

Early Childhood Program

Equity, Rights & Access through Early Childhood Intervention: **Building Societies for All**

Discussion Paper Produced for the Portfolio Review on June 27, 2014

This portfolio review focuses on one of the Early Childhood Program's newest initiatives. Situated within the ***Building Societies for All***, Equity and Inclusion through Early Childhood concept of ECP's 2014-2017 strategy, the Early Childhood Intervention (ECI) initiative's **purpose is to support the development of national ECI systems and sustainable services.**

ECI is a system of professional services for young children age birth to three/five with developmental delays, disabilities, atypical behaviours, social and emotional difficulties, or young children who are very likely to develop a delay before school entry due to malnutrition, chronic illness or other biological or environmental factors. Services are based on the family's priorities and the child's needs, and are delivered in the child's natural environment including the home, inclusive childcare centre, kindergarten, community centre, play-groups, and other settings where children without disabilities can be found. Implementation strategies include turning everyday routines and interactions into opportunities for children to learn, grow and develop while helping alleviate family stress.

ECI is important in an open, equitable society because it allows children with delays or disabilities to become full and active members of their societies. Timely services prevent and reduce socially and financially costly alternatives still common in many countries, such as life in an institution. ECI leads to greater success in inclusive education. At least one out of three children who receive ECI no longer need special education when they reach school-age and 75% make greater than expected progress.

ECI supports child rights. Every child has the right to grow up in a family environment, to develop and participate in family and community life to the maximum extent possible, and to receive support when a delay or disability is present. ECI is the foundation for inclusive education, an inclusive community and an inclusive society where all children are valued and belong.

A. History of the Early Childhood Intervention Initiative

The first ECP ECI project grant was awarded in 2010 to Karin Dom Foundation, a Bulgarian NGO, under the previous strategy's Engaging Marginalized Communities: Enabling Childhoods, Disability Rights Initiative. This project award of \$288,743 followed ECP's earlier 2010 support for two Karin Dom staff members to attend an intensive university summer training program on family-centred ECI services at the University of British Columbia with Carl Dunst. Following this training, Karin Dom recognized and responded to the need to help shift Bulgarian services from traditional, Soviet-influenced methodologies to newer, evidenced-informed strategies lacking in most Central and Eastern European countries. The primary goal of the \$288,743 two-year grant was to adapt and develop family-centred ECI services as an alternative to the existing medically-focused, deficit-driven model. The new family-focused ECI services were also developed to prevent child institutionalization. Bulgaria has the highest rate of institutionalized children in Europe age 0-3, many of whom are Roma or children with disabilities.

<i>ECI Evolving Service Delivery Approaches</i>	
Traditional Approaches	Contemporary Approaches
Deficiency focused	Strengths focused
Fragmented services	Collaborative teams
Family excluded	Family as partners
Only child focused	Family focused, child centred
Excluded from natural settings	Included in natural settings
System driven "one size fits all"	Individualized by needs and preferences
One option - expert knows best	Family driven

B. ECI Initiative Description & Goals

In Central and Eastern Europe and Eurasia approximately 1.5 million infants and young children grow up in institutional care settings (UNICEF, 2011). Of these children, at least 317,000 have a disability. According to one study, 60% of all children placed in institutions in Eastern Europe have a disability (Jonsson & Wiman, 2001). In Bulgaria alone, 2,046 children were institutionalized in 2010 and 46% had a disability or chronic illness. Countries such as Czech Republic and Belarus have reported decreased rates of institutionalization following the development of ECI services.

Given the prevalence of institutionalization and the dire need for contemporary ECI services in the region ECP put out a limited 2011 call for proposals to fund 4-6, two-year \$100,000 projects. The initiative aligned with ECP's desire to increase funding for birth to three related work, and built off the success of the first ECI grantee, Karin Dom Foundation, in Bulgaria. The call was distributed through the International Step by Step Association, OSF National Foundations, OSF Network Programs, Comenius Foundation, Mother and Child Education Foundation (ACEV), Keystone Moldova, the Early Intervention Institute in St. Petersburg, Russia and the first ECI grantee, Karin Dom Foundation in Bulgaria.

The goal of the ECI initiative is to build sustainable, high quality early childhood intervention services for children under the age of three and their parents or primary caregivers by responding to grantee- and OSF ECP-identified gaps in existing services and systems. The primary objective of the initiative was to strengthen service delivery and knowledge gain/transfer.

At the end of the first year all grantees were on track to meet the primary initiative objective and project goals. Further initiative target areas and measures of “success” were expanded to include:

- **Training** - By the end the two-year projects in September 2014, all but one ECP initial ECI grantee will be in a position to train new staff, other NGOs to expand services;
- **Collaboration** - Collaboration among NGOs and disciplines will have increased;
- **Shared understanding** - A common, shared understanding of ECI will have developed across organizations and sectors;
- **Guidelines** - Guidelines or best practice principles developed at the grantee and initiative level;
- **Quality/Access** - Increased quality and availability of services;
- **Tool development** - Increased number of tools developed for improving assessing child development, improving program quality and collecting data for future advocacy and policy-change.

The initiative began in earnest in September 2012 and is made up of four areas of work:

1. Project grants given within a cohort leadership-development framework¹
2. Tool development grants (screening and assessment measures)
3. Awareness-raising and communication activities (ECI film, global survey on ECI)
4. Development of national ECI strategies and guidelines (Georgia, Mongolia)

Primary beneficiaries include: (1) children and their parents and/ or primary caregivers; (2) front-line ECI service providers; (3) supervisors and administrators; and (4) other NGOs and sectors (e.g. social workers, physicians) and policy makers.

C. Initial and Subsequent ECI-Funded Work: 2012-2014

ECP's limited 2011 call for proposals to fund 4-6, two-year \$100,000 projects resulted in forty-seven applications. Following independent review by ECP staff and an external regional consultant, nine applicants were invited to submit a full proposal and represented the following countries: Albania (1), Bulgaria (2), Georgia (2), Moldova (1), Serbia (1), Tajikistan (1) and Ukraine (1). After careful, independent review and scoring of the full proposals by internal and external OSF staff including two ECP board members, six applicants from Bulgaria, Georgia, Tajikistan and Ukraine were invited to attend a March, 2011 pre-award workshop in Sweden. Across the applications several themes emerged: developmental

¹ Potential country and regional leaders were selected as a cohort and grantee knowledge-exchange opportunities provided.

screening and assessment; capacity building through professional development; parent education and engagement; awareness-raising and advocacy; ECI systems development; and the need for ECI guidelines and principles of contemporary practice. The workshop in Sweden addressed these areas. Grantee baseline knowledge was informally assessed, priority areas were identified and relationships were formed. Following the workshop one applicant was dropped (Tajikistan) and all remaining applicants asked to modify their proposals in light of their experiences in Sweden. Funding was awarded to (a) two organizations in Georgia, (b) two organizations in Bulgaria and (c) 1 organization in Ukraine.

ECP strategically funded two organizations in both Georgia and Bulgaria. In Georgia both applicants wanted to develop a national ECI system along with expanded services. ECP decided it was more strategic to support both NGOs as they had different areas of strength, activities and their joint synergy could be advantageous in a small country like Georgia. An ECP consultant was sent ahead of awarding the grants to assess their ability to collaborate. A roundtable was held with a range of stakeholders to discuss ECI strategy and systems development. The assistance of the national foundation was invaluable.

The two Bulgarian organizations had not previously worked together. One was new to ECI but strong in social work, advocacy, fundraising, and influencing policy development. The other organization was stronger in direct ECI service delivery but not as well positioned to influence at the national level both due to their experience and location outside of the capital. These two organizations were introduced to one another and have successfully collaborated over the course of the 2 year grant cycle. The national foundation, now a spin-off, was also very helpful.

Following funding in 2012, initial ECP activities and support for the initiative focused on: (1) responding to identified training areas of priority and other needs identified in Sweden; (2) assessing baseline ECI practice; and (3) matching grantees with a consultant who could provide more individualized coaching/mentoring and support. Consultants provided both in-person training and virtual training and consultations. For example, all grantees asked to have face-to-face training on developmental and social emotional screening and programmatic assessment. Grantees also asked to review difficult cases over Skype and two grantees received training on programmatic assessment using a dedicated YouTube channel and Skype (see ECI Optional Document 17K for a list of events and trainings).

In 2013 the ECI initiative expanded to include Russia. In addition, all original 2012 ECI grantees were provided with funds to travel to ECP-arranged trainings in 2014. Training events were determined after ECP staff and consultants observed practice and consulted with NGO directors, project managers and front-line staff (formative assessment). Several NGOs were also given additional funds for expansion of their work in 2013. For example, the Ukrainian grantee was given funds to train a partner NGO in Odessa; one Georgian NGO was given funds to address the transition from ECI to inclusive preschool; and another Georgian NGO was given funds to train physicians on developmental screening.

Service-delivery focused project grants & activities 2012-2014

2012 funded ECI projects from 2011 limited call

- Bulgaria (2): Two NGOs working together
- Georgia (2): Two NGOs working together
- Ukraine (1)

2013 expansion of cohort

- Russia (1)
- Ukraine (1) (original grantee trains NGO in Odessa)
- Georgia (2): (expansion into inclusive preschool, training physicians on developmental screening, support to government through ECI working group)

2014 expansion beyond cohort

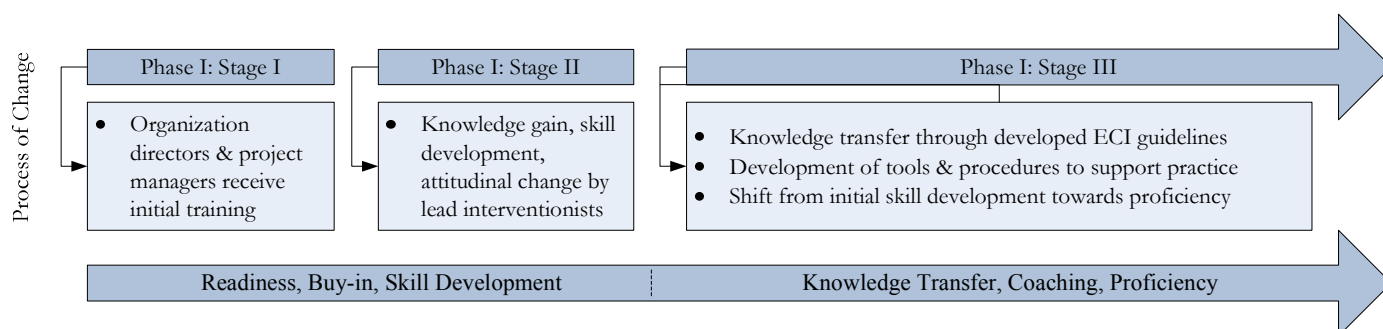
- Tajikistan (2): one coalition of 3 organizations in capital & one in north of the country
- Mongolia: Support to government

D. The Art & Science of ECI: Theory of Change

The ECI initiative used a cohort, leadership model and developmental systems approach to help grantee organizations identify and build components necessary for the development of an integrated, nation-wide system with common principles and practice competencies supported by evidence, policy and family/caregiver-demand.

Prior to funding, consideration was given to the existence of legislation, policies or national strategies in support of ECI; local level regulations; national state-initiated or state-supported schemes or programs, public financial resources, perceived local and national need for services, existing workforce capacity, and grantee links with ministries, local municipalities, other donors and training colleges or universities. In addition, grantee organizations were evaluated for their overall financial, leadership and governance capacity, their previous work in ECI or a closely related area (e.g. work with older children), links with other sectors and NGOs and overall reputation. In all cases the national foundations were consulted.

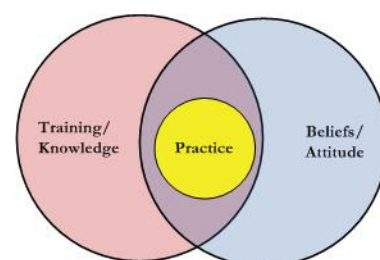
The leadership model sought to identify existing leaders in ECI or those who were assessed to have the potential to lead this area of work in their country. Envisioned as a minimum four year commitment, Phase I of the initiative focused on deepening grantee knowledge of contemporary practice, improving service delivery capacity, and developing missing system components (e.g. screening, assessment, individual child and family service plans, evaluation). Phase II, which will theoretically continue from September 2014 to August 2016, seeks to scale-up ECI services within grantee countries and the region by positioning grantees as leaders, trainers and mentors for other NGOs and government agencies. The diagram below depicts the stages of phased development of the initiative from 2012 to 2014.



The science of ECI is informed by research. Evidence-based ECI practices exist. ECI, however, is also an art. Practice is situated in relationships: relationship with self (practitioner beliefs); relationships with other practitioners (collaborative teams); relationships with families (families as partners); relationships with children (child centred); and relationships with the wider community (coordinated services).

Effective, sustainable ECI services have program directors, project managers, staff trainers, supervisors and those who work directly with children and their families in sync with a common, shared understanding and agreement about the best practice principles of ECI. While training provides new knowledge, alone it does not ensure changes in practice. Sustained change requires an examination of existing beliefs and attitudes, sufficient motivation for change, reflection and review of practice preferences and an ultimate "buy-in" of new approaches and knowledge. Put succinctly, "what I know is not always what I do". Support for growth and change is required at the administrative level and staff input, engagement and buy-in is essential.

Changes in service delivery methods from traditional to contemporary approaches necessitate a change in professional attitudes and roles. Hands-on, interventionist-directed methods have given way to coaching, facilitating and mentoring family members as primary providers of the intervention. Rather than focusing only on discipline-specific knowledge and skills, and providing services in isolation, contemporary, evidence-based practice calls for a holistic and integrated approach where providers collaborate with other disciplines as a team around the child.



The ECI initiative used several methods to ensure not only knowledge gain amongst the grantees but knowledge transfer and adoption. Initially trainings were provided on ECI components and contemporary practice principles. These trainings were primarily attended by program directors and project managers. Individual consultants were assigned during this time period based on grantee needs, project context and consultant strengths. Consultants provided individualized virtual and in-person mentoring. Mutual trust was built between the grantee and consultants and in-person consultant visits were used not only to provide group trainings but to observe practice and provide feedback to ECI practitioners. Virtual case reviews also proved beneficial. In many cases, practitioners needed coaching to build their confidence and problem-solve challenges with an experienced professional. This open dialogue and support for reflective practice has supported attitudinal shifts, increased practitioner motivation to try new approaches and sustained practice changes. As one grantee reported,

During the reporting period our specialists were working with greater motivation and sense of responsibility. They consider the goals for implementation of the project as their personal goals and are striving for achieving them despite the existing challenges. After a number of discussions and guidance provided by the management team and the supervisor and participation in a series of trainings, our specialists developed a self-perception that they have a serious pioneering mission in the development of social services for children 0-3 years of age in Bulgaria.

This process of change can be referred to as **adopt, adapt and act** (Bowen & Zwi, 2005). Initially, directors/ project managers were exposed to new information and made the choice to adopt the information. Through discussions with their teams they worked to adapt the information to their context and then began to act through implementation of new knowledge and skills. The adopt, adapt and act process is ultimately influenced by individual, organizational and system-level values. It is therefore very important to assess organizational and individual openness to new information prior to funding.

E. Initial ECI Cohort Progress toward Initiative Goals: Evaluation Framework & Outcomes

All five ECI 2012 cohort grantees have made good progress in terms of further development and delivery of quality ECI services as evidenced by ECP staff and consultant visits. All five grantees consistently submit on-time and detailed reports accounting for project objectives and planned activities. All are scheduled to complete their project activities on-time. Two of the five grantees exceed the recommended 30% funding threshold. However one is an association with no ongoing core expenses and the other received an unusually large grant from another OSF program in 2013. Two organizations had core project staff leave.

All ECI grantees are now collecting more data including: (1) parent and staff satisfaction; (2) referral sources; (3) length of time in services; (4) reasons for exiting services; and (5) the type of services needed by child age and gender. Most organizations are recording the number of children who received screening and assessments; percentage of cases who have met their individualized goals and objectives; parent and staff satisfaction, and annual cost of services per child per year. Those organizations providing trainings are also recording the number of trainings/participants trained and training satisfaction data.

	Direct Reach	Indirect Reach	Cost¹
FOC Bulgaria	Average number of children served is 65 per month (Organization has had steady increase (18% increase in six months)	Roundtable event on ECI organized with Karin Dom: 41 participants from 10 NGOs, included representatives of Sofia municipality, experts from the Social Assistance Agency and some of the Child Protection Departments in Sofia, parents' organizations, students, Bulgarian Association of medical students and Medical university in Sofia. State authorities'	Not yet calculated (Expected caseload per full-time person is 15 children in accordance with government regulations)

KD (Bulgaria)	Average number of children served in home visiting program is 100 per month. Additional children served through parent-toddler groups and centre-based services.	Approximately 143 specialists have been trained by Karin Dom including 30 speech therapists from Bulgaria, Romania, Poland, Estonia, Lithuania and Latvia. More than 47 trainings, roundtables and key meetings took place with roughly 827 participants including municipal representatives and participants from child protection and medical professionals.	\$696.05 per child per year (Expected caseload per full-time person is 25 children (some children seen only 1X per month))
FSG (Georgia)	Average number of children served is 265 per month (23% increase from 2011)	100 specialists trained and several advocacy events and campaigns completed	\$1,476 per child per year (Expected caseload per full-time person is 12-15 children and most seen 2X per week)
GACNN (Georgia)	Average number of children served is 35 per month	<ul style="list-style-type: none"> • 325 medical specialists were trained on screening in five localities • 32 speech therapists were trained • 20 ECI GACNN practitioners were trained from five localities • 304 kindergarten personnel received training • 176 parents underwent training • Website visited by 90 person/day • More than 4000 Brochures, triplets, flyers about child development distributed 	\$960 per child per year (Expected caseload per full-time person is 10-12 children).
EII (Ukraine)	Average number children served at centre and through home visits is 53 per month.	Approximately 74 specialists were trained by the organization.	\$900 per child per year (Expected caseload per full-time person is 20 children and most seen 1X per week)

¹In the US services cost approximately \$3,200 to \$6,000 per year per child served and caseloads are 25 to 30 children.

National ECI Strategy and Policy Developments

In addition to delivering services and trainings all organizations are working to a certain degree on the development of a national ECI strategy, guidelines and policy. One Bulgarian organization is poised to be selected as an ECI trainer by Ministry of Social Affairs and World Bank. If selected they will train 48 pilot municipalities (out of 264) on ECI. Both Bulgarian organizations are part of a Ministry of Health working group on ECI and together they have developed national ECI guidelines to be adopted by MoH.

In Georgia a working group on ECI has been formalized with an MOU and it will soon become a coalition. The working group, which includes the involvement of three ministries, has developed a national ECI Strategy and Program Policies and Procedures. The strategy is expected to be adopted in December 2014. An early preschool and education law is also being written with support from ECP and covers children from birth.

The President of Ukraine formally recognized the ECP grantee in 2013 and organized a Ministry of Health delegation to visit the organization. Subsequently, the organization has worked with UNICEF and the ministries of Health and Social Welfare to create a work plan to develop ECI legislation, create a national ECI strategy and operational plan, and create a national ECI training system (see Appendices for additional information).

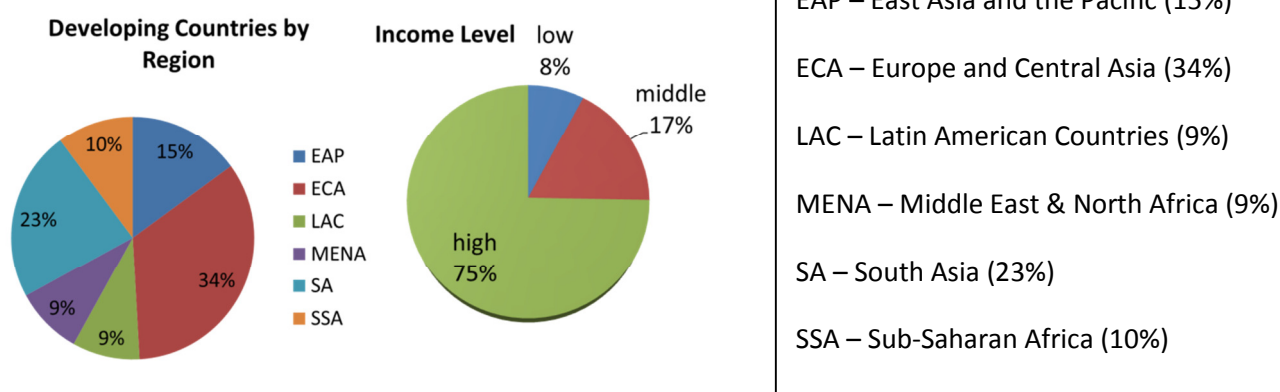
Awareness Raising, Communications and Opportunities for Global Advocacy

Awareness raising and communications activities have included: (1) production of a 7-minute film on ECI; (2) OSF voices piece highlighting the story of one mother in Georgia; (3) OSF voices piece on disability in Mongolia; (4) development of a global ECI survey and (5) funding for a study of the number of children 0-3 in institutions in Western and Eastern Europe.

The ECI film has received 6,534 views, 2,508 Facebook shares and 282 Twitter shares. The accompanying article was viewed 12,555 times (unique views): Americas (6,787, 54%), Europe (3,588, 29%), Asia (1,118, 9%), Oceania (694, 6%), Africa (311, 2%). Subtitled versions are available in English, Bulgarian and Georgian.

The voices piece of one Georgian mother received 24 Facebook shares and 16 tweets. The Mongolian data visualizations piece received 47 Facebook shares and 35 tweets since its release on June 12th 2014.

The global ECI survey was developed by ECP, the International Society on Early Intervention and RISE Institute. It was distributed primarily on-line through networks and personal contacts and consists of quantitative and open-ended questions. A constant comparative method of analysis will be used with triangulation from key informant interviews and a desk policy review from CIS/CEE. As of March 2014, 77 countries had responded. Data collection will continue until mid-July.



Results from the global survey will shed light on where further, significant ECI investment and advocacy is needed. However, data are likely to be somewhat unreliable given potential respondent confusion over the meaning of ECI. An ECP grantee is carrying out a study documenting the number of children birth to age three who are living in an institution in Western and Eastern Europe. This data too has the ability to be used to advocate for ECI services.

In 2012 OSF staff joined the UNICEF-organized Global Partnership for Children with Disabilities, Early Childhood Development Task Force (GPcwd ECDtf). Early childhood and disability specialists from many nations formed the ECDtf to fill a major gap in comprehensive services for young children (birth to age 10) with developmental delays, fragile birth status, malnutrition, chronic illnesses, disabilities and atypical behaviours. The ECDtf contributes to policy planning, program development, advocacy, and research at national, regional and international levels. ECP has an opportunity to advocate for ECI through the ECDtf or organizations such as the International Society on Early Intervention.

F. Investment in ECI: The Role of OSF as a Donor

OSF is one of the only donors supporting the development of ECI services and systems. Prior to 2014 OSF Mental Health Initiative (MHI) funded ECI-related work in Ukraine, Georgia and Bulgaria. ECI grants funded by MHI were focused on deinstitutionalization. MHI's new strategy (2014-17) does not prioritize young children and work on ECI in Ukraine and Bulgaria has been discontinued.

Core document 17B provides a list of the types of funds made available to the grantees and other donors who are working to fund or develop ECI services or related infrastructure. In most cases other donor organizations have little technical knowledge of the field or prefer a rehabilitative model. ECP ECI grantees have repeatedly pointed out the importance of the technical support provided to them. As one grantee said, "You are an expert and choosing experts." In other words, ECP sets itself apart from other donors with the technical support provided to the grantees. Another grantee stated,

In our experience, technical support provided by OSF is important, valuable, qualified, distinguished and higher level, than technical support provided by other donors. It enables access to international experience, expertise and information, also chance to communicate with international experts. All this makes OSF the most attractive funder and the guarantor of grantees 'success'. Highly motivated, experienced, positive and intelligent professionals are one of the essential parts of OSF success and makes OSF an exceptional funder.

G. Going Forward: Lessons Learned

Funding. Funding a group of similar grantees in terms of needs and knowledge was very helpful in addition to providing 2-year grants. The process of funding was also very effective for ECP in terms of selecting grantees (e.g. meeting them before funding). However, the process of funding was long for the grantees. Funding at least two grantees willing to work together in a given country was also a good strategy. Several grantees have been successful in obtaining additional funds for ECI through grants and increased state funding. Unfortunately, funding for services is still not sufficient to cover all service costs and there is virtually no support for training and supervision costs. At least two grantees would benefit from training on fundraising and applying for EU funding.

Relationship-based approach. Relationships were built by both ECP staff and matched consultants with the grantees. Grantees have been encouraged to inform OSF and consultants when they were having project difficulties. OSF is a unique funder in that additional funding or other strategies can be deployed to help grantees overcome challenges. However, grantees must first feel comfortable revealing their problematic areas. Consultants were also encouraged to share information with one another and form relationships. In more than one case the consultants worked together on specific aspects of the initiative.

National Foundations. The involvement of the national foundations has been extremely helpful from grantee selected to organizing events and influencing strategy and policy development. Working in countries where the national foundation has a dedicated staff member interested in the development of ECI could prove advantageous for ECI expansion.

Knowledge gain/sharing. Study tours, workshops, joint grantee presentations and matched consultants were all used for knowledge gain and sharing as well as positioning the grantee as a leader in their country. Involvement of government representatives in trainings and on study tours was beneficial. Finding a common language across grantees from multiple countries was challenging. Trainings were improved through the use of video case examples including review of grantee videos. However, more case examples for group trainings and video from the region is needed. Trainings within countries were an effective way to bring together multiple NGOs and stakeholder groups. Trainings led to rich discussions about ECI content and service delivery methods. This inclusive approach to building knowledge in the grantee locality was very beneficial. Technical support requirements (ECP staff time to organize and funding) should be carefully built into the initiative work plan and budget.

Documentation and advocacy. Providing grantees with assistance to document their existing practices has helped set them up for improved advocacy. Grantees are very interested in receiving documentation on regional country ECI financing and practices for advocacy purposes. ECP staff time to review and write-up grantee data at the mid-term point was insufficient. Time is needed to aggregate grantee data across a number of important indicators and it should be shared with grantees. Case examples from the funded countries could be extremely helpful to the grantees and used for regional advocacy.

Expansion of the ECI Initiative in 2014-2015: Mongolia and Tajikistan

In late 2013 the national foundation in Mongolia requested assistance from the OSF Education Support Program (ESP) to develop ECI guidelines ahead of new legislation set to take effect in January 2014. ESP requested technical assistance and joint financial support from ECP. To date, ECP has organized a study tour for government agency and ministry

representatives and NGO directors; included two key people in an ECI practical training and produced an ECI booklet to be used at June 2014 roundtables. ESP and ECP expect strong engagement with the national foundation on ECI to continue into 2015. Additional technical assistance is planned as well as support for the development of a national strategy and operational plan for phased training and service capacity and coordinated systems development. The country is likely to increase service capacity through pre- and in-service trainings delivered through existing universities.

Engagement with Tajikistan has been slow but promising with increased coordination between the education and public health programs at the Open Society Assistance Foundation in Tajikistan. Originally, there were serious concerns about a lack of coordination at the foundation as well as different and non-complimentary approaches to ECI amongst staff. ECP decided to build the capacity of the foundation staff in terms of understanding ECI. This has been done through OSIAF staff attendance at external and internal ECI events organized or supported by ECP and through sharing documents and other resources. Following perceived improvements in OSIAF staff collaboration and understanding of ECI, ECP and OSIAF put out a joint call for ECI proposals at the end of 2013. Nine proposals were received and two are in the process of being funded. The two grantees have already attended an ECI regional event with the 2012 ECI grantee cohort. Their attendance was extremely well received by grantees from Ukraine, Russia, Bulgaria and Georgia. Work in Tajikistan is coordinated with the national foundation and OSF ESP.

Questions/Issues for Discussion:

1. Should OSF play a larger role in advocating for increased funding for ECI globally either directly and/or through other organizations?
2. How should ECP address the links between ECI and inclusive education? What advantages are there to developing ECI and assisting grantees to support inclusive education versus twinning ECI and IE grantees to work together in the same country?
3. Given considerable technical skills have been created through the leadership model, how can these leaders be leveraged to expand services into more rural areas of their countries or even to other regional countries?
4. Based on early lessons learned is it more effective for ECP to provide more support to fewer countries that have a higher likelihood of developing national ECI strategies, policies, legislation and sustained services?
5. What role can ECP or OSF Higher Education Support Program or the Scholarship Program play in the development of pre-service ECI training programs (certificate or degree)?

Appendices

	Opportunities/ Highlights	Risks
FOC Bulgaria	<p>Four Our Children and Karin Dom are part of a Ministry of Health working group on ECI. Along with two other NGOs they were tasked with developing ECI guidelines for the country.</p> <p>A MOU was signed between FOC and Karin Dom on the development of ECI guidelines. A near complete draft of the ECI methodology guidelines has been written with Karin Dom. Selection as deinstitutionalization initiative contracted organization under MoH to assist with ECI in two municipalities (Sofia and Plovdiv) funded by EU. In this capacity the organization will train and support foster families on ECI as well as birth families who have been reunited with their children.</p> <p>ECI is now strongly rooted within the organization with a more developed, committed staff who works with some of Bulgaria's most marginalized families.</p> <p>In late 2015 or early 2016 FOC can apply to be a service provider with funds from the EU.</p>	<p>World Bank funding is in place to develop a range of services in cooperation with Ministry of Labour and Social Policy (MoS) including ECI. FOC was selected as a potential trainer for the scale up of services before the WB project ends in September 2015. No state or European funding is expected until after September 2015.</p> <p>After more than 12 years as director of FOC, Ivanka Shalapatova took a 3 month position as Deputy Minister, MoS. As she is now back with FOC her previous MoS position excluded FOC from being selected as an ECI trainer by MoS and WB until one year has lapsed since she held office. FOC can apply for State funding at the end of 2015 at the earliest.</p>
KD (Bulgaria)	<p>Additional grants received; invited by Ministry of Social Affairs to train 48 pilot municipalities on ECI (out of 264) with World Bank backing. Services are to be sustained with some EU funding.</p> <p>Karin Dom received a contract with the municipality of Varna to cover some of the ECI service delivery costs. In 2014 Varna was the only municipality to provide ECI funding.</p> <p>Karin Dom has translated and adapted several tools with publisher permission. Their work has been recognized by UNICEF as best practice and they have begun to offer and influence inclusive preschool services.</p> <p>There are opportunities to link ECI services with UNICEF's development of the patronage nurse home visiting system in the country as well as UNICEF's desire to influence medical professional training programs since many medical professionals continue to suggest parents place their infants in institutions due to child disability or parent socio-economic or other challenges (e.g. mental health).</p>	<p>In Varna where Karin Dom is located, approximately 62% of cases placed in institutions come directly from maternity wards. 60% of the children are Roma; 19% have a disability; 29% of birth mothers lack a home and income; 24% hid their pregnancy.</p> <p>As part of Ministry of Labour and Social Policy and WB-funded social inclusion project, pilot municipalities have signed a contract to sustain ECI services for five years after the end of the pilot stage but municipal budgets will be insufficient without additional funding and technical support.</p> <p>There will additional funds from the EU 2014-2020 budget for services but no quality service assurance measures. MoS funds come from WB to create ECI services. MoH is also developing ECI services. Coordination and integration of services is an issue with no clear organization taking the lead. Envisioned training does not include training on supervision or support for implementation. Pay for new service providers has been set</p>

		<p>very low. Salaries for contracted trainers is also low. Karin Dom may not be able to influence/ advocate for additional system changes. Ideally they will work with FOC on advocacy.</p> <p>Parliamentary elections are expected in the autumn and the political situation is not stable.</p>
FSG (Georgia)	<p>Increase in state vouchers 4 times from 75 in 2011 to 350 in 2014 (21% increase overall). Funds increased from 86,400 Lev in 2011 to 472,000 in 2014 (18%).</p> <p>In 2013 an ECI working group was formed with government entities, civil society organisations, academic institutions, parents, others. Both FSG and GACNN and the NF have played key roles. Work plan and situation analysis completed. ECI Programme Policies and Procedures (PPP) and national strategy developed and reviewed by MoH and MoLHSA. The action plan and financing and costing evaluation needs completed.</p> <p>ECI PPP will be approved in June 2014 and will be placed on the MoH website.</p> <p>Adoption of national ECI strategy is expected by end of December 2014 by MoLHSA. Policy advocacy documents are needed for progressive implementation of national system (phased training and scale-up)</p> <p>Opportunities exist to influence and improve higher education training programs. ECP has been asked to support a speech and language university program development. Other related ECI fields exists.</p> <p>Two branches of First Step Georgia (FSG) will be registered as NGOs and located outside the capital. Other expansion activities are already proposed in partnership with stronger organizations like the main branch of FSG.</p>	<p>Approximately 15,000 (7%) of very young children in Georgia require ECI services. State funds only cover 4% of children who are in the most need (those with disabilities, not including those with delays).</p> <p>National ECI Council to be formed which will work with ECI working group. ECI working group is becoming a coalition with MOU in place. Monitoring and evaluation of pilot sites is needed as well as approved instruments and guides, pre- and in-service training manual, contents, activities and forms for pilot sites.</p> <p>There is a risk MoLHSA will not increase funding at a quick enough pace or too quick of a pace. Experience from deinstitutionalization process showed too little training for social workers and high case loads. The same could happen with ECI. Quality assurance measures need put in place (e.g. licensing requirements) and planned, phased expansion.</p> <p>Loss of the national consultant or less involvement from the NF would potentially slow the work.</p> <p>Funds are needed to scale in-service and pre-service training and link ECI to inclusive education training and initiatives.</p>
GACNN (Georgia)	<p>GACNN has created a screening and referral algorithm and trained 325 physicians on screening and referral. They have translated and adapted several tools with publisher permission.</p> <p>Additional funding received from USAID East-West Management Institute, G-PAC for advocacy</p>	<p>The situation for GACNN is similar to FSG; the association is working collaboratively as a member of the ECI working group but more focused on tool development, research and advocacy.</p> <p>GACNN currently receives more than 30% of their funds from OSF. This is due in part to the structure of the organization. As an association it does not carry a large annual budget.</p>
EII	EII is part of a working group of 10 organizations	In March 2013 the President publically

(Ukraine)	<p>organized by UNICEF and the Ministries of Health and Education and Social Welfare. Goals of the working group are to: (1) create ECI legislation; (2) create national ECI strategy with local operational plan; (3) create national ECI training system and teams through a training of trainers model; (4) to change attitudes through use of ICF-CY.</p> <p>Kindergarten begins at age 3 and EII offers small group work at age 2 so the children can adjust to group environment. EII can influence inclusive education.</p> <p>EII has good collaboration with the maternity hospital and medical training program. There is interest in further collaboration by identifying very young children with delayed development.</p> <p>The organization has regular monthly meetings with the vice head of the department of health of Kharkiv City Council. An MOU is in place between departments of health, education and social protection describing the responsibility for each department and development of ECI network in Kharkiv. A social order was received from the City Council for the development of the ECI network.</p>	<p>recognized the organization and through the Ministry of Health sent a commission to visit the organization. In cooperation with the vice mayor for Health and Social Affairs, the management and staff of Departments of Health, Social Policy and Education of Kharkiv City Council the organization began preparing a package of documents on the Kharkov experience of early intervention. However, the grantee is located in Eastern Ukraine where the situation is less stable. The country's political situation has slowed the work. A working group formed with UNICEF and MoH but the work is also disrupted from the political situation.</p> <p>Most children in Ukraine receive individual therapy through the polyclinics that use a strong medical model. EII supervises and trains some polyclinics but more effort is needed to see how the clinics can support evidence-based ECI methods. Polyclinic standards call for 20 minute weekly sessions according to existing regulations which is much less than the widely accepted 50-60 minute session model.</p> <p>EII is working to develop a three-year strategy and improve aspects of finance and governance. Leadership is strong and the organization is well-positioned to develop an ECI network of providers or ECI centres in every area of Kharkov. However, the funding base for services is limited. Some municipal support has been provided for services through polyclinics (Russian model). Sector collaboration and coordination is still developing.</p>
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