Enabling environment and support as determinant of quality in ECCD centres in Bhutan: An analysis of the findings of quality monitoring of ECCD centres in Bhutan

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Abstract

Quality in Early Childhood Care and Development (ECCD) centres is central to the effectiveness of programmes they provide but it is not limited to what early educators do with children on a daily basis emphasize that quality in early childhood education encompasses such facets as how engaging and safe the centre is, if there is a range of strategies and activities employed to make learning experiences meaningful, whether families and communities engage in the educational process, and if there is a systemic support from the larger community for the effective functioning of the centre. Recognizing the centrality of a holistic definition of early childhood education, the design of centres in Bhutan is founded on internationally accepted concepts and approaches that integrate critical aspects of quality learning environment. The Bhutan Quality Framework, with four specific domains and 29 indicators, define quality in terms of not just focusing on learning activities and strategies, but also encompassing child safety and well-being, quality of interaction and communication, and family and community involvement.

This paper is essentially a report on the state of ECCD centres across the country, generated on the basis of assessment carried out using the quality monitoring tool for ECCD centres. The paper

highlights the status of ECCD centres in terms of quality of learning in general and analyzes the levels of attainment in each of the four domains of quality. The paper further specifies the state of quality in ECCD centres by districts and types of centres to illustrate their strengths and weaknesses in varying situations and environments. The paper analyses the key findings of the survey and provides a number of recommendations that could contribute to heightening quality of ECCD programmes by addressing shortfalls in the different aspects of quality in ECCD centres.

Introduction

ECCD centres provide early education and stimulation in organized settings with professionally trained educators during the most critical period of development. Disruption and lapses in the continuum of children's development often set in during this phase of life between the transition from home and school as children are most vulnerable to exposure to negative stimulation and neglect (Yoshikawa et al., 2013). McCoy et al. (2017) assert that ECCD centres play an important role in laying strong foundations for lifelong learning in all aspects of education including literacy, numeracy, creativity, science, arts, movement, moral, spiritual, social, cultural, and livelihood skills development through formally organized settings and developmentally appropriate approaches to education. Shonkoff (2010) also posits that there is increasing evidence that children starting strong in their learning and well-being have better outcomes when they grow older.

According to the Organization for Economic Cooperation and Development (OECD), quality in ECCD centres constitute two key aspects; structural quality and process quality. Structural quality includes learning materials, curriculum, facilitator education, and facilitator-child ratio, while process quality emphasize the more dynamic aspects of early childhood education, including human interactions occurring in the centres such as facilitator-child and child-to-child interactions. The definition of quality in ECCD centres is founded on the goal of holistic development and encompasses four specific domains including, child safety and well-being; addressing developmental needs of children; encouragement and support for active engagement of children; and engagement of parents and communities in the programme.

The holistic assessment of ECCD centres in line with the quality framework is critical to obtaining

explicit evidence on the state of ECCD centres and to provide practical feedback to Dzongkhags and ECCD centres as well as to incorporate critical interventions in the design of programmes at various levels. The assessment was therefore designed and carried out to address the following research questions:

- To what extent are ECCD centres in Bhutan meeting the requirements for quality centres?
- How are ECCD centres faring in fostering quality learning environment?
- What are the key determinants of quality in ECCD centres?

Objectives

Based on the research question, the following objectives have been framed:

- to assess the quality of ECCD centres using the lenses of the holistic quality framework
- to assess the extent to which ECCD centres in Bhutan are achieving quality in their programmes
- to generate evidences on the strengths and weaknesses of ECCD centre programmes

Methodology

The study employed a mixed methods approach involving both qualitative and quantitative design and data collection processes. The quantitative aspect was conducted making use of the existing quantitative instrument called the quality monitoring tool for ECCD centres (QMTEC), which has a detailed questionnaire with data generated using an excel sheet.

The questionnaire is divided into four areas of the ECCD centre quality framework which is further specified into 29 indicators. The scoring for each of the indicators is done within a scale of one to four and descriptions provided for each score for clarity of rating. For example, the score of 1 indicates not at all achieved, which means that there is no evidence that any effort has been made to achieve the monitoring indicator. The score of 2 indicates almost achieved, which means some efforts to achieve the monitoring indicator are observed, although not yet fully achieved and some additional work is required to ensure that the indicator is fully achieved. The score of 3 indicates that the minimum requirement for quality is achieved which indicates that there is consistent evidence to show that the indicator has been successfully achieved. The score of 4 indicates that the centre has exceeded the minimum requirement, which means that there is

evidence to show that the centre has consistently worked to achieve excellence.

Apart from the quantitative aspect, the qualitative approach was employed to gather data through interviews with parents and children, as well as focus group discussions with parents and members of the centre management committee. The qualitative approach provides insights into the processes, mechanisms and challenges related to the practical implementation of the programmes.

Analysis and Findings of the Assessment

ECCD Demography and Enrolment

A total of 408 ECCD centres in 20 Dzongkhags were assessed using the quality monitoring tool, out of which 379 were community ECCD centres, one NGO centre, 10 private centres, and 15 work place-based centres. The data generated contributes to identification of strengths, weaknesses or gaps in learning environment across the different types of ECCD centres by four quality guiding principles and their corresponding indicators in enhancing holistic approach to quality education. Across 408 ECCD centres the enrolment figure of children between the ages of 3-5 years stands at 8329 in absolute numbers. Of the total number, 4248 were girls and 4081 were boys.

Learning Environment and Support System

In examining the context of the learning environments across the ECCD centres, data were not only collected on the four quality areas but also on the types of interventions that existed and were currently accessible to the ECCD centres. These included some of the core components of child protection, health and nutrition, access to trained facilitators, and the level of community support and engagement. Another aspect of the learning environment is the materials, which are critical to quality in ECCD centres and the performance of children in ECCD centres (Monda, 2012). According to the operational guidelines for ECCD centres, materials should include commercially acquired toys, books and materials, as well as local resources produced using low cost and no cost environmentally friendly materials. It was found in this assessment that 96% of the centres had adequate learning materials while only 15 ECCD centres did not have sufficient learning materials. The lack of materials in old centres according to the facilitators interviewed was because of the fact that a material package was supplied at the inception of the centre and no

replenishments were made thereafter or no initiatives taken to produce materials locally with the involvement of parents.

Professional capacity of ECCD facilitators

Professional capacity of ECCD facilitators is an important aspect of quality and professionally trained facilitators make significant difference to the quality of learning experiences of children and the management of the centres. While most of the facilitators are trained in the two-week intensive basic training and some refreshers training in specific subject areas, some facilitators would not have had such opportunities, which is why there are gaps in their capacity as indicated in figure 1 below. Besides, many facilitators have undergone the ECCD Diploma programme in Paro College of Education. Figure 1 presents the overview and diversity of knowledge and skills the ECCD centre facilitators in ECCD centres bring in delivering quality ECCD programme for children. More than 80% of the facilitators have been trained in delivering participatory teaching methods while only 58% have been trained in gender sensitive teaching methodologies.

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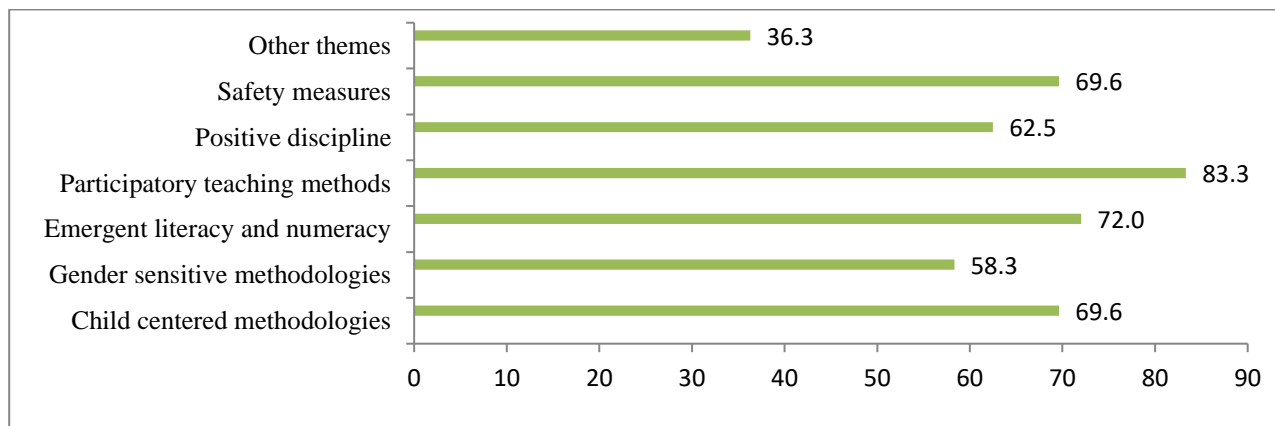

Figure 1: Percentage of facilitators who have attended different types of training

Parent and Community Involvement in ECCD Centres

Even though ECCD centres are professionally supervised by parent schools under the administrative control of local governments, the centres are managed collectively by centre management committees that comprises of members such as the Gup, Tshogpa, Parent School

Principal, Health Worker, ECCD Facilitator, and Parents. Furthermore, ECCD centres are also mandated to carry out regular parenting education sessions and material development workshops involving the community. Therefore, community and parent involvement in ECCD centres is mandatory.

In the analysis on parents and community engagement in different activities and the role ECCD centres play in making programmes more participatory and responsive in support of children's learning, currently more than 90% of the ECCD centres have centre management committees and implement parenting education programmes. Community participation takes place through active engagement of community leaders and parents in various activities and events such as parenting education sessions, material development workshops and parent volunteers, in the ECCD centres.

Child Safety and Well-being

Safety and protection of children enrolled in the centres is central to their well-being. If children do not feel safe and protected, their ability to engage in learning and interaction is compromised (Gillham & Thompson, 2005). Therefore, ECCD centres have the responsibility of ensuring that children are safe both in the centres and en route to the centres. Considering the threat of imminent disasters such as earthquakes and fire, measures should be in place to ensure adequate preparation and risk reduction. Another important aspect of safety is ensuring that children are protected from abuse and exploitation.

Figure 2 presents the percentage of ECCD centres with the level of safety measures in place enabling not only a safe physical environment but also ensuring a learning environment that meets children's emotional and psychosocial needs. While more than 94% of the centres ensure
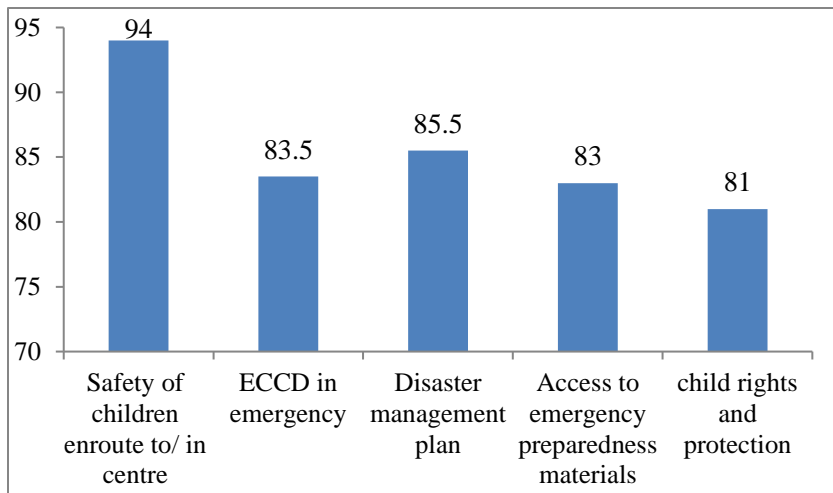

Figure 2: Percentage of ECCD centres with safety measures in place

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protection of children to and from the ECCD centre, only about 80% of the centres are equipped with safety measures that protect children from natural disasters and other forms of exploitation.

Health and Nutrition

Health and nutrition are central to children's well-being and healthy development (Underdown, 2006). Quality ECCD centres must have adequate health and sanitation facilities as well as linkage with local health facilities for support services such as vaccination, health monitoring, micro-nutrient intervention and health education. The data from the assessment shows that more than 85% of the ECCD centres have established linkages with a local health facility, indicating the existence of consistent health services. It is evident that 85.5% of the centres have WASH (Water, sanitation and hygiene) programmes, which is also an indication that there are proper WASH facilities, education, and utilization in these centres.

Four Areas of ECCD Quality Framework

As articulated in the quality framework, the main aim of ECCD quality standards is to support a holistic approach to delivering quality education by promoting high quality learning environment. The assessment of learning environments in ECCD centres in the four quality areas contributes to gaining insights into how centres are faring in terms of their strengths, weaknesses and practices. Figure 3 below show the proportion of ECCD centres meeting or not meeting quality standards.
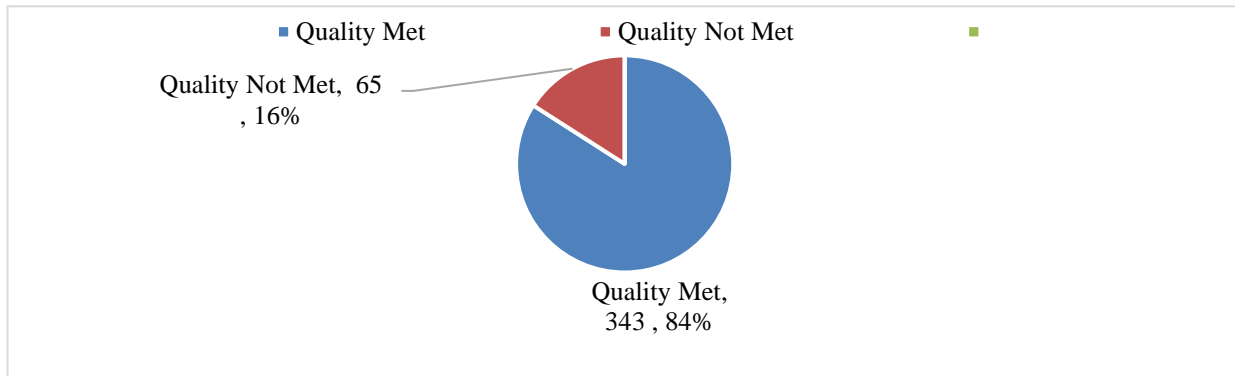

Figure 3: Number of ECCD centers meeting quality bench mark (N=408)

Only 84% of the total ECCD centres monitored met the quality benchmark. An ECCD centre meets the quality criteria if it meets all the four guiding principles or quality criteria. A guiding

principle is met if an ECCD centre meets 50% of the indicators corresponding to each guiding principle. Only 16% of the ECCD centres demonstrate structural weaknesses or quality gaps in one or more of the four or all the guiding principles.

Figure 4 highlights the analysis of quality benchmark achievement disaggregated by type of ECCD centres. Of the 408 ECCD centres assessed, 342 centres, , including 319 community, 12 work place, 10 private only 1 NGO ECCD centre achieved quality threshold while 66 centres including 60 community centres, 3 work place centres and 3 private centres have not achieved quality benchmark.
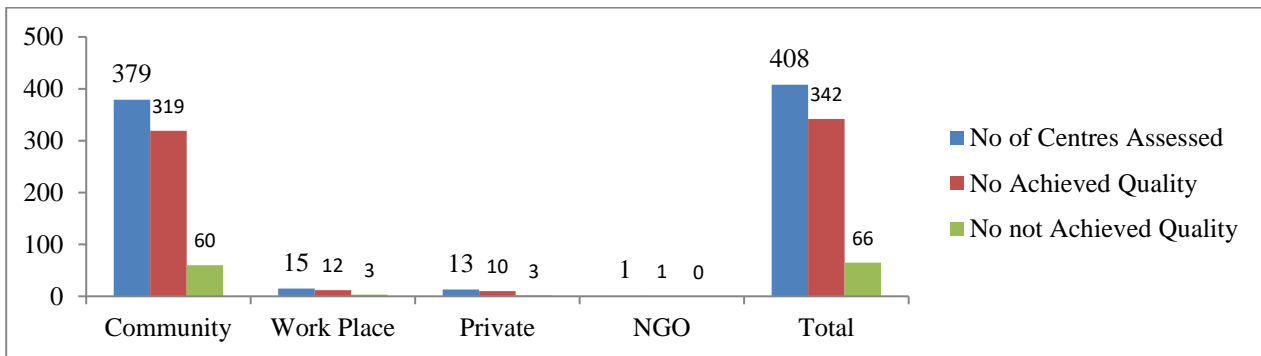

Figure 4: Quality Achievement disaggregated by the type of ECCD centers

The breakdown by each of the four areas or guiding principles is presented in Figure 5 below. All of the centres assessed did reasonably well in all the four areas and there is also consistency in the achievement levels in the four areas.
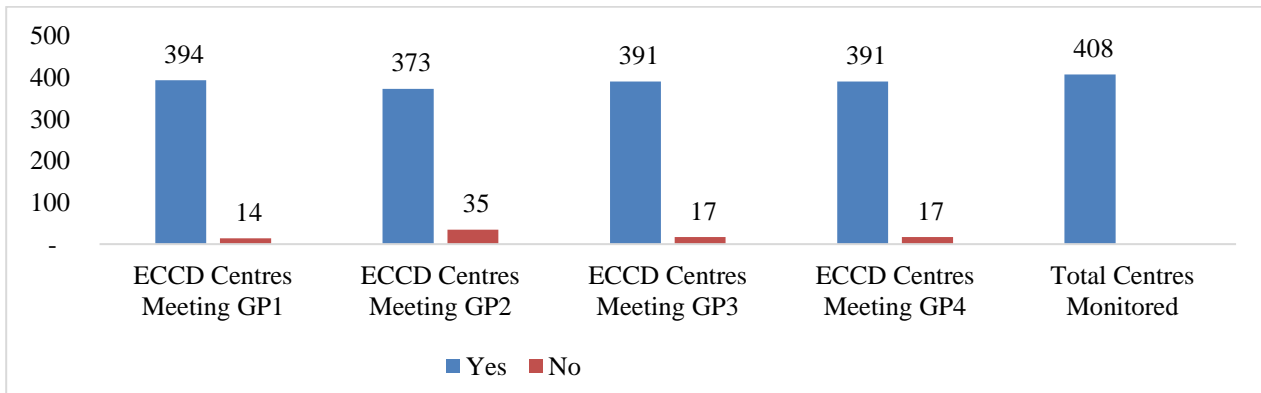

Figure 5: Number of ECCD centers achieving quality areas 1-4 (N=408)

The results indicate that corresponding to guiding principle or quality area one, 96.5% of ECCD

centres assessed, created safe and protective environments for young children thereby ensuring well-being of the children through safe and protective learning environment (e.g. play and learning area is safe for all children; the environment is free of abuse or humiliating punishment; safe drinking water is accessible for all).

With regard to guiding principle 2, 91.4% of the ECCD centres assessed demonstrate that the centres meet the physical, social-emotional, linguistic and cognitive developmental needs of young children (e.g. children are active and engage in gross motor activities; facilitators are trained in child rights; ECCD facilitators/ caregivers use home language of the majority of children; activities and routines promote child's development of skills such as reasoning, higher order thinking, and problem solving skills).

Similarly, 95.8 % of the ECCD centres assessed achieved guiding principle or quality area 3. This demonstrates that these centres created enabling environment for children through supporting and encouraging active engagement, implemented child centred teaching-learning that improved learning outcomes of all children (e.g. ECCD facilitators are present for their sessions; facilitator develops age appropriate schedule of activities and routines and follows this routine; ethical guidelines or "code of conduct" for appropriate behavior are in place for ECCD facilitators).

95.8% of ECCD centres assessed indicates that centres actively collaborate with parents and local community members in planning, managing, decision making and improving early education for their children (e.g. ECCD Management Committee exists and represents a cross-section of the community; parenting education sessions are regularly conducted; facilitators actively engage parents in ongoing communication and collaboration to assess, plan, and implement activities with children).The distribution of the achievement of quality in all the four areas or guiding principles disaggregated by Dzongkhags is as presented in figure 6 below. The analysis indicates that all of the 20 Dzongkhags have fared well in terms of maintaining quality in all respects. The weakest area (GP 2) which scored 91.4%, indicates that the support for children's development in all of the domains is deficient and inconsistent, thereby indicating lack of facilitators' capacity and need for further professional development in these areas.
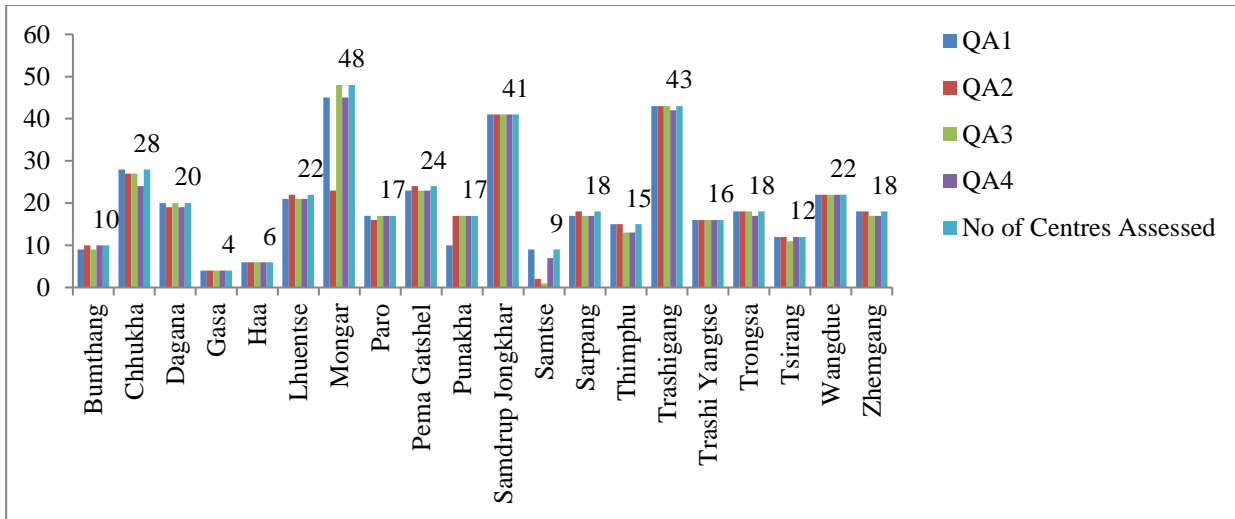
Figure 6: Number of ECCD centres achieving four areas by Dzongkhag

Figure 7 highlights the analysis of the ECCD centres that have achieved each of the four areas or the guiding principles disaggregated by type of ECCD centre. All other types of centres achieved quality area one, except community ECCD centres, where only 4% of the centres have not achieved quality benchmark. Private and work place based ECCD centres fared well in area one and three while they are weaker in areas two and four, which are concerned with support for developmental needs and parent involvement. On the whole, achievement in all the four areas across all types of ECCD centres is above par, with all scores above 80%.
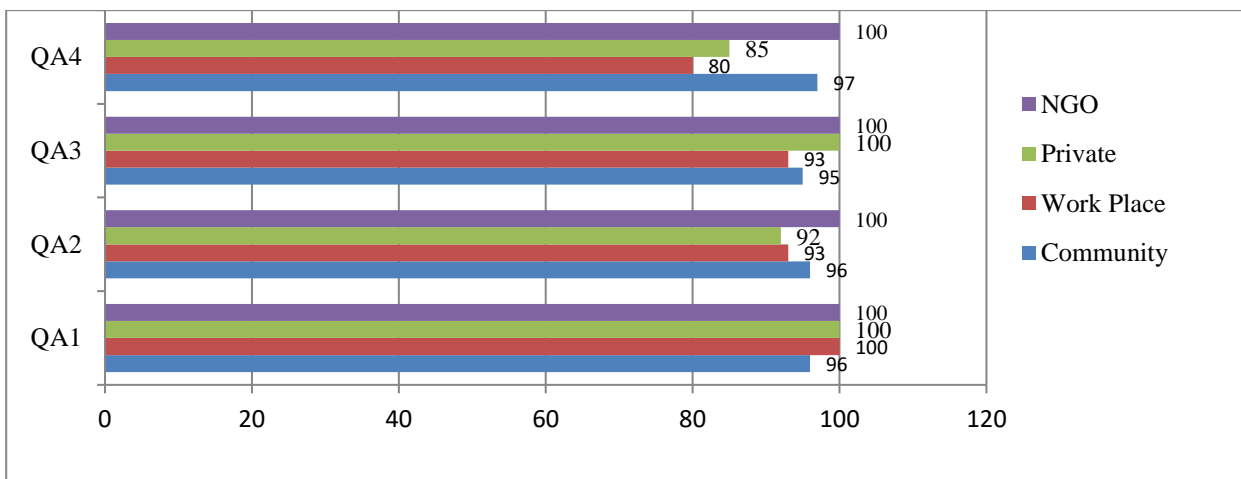

Figure 7: Centers achieving each of the four areas disaggregated by type of centres

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Figure 8 below features the analysis of quality area one by specific indicators. Area one has five indicators of which 76% of the centres assessed have achieved indicator 1.1, 94% achieved indicator 1.2 and 1.3, while 89% achieved indicator 1.4 and 97% achieved indicator 1.5.

As shown in Figure 8, with only 76% of centres achieving indicator 1.1 as compared to the other indicators, the suggestion is that not all ECCD centres have adequate space or area for learning activities that are safe and comfortable. Indicator 1.2 which concerns availability of safe drinking water scored 89% which indicates that the majority of the centres provide safe drinking water for children. Similarly, indicator 1.3 which also scored 89% indicate that only about 27 of the 208 ECCD centres have issues with availability of toilets. Indicator 1.4 concerns distance to ECCD centres, where 44 of the 208 ECCD centres assessed have issues. The fact that 12 ECCD centres have issues with abusive behaviours as indicated in indicator 1.5, suggest that unacceptable behaviour management practices exist in some centres.
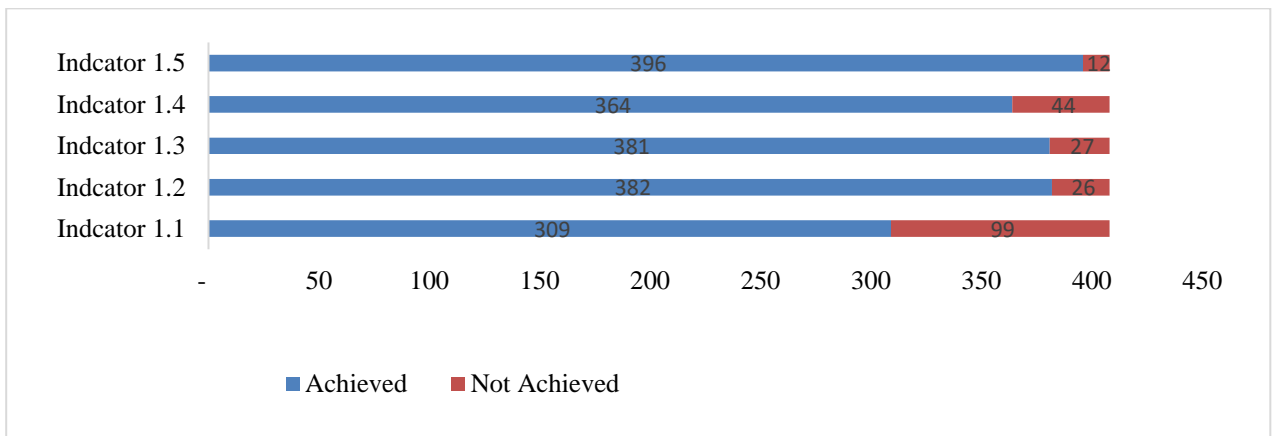

Figure 8: Number of ECCD centers by QA indictors (N=408)

Figure 9 below illustrates the analysis of quality area 2 by specific indicators. Quality Area 2 has ten indicators. 85 percent of the centres assessed have achieved indicator 2.1; 95% achieved indicator 2.2; 84% achieved indicator 2.3; 88% achieved indicator 2.4; 93% achieved indicator 2.5; 87% achieved indicator 2.6; 95% achieved indicator 2.7; 97% achieved indicator 2.8; 96% achieved indicator 2.9 and 92% achieved indicator 2.10.

As elaborated in figure 9, with only 85% of centres achieving indicator 2.1 as compared to the other indicators, the suggestion is that children in about 61 centres do not have adequate opportunity to

engage in diverse gross motor physical activities such as running, climbing and crawling which are critical to physical development. Indicator 2.2 which relates to opportunities for engagement in fine motor development activities suggests that about 21 ECCD centres do not have sufficient time and resources allocated for fine motor activities. Data on indicator 2.3, suggests that 65 ECCD centres do not have proper linkage with health services and therefore do not have regular health services provided for children. The fact that 48 centres have not fulfilled indicator 2.4 validates that children do not engage in skills-based health education in these centres. Indicator 2.5 concerns emotional development, where about 30 centres have not met the quality requirement. This suggests that there are not many opportunities for children to engage in regular interactions with peers and facilitators to develop their ability to express and regulate emotions and behaviour. The fact that 54 centres have not met indicator 2.6 suggests that these many facilitators do not have knowledge or training on child rights and protection. Indicator 2.7 relates to use of home language in ECCD centres to boost children's motivation and confidence to open up, express and communicate, where 19 centres have not met the requirement. Similarly, indicator 2.8 concerns creating a language rich environment in the centre and stimulating oral language development, where 14 centres have not met the standard.

Indicator 2.9 concerns promoting cognitive stimulation and development of skills such as reasoning and problem solving through consistent schedules and opportunities for active learning. 18 centres have not met this indicator suggesting that there are no opportunities for such stimulating activities and experiences. Indicator 2.10 relates to promotion of emergent literacy and numeracy, where 21 centres have not met the benchmark. This suggests that activities and learning experiences that develop literacy and numeracy are either not practised at all or not adequate.
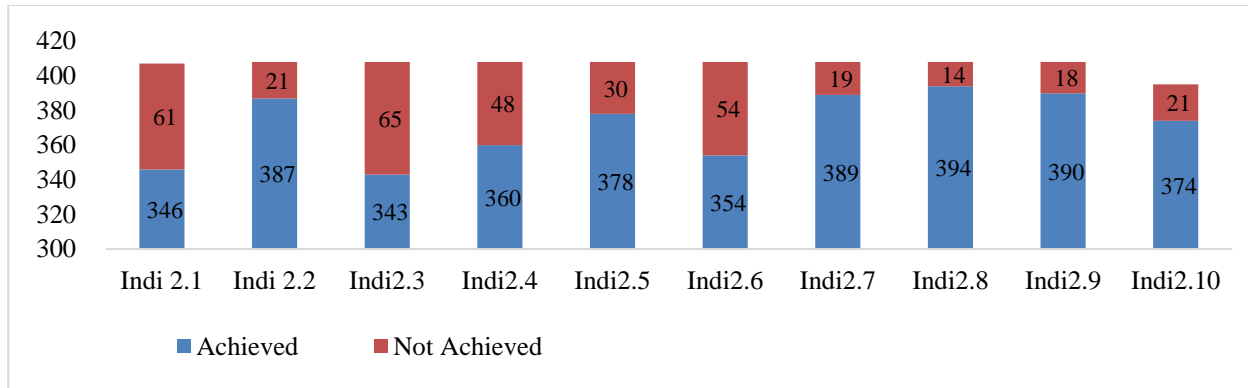
Figure 9: Number of ECCD centers by QA 2 indicators (N=408)

The findings of quality area 3 by specific indicators are highlighted in Figure 10 below. This quality area has five indicators that aim at enhancing active engagement of children, child centred teaching and improving learning outcomes of children. The data show that 84% of the centres assessed have achieved indicator 3.1 while 96% achieved indicator 3.2; 92% achieved indicator 3.3; 87% achieved indicator 3.4 and 93% achieved indicator 3.5. While the majority of the ECCD centres assessed have achieved these indicators, it is also evident that some centres have not achieved all of the indicators. The fact that 64 ECCD centres have not achieved indicator 3.1 demonstrates that ECCD facilitators are not regularly in ECCD centres for various reasons or that there are not enough facilitators in centres as per existing ratios. The issue could be attributed to a shortage of ECCD facilitators in many centres considering rigid recruitment policies and Dzongkhag Education Offices challenged with deployment of facilitators as acknowledged by the Ministry of Education. The indicator 3.2 examines if ECCD Facilitators have developed plans and routines for effective operation of the centres. The fact that only 16 centres have failed to meet this requirement indicates that there are proper plans and schedules prepared and that plans are effectively implemented by the facilitators in majority of the centres. Indicator 3.3 scrutinizes practices related to assessment of learning outcomes to ensure that children progress in their development. In this regard, only 34 centres have not met the standard, indicating lack of developmentally appropriate assessment and documentation practices. The indicator 3.4 looks at if ECCD facilitators are provided with support to enhance their professional capacity and practice,

where it has been found that such support is lacking in about 54 centres. The indicator 3.5 examines if there is a code of conduct for ECCD facilitators and if it is effectively implemented. The data shows that 30 ECCD centres have not met the requirement, indicating that the requirement to sign the code of conduct made in these centres.
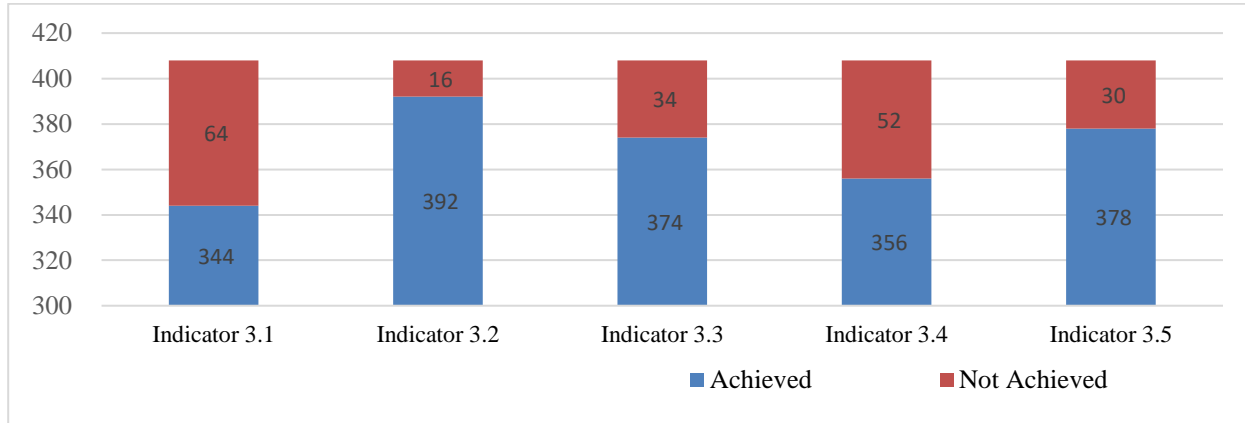

Figure 10: Number of ECCD centers by QA 3 Indictors (N=208)

The Figure 11 below examines the quality area four by indicators. This particular area focuses on how effectively ECCD centres collaborate with parents and local communities and how their active involvement in planning and decision-making helps improve ECCD centre programme. The data show 83% of the centres assessed have achieved indicator 4.1 while 93% achieved indicator 4.2 and 89% achieved indicator 4.3.

While the majority of the ECCD centres assessed have achieved the indicators it is also evident that some centres have not achieved all of the indicators. The fact that 69 ECCD centres have not achieved indicator 4.1 validates that ECCD centres are not engaging communities and families effectively in the ECCD programmes in the centres, even as parents' involvement is central to the quality of programmes. Lack of communication and engagement with parents could impede support for centres as well as learning outcomes of children as the gap between centre and home could lead to lack of understanding of the ECCD programme on the part of the parents and a lack of awareness of the social and cultural environment of children on the part of the facilitators.

The indicator 4.2 emphasizes need for parenting education as an import aspect of the ECCD centre programme and 28 centres have not met the quality standard in this context. The fact that these

centres did not meet the requirement indicates the lack of consistent efforts to promote parenting education. Parenting education interventions have multidimensional benefits for parents not just in improving their own parenting skills and child care practices, but also in enhancing their own knowledge and skills related to health, nutrition, protection of children, well-being, and responsibilities.

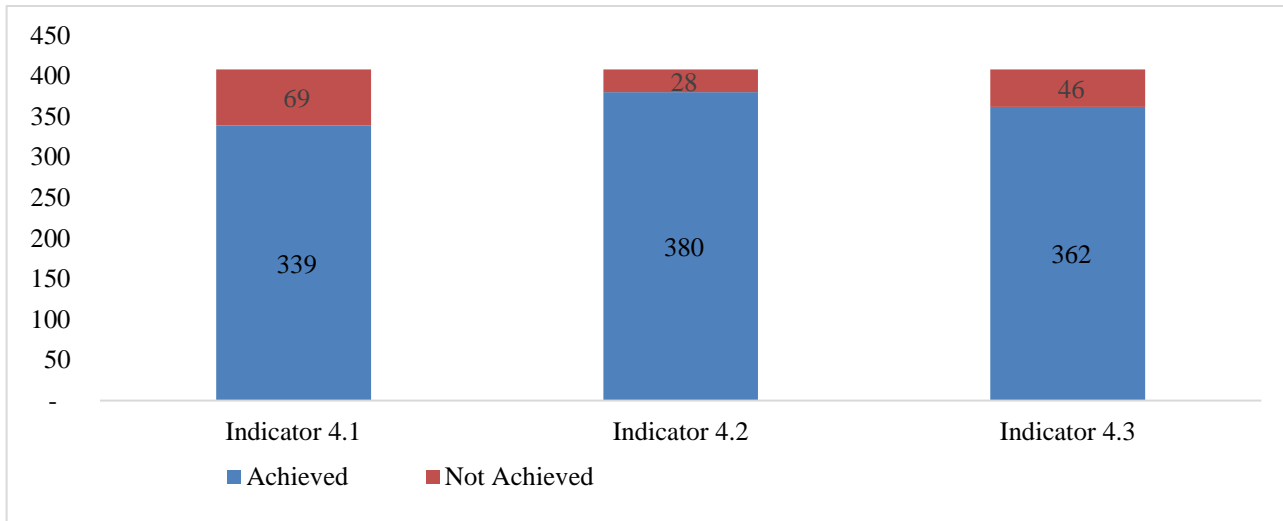The indicator 4.3 examines if ECCD centres have centre management committees instituted to

Figure 11: Number of ECCD centers by QA 4 indictors (N-408)

support the management, operation and sustainability of centres. The fact that 46 centres failed to meet this indicator validates that centre management committees are either not existent or not effective in these centres. The centre management committee is pivotal in enhancing the management of centres whereby the committees contribute significantly to mobilizing parents' participation in the centre and exploring resources, as much as helping in the planning, implementation and review of programmes in the ECCD centres.

Conclusion

Considering that 105 of the existing 513 ECCD centres, particularly in the four Thromdes, were not assessed for quality, there is a need to strengthen coordination for consistent monitoring of ECCD centres and strategies to improve the monitoring mechanism by way of capacity building of field monitors and DEOs, and digitizing the data entry and compilation system.

As quality of ECCD centres is dependent largely on the capacity of ECCD Facilitators, there is a

need to strengthen support for professional development of ECCD facilitators through refresher and in-service trainings such as diploma in ECCD.

Furthermore, given that support for ECCD centres by local governments, parent schools and Dzongkhag Education are not consistent across the 20 Dzongkhags and four Thromdes, there is a need to strengthen accountability for all stakeholders towards ECCD Centres, with clarity of roles and responsibilities in the operational guidelines and assessment tools. Additionally, the accountability of ECCD facilitators and parent schools need to be clearly defined and strengthened.

As close to 15 percent of community ECCD centres do not have proper WASH facilities, as evident from the assessment, there is a need to standardize provision of proper toilets and sanitation facilities in all centres.

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