, which uses non-formal methods, focuses on aspects of child rearing such as feeding, treating illness, play and development stimulation. In-use indicators cover all aspects of child development. The Government is aware of the need for an integrated approach that would bring together diverse counterparts to support the monitoring and promotion of early childhood care and development nationwide.



## **Malaysia**

Mr. Vasu Gopal and Ms. Sabarina Abu Hassan

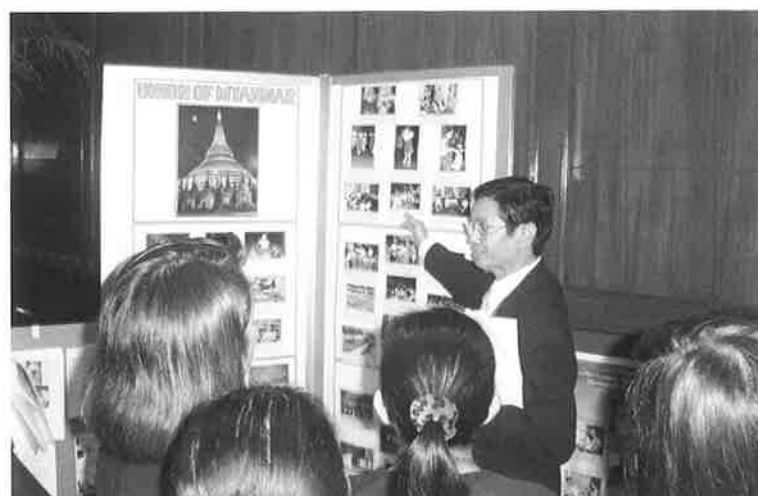
The Malaysian National Plan of Action for Children contains a major part on ECCD. The monitoring of ECCD is done at various levels by different agencies. At the national level, government agencies are coordinated by the Ministry of National Unity and Social Development and the Ministry of Education coordinates education services from preschool to tertiary levels. The Ministry of Health has developed and implemented a checklist to detect any development delays in children younger than three years of age. The main assessment tools used are the Home-Based Child Health Card, Early Childhood Development and Stimulation Checklist, and the School Health Record. Parent involvement in dealing with a young child's developmental delay is the key strategy of the Ministry of Health. The only assessment tool to evaluate development and progress of children from three to six years of age is provided by the Ministry of Education as a part of the preschool curriculum. It is designed to particularly identify strengths and weaknesses in learning so that follow-up and continued measures can be taken effectively by both parents and teachers.



## Myanmar

Mr. Aye Win and Mrs. Khin May Nu

ECCD is included in the Myanmar National Plan of Action and follows the guidelines of the Dakar Framework for Education for All. It refers to a range of activities that address the needs of young children and help strengthen families and communities to improve the physical, socio-cultural and economic environments of young children. The ECCD activities are carried out through a concerted effort. Growth monitoring and promotion data from all townships are compiled by the Health Management Information System and sent back to national nutrition centres for early diagnosis of abnormal growth and development of children younger than five years of age. Through supplementary feeding, growth monitoring and hands-on nutrition education, the growth and developmental status of children from disadvantaged families has improved significantly. The experience gained from this effort is used as a basis to scale-up interventions to address the psychosocial and physical developmental needs of young children, including the development of a proper monitoring mechanism to collect information on those needs.



## **Philippines**

Mrs. Ma. Elena Caraballo, Mrs. Emerita Garuon, Mrs. Leonor Ruelo,  
Dr. Merlita Nolido and Dr. Ma. Joyce Ducusin

In the Philippines, the monitoring of the impact of ECCD involves the use of indicators on the access and use of resources, service quality, policy, financing and developmental status of children; it also includes studies of other ECCD assessment approaches. The Philippines has a legal basis for the establishment of integrated early childhood care and development indicators and monitoring system. The National ECCD Coordinating Council has been established, consisting of concerned agencies, both governmental and non-governmental, to consolidate data generated by individual government agencies and local government units and to use them as a basis for integrated ECCD policy and programme development and implementation. The IECCD indicator and monitoring system involves two areas: One is to monitor the impact on children up to six years old, as defined in the Early Childhood Enrichment and Development Act (RA 8980). The other is to monitor the implementation and compliance with the law. Key indicators for both areas have been developed. Child-focused ECCD tools include the ECCD card, developmental assessment package, revised ECCD checklists and the student tracking system. The Philippines' next steps are to collect and process IECCD indicators, prepare an annual report as a basis for policy/programme updating, measure outcomes on children up to six years old with individual records and develop tools that include advice on what parents/caregivers can do.



## Singapore

Dr. Cheong Seng and Ms. Aw Ai Cheng

In Singapore, a comprehensive ECCD system has been developed to protect the best interests of children in their physical, intellectual, emotional and social well-being. The system includes laws and provisions, programmes and services in the areas of health, nutrition, protection, water and environmental sanitation, and early childhood education. The Inter-Ministerial Committee (Health, Education and Community Development) is responsible for children's survival, growth and development, which are monitored annually at different ages at the community level. Parents are encouraged to play an active role in observing their children's growth and development by referring to the developmental checklists and charts in their Health Booklet. The Health Booklet contains growth charts and a set of developmental checklists extracted from the abridged version of the Denver Developmental Screening Test (DDST, Singapore). The developmental checklist provides a baseline guide to assessing children's growth and development and the DDST is to be used in conjunction with other aspects of periodic health surveillance for children from birth to preschool age to enable a comprehensive developmental portfolio of each child.



## Thailand

Mrs. Visa Benjamano, Mrs. Tipsuda Sumethsenee, Dr. Nichara Ruangdaraganon and Mrs. Thitikalaya Wangcharoen

Thailand is now in the process of reforming its educational system based on the revised National Education Act of 2003, which prioritizes the development of education for early childhood with a variety of services. A concerted effort for a holistic approach to early childhood care and development is outlined through the National Plan of Action for Children. According to the Education Law, parents are entitled to knowledge and skills in child-rearing practices as they play an important part in the upbringing and development of their child. Several government and non-government agencies are involved in the implementation and supervision of community- and family-based ECCD programmes. The national primary health care system has included ECCD as part of community- and home-based actions to promote mother and child welfare. ECCD has been integrated in the mother and child health record and the comprehensive well-child care package. The Maternal and Child Booklet includes an early childhood developmental milestones checklist and guidance is simple for family use. Furthermore, a multidisciplinary early intervention service has been expanded to all village and district health centres, including provincial health centres.



## Viet Nam

Dr. Le Minh Ha, Mrs. Le Thi Thuy, Dr. Pham Thi Mai Chi and Mr. Nguyen Ngoc Toan

The Government of Viet Nam has included ECCD in its agenda and increased budget for maternal and child healthcare and education programmes. Mass organization and government agencies are actively involved in implementing the National Plan of Action for Children. The monitoring of total child development is undertaken by all ECCD stakeholders from district leaders to the community level by parents, grandparents and child caregivers. The ECCD assessment tools used are growth charts, a set of posters with guidelines “For the Child to Develop”, child development checklists, a baby’s hearing checklist and the Denver Developmental Screening Test. Parents are encouraged to use certain tools to obtain a quick overview on the developmental status of their children from birth to preschool age.



## Synthesis of ASEAN country reports on ECD monitoring and promotion

Dr. Laeka Piya-Ajariya delivered the synthesis of the 10 ASEAN country reports on Early Childhood Development Monitoring and Promotion (see Chapter 2).

### Welcome dinner

Mr. Weerasak Kosurath, Chairperson of the Advisory Committee to H.E. Anurak Chureemas, Minister of Social Development and Human Security, Royal Thai Government and Dr. Somsak Lohleka, President, Medical Council of Thailand, delivered welcome remarks during the participants' dinner on 3 March.





## Highlights of the field visits

On the third day of the seminar, field visits provided the participants an opportunity to observe the Thai experiences on “Monitoring for Promotion of Early Childhood Development”. Feedback and reflection of the observed activities were encouraged in order to stimulate the sharing of experiences among the participants. As a framework for observation and discussion, the following questions were proposed:

1. Was there any monitoring of child development in the programme you visited?
2. If so, did the monitoring help to empower families? Why or why not?
3. What changes in children might occur because of the programme intervention? Which of these could be monitored?
4. What changes in family care practices might occur because of the programme intervention? Which of these could be monitored?
5. Would you apply any aspects of the monitoring you observed to your own country? (specify)

The participants organized themselves into three groups for the site visits:

Group 1: Community-based ECCD activities at Bangkabao, Nakhorn Chai Sri district and village health centre, Salaya district, Nakhorn Phathom province

Group 2: School-based ECCD monitoring and promotion for nursery school and kindergarten children at the La-Or-Utis, the Demonstration School of Rajabhat Suan Dusit Institute, Bangkok

Group 3: Daycare centre for comprehensive ECCD, Health Promotion Centre Region 1, Nutrition and Child Development Corner and Parent Education Programme at Bang Mae Nang Health Centre, Nonthaburi province

After the field visits, the participants reconvened at the National Institute for Child and Family Development (NIFCD), Mahidol University, Salaya campus to discuss their findings. Their conclusions to the above queries are as follows:

*Was there any monitoring of child development in the programme you visited? If so, did the monitoring help to empower families? Why or why not?*

All of the programmes that the participants visited had developed and used monitoring tools. Community-based ECCD activities at Bangkabao, Nakorn Chai Sri district identified a health card as one of their monitoring tools. Salaya Village Health Centre in Nakorn Phathom province had developed a CAI CD-Rom for child development assessment. School-based ECCD monitoring for nursery school and kindergarten used a variety of tools to assess child development, such as children’s portfolios, anecdotal records and developmental checklists. For comprehensive ECCD monitoring, the Salaya Village Health Centre used the Child Health Record, which includes child development milestones.

Although the use of the tools to empower families was not yet clear in some programmes, efforts to involve parents in monitoring child development were in place. The pilot project of NIFCD in six villages of Salaya has developed a CD-Rom that provides interactive software based on child development charts and other materials. This software is user friendly, enabling a health volunteer or parent with little education to use it with ease. Through interactive learning, parents gain additional ways of supporting their child's development. In school-based programmes, parent-teacher-child conferences and written correspondence between parents and teachers enhance parent's participation in their child's development. At daycare and health centres, parent counselling using the Child Health Record and group activities, such as toy-making with indigenous materials, provide opportunities for health workers and child caregivers to communicate with parents about child health and development.

*What changes in children and family care practices might occur because of the programme intervention? Which of these could be monitored?*

Within the period of a short visit, it is difficult to identify changes in children. However, there are feedback mechanisms that can help to communicate with parents. In the centre-based programme at Salaya, for example, children showed interest in the CAI CD-Rom, so there is potential for child participation or stimulation through this medium. In the school-based programme, children became more aware of themselves by assessing work in their portfolios.

It is also hard to observe changes in family care practices. Nevertheless, in school-based programmes, parents' portfolio assessment reflects their understanding of their children's development. They demonstrate more concern for their child's education by joining school activities and initiating family development activities. With many helpful tips about the developmental milestones or tasks provided at the centre-based programme, parents can better support their children.

*Would you apply any aspects of the monitoring you observed in your own country? (specify) Are any of the above strategies applicable to other countries?*

While there are concerns that monitoring may be difficult if parents are not educated, particularly in rural areas, the experiences in the Philippines have shown that this can be overcome. An intensive investment in the training of mothers and teachers was required in the Philippines, and it worked to successfully train mothers and teachers to observe children, keep anecdotal records and administer a developmental assessment checklist translated into their local dialects. In Viet Nam and Indonesia, the monitoring of total child development is undertaken by all ECD stakeholders at various levels, including mothers in rural areas.

Similar to Thailand, community health services in Singapore and Brunei Darussalam provide screening and monitoring through a child health and development record. In Malaysia and Singapore,

assessment tools used for evaluating children's development and progress in the preschool curriculum include children's portfolios, anecdotal records and progress cards.

At the conclusion of the discussion, participants noted a need for greater attention to the youngest children. Community and parent involvement in child growth and development monitoring/assessment can be motivated in various ways. However, considering parents' busy schedules and their lack of necessary information, simple tools and monitoring systems that reflect children's needs, the culture and values of the families should be introduced.

(Bangka bao, Nakhorn Chai Sri District)



(Village health center, Salaya District, Nakorn Phathom Province)



(La-or-utis Demonstration School of Rajabhat Suan Dusit Institute, Bangkok)



## **Panel discussion: Development of ECCD indicators for assessment at the community level and case studies from the Philippines and Singapore**

Moderator: Jim Irvine

### **Introductory remarks**

ASEAN represents ten different countries at different levels of social development and a spirit of cooperation is reflected in the ECD focus of this seminar and regional technical assistance, (for example, Singapore's training-of-trainers in ECCD).

Thanks were expressed to Dr. Nittaya and her team and to all the staff and children at facilities visited during the field trips.

There are hard lessons from the 1990s, particularly from Jomtien and Dakar, where a clear 1990 ECCD target dimension was not addressed as comprehensively as primary schooling, even though the six target dimensions were assumed to be inter-dependent and complementary. The 2000 Education for All assessment addressed ECCD programme access, but had no indicators addressing the quality or impact of programmes on children and families. Where countries, such as the Philippines, undertook case studies involving indicators, results were sometimes challenging but very informative and gave accelerated impetus to integrated programming and the need to document the effects of environments and care on families and children.

A major achievement in ASEAN countries in end-decade reporting was the use of new presentation tools (subnational maps and charts) showing spatial relationships among key social indicators, particularly girls' enrolment in primary school and education levels of women, and highlighting disparities based on gender, location, ethnicity and resources. These achievements can be used for advocacy purposes.

ASEAN countries have been evolving different approaches to monitoring IECD programmes and children's survival, health, growth and general developmental status. The task is now to reflect on what helps, how and why, and ask ourselves where we can learn from the experience of others.

This session featured two countries, the Philippines and Singapore, which have taken steps over a long period to address monitoring issues related to children:

- The Philippines has progressive legislation within a child rights framework that mandates aspects of IECD access, accountability, quality and monitoring.
- Singapore has a small, highly educated population that has access to quality care for all children. Policy has been influenced by working mothers' concerns that their children are in good programmes.

These countries provide very different contexts and approaches, but both are addressing a challenge facing all IECD programmes, which is, if the key elements have been addressed, how do decision-makers know that training of mothers and quality care by mothers for their children have demonstrable benefits for later health, education, economic productivity and related concerns of governments?

### Discussion points: Philippines

1. The evolution of legislative provisions was outlined and shown to have sharpened the focus and investment in IECD. The presentation highlighted the value of linking monitoring to CRC reporting.
2. Supplementary handouts documented the nine key indicators and the 33 proxy support indicators that underpin recent legislation.
3. Aspects of monitoring outlined in the handout included the ECCD card, the developmental assessment package, the ECCD checklist with seven domains (normed in 2000) and the student tracking system.
4. This strategy of cohort tracking was commended by ASEAN countries as an important step in documenting the links between pre-natal and early care and later education, behaviour and mental and physical health outcomes, some of which may not be apparent for several decades, such as diabetes II, hypertension and stroke.
5. The Philippines is also addressing challenges related to disparity reduction and universal access to quality services and programmes. It is also reviewing, through data-based decision-making, how national policy and planning are influenced.

### Discussion points: Singapore

1. Multidisciplinary child assessment teams and associated services are available to families in Singapore to alert families to possible development delays. Then the teams provide further assessments and special assistance to families and children, so that early intervention services and support can be as effective as possible.

2. The percentage of at-risk infants appears to be high. However, this may be based more on screening results, further assessment and early support rather than accounting for children who require longer-term special services and programmes.
3. An evolving role was seen for greater attention to a range of flexible child-care options for parents, with the Government ensuring minimal standards.

### Discussion points: general

1. The possibility of multidisciplinary teams may be unrealistic in many ASEAN countries struggling with the challenges of providing basic health and education services. Perhaps evidence needs to be presented more forcefully to document that heavy investment in pre-natal and early childhood care has greater returns than later remedial provisions for treating ill health in older children.
2. Decentralization of responsibility for implementing national policies and standards provides opportunities but also risks, especially if insufficient attention has been given to resources, capacity building and accountability.
3. Without cost-benefit assessments, governments will not be inclined to view IECD as a national priority investment. Key decision-makers need to be convinced that IECD provides benefits for families and children and offers a “fairer start” to life, which would help to reduce poverty-related health and education disparities.
4. IECD faces serious challenges related to advocacy, dissemination and constituency building. What might be the role of ASEAN in promoting IECD?

## Workshops

### Workshop 1

What is needed to improve monitoring for promotion of ECCD at the home-based and community-based levels?

- Sharing tools, processes and lessons learned
- Strengths and challenges in assessment issues



### Workshop 2

How can ASEAN, as a region, collaborate to improve ECCD monitoring and promotion?

- Development of ASEAN guidelines for ECCD monitoring and promotion
- Future collaboration and support as follow-up



The outcomes of Workshops 1 and 2 were synthesized by resource persons and a consulting team. A report was prepared for adoption as ASEAN guidelines for the Second Regional Seminar on the ASEAN Project on ECCD – Phase II.



## Capacity building in early childhood development <sup>1</sup>



*Jim Irvine, Planning Coordinator, Human Development Programme, Aga Khan University, Karachi*

As explained by Jim Irvine, Planning Coordinator, Human Development Programme, Aga Khan University, Karachi, governments and agencies are concerned that there are few regional universities offering higher degrees for ECD managers and leaders, especially for those who have full-time jobs, family responsibilities and limited financial resources.

Mahidol University, through the NICFD, plans to offer an international master's degree in ECD, building on its Thai qualifications. The ECD Virtual University (ECDVU) has started an MA in ECD for teams from East African countries. Other regional universities are looking at offering ECD qualifications. For example, in 2000, UNICEF EAPRO and ROSA requested Aga Khan University (AKU), Karachi, to consider an internationally accredited master's degree in early childhood development as an interdisciplinary degree, available to ECD-related managers and professionals from a variety of relevant academic and professional backgrounds on a part-time/distance education basis, which links work to studies.

To meet existing university regulations (e.g. a faculty of education), there are problems with entry prerequisites for candidates whose backgrounds do not contain teaching. If awarded through health sciences, a similar situation emerges for educators, sociologists, community development people, etc. Flexibility by universities would be essential.

### **In 2000, some ECD specialists recommended:**

- An integrated, multidisciplinary approach, with components linking neurobiology, health, nutrition, psychosocial development, early education, economics, social/cultural environments, gender, child and programme monitoring and evaluation, community development programming, applied research and projects.
- Enrolment of country teams, such as a number of candidates from different disciplines and employers working together on national issues and joint projects, to encourage intra- and inter-country networking.
- A flexible programme of studies, with some "core" and some "optional" units, aimed at complementing professionals' backgrounds and building ECD national managerial capacity.

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<sup>1</sup> This revised note was prepared by Jim Irvine, formerly Regional Education Adviser, UNICEF East Asia and Pacific Regional Office, currently Planning Coordinator, Human Development Programme, Aga Khan University (AKU), Karachi. It is based on negotiations at AKU, 10-12 December 2000, and correspondence with ECD specialists. For follow-up suggestions please circulate through Patrice Engle, UNICEF New York, [pengle@unicef.org](mailto:pengle@unicef.org); Nittaya Kotchabhakdi, [ranjk@mahidol.ac.th](mailto:ranjk@mahidol.ac.th); Rodney Hatfield, DRD, UNICEF EAPRO, [rthatfield@unicef.org](mailto:rthatfield@unicef.org); Jim Irvine, [jim.irvine@aku.edu](mailto:jim.irvine@aku.edu); Waheed Hassan, DRD, UNICEF ROSA, [whassan@unicef.org](mailto:whassan@unicef.org).

- Units taught by “mixed” delivery modes that require candidates to do much of the work in intensive residential seminars of three weeks per unit (i.e. six weeks residence per year for two units per year), to maximize instructor-student/student-student contact, plus additional reading and assignment work by students at home, and in collaboration with other enrolled students.
- Family and/or professional duties should not deny qualified candidates, especially women, the opportunity to do higher degree studies.
- A master’s degree in ECD might consist of a number of thematic modules, taught over four years (three years of course work and one year of thesis work or project), if the entire programme is done by distance education.
- Each unit expects candidates to apply theory and research to their own country situations and needs, such as local literature, report searches, reviews of programmes and a team or joint project.
- Accreditation for one or two units can be taken from another internationally accredited university with special strengths or facilities. This would enable candidates to tap into a wider pool of expertise.
- Some residential seminars offered in a different location (e.g. for AKU, other than Karachi) to take advantage of special facilities, services or programmes for infants and young children.
- Problem-focused learning and team-teaching units may involve international and AKU faculty hired for specific units. They would be expected to respond to students’ queries and do necessary assignment marking following their in-school session, such as electronic/correspondence activities.
- The principle of cost recovery must apply, which means that enrolled students are required to share the costs of instructors’ fees, travel, DSA, in addition to standard university fees and administrative overhead.
- Donor agencies and/or the Asian Development Bank - or World Bank-sponsored ECD projects should be encouraged to support the fees of national candidates.
- A practicum requirement or option (as required of the AKU-Institute of Education’s master in education candidates) allows the country team to combine to develop or evaluate an ECD programme.

- Thesis preparation units, such as research design, qualitative and/or quantitative statistics, special reading courses and a thesis, might be required for those who wish to proceed later to a Ph.D., Ed.D. or equivalent. An applied project could be offered for those who plan to complete a master's degree and not proceed further. Candidates who do not wish to complete a master's degree might get an advanced diploma in ECD.

## **Suggestions from participants**

Please use the blanks to help plan some feasible, desirable and affordable ECD higher-degree programmes. This information will be collated for inclusion with the seminar proceedings. Some headings are suggested. Please address these. You may want to use others.

1. **SELF-EDUCATION/TRAINING LEAVE:** Please comment about your organization's policy, if known, or suggest what is reasonable: full-time leave, and if possible, what would be the maximum period; or part-time leave (e.g. three weeks per year, twice per year for at least three years).
2. **DEMAND:** Please suggest whether you think there is demand for this kind of qualification and approach from professionals and managers in your organization.
3. **ESSENTIAL AND DESIRABLE MODULES OR COMPONENTS:** Please list the modules, units or components that you think are important to include in a master's degree. Please try to put them in priority order 1, 2, 3, etc. Remember that a degree cannot cover an infinite number of areas, so each piece must have an ECD-related focus relevant to national ECD capacity building.
4. **NAME, POSITION, ORGANIZATION, E-MAIL:** This is part of an ongoing process and it helps to know how different countries, organizations, duties, etc. influence the suggestions offered and how universities might respond to different perspectives. Thank you for your assistance.

## Presentation of the ASEAN guidelines from the Second Regional Seminar for the ASEAN Project on ECCD – Phase II

The head of delegations from ASEAN countries discussed the report for the adoption of the ASEAN guidelines. Dr. Nittaya Kotchabhakdi and Dr. Laeka Piya-Ajariya presented and discussed the adoption of guidelines to the participants.



## Concluding session

### Plan of the Third Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase II

Host country: Indonesia

Time: Early May, 2004

Recommended theme: Advocacy and Social Mobilization: Moving from Project to Strategy

#### Elaboration of theme:

1. Self-assessment on country ECCD progress, taking stock of progress made. What works and what does not work, particularly what have we learned about IEC with families?
2. How does ASEAN advocate for ECCD at the policy level?: The suggestion was made to bring in experiences from outside ASEAN, both success stories and technical support.

## Consideration and adoption of the report of the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II

The participants considered and adopted the report of the Second Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase II. Indonesia has agreed to host the Third Regional Seminar in early May 2004. Indonesia sought assistance from the member countries in identifying the theme for the next seminar. It was agreed that the topic will be on “Advocacy and Social Mobilization: Moving from Project to Strategy”. It was recommended that the theme cover self-assessment on country ECCD progress, taking stock of progress made: what works and what does not work, particularly what has been learned about information, education and communication (IEC) with families. How ASEAN can advocate for ECCD at the policy level will also be a focus. The need to bring in other experiences outside ASEAN, both success stories and technical support, is requested.

## Closing remarks and acknowledgements



Permanent Secretary Panit Nithithunpapart of the Ministry of Social Development and Human Security, Thailand, formally closed the three-day seminar. On behalf of the Royal Thai Government, she thanked all the participants from ASEAN member countries for the strong effort in all activities and for developing ASEAN recommendations for future plans of action to improve monitoring and promotion of early childhood development, particularly through integrated community-based and family-based ECCD interventions. She expressed hope that each country representative would be motivated to implement ECD monitoring and promotion in his/her own country using the lessons learned and the experiences from the workshops. She is looking forward to seeing the formation of an ECD ASEAN network in the future, according to the guidelines developed in the seminar.

## Chapter 2

### **Analysis of ASEAN Country Reports on Early Childhood Development Monitoring and Promotion**

**Nittaya Kotchabhakdi, MD**

National Institute for Child and Family Development (NICFD), Mahidol University, Thailand

**Laeka Piya-Ajariya, Ph.D.**

Research and Development Project on Whole School Learning Reform, Faculty of Education, Chulalongkorn University, Thailand

**Nophanet Dhamborvorn, Ph.D.**

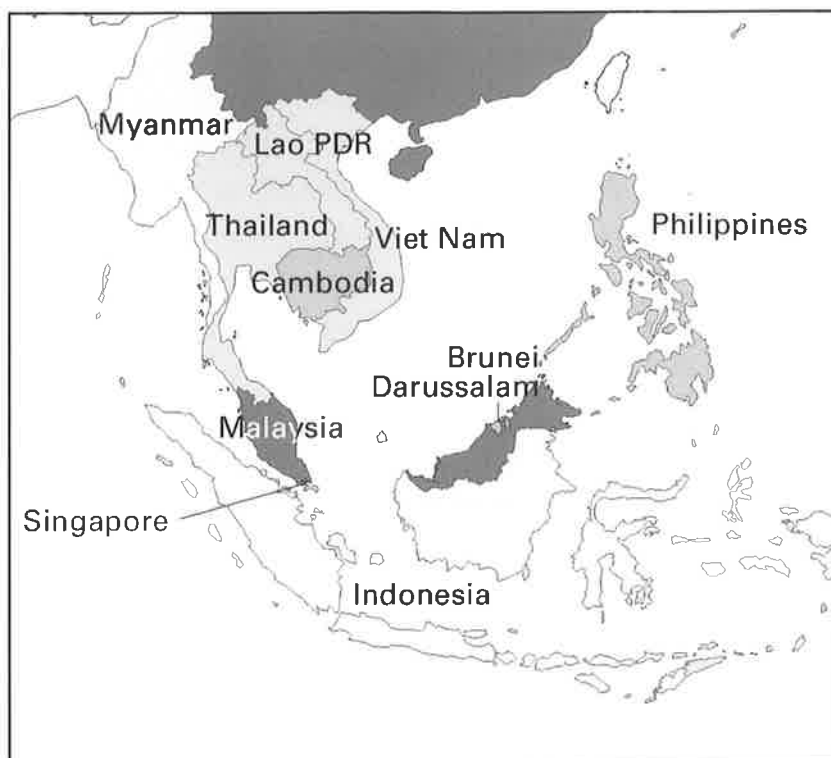
Department of Early Childhood Education, Faculty of Education, Rajabhat Institute Suandusit, Thailand

There are approximately 56 million children under five years of age in ASEAN. That they have a good start to life matters because it determines subsequent opportunities for success. But in most areas, the information about their overall well-being is inadequate, particularly in developmental performance. This is partly due to the previously overwhelming threat to survival and the misconception of the complexity of developmental assessment. Thus, developmentally appropriate care is difficult to achieve at home, in day care and at school. Moreover, the impact of various social development programmes on young children has not been evaluated in a holistic way. Although in our contemporary world, the wealth and progress a nation could make depends upon the skills and competence of its people. Early childhood development is the foundation of life-long competence and productivity. It is a wise investment and should be carefully monitored.

To respond to many questions that were raised during the First Regional Seminar on the ASEAN Project on ECCD - Phase II, which took place in 2000, on what the nations of the region do regarding early childhood development monitoring and promotion, each ASEAN country has prepared a country report on the issue. Although some ASEAN countries have been progressing well with more experiences, they share a common concern: to further improve existing comprehensive childhood development monitoring and assessment as a basis for quality promotion.

Drawing on the country reports, which each government provided by following the requested format (see Annex 5), early childhood status and programming in ASEAN has been carefully examined and analyzed. From the reports, it is apparent that countries are at different stages of development concerning policies and programme implementation to meet the needs of young children. In most countries, the indicators for child survival such as the infant mortality rate (IMR), under-five mortality rate (U5MR), birth weight (BW) and prevalence of protein-calorie malnutrition (PCM) are used to reflect the progress of national childhood development and care. However, the developmental status of children has not been included in monitoring activities involving parents, health care providers and education at the nation level, except in Singapore.

## Demographic data of early childhood



World population <sup>1</sup>	6.1	billion
Asia population	3.4	billion
ASEAN population <sup>2</sup>	0.53	billion
World population under age 5 <sup>3</sup>	612.98	million
Asia and Pacific population under age 5 <sup>3</sup>	324.89	million
ASEAN population under age 5 <sup>3</sup>	56.14	million

<sup>1</sup> Source: Population Reference Bureau, 2002 World Population Data Sheet

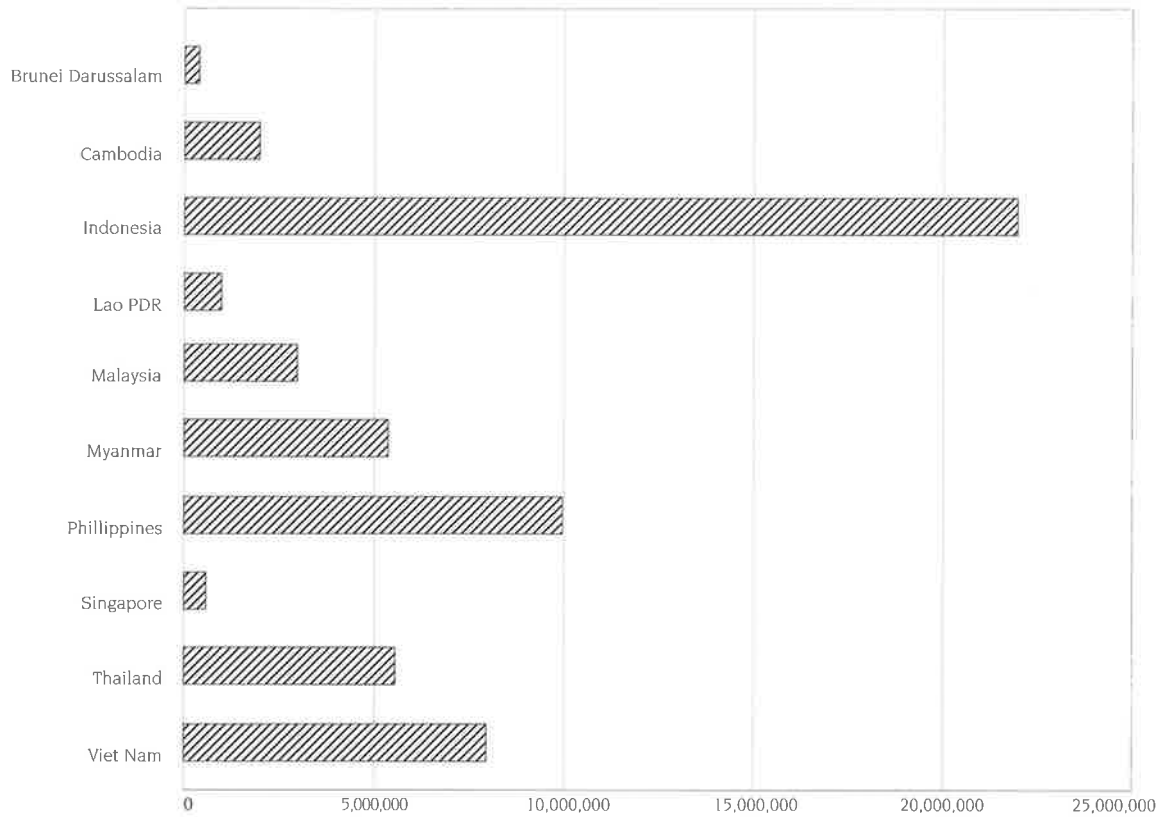
<sup>2</sup> Source: World Development Indicators Database, World Bank, 2001

<sup>3</sup> Source: Unicef, *The State of the World's Children*, 2003



Among ASEAN member countries, the highest number of young children under five years of age live in Indonesia and the lowest number are living in Brunei Darussalam (see Figure 1).

Figure 1: The under-five population in ASEAN countries



There is a variation in age ranges for early childhood development (ECD) in ASEAN countries. In Malaysia, Singapore and Viet Nam, ECD covers an age range from before birth to eight years. While Indonesia, Lao PDR and Philippines promote the development of young children from birth to age six. Cambodia, Myanmar and Thailand highlight the needs for ECD from birth to age five. Early childhood education (ECE) covers different age groups from age three up to five, to six or to eight years old. Also, not all ASEAN countries provide segregated data by age, gender and geographical areas, including urban and rural.

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## Brunei Darussalam

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Total population	340,800 (2002)	Male: 172,600	Female: 168,200
Population under age 2	20,529	Male: 10,674	Female: 9,855
Population aged 3-6	27,786	Male: 14,394	Female: 13,392
Population aged 7-8	13,857	Male: 7,104	Female: 6,753
IMR	6		
U5MR	6		
Growth rate	2.6%		
Race	NA		
Life expectancy at birth (2001)	76 years		

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## Cambodia

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Total population	13 million (2001)
Population under age 5	2,019,000 (2001)
U5MR	125
IMR	95
Race	Khmer 90%, Chinese and Vietnamese, small number of Mon Khmer hilltribes, Cham, Burmese 10% of the population
Growth rate	2.6
Life expectancy at birth (2001)	56 years

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## Indonesia

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Total population	206.2 million		
Population aged 0-6	27.8 million	Male: 51.47%	Female: 48.53%
U5MR	64		
IMR	51		
Race	NA		
Life expectancy at birth (2001)	67 years		

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## Lao PDR

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Total population	5.4 million
Population aged 0-6	NA
Population aged 6-8	NA
U5MR	100 (2001)
IMR	87 (2001)
Race	NA
Life expectancy at birth (2001)	54 years

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## Malaysia

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Total population	23.3 million (2000)
Population under age 4	2,612,744
Population aged 5-9	2,646,527
Population under age 9	5,259,744
Race	Malay 66.1%, other indigenous groups 25.3%, Chinese 6.4%, Indian 1.2%, other non-citizens 7.6% of the population
U5MR	8 (2001)
IMR	8 (2001)
Life expectancy at birth (2001)	73 years

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## Myanmar

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Total population (2000)	50.13 million	Male: 24.91 million Female: 25.22 million
Population aged 0-4 years	6.06 million	
Population aged 5-9 years	5.49 million	
Population aged 0-5 years	7.16 million (approx.)	
U5MR	109 (2001)	
IMR	77 (2001)	
Race	Bamars 69%, others 31% of the population	
Life expectancy at birth (2001)	56 years	

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## Philippines

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Total population	75.6 million (2000)
Population aged 0-6 years	11.34 million
Growth rate	2.3%
U5MR	39.2 (2000)
IMR	30.7 (2000)
Race	NA
Life expectancy at birth (2001)	70 years

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## Singapore

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Total population	412,468	Male: 212,941	Female: 199,527
Population aged 0-2 years	122,668	Male: 63,484	Female: 59,184
Population aged 3-6 years	187,820	Male: 97,028	Female: 90,792
Population aged 7-8 years	101,980	Male: 52,429	Female: 49,551
Population aged 0-8 years	412,468		
U5MR	4 (2001)		
IMR	2.2 (2001)		
Race	Chinese, Malay, Indian and others		
Life expectancy at birth (2001)	78 years		

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## Thailand

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Total population	63.5 million
Population aged 0-5 years	5.1 million
Population aged 0-8 years	8 million
U5MR	28
IMR	24
Growth rate below	1%
Life expectancy at birth (2001)	70 years

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## Viet Nam

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Total population	79.1 million
Population aged 0-3 years	4,043,813
Population aged 3-5 years	5,001,177
Population aged 6-8 years	6,068,538
U5MR	38
IMR	30
Race	NA
Life expectancy at birth (2001)	69 years

## National Plan of Action for Children, focusing on ECD

ASEAN countries have already established an infrastructure for ECD and early childhood education coordination and collaboration among various agencies concerned. However, not all ASEAN countries have yet developed a comprehensive national plan of action for children. Malaysia, Myanmar, Philippines, Thailand and Viet Nam have stated ECD in their national plans. Indonesia, Singapore and Lao PDR have developed national ECD programmes/projects. Cambodia and Myanmar have identified ECD as one of the main target areas in the Education for All National Action Plan.

ECD is stated in the national plan of action for children in eight ASEAN countries (Brunei, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam), according to the country reports (see details in enclosed CD-ROM). There are some variations in the definition of ECD, each country's priorities and the different stages of implementation of the plans in the region. The national plan of action for children concept was developed according to the World Declaration for Children from the UN World Summit for Children in 1990. Survival, nutritional status, accessibility to health care and school enrolment rate among ASEAN children have remarkably improved during the past decade in all countries. The issue of monitoring and promoting young children's functional and behavioural development became more visible in some countries where human competence and lifelong health and productivity are regarded as capital for national development. Integrated early childhood development (IECD) programmes have been implemented in some pilot areas in several countries with increasing evidence of practicality and cost-effectiveness. The following highlights illustrate the ASEAN initiatives on IECD policies and implementation:

- Indonesia Sehat (A Healthy Indonesia) 2010, The National Programme for Children in Indonesia 2015 and the Education for All National Plan of Action 2015 mentioned specifically the early childhood years (0-6). Last year, the Indonesian Parliament passed the Child Protection Law (Act No. 23/2002).
- Malaysian Vision 2020 includes ECD, one year of pre-primary education is compulsory and families with young children are supported by the enactment of the Childcare Centre Act for children under the age of four years.
- Myanmar Education for All Forum (EFA) emphasized ECCD as the first priority of the six Goals of Dakar EFA as expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged. A national programme for ECCD is being developed.

- Philippines has established a national ECCD Coordinating Council that is working to progress the National ECCD Strategic and Investment Plan, 2003-2007. This was the result of the Republic Act 8980 in 2000, which mandates the establishment of an IECCD system. Local government units are expected to form ECCD coordinating committees and develop three-year ECCD plans.
- Singapore has put in place a comprehensive system of laws and provisions of programmes and services in the areas of health, nutrition, protection, water and environmental sanitation and early childhood education for the primary purpose of safeguarding the best interests of children in their physical, intellectual, emotional and social well-being, with periodic developmental assessment and appropriate management.
- In Thailand, the National Plan of Action for the Survival, Protection and Development of Children set more advanced goals for the decade and beyond. It led to the collaborative integrated family-based ECCD pilot projects (1990-1995) in 16 provinces, which later became a nationwide Family Development Project (1996-1998). In 2002, the National ECD Policy Board was established with intersectoral and multidisciplinary committees from government and non-government organizations and academics. Although the national policy on children and youth development and long-term plan were developed during the past two decades, they have not been fully implemented. A new national policy and strategic plan on ECCD is expected this year. In practice, ECD was incorporated into comprehensive well-child care more than 20 years ago. It has just been stated as an indicator in child health care by the Ministry of Public Health for the Ninth National Economic and Social Development Plan, 2002-2007. Thus, from this year on, ECD assessment and promotion becomes an important element in the child health supervision package. At the same time, the Education Reform Act 1999, Health Reform Act 2002 and Bureaucratic Reform Act 2002 are transforming the philosophy and nature of service toward decentralization, deregulation and increased people participation in education, health and other social development programmes.
- Viet Nam's National Plan of Action (NAP) for Children, 2001-2010 includes all groups of children up to age 15. Young children up to the age of five are targets of the NAP on Nutrition, while infants are in the NAP Immunization Plus programme.
- For Cambodia and Lao PDR, where survival issues are still critical, there is some development toward IECD with support from UNICEF. An intersectoral ECD Subcommittee was established under the Cambodian National Council for Children in 2002 to facilitate intersectoral coordination and collaboration for total development of young children. In Lao PDR there are pilot projects for village-based ECD.

Given the above situation on ECCD in the ASEAN countries, a wide disparity exists in the opportunity to reach a “good start for life” among young children within the country and in the region. It will be important to mobilize governments and societies to recognize the relevance and feasibility of an integrated approach for ECCD. There are great needs for:

- Empowerment of parents, family members and communities;
- Capacity building for government and non-government personnel in planning, implementation and monitoring of the IECD holistic approach; and
- Information sharing and development of information, education and communication (IEC) materials on a regional basis, for use at all levels on.

There are many points to ponder concerning national policies on ECD:

1. Some countries claim to have interdisciplinary plans that are not yet fully implemented or are implemented only sectorally.
2. Many states have put into place legal systems and provisions. Nevertheless, actual implementation needs to be followed up.
3. In terms of quantity, clarification should be made regarding any achievements claimed. All eligible early childhood (EC) populations should be considered as ECD programme targets, rather than a coverage-targeted population of service.
4. For the quality of ECD programmes, growth and ECD monitoring, including quality assurance of ECD/ECE services, are essential.
5. Some national plans of action for children have included women’s/mothers’ assessment like in Cambodia, Lao PDR, Myanmar and Viet Nam. Indonesia, Malaysia, Philippines, Singapore and Thailand have involved the participation of parents, particularly mothers in ECD promotion, while educating them.

## Programme activities concerning ECD monitoring

ASEAN countries reported the use of various assessment tools for early child growth and development monitoring. Common tools are checklists. The validation of an ECD checklist was reported in the Philippines. The Denver Developmental Screening Test is a specific standardized instrument used in Singapore for the past 10 years. This tool has been translated and adapted in Thailand and Viet Nam.

ASEAN countries describe similar stakeholders in early child growth and development monitoring as follows:

Age	Home /Community	Day care	School
0-3 years	✓	✓	-
3-6/3-8 years	✓	-	✓

ASEAN countries have developmental checklists in child health records, growth charts and portfolios used in day care, kindergarten and schools. These tools are used at the family and community levels. However, there is a lack of well standardized socio/cultural-appropriate early childhood developmental assessment tools in ASEAN.

## Examples of the early childhood development assessment tools and activities

### Indonesia

	What is assessed by the tools?	Target age group	User of the tool	Where is it distributed?	Responsible party
Card to health (KMS)	Growth (weight per age) Development child function Guide to proper feeding	0-60 months	Family	Posyandu, BKB, Taman Posyandu, ECCD centre	Health Ministry
Child Development Card (KKA)	Developmental task	0-72 months	Family	BKB, ECCD centre	NFPCB
Maternal and Child Health Handbook	Growth (weight per age, head circumference, mid-arm circumference), development, health recording, immunization, vitamin A supplementing	0-60 months	Family (mother and child)	Community health centre (Puskesmas)	Health Ministry



	What is assessed by tools?	Target age group	User of the tool	Where is it distributed?	Responsible party
Guidance for early detection of growth and development	Growth (weight per age, head circumference) and development (questionnaire for pre-screening, blindness and deafness tests)	0-72 months	Health provider	Community health centre (Puskesmas)	Health Ministry
School readiness	Tes Kesiapan Sekolah Bidang Skolastik: Psychosocial status Emotional status	6-7, first grade	Teacher		Ministry of National Education

## Malaysia

Tool	Detail
Instruments for monitoring development and progress of kindergarten children	
Report on supervision visits to kindergartens	Instrument for monitoring the state of physical conditions and other facilities in kindergarten
Checklists used by the child care officers of the Department of Social Welfare	This checklist used by the officers during the visits to the centre and completed forms are attached to the application forms, which are submitted to the headquarters for issuance of the certificate of registration.
Home-based child health card	The general findings of a child will be reflected in records and a management plan given to the child by the health worker at either the routine child health clinic or at the out-patient clinic.
Early childhood development and stimulation checklist	The checklist outlines all the various aspects of development, which includes fine and gross motor, hearing, language and psychosocial development. It also provides a systematic development assessment according to age.
School health record	Routine general examinations will be carried out by the school health services for the children at 7 years, 12 years and 15 years of age.

## National and local area reports concerning ECCD

The national and local area reports concerning ECCD in ASEAN countries are available in Cambodia, Indonesia, Philippines, Singapore, Thailand and Viet Nam. Most are focused on programming and processes rather than outcome indicators on young children's total development to meet the rights for survival, development, protection and participation.

Country	Report
Cambodia	<ol style="list-style-type: none"> <li>1. Cambodia 2000 Demographic and Health Survey (CDHS 2000)</li> <li>2. Health Information System (HIS)</li> <li>3. Education Management Information System (EMIS)</li> <li>4. ESP/ESSP Documents</li> <li>5. Education for All: The draft EFA National Plan of Action</li> <li>6. Child and Women Assessment</li> <li>7. Seth Koma baseline and follow-up surveys</li> <li>8. IECD Baseline Assessment Pilot</li> </ol>
Indonesia	<ol style="list-style-type: none"> <li>1. End Decade Statistical Report: Data and Descriptive Analysis (2000)</li> <li>2. National Report on Follow-Up to the World Summit for Children (1990-2000), (2001)</li> <li>3. The EFA Situational Analysis 2002; Indonesia (2002)</li> <li>4. Indonesia Country Report: Progress Toward Implementing the WFFC and MDG Commitments (February 2003)</li> <li>5. Draft National Programme for Children in Indonesia 2015 (prepared in 2003)</li> <li>6. Annual Report on ECCD Programmes (2002)</li> <li>7. Profile on child welfare and protection collected by nine pilot provinces (2002)</li> </ol>
Philippines	Field Health Service Information System of the Department of Health (FHIS)
Singapore	National Breastfeeding Survey, 2001
Thailand	<ol style="list-style-type: none"> <li>1. Report of Five-Year Implementation of the National Plan of Action for the Survival, Protection and Development of Children</li> <li>2. National Annual Report of Children's Nutritional Status (0-5 years old)</li> <li>3. National Survey for Acceptance of the Convention of the Rights of the Child</li> <li>4. Annual National Education Statistics</li> </ol>
Viet Nam	<ol style="list-style-type: none"> <li>1. Report on the 10-year implementation of the national programme for children (former CFPC, now merged to CFPC)</li> <li>2. Report on the five-year implementation of the CRC (CPCC)</li> <li>3. Report on Viet Nam-UNICEF cooperation, ECD part: 1996-2000 (UNICEF Viet Nam)</li> <li>4. Report by the Ministry of Health on the achievement of nationwide eradication of polio, immunization plus delivery of vitamin A,</li> </ol>

## Domains of child development monitoring

The domains of child development monitoring mentioned in the country reports include all aspects of child development. Nutrition status and growth charts are available in all countries and usually are utilized by health care providers. However, it is not stated how much they are utilized by families and caregivers. The current situation of children on these domains cannot be evaluated. Therefore, social monitoring and systematic information collection on early childhood development needs to be improved.

### Developmental monitoring

Country	Physical/ gross motor	Intelligence/ cognitive/fine motor- adaptive	Language	Emotional/ social	School readiness	Other
Brunei	✓	✓	NA	✓	✓	Creatively spiritually
Cambodia	×	×	×	By Save the Children Norway on through Parent Education Committees	×	
Lao PDR	✓	✓	NA	✓	NA	
Indonesia	✓	✓	✓	✓	✓	Spiritual (moral and ethics)
Malaysia	✓	✓	✓	✓	NA	Hearing
Myanmar	NA	NA	NA	NA	NA	
Philippines	✓	✓	✓	✓	NA	Self-help
Singapore	✓	✓	✓	✓	NA	
Thailand	✓	✓	✓	✓	✓	Child care standards
Viet Nam	✓	✓	✓	✓	✓	

## Growth/nutrition status monitoring

Country	Per cent of breast feeding (exclusive breast feeding at four and six months)	Weight for age	Height for age	Head circumference	Other
Brunei	To encourage breast feeding to mother	✓	✓	NA	
Cambodia	1) Early initiation of breast feeding; 2) Exclusive breastfeeding up to six months; and 3) Duration of breast feeding: CDHS 2000, Seth Koma Baseline Survey	Child and Women Assessment, CDHS 2000	CDHS 2000	No data	Birth weight HIS
Lao PDR	100% of newly born children receive colostrum and continue breast feeding through at least the first six months	✓	✓	NA	
Indonesia	✓	✓	✓	✓	Mid-arm circumference
Malaysia	NA	✓	✓	NA	
Myanmar	✓	✓	✓	NA	
Philippine	✓	✓	✓	NA	
Singapore	✓	✓	✓	✓	
Thailand	✓	✓	✓	✓	Vaccinated immunization
Viet Nam	✓	✓	✓	✓	✓

## Early childhood developmental status/developmental outcomes

There are several large-scale surveys and/or research on ECCD in ASEAN. Strikingly common findings are the increase in prevalence of delayed development with increasing age among early childhood. The most affected areas were language development and fine motor adaptive or cognitive development. There was some benefit found in children in day care and kindergarten in contrast to the control population, particularly in the less advantaged areas. This is indeed a silent emergency, considering the “window of opportunity” that is lost, which then increases the risk for learning, working and behavioural problems in subsequent years.

### Research/surveys on early childhood development

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#### Indonesia

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Type: Meta-analysis

Title: Developmental Status of Indonesian Children

Sample size: Not specified

**Result:**

There are significant patterns that emerge from an analysis of the findings of the studies previously mentioned: Indonesian children showed developmental delays in gross-motor, social, language and fine motor development. Among children in poor communities, these delays increase with age and most significantly for language, fine motor development, pre-academic skills (Sularyo and Akhib; World Bank). These patterns indicate the aggravating impact of malnutrition and illness during the first two years, further compounded by the poor quality of the children’s caregiving and learning environments, resulting in the lack of stimulation for language and cognitive development.

Researchers attributed this situation to experiences within the family, such as limited verbal interaction between parents and children. Indonesian parents do not usually engage children in conversation, and children are not encouraged to speak up or ask questions. The dearth of language learning experiences and opportunities for fine motor development is further compounded by the lack of exposure to group experiences of the kind offered by ECCD programmes, like playgroups or child care centres. The lack of interactive experience early in life adversely affects children’s language and cognitive development. Among children aged 3.5-4.5 who were part of the study, only 11 per cent were in kindergarten, 5 per cent were in some form of early childhood programme and 82 per cent were not participating in any form of ECD programme.

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## Malaysia

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**Type:** National survey

**Title:** Survey on the breast-feeding practices in Malaysia

**Sample size/inclusion criteria:**

Sample size of 17,995 living quarters selected through a two-stage stratified random sampling design, proportionate to population throughout all states in Malaysia. The respondents were mothers or guardians of children younger than 24 months.

**Result:**

While the overall prevalence of breastfeeding was high, suboptimal breastfeeding behaviour was still common in Malaysia. The use of feeding bottles seems to be the norm, and pacifier use was high among certain subgroups of the population.

Breastfeeding promotion campaigns should focus on educating mothers on the importance of exclusive and sustained breastfeeding while emphasizing good bottle cleaning practices, especially among the identified subgroups. Breastfeeding education and supportive programmes need to be implemented in the urban areas and health clinics to support and maintain breastfeeding rates. The prevalence of “timely first sucking” was high, especially in the rural areas. In order to sustain and improve this rate, the “Baby Friendly Hospital” programme should be extended to the private hospitals.

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## Philippines

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**Type:** National

**Title:** National Nutrition Survey (NNS)

**Sample size/inclusion criteria:**

70,000 individuals of all age covering 77 provinces, 5 major cities and 5 cluster areas in the national capital region, 10 highly urbanized and 2 cities of Central Mindanao

**Result:**

The percentage prevalence of underweight, under-height, thinness and overweight among children aged up to five years in 2001 was 30.6, 31.4, 6.3 and 1.0, respectively. The prevalence of under-height decreased from 39.9 in 1989-1990 to 30.6 in 2001. The prevalence of overweight-for-age increased from 0.6 in 1989-1990 to 1.0 in 2001.

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**Type:** National

**Title:** Multiple Indicator Cluster Survey (MICS)

**Sample size/inclusion criteria:**

7,690 sample households distributed proportionally in the 16 regions of the country

**Result:**

- a) Weight monitoring in the urban area found that children aged 0-1 have been weighed regularly after birth more than those in urban areas (53.3 per cent and 40 per cent).
- b) Antihelminthic: 9.4 million children (42 per cent) had been de-wormed, with more children in rural areas (45 per cent) than in urban areas (40 per cent) receiving such medication.
- c) Iron Supplementation: Out of 119,000 mothers who had given birth to children with low birth weight, only 12 per cent were reported to have given their children iron supplements.
- d) Early childhood education: Only 15 per cent of approximately 7.6 million children aged three to six years attended some form of organized early childhood programme in preschool, nursery and day care centres at the time of the survey. Further, results show that there are slightly more children in urban areas enrolled in an early education programme than in rural areas. There are more young girls than boys who attended preschool at the time of the survey.

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**Singapore**

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**Type:** National survey

**Title:** National Breastfeeding Survey 2001

**Sample size/inclusion criteria:**

The sample size was 2,149. The inclusion criteria specified the period of delivery as well as the number of restructured and private hospitals with obstetric services. All Singaporean women who delivered at these hospitals were invited to participate in this survey.

**Result:**

The findings of the survey showed that of the sample, 95 per cent attempted breastfeeding. At four months, the prevalence rate fell to 30 per cent with only 21 per cent continuing to breastfeed at six months.

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**Thailand**

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**Type:** National survey

**Title:** National Health Examination Survey, 1996-7 ( Nittaya Kotchabhakdi et al.)

**Sample size/inclusion criteria:**

33 provinces 3,306 children aged 1-6 years

**Result:**

Using a developmental checklist, 16.2 per cent, or one in every six children, with disparity between rural and urban areas, was found to have delayed development. The prevalence of delayed development was found to increase with age: 10 per cent from age one to three, 18 per cent from age three to five and 26.9 per cent from age five to six. A higher prevalence of delayed development was associated

with malnutrition and low maternal education. The prevalence for first degree (mild) malnutrition was found to have increased in rural areas compared to urban areas. Obesity was more prevalent to those in urban settings by two-fold.

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**Type:** Local survey

**Title:** Salaya Community Based Project (Nittaya Kotchabhakdi et al.)

**Sample size/inclusion criteria:**

79 children under 6 years old using Thai version of DENVER II, the home observation for measurement of environment (HOME)

**Result:**

Based on weight by age, 15.19 per cent were found to be obese. As high as 40.5 per cent were delayed in one or more fields of development with 30.4 per cent delayed in language, 11.39 per cent delayed in fine motor skills, 10.13 per cent delayed in gross motor skills and 7.59 per cent delayed in personal social development. Moreover 9-11 per cent were in the caution category. The mean HOME score was 26.67+ 6.60 (62.02 per cent) for under three and 54.64 +8.98 (68.3 per cent) for the 3 to 6 year-old population. There was a statistically significant difference between the HOME score of 3 to 6 year-old children with normal and delayed development ( $p=0.02$ ) but not in the younger group.

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**Type:** National survey, Department of Health, 2000 (Siriporn Kanchana et al.)

**Sample size/inclusion criteria:**

3,081 children from nine provinces from four regions and Bangkok using DENVER II

**Result:**

21.8 per cent of children in the second year of life were found to have delayed development in one or more area, compared to 37.1 per cent among the 4 to 5 year-olds. Language and fine motor adaptive ability are the fields with most delay.

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**Type:** National, four regions and Bangkok

**Title:** Cross-Sectional Comprehensive Survey

**Sample size/inclusion criteria:**

1,571 children aged 12-35 months old and 1,585 children aged 3-6 years

**Result:**

18.4 per cent of the 12- to 35-month-old children had somewhat delayed development using the Capute Scale. At the same time, 1.9 per cent of this age group exhibited advanced development. There was a discrepancy among children in rural and urban settings particularly in motor development. 20.6 per cent were below average. In the older groups, those 3 to 6 years old, the figure increased to 55.6 per cent using DAP and the Gesell Figure Test.

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**Type:** Local, Bangkok congested area (Sirikul Inaranuruk et al.)

**Sample size/inclusion criteria:**

56 children age 1-5 years old from Wat Makok community using DDST

**Result:**

48.2 per cent, or 27 children, were suspected to have delayed development in this urban congested area in Bangkok.

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## Viet Nam

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**Title:** Analysis of Results of the Multiple Indicator Cluster Survey, GSO, 2000

**Type:** National survey

**Sample size/inclusion criteria:**

In all 61 provinces and cities

**Result:**

Constraints/Causes

- Children with disabilities have limited access to quality education and rehabilitation service (only 20 per cent of disabled children are attending school).
- Percentage of children that attain psychosocial development indicators remain low.
- Ethnic minority children are not fluent in Vietnamese at the first year of primary education, which affects their school achievements and eagerness to learn.
- There was not adequate monitoring and evaluation on some aspects related to comprehensive development of children younger than eight years of age, e.g. socialization, language and exploration.

It was found in a recent mini survey in Xuan Tinh commune, Lang Son province, that only one out of five 24-month-old children was able to imitate drawing a circle and only one out of four 5-year-old children could say an antonym to a word.

Achievements against objectives	Actual 1991	Reached by 2000
1. Child mortality rate reduced remarkably	81%	42%
2. Children under one year old fully immunized against six common diseases	NA	93.3%
3. Children aged younger than five years treated with ORS	NA	94%
4. Children aged younger than three who attend preschool centre*	12%	12%
5. Children aged three to five years who attend preschool	32%	42%
6. Six-year-old children who attend primary school	NA	95%
7. Provinces and cities which have reached primary education universalization and literacy education	NA	100%
8. Malnutrition of children younger than five years*	51.5%	33%
9. Low birth weight children	14%	8%
10. The proportion of infants under four months of age who were exclusively breastfeed	NA	31.1%
11. Population accessing clean water	29%	52%

## Research/surveys of school readiness/school base

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### Indonesia

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A study compared the school readiness of children who had kindergarten experience with those who did not attend Taman Kanak-Kanak, or TK, (D. Harianti, 1998). The study sample involved 256 seven year olds who were all new entrants to grade one. They came from 64 schools representing 24 subdistricts in four provinces (East Java, Bali, Jambi and DKI Jakarta). The two groups were evenly divided between those who attended TK and those who did not. Significant differences were found between the two groups in terms of cognitive development and pre-academic skills. Children who attended TK-kindergarten scored higher on the tests used to assess cognitive skills, language and early literacy skills, understanding of mathematic concepts and fine motor skills. The study provides support for the positive effects of children's participation in ECCD programmes, specifically in terms of facilitating their adjustment to primary school. Because they can easily adjust to school, they are likely to maximize the learning experiences in a more structured classroom. This would be a significant contributor to improved school performance.

### Malaysia

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**Type:** Local

**Sample size/inclusion criteria:**

Children's performance in primary school at Standard One and Two

**Result:**

The result indicated that there is a "head start" advantage for those who attended preschool. However, the amount of advantage gained by attending preschool depends on the type of preschool centre and its location (rural or urban).

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**Title:** A Comprehensive Understanding of Preschool Education in Malaysia

**Result:**

There was a relationship between socio-economic status and the extent to which children benefited from preschool. Those children from more disadvantaged areas gained more than the children from the higher socio-economic group.

An argument can be made that any government provision of early childhood development services should be targeted to the more disadvantaged groups in a society. By and large, early childhood development programmes supported by the government of Malaysia have focused on reaching children in rural and low-income urban areas who could benefit most from early childhood programmes.

**Type:** Local

**Title:** Master in Education (M.Ed) Research Project

**Sample size/inclusion criteria:**

A survey of parents was conducted relating to 20 children by the ages of 5 and 10. A reading and language inventory was used to measure the emergent literacy skills of the subjects. A parent interview schedule was used to obtain information on parental involvement.

**Result:**

Children with high emergent literacy scores have parents who are actively involved in teaching them to read and write, who read to them and tell them stories; they control their children's television and video habits. Children with low emergent literacy scores have parents who do not teach them how to read and write; the parents do not spend time reading and telling them stories. These low-scoring children spend a considerable amount of time watching television and video programmes. Preschool children's emergent literacy is related to parental involvement and television/video viewing. Parents should be more actively involved with their children's emergent literacy development. They should spend more time teaching, guiding, telling stories and reading to them.

## **Services available for young children with delayed development**

Many ASEAN countries reportedly offer appropriate interventions following the detection of any growth faltering and delayed development. However, the service is usually limited to several centres with multidisciplinary teams and special education service. There are some community programmes but the coverage is inadequate, except in Singapore. Indonesia and Singapore can share their existing well-developed referral systems. In Indonesia, the referral system encourages parent and community involvement. More serious developmental delays, then, are referred to professional services. Social services in Singapore also provide linkages between referral services and family/child care/educational centres.

## **Observations and questions from the country reports**

### **Observation 1: Variation of age ranges for ECD**

Question 1: What should be the ASEAN ECD age range?

### **Observation 2: Demographic information**

Question 2: Do we need segregated data? Why? And how should ASEAN countries stratify ECD?

### **Observation 3: National plan of action for children, focusing on ECD**

Question 3: What should be included in a national plan of action for the best interest of young children?

#### **Observation 4: Programme activities concerning ECD monitoring**

Question 4: 1) At the country level, are we satisfied with the existing monitoring activities:

- ECD assessment tools?
- ECD assessment process?
- ECD assessment coverage?

2) Is it necessary to have common ECD assessment tools for ASEAN?

#### **Observation 5: Early childhood status/developmental outcomes**

Question 5: 1) How well can we reflect the actual growth and development of young children from the existing monitoring and assessment?

2) How can we better utilize the overall developmental outcomes of young children for ECD/ECE programming?

#### **Observation 6: Questions to consider, as a region**

As of now, ASEAN countries seem to work individually on monitoring for the promotion of ECD. The need, therefore, is to pull together all the capacities available in order to work collaboratively as a region. The goal is to make possible the improvement of existing comprehensive child growth and development monitoring and promotion in every ASEAN country.

Question 6:

1) How can ASEAN countries improve the efficiency in early detection of children and families at risk:

In early intervention?

In monitoring and evaluating ECD programming?

2) How can ASEAN countries better empower parents, caregivers, ECE teachers and concerned others in the community to provide developmentally appropriate care and education of young children?

3) How can we develop ASEAN regional resources and technical cooperation in ECD monitoring and promotion?

All of these observations and questions were posted for the seminar participants to consider in Workshop 1 (What is needed to improve monitoring for promotion of ECCD at the home and community?) and Workshop 2 (How can ASEAN as a region collaborate to improve ECCD monitoring and promotion?). With shared concerns and lessons learned, participants from ASEAN countries answered these questions collectively. The outputs of the workshops were later synthesized into the seminar's outcome and recommendations for future actions in the region.

## Chapter 3

### Report on the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II

**Theme:** Monitoring and Promoting Early Childhood Development in ASEAN

#### Context

Delegates from all 10 ASEAN member countries participated in the Second Regional Seminar on the ASEAN Project on Early Childhood Care and Development – Phase II, 3-6 March 2003 in Bangkok, Thailand. The seminar was organized by the Bureau of Welfare Protection and Promotion of Children, Youth, the Disadvantaged, Persons with Disabilities and Older Persons, Ministry of Social Development and Human Security, the Royal Thai Government, in collaboration with the National Institute for Child and Family Development, Mahidol University.

#### Summary of discussions

The discussions among the delegations from member countries reflected and effectively reaffirmed the commitment to support a global movement for children and a child-friendly society that was made by their respective governments during the East Asia and Pacific Regional Consultation on Commitments for Children from 2001-2010, formalized through the Beijing Declaration and unanimously adopted on 16 May 2001.

The discussions during the seminar reiterated the following commitments made and contained in the Beijing Declaration, which refer in particular to early childhood care and development:

- *Mainstream children's well-being at the centre of the national agenda, as the most important indicator of national economic and social progress, and allocate sufficient resources for investing in children.*
- *Promote and protect the best interests of all children by focusing on critical stages in the life of a child when interventions will have the greatest and most lasting effect.*
- *Recognize and support parents and families as the primary caretakers of children and strengthen their capacity to provide the optimum care, nurturing and protection.*

Throughout the seminar, there was clear consensus that the early years of a child's life – from conception through age six and the transition years to primary school – is precisely that most critical stage. This focus must ensure attention to the survival, growth, development, protection and participation of all children.

Thus, early childhood development is of tremendous importance to human development, and as such, crucial to determining the formation of each country's human capital. Early childhood is the period with the most "windows of opportunity" for development and learning. Opportunities can be maximized by providing developmentally appropriate and culturally relevant programmes that support young children, their families and their caregivers. ECCD programmes must be holistic and strive for the best possible quality in order to ensure that young children will survive, thrive, and develop to their optimum potential.

Monitoring of ECCD indicators should benefit the child through:

- a) Empowering parents, families and caregivers to provide the best possible care for their children;
- b) Improving the quality of care and the services available to young children and families;
- c) Identifying children at risk, integrating them within referral services and providing access to early intervention programmes or activities;
- d) Enhancing the capacity and accountability of governments and civil society to fulfil their responsibilities to promote the survival, development, protection and participation rights of young children.

## **Recommendations and action points**

The following recommendations and corresponding action points were made in plenary sessions and workshop groups by the seminar participants:

### **Recommendations**

ASEAN member countries will continue this collaborative work related to ECCD. We recommend that an ASEAN Working Committee on ECCD be organized to coordinate future work that has been agreed upon by the member countries in this seminar. The ASEAN ECCD Working Committee will undertake activities and establish mechanisms that will contribute to strengthening national and regional commitments to ECCD.

The Working Committee will focus on networking, information and communications. It will be composed of representatives from the member countries. Information and communication between the working groups and each member country will enhance its capacity to work as an effective advocate for ECCD within ASEAN, as well as to strengthen the network. This Working Committee shall be tasked to initiate and sustain communication among the member countries in various forms (e.g. dissemination of printed materials), diverse forms of on-line communication (e.g. e-mail, a Web page within the ASEAN Web site) and linkages with other ECCD initiatives. The

Working Committee will develop a proposal and implementation plan for consideration by the member countries. The Working Committee can establish subcommittees as needed.

It was further recommended that an ASEAN ECCD Technical Subcommittee be organized and tasked to support the ASEAN plan and implementation of monitoring and promotion of ECCD.

An ASEAN ECCD monitoring and promotion plan will:

- a) Define the purpose and most appropriate strategies for monitoring and promoting ECCD.
- b) Identify and/or develop a range of approaches to monitor the improvement of family caregiving and ECCD services.
- c) Develop and/or select ECCD indicators that can be used at different levels, i.e. family, community, country and regional levels that meet the technical criteria of reliability, validity, dependability and precision.
- d) Make recommendations for the improvement of monitoring systems.
- e) Draft a viable work plan that incorporates the previous elements (a-d) for consideration, approval and implementation by the member countries.

Member countries, through the ASEAN Working Committee on ECCD, will nominate and collaborate with a Multidisciplinary Advisory Group composed of individuals with expertise and extensive experience in ECCD programming, research, community-based information systems and participatory approaches to data gathering and dissemination, as well as information management.

## **Action points**

### **Country level**

1. Each country delegation will submit, within a month, a formal report to their respective ASEAN Children's Desk Officer on the outcomes of the Second Regional Seminar on the ASEAN Project on Early Child Care and Development – Phase II.
2. By 30 April 2003, each country delegation will consult with their respective government and communicate to Thailand's ASEAN Children's Desk focal person (Director-General of BPP at e-mail: [svasinonta@opp.go.th](mailto:svasinonta@opp.go.th)) the position of their countries on the establishment of the ASEAN ECCD Working Committee and on the recommended change from an ASEAN ECCD Project to a Strategic ASEAN ECCD Plan.
3. Each country will identify and strengthen existing inter-agency committees and/or councils that can serve as the ECCD coordinating group within the country or establish these where they do not yet exist. This is intended to improve coordination and collaboration among ministries responsible for ECCD programmes, ensure efficiency of service delivery and facilitate the preparation of national ECCD plans that include concrete actions to be taken.

4. Consider all viable approaches to ensure the inclusion of the assessment of children's developmental status as an important indicator for monitoring ECCD within their respective national monitoring systems, and thereby encourage increased government investment in ECCD.
5. Carry out or update situation analyses to provide information on the developmental status of young children.
6. Complete the pending requirements agreed upon during the First Regional Seminar on ECCD Phase II: ASEAN ECCD Project 2000 and compile an updated directory of existing (focal) agencies in each country (Focal point: Viet Nam).

### **ASEAN - Regional level**

1. Inform the ASEAN Secretariat about the recommendation to convert the ECCD Project into a Strategic ASEAN ECCD Plan. The Strategic ASEAN ECCD Plan would be an important part of the ASEAN regional strategies for social development and human security. This is in accordance with the Beijing Declaration on Commitments for Children in the East Asia and Pacific Region for 2001-2010 and other recent global and regional commitments.
2. Establish the ASEAN ECCD Working Committee, consisting of country representatives, to undertake activities and establish mechanisms that will contribute to strengthening national and regional commitment to ECCD. The Working Committee will ensure the regular and timely sharing of information between and among concerned ministries of member countries, all current ASEAN Children's Desk officers and the ASEAN Secretariat. This is also to ensure that ECCD will be a highly visible issue and to broaden awareness among ASEAN Children's Desk officers and the ASEAN Secretariat.
3. Nominate a Regional Multidisciplinary Advisory Group by member countries and regional partners, such as UNICEF, UNESCO, WHO and NGOs. Nominations are to be submitted to the organizing committee of the host country, Thailand, for consolidation and dissemination to member countries (Action: All countries, focal point: Thailand).
4. Request for an ECCD Web page in the ASEAN Web site to enhance communication and information sharing among member countries.
5. Explore and identify funding and other forms of support for ECCD and related coordination work among ASEAN members or other potential funding partners (Focal point: Indonesia will communicate with the ASEAN Secretariat regarding all the aforementioned issues).



## At both country and regional levels

1. The ASEAN ECCD Working Committee will ensure that member countries are encouraged to work toward unified positions that strengthen policies and actions for the fulfilment of commitments made under recent global agreements.
2. Ensure that national plans of action will be consistent with the Convention on the Rights of the Child, and reiterate commitments made at the global level for ECCD, such as the Beijing Declaration on Commitments for Children in the East Asia and Pacific Region for 2001-2010; the Millennium Development Goals; A World Fit for Children; World Forum on Education for All (Dakar 2000).
3. Intensify capacity-building efforts to contribute to the improvement of the quality of ECCD programmes, the development and implementation of enabling policies, as well as effective monitoring of ECCD indicators. This can be enhanced by promoting partnerships between member countries that build on specific strengths and programme experiences that each member country can offer, such as research, training, continuing education, etc.
4. Member countries agree to contribute to an ASEAN ECCD databank that provides:
  - a) Updated information about the resources for capacity-building, including provision of technical assistance, training and higher education in various disciplines and programming aspects within ECCD, according to identified needs (Action: All countries, focal point: Thailand).
  - b) Compile a regional resource list of monitoring tools used at various levels, within different contexts by the member countries, which shall be responsible for providing English translations. Include annotated lists containing assessment tools, implementing processes and references for ECCD monitoring relevant to ASEAN countries (Action: All countries, focal point: Philippines).
  - c) Provide information about research and special studies on ECCD conducted in ASEAN countries (Action: All countries, focal point: Singapore).

These will be disseminated among member countries through the ASEAN ECCD Working Committee.

5. Facilitate and organize exchange and study visits to promote learning through interaction among key policy makers, programme managers and ECCD experts in ASEAN countries.

## Annexes

# Annex 1: Agenda for the Second Regional Seminar for the ASEAN Project on Early Childhood Care and Development – Phase II

**Theme:** *Monitoring for Promotion of Early Childhood Development in ASEAN*

## **2 March 2003**

15.00-18.00	Registration and preparation of country exhibition
18.00-19.30	Preparatory meeting (heads of delegations and Organizing Committee)
19.30	Dinner (heads of delegations and Organizing Committee)

## **3 March 2003**

8.00-8.30	Registration and signing in for field trip
8.30-9.00	Opening of country exhibition
9.00-10.00	Opening address and keynote speech; Group picture
10.00-10.30	Break
10.30-10.45	Presentation of First Regional Seminar ASEAN ECCD-Phase II Report (Philippines delegate)
10.45-11.00	Orientation and programme review
11.00-12.30	Panel Discussion - Global agenda on ECD: Vision and trends, how it relates to monitoring <i>Patrice Engle</i> - Global agenda on ECD and implication for ASEAN <i>Feny de los Angeles-Bautista</i> - What we know about the science of ECD <i>Naiphinich Kotchabhakdi</i> Moderator: Nittaya Kotchabhakdi
12.30-13.30	Lunch
13.30-16.00	Presentation of highlights of country reports (10 min/country, three groups simultaneously)
15.00-15.30	Break
16.00-17.00	Presentation: Synthesis of ASEAN country reports on ECD monitoring and promotion. General discussion
18.00-21.00	Welcome dinner

#### **4 March 2003**

7.30	Departure for field visits (three groups) Group 1: Community-based ECCD activities, Salaya village health centre Group 2: School-based ECCD monitoring Group 3: Comprehensive ECCD, Health Promotion Centre Region 1, day care centre, Bang Mae Nang health centre, Nutrition and Child Development Corner and Parent Education Programme, Bangkabao, Nakorn Chai Sri Nakorn Phathom La-Or-Utid Demonstration School, Bang Khen, Bang Yai Nonthaburi
12.30-13.30	Lunch
13.30-15.00	Demonstration day care and kindergarten for research and training Debriefing and general discussion
15.00-15.30	Break
15.30-17.00	Panel discussion: Development of ECCD indicators for assessment at community level: Case studies from Philippines and Singapore Moderator: Jim Irvine
18.00	Dinner

#### **5 March 2003**

8.30-10.00	Workshop 1: What is needed to improve monitoring for promotion of ECCD in the home and community? - Sharing tools, processes and lesson learned - Strengths and challenges in assessment issues
10.00-10.30	Break
10.00-11.00	Synthesis at country level (10 countries)
11.00-11.30	Synthesis at the subregional level (3 small groups)
11.30-12.30	Presentations and general discussion
12.30-13.30	Lunch
13.30-16.00	Workshop 2: How can ASEAN as a region collaborate to improve ECCD monitoring and promotion? - Development of ASEAN guidelines for ECCD monitoring and promotion - Future collaboration and support, next step
15.00-15.30	Break
16.00-17.00	Presentation and synthesis of guidelines for ASEAN ECCD monitoring and promotion

**6 March 2003**

8.30-10.00	Presentation and adoption of the ASEAN guidelines from the Second Regional Seminar for the ASEAN Project on ECCD – Phase II
10.00-10.30	Break
10.30-12.00	Concluding session: Plan of the Third ASEAN Seminar for Regional ECCD Closing remarks
12.00-13.00	Farewell lunch

## **Annex 2: Highlights from the Consultant's Report on ASEAN ECCD Project: Phase I 2-4 June 1999, Singapore**

The Expert Group Meeting was attended by delegates from nine member countries and the ASEAN Secretariat, including UNICEF officials. Brunei was not able to join the meeting. The consultant is Dr. Kboo Kim Choo of Singapore and the resource person is Dr. Jim Irvine, Regional Education Advisor, UNICEF East Asia and Pacific Regional Office.

Presentation of country reports on the status and development of child care policies and programmes

ASEAN Priorities for Children

Update on the status of ASEAN projects on children by the ASEAN Secretariat

UNICEF's presentation on "Integrated UNICEF Perspective on Early Childhood Care for Survival, Growth and Development (ECC-SGD)"

Consultant's presentation on "Child Care Options and Training issues of Child Care Personnel"

Identification of gaps/needs in ECCD:

- Programme policy
- Curriculum and training issues in child care
- Systems of licensing and monitoring

Field visits:

- Training agencies
- Child care centres, community-based and workplace

Action Plan for Phase II

a) Draft guidelines to be developed on the following priority areas:

- Monitoring standards, licensing and monitoring of child care services (Malaysia)
- Developmentally appropriate early childhood curriculum (Philippines)
- Establishment of a training programme for child care practitioners (Singapore)

b) Proposed regional directory of training agencies and resources related to ECCD (Thailand)

c) Regional networking possibilities:

Information on children's matters to be included under the ASEAN Secretariat Web site (ASEAN Secretariat)

d) Compilation of existing programmes on ECCD

- Internals of programme framework and methodology (Philippines)
- Framework for a comprehensive national ECCD perspective: The Philippines-recommended framework for ASEAN countries to develop a comprehensive perspective of programmes to protect, care and develop the country's children

A revision of Viet Nam's framework based on the rights of the child to early care for SGD was proposed and tabled for discussion at the next meeting.

Presentation of the Status Report of Child Care and Early Childhood Development in Member Countries and Action Plan for Phase Two, circulated in October 1999.

Conclusion: All countries show commitment in their policies and action plans to improve the quality of early childhood programmes.

Strategies:

- Strengthen policies and practices
- Develop alternative forms of child care arrangement
- Increase access, upgrade quality
- Develop a more holistic perspective of children's development
- Countries to work in closer collaboration and coordination

## **Annex 3: Highlights of the First Regional Seminar for the ASEAN Project on ECCD – Phase II 10-12 October 2000 Iloilo City, Philippines**

There were 24 delegates representing nine ASEAN member countries attending the seminar. UNICEF representatives included East Asia and Pacific Regional Office and one person from each country office in Cambodia, Indonesia and Philippines. Twelve observers representing various Philippine government agencies and NGOs also attended.

The three-day seminar opened with country ECCD exhibits, followed by a presentation from heads of delegations on each country's existing ECCD programmes.

There were presentations by assigned countries as agreed upon during Phase I of the ASEAN-ECCD seminar that took place in Singapore in June 1999 that were adopted during the seminar:

### **Guidelines on Minimum Standards, Licensing and Monitoring of Child Care Services**

(prepared by Malaysia)

The guidelines included prescribed standards for the following aspects of child care centre operations: qualifications of child care providers; suitable activities for children; health, food and nutrition, safety and hygiene, parental involvement, furniture and equipment, discipline. Licensing procedures and monitoring of child care centres were also proposed.

### **Guidelines for Developmentally-Appropriate ECCD Practices** (prepared by the Philippines)

Highlights: The proposed guidelines for developmentally appropriate ECCD practices are grounded on an understanding of the nature of development and learning during the early childhood years. In the adoption of these guidelines, it becomes necessary for caregivers and teachers to broaden their knowledge in all aspects of their work with young children and parents. The guidelines were divided into three age groups – 0-3, 3-5 and 6-year-olds – and were further categorized into the following basic principles: a) support for the child's holistic development; b) provision of stimulating environment; c) development of ECCD programme and curriculum; d) assessment of children's development; and e) partnership with families.

### **Guidelines for Establishment of a Training Framework for Child Care Practitioners**

(prepared by Singapore)

A copy of Singapore's training framework for early childhood personnel was distributed to the delegates during the seminar. The adoption and implementation of a training framework for early childhood practitioners would ensure that caregivers and teachers are equipped with the basic essential skills and knowledge to deliver quality care and education programmes to benefit young children.



In-service and pre-service child care training courses could be made available so that child care practitioners can decide on which training route to take. The certificate courses recommended in the framework, i.e. basic, intermediate and advanced courses, are designed to qualify the early childhood practitioners with the requisite competency required of their respective job level.

It was recommended that respective countries should consider their country's needs and the local cultural diversity and adapt and modify the proposed framework accordingly.

### **Compilation of a Directory on Training and Resource Persons and Other Early Childhood Resources** (prepared by Thailand)

Only six ASEAN member countries submitted their directories of training agencies and resources (Cambodia, Myanmar, Philippines, Singapore, Thailand and Malaysia).

The directory includes information on names of agencies, type of agency, description of expertise, contact persons and telephone numbers. The type of agency may be government, non-government, private and international, such as UNICEF.

There was a recommendation from Thailand to broaden the coverage of the directory, to be compiled by Thailand, to include information on: i) inter-agency training for people in health, education and social work or NGO ECCD workers; ii) materials, toys and learning resources should be included in the directory; and iii) the levels of training available, e.g. whether it is post-secondary, vocational or higher education.

It was agreed that all countries should submit updated directories to the Philippines by the end of December 2000, which then will be forwarded to the ASEAN Secretariat to be included in the Web site.

Other presentations:

### **The Child-Friendly Movement** (prepared by the Philippines)

Ms. Reggie Molera of UNICEF, Philippines spoke of the Child Friendly Movement (CFM), which she described as goal-oriented and as putting greater emphasis on monitoring how goals are being achieved. The CFM promotes stronger linkages among rights and thus encourages convergence of programmes and services for children and families. It facilitates and encourages broad partnerships at all levels and sectors. The CFM devotes energy to advocacy for children and includes attention to ensuring that the legal and policy frameworks at the national and local level serve children's best interests.

### **Strengthening the Regional Network**

Director Edgar Tomas Auxilian, Department of Foreign Affairs, Philippines, presented recommendations on behalf of the ASEAN Secretariat regarding the Regional Network for ECCD. He reiterated the following tasks for the first regional seminar, as agreed upon during the Experts' Group Meeting in Singapore:

- a) Further review of existing policies and programmes in early childhood care for survival, growth and development;
- b) Review, discuss and agree on the Work Plan for ECCD in the ASEAN region adopted by the EGM that took place in Singapore in June 1999;
- c) Identify programme area coordinators for the priority areas of the work plan and develop project concepts/proposals for implementation;
- d) Review and finalize a regional directory, providing information on existing training programmes, resource persons and training resources in member countries; and
- e) Discuss possible approaches for sustained regional networking in ECCD.

The participants noted that a major concern is the sustainability of the Regional Network. The paper from the ASEAN Secretariat noted that the Expert Group Meeting has demonstrated that at the national level, effective networking already exists among departments and agencies concerned. However, as ASEAN convened this regional group for ECCD in 1999, there is a need to identify mechanisms that will strengthen the regional network and ensure continuing communication and coordination in joint areas of work. It was suggested that continuing efforts should be designed to share information and regional resources. The completion of the proposed directory of agencies and resources related to ECCD is one contribution to this effort. In addition, this directory as well as other information about ECCD programmes in ASEAN member countries, can be included in the ASEAN Secretariat at URL [http: www.aseansec.org](http://www.aseansec.org).

The following agreements were reached after discussions on the issues relative to strengthening the regional network:

- a) Each member country shall either confirm or identify their country's ASEAN Children's Desk officer/focal persons for children upon their return to their respective countries.
- b) Each member country will submit their updated directory of ECCD resources on or before the end of December 2000 through their ASEAN Desk Officer to the Philippines who is responsible for the compilation of the directory on ECCD programmes.

### **The Comprehensive Framework for Programming in ECCD for ASEAN**

The consultant for the first regional seminar, Ms. Feny de los Angeles-Bautista, presented an overview of the discussion paper on the proposed comprehensive framework for programming in ECCD for ASEAN.

The proposed comprehensive framework builds on and elaborates the conceptual model presented by Viet Nam and discussed during the Experts' Meeting in Singapore. At the same time it incorporates other conceptual frameworks for child development and child care that are central to providing a basis for a comprehensive framework for programming. Discussions resulted in agreements to revise specific sections of the comprehensive framework and strategies for programming. Other countries were also invited to submit visual representations of their conceptual frameworks, which can be added to the examples from the Philippines and Viet Nam.

The participants agreed in principle to adopt the revised comprehensive framework for programming in ECCD. The operationalization in each country will require further consultation with related organizations.

### **The Philippines ECD Project**

Director Zenaida Mabugat, DSWD VI, Philippines, presented the significant features of the Philippine ECD Project as follows:

- a) It builds on existing ECCD programmes and services already implemented by the three agencies involved, i.e. health and nutrition, day care, home-based parent education, the eight-week ECCD curriculum for grade one entrants, with a special emphasis on the convergence of services on specific children and families in greatest need.
- b) It has three components:
  - i) *Service Delivery*, which is designed to enhance and supplement the resources of local government units that are primarily responsible for delivery of basic ECCD services. The project provides assistance through a programme support fund and financing facility that involves cost-sharing for service delivery between the local and national government. Four basic core service packages are being promoted for implementation under this component - the rural health midwife (barangay health stations); day care workers (centre-based programme); home-based parent-child development programmes involving a mobile ECCD worker called the Child Development Worker; and the Day Care Mom.
  - ii) *Support for Service Delivery* is the component that includes the following subcomponents designed to enhance service delivery and support the local levels of government (at the provincial and municipal levels): information, education and communication; planning and management information systems; training and human resource development; and strengthening and support of management capacity at the local and national levels.
  - iii) *Research and Development* component will undertake relevant and focused studies related to project implementation and pilot-testing of interventions, evaluation of project impact.

The delegation had two field visits to Guimaras and to Alimodian, which are early childhood development project areas of Iloilo province.

## Annex 4: Participants

Delegates (28 persons)

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