



EARLY CHILDHOOD DEVELOPMENT IN URBAN INFORMAL SETTLEMENTS AND SLUMS

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List of Abbreviations

CHVs	Community Health Volunteers
CIPI	<i>Comisión Intersectorial para la Primera Infancia</i> ¹
CSOs	Civil Society Organisations
ECD	Early Childhood Development
HCB	<i>Hogares Comunitarios de Bienestar</i> ²
IADB	Interamerican Development Bank
ICBF	<i>Instituto Colombiano de Bienestar Familiar</i> ³
ICDS	Integrated Child Development Services
INGOs	International Non-Governmental Organisations
IOs	International Organisations
KiCS	Kids in Communities Study
LMICs	Low- and Middle-Income Countries
MC	Mobile Creches
NCF	Nurturing Care Framework
NGOs	Non-Governmental Organisations
OECD	Organisation for Economic Co-Operation and Development
SDGs	Sustainable Development Goals
WASH	Water, Sanitation and Hygiene

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¹ Intersectoral Commission for Early Childhood

² Community Welfare Homes

³ Colombian Institute for Family Welfare

Executive Summary

Purpose

The first 1000 days of a child's life determine their life trajectory, laying the critical foundations for future learning, physical and mental health, behaviour, and work productivity. However, children living in urban informal settlements and slums are faced with multiple adversities. There are an estimated 21.6 million young children (aged between 0-4) living in these contexts who are at risk of not reaching their developmental potential (see Section 6) and this research seeks to explore the current good practices of Early Childhood Development (ECD) interventions for these children.

Methods

Due to a lack of quantitative data on ECD, especially in the context of urban informal settlements and slums, this research used qualitative data analysis to draw lessons from diverse experiences in Colombia, India, and Kenya. This research examines how three case study organisations (*Hogares Comunitarios de Bienestar* – Community Welfare Homes, Mobile Creches and Kidogo) provide quality ECD services in poor urban contexts. The research drew upon two main sources for data analysis: 1) documents on the case study organisations; and 2) semi-structured interviews.

Findings

Overall, the analysis of the three case study organisations reveals that good ECD services in urban informal settlements and slums require the

involvement of the local community, the training and capacity building for caregivers, and they need to be cost-effective and adaptive to local contexts (see Section 9).

On a general level, there are many enabling factors and challenges for the operation of ECD services. Enabling factors include the rising importance of ECD on the international agenda as well as the economic opportunities it provides to caregivers and parents in the present and to the children in the future. Challenges include untrained caregivers, inadequate basic services and ECD actors working in silos. More enabling factors and challenges are detailed in Section 10.

To synthesise and structure the findings, a proposed framework for the operation of ECD services in urban informal settlements and slums is provided. Overall, this study establishes that there are five main levels at which attention is required for delivering adequate ECD interventions: the Child, the Care, the Caregiver, the Support, and the System. The framework is illustrated in Section 11.

Conclusion & Recommendations

The report concludes that what is required is a multilevel, multisectoral approach. To do so, four recommendations are presented (see Section 12):

- 1) **Engage the Community:** utilise the existing relationships, trust, and market structure of local communities as an effective

foundation for boosting the quality of ECD interventions.

- 2) **Understand the Context:** engage meaningfully in the current childcare market to develop a nuanced understanding of existing services, needs, challenges and opportunities.
- 3) **Encourage Multistakeholder Collaboration:** further explore the

role of multistakeholder collaboration as a means to support caregivers and promote effective policy dialogue

- 4) **Use a Multilevel Approach:** address the needs of young children in urban informal settlements and slums by recognising existing opportunities and challenges at multiple levels.

Photos courtesy of Mobile Creches.



1. Introduction

The first 1000 days of a child's life determine their life trajectory, laying the critical foundations for future learning, physical and mental health, behaviour, and work productivity (Bernard van Leer Foundation, 2019; Richter, 2019; Lu et al., 2020). These early years shape the brain's architecture and provide the critical window of opportunity to carve out pathways to lifelong growth and prosperity, where the cost of inaction is borne not only by the individual but also by society at large (Hughes et al., 2021; Pierce, 2021; UNESCO, 2014; Moussié, 2021). Without effective interventions, developmental deficits can result in cycles of lost human capital given the lower learning outcomes and earnings as well as the greater lifelong healthcare needs of children who do not receive adequate care in their early years (Newton & Candiracci, 2020; Moussié, 2021).

Child development lies at the intersection between biological and environmental factors (Nair & Radhakrishnan, 2004). The environmental context of informal settlements and slums are complex and heterogeneous but are often inhabited by people of low socioeconomic status, and due to this background, Early Childhood Development (ECD) services in these areas are bound to experience a myriad of challenges (Mwoma, Begi & Murungi, 2018). Certain characteristics are common: poverty, substandard housing, overcrowding, and inadequate sanitation (Padmadas, 2017; Nair & Radhakrishnan, 2004). Children are exposed to multiple risk factors due to the effects of poverty and the multiple adversities of slum

conditions. These can have lifelong impacts on brain development (Black et al., 2017). However, early interventions have the potential to counteract some of the negative influences of living in poor urban neighbourhoods (Elsey et al., 2020).

Life in poor urban areas is characterised by the need for paid work (Hughes et al., 2021). Additionally, urbanisation is changing family compositions: there is a growing tendency towards smaller families and not having extended family nearby to rely upon (Hallman et al., 2005; Elsey et al., 2020; Hughes et al., 2021; Das et al., 2018). These factors are contributing to the need to look outside of the family for childcare. Early childhood development services, provided by caregivers in their homes or in local centres, benefit young children by improving their cognitive and socio-emotional development but also benefits parents (particularly mothers) in terms of enabling opportunities for employment.



Photo courtesy of Mobile Creches.

2. This Research

This research project explores Early Childhood Development in urban informal settlements and slums. Conducted for Save the Children Switzerland, this report was produced by three Master students from the “Mobilities, Spaces, and Cities” specialisation track of the Development Studies interdisciplinary programme at the Graduate Institute of International and Development Studies (IHEID) in Geneva.

By 2030, Save the Children, a leading international non-governmental organisation for ECD aims to “ensure that all children receive good quality early childhood development interventions with increased investments by governments and communities” (Save the Children, 2014, p. 2). They support ECD programme implementation by assisting public authorities with infrastructure and materials, facilitating access to ECD services for the most deprived children, building the capacities of ECD teachers, introducing play-based learning activities, encouraging non-violent parenting skills, and providing access to important services that enable children to survive and thrive.

This research contributes towards the work of Save the Children Switzerland by starting to address the general lack of research on ECD interventions in urban informal settlements and slums. The research is grounded in the available literature as well as an analysis of three

ECD organisations in developing countries: *Hogares Comunitarios de Bienestar* (Community Welfare Homes), in Colombia; Kidogo, in Kenya; and Mobile Creches, in India. By crossing the fields of “education” and “urban development” and analysing organisations from varied geographic locations, this report concludes with globally relevant recommendations for ECD stakeholders in the context of urban informal settlements and slums.

The main research question is:

How do **Early Childhood Development** interventions adequately address the specific needs of young children growing up in poor urban settings?

To answer this question, the research is framed around five sub-questions:

- 1) What are the **characteristics** of quality ECD programming in urban informal settlements and slums?
- 2) Who are the **actors** involved?
- 3) What are the **challenges** and **enabling factors** at the community and policy level which facilitate improved ECD service provision for young children living in urban informal settlements and slums?
- 4) What are the current **good practices**?
- 5) How can ECD service provision for young children living in urban informal settlements and slums be **improved**?

3. Early Childhood Development

“Early Childhood Development (ECD) programmes ensure that young children survive, thrive and reach their full potential by building intellectual curiosity and cognitive skills, encouraging socio-emotional competences, and ensuring physical health and well-being among young children” (Save the Children, 2014, p. 2). Early learning and care environments for young children vary immensely. They differ in many ways, including by setting and modality. Across different places, childcare may be called different things. Devercelli & Beaton-Day (2020) identified that ECD interventions take place in three types of settings:

- 1) **Home-based:** tends to fall under two arrangements: a) care in the child’s own home by someone often referred to as a nanny or au pair; b) childcare provided in a caregiver’s home for a group of children.
- 2) **Centre-based:** care provided in centres which are often referred to as

daycares, nurseries, or creches. Preschools are also a form of centre-based childcare.

- 3) **Family and other informal arrangements:** childcare provided by a family member or friend that may or may not be remunerated.

Initially, this research set out to explore the ways in which centre-based ECD services operated in urban informal settlements and slums. As the research progressed it became apparent that one of the core settings for ECD services in urban informal settlements and slums was home-based services offered in the home of the caregiver (setting 1b as detailed above) and thus the research parameters extended to include this too.

In addition to the different settings in which childcare is delivered, how it is provided and by whom varies too. Figure 1 details four ECD service modalities.

Public Sector

Funded, managed, and regulated by national/and or local governments (Woodhead & Streuli, 2013). Often carried out in the form of integrated national policies and plans (UNICEF, 2019).

Private Sector

Owned and managed by individuals, businesses, and in some countries, large corporations (Woodhead & Streuli, 2013). Often supported by CSOs, INGOs, NGOs, and international foundations (Rebello, Yoshikawa & Boller, 2011).

Community-Based

The participation of the local community is at the heart of the service (Hayden & Wai, 2013). Community ownership sees the involvement of parents and caregivers and often the brokerage of networks with surrounding local services (Shallwani et al., 2018).

Faith-Based

Has some affiliation with a religious faith or institution and tends to overlap with community-based models (Devercelli & Beaton-Day, 2020).

Figure 1 ECD Service Modalities

4. Nurturing Care Framework

Established in May 2018, the Nurturing Care Framework (NCF) is an evidence-based dynamic concept that highlights the importance of a multi-sectoral approach to optimising young children's development (WHO, 2018; Black et al., 2021; Bernard van Leer Foundation, 2019). A **multisectoral approach** is a programme which incorporates many sectors into its service provisioning, for example: education, health, and social protection.

The NCF includes five domains, which are illustrated in Figure 2: good health, adequate nutrition, security and safety, opportunities for early learning, and responsive caregiving (WHO, 2018).

The NCF's components are a blueprint for supporting the attainment of **holistic** growth and development of young children (Shumba et al., 2020). Holistic development refers to the physical, cognitive, language, mental and socio-emotional development of a child (UNESCO, 2014). This integrated approach to child development has lifelong benefits including a greater ability to learn – leading to higher achievement in school and later life – an increase in involvement in community activities, and a better overall quality of



Figure 2 Nurturing Care Framework

life (Britto et al., 2017). The outcome of a good ECD service is the holistic development of young children.

The NCF is central to research of ECD as understanding the need for an integrated, multisectoral approach to services is necessary for analysing current approaches and understanding what is needed in service delivery.

5. ECD in Urban Informal Settlements and Slums

Urban Informal Settlements and Slums

According to UN-HABITAT (2007, p. 1), slums are defined as “a wide range of low-income settlements and poor human living conditions”, or put more simply, “a heavily populated urban area characterised by substandard housing and squalor”. One in eight people worldwide live in slums (UN-HABITAT, 2018). As per UN-HABITAT’s expert definition, a slum household can be defined as one where its dwellers are directly or indirectly affected by one or multiple deprivations listed below (UN Stats, 2020, p. 3):

- 1) Lack of access to improved water sources
- 2) Lack of access to improved sanitation facilities
- 3) Lack of sufficient living area
- 4) Lack of housing durability
- 5) Lack of security of tenure

Not only do these challenging living conditions pose a significant obstacle to the healthy development of children growing up in slums, but they may lead to cycles of perpetual poverty. Furthermore, families living in urban poor environments find themselves particularly vulnerable when facing the challenges inherent to their lives as city dwellers, such as “[their dependency on] the cash economy, the density of the population, the absence of protective infrastructure and services” (Bartlett, 2010, p. 4).

Criteria for ECD Services in Urban Informal Settlements and Slums

Grounded in the available scientific and grey literature, the following section details the components necessary for an ECD intervention in urban informal settlements and slums. This list derived from the compilation of two key guiding questions: 1) What is needed in a quality ECD service? 2) What are the specific needs of young children in slums?

Urban informal settlements and slums present a plethora of challenges to their inhabitants, thus, young children living in urban slums face numerous adversities (Hughes et al., 2021). In general, there is a lack of comprehensive information regarding the need for, and access to ECD services in urban slums. The following non-exhaustive list comprises of ten components necessary for operating such services, building on what is stated in the existing literature.



Caregiver Support

Caregivers are one of the most important support structures for young children who need a loving and trusting adult to feel secure, grow, and develop holistically (Shumba et al., 2020). In settings of adversity, such as poverty and the precarity of urban slums, children are in heightened need of nurturing relationships with caregivers in to attempt to counterbalance environmental hardships (Shumba et al., 2020). To achieve this, both caregiver mentorship and wellbeing are essential.

Promoting child development rests on the wellbeing of caregivers, especially in vulnerable contexts (De Voe, Geller & Negussie, 2019). Thus, ongoing support – in terms of training, and mental and physical health – is important for ensuring holistic child development (Newton & Candiracci, 2020). Additionally, when caregivers are well-trained, the quality of the service improves (Bernard van Leer Foundation, 2019). Moreover, the ratio of children to caregivers should encourage frequent interaction and personal attention. UNICEF recommends no more than 20 children per caregiver at the pre-primary level.



Nutritious Food

Undernourished children are at high risk of developmental problems and urban slums see more undernourished young children than their counterparts in rural areas (Black et al., 2017; Ahsan et al., 2017). Not only is the nutritional status of a child essential for survival, but adequate nutrition plays a key role in developing a child's cognitive development and learning abilities (Fotso et al., 2011). A nutritional disorder within the first three years of life risks irreversible damage in later life affecting proper growth, school performance, lower work capacity (Pierce, 2021; Bernard van Leer Foundation, 2019; Ahsan et al., 2017). Hence, providing nutritious food is a requirement (Elsej et al., 2020; PWC and SC, 2015).



Health Services

Children living in informal settlements are particularly vulnerable to a host of poor

health outcomes (UNICEF, 2012; UNICEF, 2017). The implications of overcrowding and lack of basic amenities and services are well known, and they place the largest burden on young children (Bartlett, 2010). There is an increased risk of diarrheal disease, other water and food borne illnesses, skin and eye conditions, and many other illnesses (Bartlett, 2010). Thus, interventions should include a health component to encourage the healthy development of young children in slums.



Early Learning Opportunities

A young child's cognitive, social and emotional development is promoted through age-appropriate opportunities for play-based activities, exploration, reading, and other forms of stimulation during their early years (Black et al., 2021; Pierce, 2019; Hussain & Juma, 2006; UNICEF, 2017; Nair & Radhakrishnan, 2004). Therefore, establishing good early childhood programmes in poor urban communities is essential for supporting child's survival, growth and learning (UNICEF, 2012).



Safety and Security

Young children need safe spaces to grow up in as development cannot occur in conditions of high stress and insecurity (UNICEF, 2017; Pierce, 2021). Yet this is challenging within the context of an urban slum where insecure tenure of land poses a threat to children, their families, and caregivers (Kielland, 2015). There are many other cited challenges to safe and secure ECD services including, crowded rooms, dilapidated housing, absence of

safe play spaces, unsafe cooking equipment, poor furniture, unfenced compounds, children arriving and leaving unaccompanied and poor first-aid skills of overburdened caregivers (Bartlett, 2010; Mwoma et al., 2018). Yet, both a safe space and protection against maltreatment are critical for a child to thrive (WHO, 2018).



Suitable Infrastructure

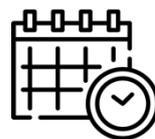
Vulnerable urban contexts tend to have compromised access to services, Water, Sanitation and Hygiene (WASH) facilities, and infrastructure. The characteristics of a physical space impact child development: spaces need to cater to age-appropriate developmental needs to enable them to develop holistically (Newton & Candiracci, 2020). Moreover, it is essential to have water availability, sanitation and hygienic environments as these factors impact a child's health and overall development (PWC & SC, 2015).



Multisectoral Approach

ECD services should encourage holistic child development: cognitive, language, physical, social and emotional development (UNESCO, 2014). Multisectoral approaches, ones that encompass different sectors and are anchored within the NCF are necessary for successful, smart and sustainable interventions (Britto et al., 2017). Referring back to the NCF, children require more than one element to thrive, thus an integrated multisectoral approach is critical for creating the

foundation for child development (Denboba et al., 2014).



Operating Schedule

Families of young children often have to work long hours to earn a living, thus the opening hours of a childcare service must reflect the hours of work and commute of the parents in order to meet their needs (Elsey et al., 2020; Hughes et al., 2021).



Affordability

Affordability represents one of the greatest barriers to accessing ECD services. Poverty is the main culprit for a lack of investment in child development as the costs of childcare and preschools often require a significant portion of household income (Bernard van Leer Foundation, 2010; Bidwell & Watine, 2014). Offering affordable childcare promotes parental participation in the labour force and family self-sufficiency as parents are able to leave their children in daycare whilst they go to work and earn a living (Ruel & Quisumbing, 2006). Thus, affordability remains a key requirement for operating services in urban slums (Hughes et al., 2021; Elsey et al., 2020).



Context Specific

ECD interventions should be designed and implemented based on a detailed understanding of the local context and culture in which they operate (Hughes et al., 2021; Andrew & Malde, 2014; Milner et al., 2019; Profeta, 2012).

6. Scale of Need for ECD in Urban Informal Settlements and Slums

The forementioned criteria are a non-exhaustive list of components needed for the provisioning of ECD services in urban informal settlements and slums. Poor urban contexts pose specific challenges to young children. As the world's population expands and gravitates towards urban centres, poverty is inflicting a harmful impact on young children growing up in these conditions, an environment that risks destining them to long-lasting poverty (Bartlett, 2010, p. 4). The impact of long-term poverty-related stress on cognitive development has become an issue of recurrent concern. These living conditions often pose difficulties for accessing a safe environment, which is critical for a child to develop to their full potential (Bartlett, 2010, p. 4).

“Living in urban poverty does not necessarily doom children to spend their early lives on a bed. But the alternatives have to be a priority for everyone. With the awareness, support and involvement of their communities, it should be possible for them to enjoy the richness, excitement and companionship of urban living without putting their lives and their futures on the line” (Bartlett, 2010, p. 6).

Early childhood stimulation can be found through adequate ECD programmes which can offer “refuge and opportunity in challenging settings” for children and caregivers (Bartlett, 2010, p.6). The continuous provision of support, health, stimulation, and protection is key to children's adequate development, which needs to be supported by the household, neighbourhood and city layers of urban fabric surrounding them. Nevertheless, these needs tend to be often overlooked by governments and decision-makers as well as being generalised with the needs of children of all age groups (Arup & The Bernard van Leer Foundation, 2021). Furthermore, the community's potential to influence the development of children is often disregarded. Yet, Goldfeld et al. (2017, p. 2) suggests that solid support of a highly engaged community can become a decisive factor to achieve positive and sustainable ECD, even for children living in the most disadvantaged and vulnerable contexts. This contributes to breaking intergenerational cycles of developmental drawbacks caused by opportunity and resource shortcomings (Goldfeld et al., 2017).



Photo courtesy of Kidogo.

Need for ECD in Low- and Middle-Income Countries

Across low- and middle-income countries (LMICs), 250 million children (43%) under the age of five are at risk for not reaching their developmental potential (Black et al., 2017). This figure, 250 million, calculated has been widely cited amongst academics (Lu et al., 2020; Wertlieb, 2019; Grantham-McGregor et al., 2007; Lu et al., 2016).

Currently, no global standard for measuring child development exists. In the absence of appropriate tools, the two Lancet Series use proxy measures: poverty and stunting (Lu et al., 2016; Grantham-McGregor et al., 2007; Black et al., 2017). These two variables are used because “they are associated with children’s development, are measured globally using uniform methods and are responsive to environmental and economic changes” (Black et al., 2017, p. 4). More specifically, they are associated with biological and psychosocial risks as well as poor cognitive and educational performance in children (Black et al., 2017). Poverty has been linked to detrimental developmental deficits and increases the likelihood of exposure to multiple adversities including food insecurity, poor sanitation and hygiene, maternal stress and depression, child neglect, exposure to violence and family stress. (Grantham-McGregor et al., 2007; Black et al., 2017; Lu et al., 2016). Stunting in early childhood is caused by poor nutrition and infections, i.e.,

environmental factors, rather than genetics. Additionally, Grantham-McGregor et al. (2007) justify stunting as a variable as it produces medium to large effects on (poor) child development.

Scale of Need for ECD in Urban Informal Settlements and Slums

There is an inherent lack of national statistics on child development in developing countries, and this absence of data is even starker in urban informal settlements and slums. Black et al., (2017, p. 6) state that “extreme poverty increases children’s likelihood of exposure to multiple adversities” and that “accumulated adversities are often more detrimental to children’s development than single adversities”. Children exposed to multiple risk factors have a greater likelihood of poor adult health and wellbeing (Lu et al., 2016). Socioeconomic data on the inhabitants of urban informal settlements and slums are missing. Yet, it has been acknowledged that young children growing up in slums face multiple adversities (Hughes et al., 2021). Not all slum residents are poor, and not all poor people live in slums, however, if the understanding that urban slum environments are characterised by multiple adversities (as is extreme poverty) is taken, along with the predefined proxy measure of stunting, a calculation can be made for the estimated number of young children (under the age of 5) in urban slums that are at risk of not reaching their development potential

Calculations

	Urban Slum Population				Stunting
	Children (0-17 years) % in slum household	Estimated number of children (0-17 years) in slum households	Children aged 0-4 % in slum household	Estimated number of children aged 0-4 years in slum households*	Estimated number of stunted children aged 0-4 in urban slums**; ***
Africa	56.4	114,804,671	18	36,746,085	8,782,314
Asia	47.8	151,823,727	13.4	41,339,159	9,880,059
Latin America and the Caribbean	51.6	14,523,418	14	3,996,786	955,232
TOTAL		281,151,816		82,082,030	19,617,605

Table 1 Calculations for the Estimated Number of Young Children (0-4 years) who Live in Slum Households and the Estimated Number of Stunted Young Children (0-4 years) in these Urban Slums.

Source: Authors (calculations derived from **two UN-HABITAT datasets**: “Children under 18 years living in slum households” and “Child nutrition indicators”).

* Number of young children in urban slums: calculated from a “Children under 18 years” dataset of 62 low- and middle-income countries.

** Stunting: % of children aged 0–59 months who are below minus two standard deviations from median height-for-age.

*** Rate of stunting: the average rate of stunting (23.9%) was calculated from 34 data entries and applied to all 62 countries.

Two UN-HABITAT datasets entitled “Children under 18 years living in slum households” and “Child nutrition indicators” contained information on 62 LMICs across the continents of Africa, Asia and Latin America and the Caribbean (UN-HABITAT, 2021a; UN-HABITAT, 2021b). This data has facilitated the estimation of the number of young children, under the age of 5, living in urban slums: approximately 82.1 million.

Additionally, the estimated number of stunted young children was calculated: roughly 19.6 million. This figure derives

from the calculated stunting rate of 23.9% - the average stunting rate within urban slums across the 34 out of 62 countries for which data was provided. Although stunting rates differ between countries, Grantham-McGregor et al., (2007) state that patterns of growth retardation are similar across countries. To produce a more statistically significant figure, a 95% confidence interval for the rate of stunting in urban slums was calculated. With a sample mean stunting rate of 23.9% and a sample standard deviation of 6.97, there is a 95% of confidence that the estimated rate of stunting of young children in urban

slums is between 21.46% and 26.34%, resulting in the estimated number of stunted young children (0-4 years) living in urban slums lying between 17.6 and 21.6 million.

There are further risks for child development beyond the adversities of living in slums and the rate of stunting such as maternal depression and violence against children (Lu et al., 2016; Walker et al., 2011). Consequently, and in agreement with the authors and steering group members of the Lancet series, this report recognises that its estimations are conservative. For this reason, the upper limit of the confidence interval will be used as the identified estimation of the scale of need for ECD services in urban slums: the scale of need for ECD interventions in urban informal settlements and slums is vast. There are at least **21.6 million** young children in these urban poor contexts that are at risk of not reaching their developmental potential.

Limitations

The use of two proxy measures, residency in urban slums and rate of stunting, will only provide a conservative estimate, at best, of the scale of need for ECD services in urban informal settlements and slums. These proxy measures are not explicitly linked to ECD, nor do they encompass the wide array of challenges that contribute to child development (Black et al., 2019). However, there are no national statistics on young children's cognitive or social-emotional development, therefore, until it is possible to produce and access data that is directly associated with ECD, the use of proxy measures provides the best alternative.

Furthermore, it is important to recognise certain limitations of the data used. Firstly, the data used derives from 62 LMICs. In other words, this is not an extensive list of all LMICs. Of particular note is the lack of data from Brazil. Of the 872 million estimated global slum dwellers in 2010, Brazil accounted for 11 million (Brueckner, Mation & Nadalin, 2019). Consequently, this research's estimations are highly conservative due to missing data from a number of countries.

Secondly, accurate data from slums is often difficult to produce. Thomson et al. (2021) explain that collecting population data in LMIC cities is increasingly inaccurate in the face of rapid urbanisation, especially with respect to the poorest segments of the urban population. Additionally, the dataset used includes data entries between the years 2001 and 2018 (UN-HABITAT, 2021a; UN-HABITAT, 2021b). Arguably, the data from the early 2000s does not provide current estimations of urban slum realities. Of the 62 countries, 28 have data from before 2015, limiting the accuracy of the estimation of the present-day need. As the rate of urbanisation continues to grow, it is thought that the need for ECD in poor urban contexts also rises, meaning that the calculation underestimates the reality and further supports the claim that at least 21.6 million young children in urban slums are not on track to reach their developmental potential.

Why is it Important to Calculate the Scale of Need?

Without a clear understanding of the need for ECD services in poor urban contexts, the scale of the problem remains highly invisible. An awareness of the scale could

hold local and national officials accountable for delivering adequate interventions as well as bringing international support to where it is needed the most.

Therefore, new approaches are needed to calculate the specific need for ECD services in slums. This requires a method that incorporates the multidimensional realities of slum dwellers. However, this is reliant upon an increased availability of

data at both national and programmatic levels – something that, to date, has been difficult to achieve.

Our research is centred around three case studies. These will enable an in-depth analysis of the current good practices, opportunities and challenges regarding ECD in urban slums. The three case studies will provide geographic variation, as well as offer different types of ECD service provision modalities.

Photo courtesy of Kidogo.



7. Methodology

There is an inherent lack of quantitative data on ECD, and this challenge is heightened when considering the context of urban informal settlements and slums. Thus, the estimated scale of need is used cautiously, and the research focused on qualitative methods. To answer the research question and sub-questions the following methods were used: 1) case studies; 2) document analysis; 3) semi-structured interviews.

7.1 Case Studies

This research is framed by three case studies which have been used to explore the current practices of ECD interventions in urban informal settlements and slums. These are:

- 1) **Colombia: Hogares Comunitarios de Bienestar (Community Welfare Homes)**
- 2) **India: Mobile Creches**
- 3) **Kenya: Kidogo**

These case studies were chosen based on their alignment to the aforementioned criteria. Particularly, their multisectoral approaches and long hours of operation. The three organisations offer different models of service delivery (state-led public provision, community-based, and private sector social franchise) and provide a wide geographic variety which enable the production of globally relevant findings as well as the possibility to highlight current opportunities and challenges of operating ECD services within poor urban contexts.

7.2 Document Analysis

The collection, coding, and analysis of available online literature for each case study was conducted. This included a variety of sources including the organisations' websites, independent evaluations, reports, academic articles, webinars and podcasts. The list of consulted sources can be found in Appendix 4.

7.3 Semi-Structured Interviews

The document analysis supplemented the collection of primary data obtained through interviews. A total of 14 semi-structured interviews were conducted with a wide range of participants. The respondents can be categorised into two groups: 1) representatives of the case study organisations; and 2) ECD experts. The ECD experts included both practitioners and academics in the field of ECD in Colombia, India, and Kenya. A full list of interviewees is available in Appendix 1.

An initial list of potential interviewees was formulated through the names identified during the document analysis along with additional Internet searches of ECD stakeholders within the relevant countries. Individuals were contacted via email or LinkedIn and the use of "snowball sampling" enabled further contacts to be established. The interviews took place on Zoom between September 15 and November 29, and each lasted approximately one hour. The conversations were guided by two interview guides, one for each group of

respondents (see Appendices 2 & 3). The guides contain questions that were chosen due to their alignment with the overarching research questions (see Section 2) with the ambition to:

- 1) Identify what the characteristics of current good practices of ECD interventions are
- 2) See who the key actors are in operating ECD services
- 3) Identify some of the enabling factors and opportunities of running these services

Following the discussions with participants, the interviews were transcribed and coded. The criteria for ECD services in urban informal settlements and slums, found in Section 5, provided the initial codes, but this list was expanded to include: “challenges”, “opportunities”, “government and policy”, “scaling up”, “sustainability and finance”, “community”, “needs of young children in slums”, “current state of ECD in slums”, “service modality”. This coding provided the foundation for the analysis and discussion that follows in Sections 9, 10 & 11.

Additionally, three ECD experts who were unable to partake in interviews, were contacted via email and they submitted written responses to a short questionnaire. This questionnaire offered

a condensed version of the interview guiding questions and provided qualitative data that was coded in the same manner as the interview data. Although these did not produce responses as elaborate as the interview conversations, it was nonetheless useful to obtain further insights from these individuals and the data obtained complemented the interviews responses. The ECD questionnaire submitted to these experts can be found in Appendix 4.

7.4 Limitations

The research conducted has fallen within the parameters of available methods due to the impact of COVID-19. Even though it could have been ideal to collect data directly from the field, COVID-19 placed difficulties in terms of travel. The mobility restrictions enforced worldwide meant that it was more feasible – and safe – to take a distanced approach for carrying out the research.

Due to the impossibility to carry out fieldwork in person, Zoom was utilised. Occasionally technical difficulties occurred but this did not impede data collection. Additionally, this could also be considered as a positive aspect Zoom calls enabled us to contact and communicate easily with experts located in different corners of the world.

8. Case Studies

8.1 Colombia: *Hogares Comunitarios de Bienestar (HCB)*

ECD in Colombia

Over the last 20 years Colombia has demonstrated efforts to strengthen its ECD services. These initiatives, such as transitioning towards a more formalised system and investing in staff training, have increased the total number of children under the age of 5 who are enrolled in early childhood care and education programmes, rising from 16% to 41% between 2007 to 2013 (OECD, 2016, p. 80). However, these rates appeared low when compared to other OECD countries. Their shortcomings, in terms of enrolment, appear partially attributable to the absence of awareness on the importance of quality early childhood education and development, as well as the deficiencies in its provision.

Despite the Colombian government's efforts to provide quality ECD to its citizens, the educational aspect of it has been identified as particularly stunted (OECD, 2016, p. 80). A strategy named *De Cero a Siempre* (From Zero to Forever) has since been put in place through Law 1806 of 2016 on Integral Childhood Development, which guarantees the right to Early Childhood Education services for all children and seeks to strengthen the quality of the educational component within the comprehensive care service provision at the community level (OECD, 2016, p. 87).

The ECD service provision in Colombia is led by the *Instituto Colombiano de Bienestar Familiar's* (Colombian Institute

for Family Welfare), hereinafter referred to as ICBF, whose work focuses on integral childhood protection at all stages and highlighting the role of the children's family and community as a key element for ECD (ICBF, 2014, p. 7)

Hogares Comunitarios de Bienestar (HCB)

Founded in 1986, the *Hogares Comunitarios de Bienestar* (HCB) – Community Welfare Homes – is an integrated community-based ECD service. HCB aims to cover the needs of young children in conditions of vulnerability in health, nutritional, educational or psychosocial terms (ICBF, 2014, p. 13). HCB's service provision is not exclusively restricted to urban informal settlements and slums. Nevertheless, it started with the purpose of supporting poor urban family's need for childcare and has since expanded its services scaling up to become the largest ECD provider in the country. The programme is characterised by its approach to protecting children's rights and its focus on fostering a safe environment for children's development (ICBF, 2014, p. 13).

Evolution

HCB's service derived from informal childcare arrangements created in 1974, denominated as *Hogares Infantiles* (Children's Homes) for children living in precarious or high vulnerability conditions (Kaneko, Lombardi & Weisz, 2020, p. 52; IADB, 2013, p. 33). Its service was delivered by individuals chosen by their community, denominated as

community parents, and sought to support the entry into the labour market of urban low-income families by offering safe childcare arrangements (Kaneko, Lombardi & Weisz, 2020, p. 52; IADB, 2013, p. 33).

Through its formalisation in 1988, Children's Homes became known as HCB and became a part of public services provided by the ICBF, as part of a large-scale strategy aiming to end poverty (IADB, 2013, p. 33). Moreover, the last decade has seen the community parents' role become officially recognised as a remunerated position, that now also grants them the opportunity to access pensions and other employment benefits through Decree 605 of 2013 (Colombian Ministry of Work, 2013).

Modality

HCB's services are available for 200 days a year and operate for 8 hours a day (ICBF, 2014, p. 13). HCB services are provided in the homes of the caregivers or in facilities

which were built or adapted for this purpose (i.e., community provided spaces) and are delivered by a recognised member of the community (ICBF, 2014, p. 13). Some of the primary selection requirements for becoming a community caregiver include having resided in the area where the HCB operates for at least one year, being recognised in their community for their virtues of solidarity, coexistence and civic values and having a clear criminal record (ICBF, n.d., para. 3).

Holistic Approach

Even though traditional HCB homes initially lacked a multisectoral approach – as they were mostly focused solely on the care and nutrition components of ECD – the ICBF has been supporting a gradual transition of HCBs towards incorporating other services, as illustrated in Figure 3. This modality has since stood out at a country level for its strong community commitment and comprehensive character, particularly regarding nutritional support (OECD, 2016).

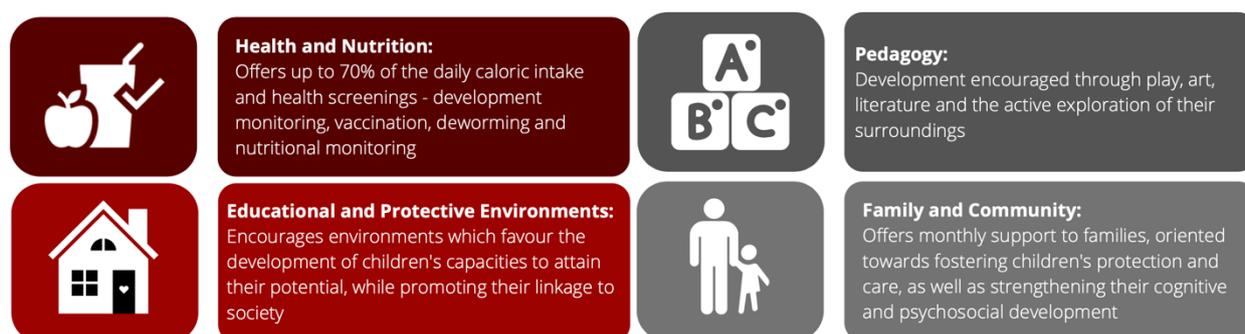


Figure 3 HCB Programme Components

8.2 India: Mobile Creches

ECD in India

Historically, care for young children in India was provided by the family. Over time, there has been a shift in perspective from that of ECD as familial care towards an acute understanding that ECD interventions are a “developmental imperative” for investing in human capital (Sharma, Sen & Gulati, 2008, p. 71). The launch of the Integrated Child Development Services (ICDS) Scheme in 1975 is evidence of this transformation. As a flagship programme to ensure the holistic development of the child, ICDS provides a multi-sectoral programme that includes health, nutrition, and education for children from birth up to six years old (MoWC, 2007; Sharma, Sen & Gulati, 2008, p. 71).

In 2013, India formulated the National Early Childhood Care and Education policy. This policy ensures that children under the age of six have access to quality early childhood programmes (UNICEF, 2020, p. 9). Based on this policy, the government designed the National Early Childhood Care and Education Curriculum Framework as a guideline for the ECD interventions to ensure “optimum learning and development” of children (UNICEF, 2020, p. 9). The framework encourages programmes to focus on the needs of children and families in specific settings, cultures, and communities (UNICEF, 2020, p. 9).

Despite a national commitment to provide ECD services, India still witnesses many child developmental challenges. In 2020, India’s under-five mortality was 34 per 1,000 live births and almost 35% of Indian children under the age of 5 had

stunted growth. Additionally, 32% of children residing in urban areas are at risk of poor development (UNICEF, 2020a, p. 88). The specific challenges of living in urban informal settlements present multiple adversities to a child’s daily life. Organisations, such as Mobile Creches, are working to provide interventions that can counterbalance such hindrances to child development.

Mobile Creches

“Nurturing Childhood, Sowing Change”

Mobile Creches (MC) was founded in 1969 in response to the need for childcare services for marginalised children from migrant families and slum dwellers in India (Mobile Creches, n.d.-f, p. xvii). First set up in Delhi, MC provides quality ECD services to marginalised children living in construction sites and urban slums. To date, MC has impacted the lives of 867,000 children, trained 6,500 women as childcare workers, and established more than 1,000 childcare centres in different parts of India (Mobile Creches, n.d.-c).



Photo courtesy of Mobile Creches.

Evolution

In 1969, Meera Mahadevan and Devika Singh set up a daycare centre for unattended young children at the Gandhi Darshan construction site in New Delhi (Mobile Creches, n.d.-b). This initial creche was set up in old tents and offered few toys. Over time, the programme expanded to provide immunisation, nutrition, medical check-ups, and environmental hygiene for young children (Mobile Creches, n.d.-b). The successes of the programme in construction sites brought the decision to expand creche services to children in marginalised contexts, with a new model for urban slums being established in the mid-1970s (Chigateri, 2017, p. 19).

Operating in Urban Informal Settlements and Slums

MC's services in urban slums are delivered in two ways: directly, by MC themselves at "Demonstration Centres", and indirectly, through community-based creches. In this model, the community is at the heart of service provisioning, whereby strategies include: working with families, building support groups, linking communities to state services, and training programmes to support community members to run their own creches in their local communities (Mobile Creches, n.d.-a).

Demonstration Centre

The Demonstration Centres operate as best-practice models to demonstrate the impact of quality ECD service provisioning (Kaneko, Lombardi & Weisz, 2020, p. 61). Serving as the "demonstration lab", these centres operate as centres of excellence as well as training facilities for the staff at

the community-based creches (Mobile Creches, n.d.-d, p. 15; Chigateri, 2017, p. 22). The purpose of the centre is not only to encourage best practices but also to provide an enabling environment for childcare workers to learn through their demonstrated practices (Kaneko, Lombardi & Weisz, 2020, p. 61; Mobile Creches, n.d.-f, p. 12).

Community-Based Creches

Community-Based Creches are operated by community caregivers that are trained by MC. They operate creches in their homes, in rented rooms within the neighbourhood, or in shared spaces that MC had previously used to run their programme (Mobile Creches, n.d.-e, p. 13). Community caregivers are provided with technical support from MC that includes: 1) 12 days of pre-service training; 2) on-the-job training for six months; 3) financial support; 4) refresher training courses; and 5) weekly visits from MC for the monitoring to ensure the quality of the service (Kaneko, Lombardi & Weisz, 2020, p. 61).

In addition to this, MC supports the opening of new creches by providing both spaces to operate and financial support from their donors and external funding (Chigateri, 2017, p. 22).

The MC Way

A multisectoral approach is central to MC's ECD interventions which ensures "the provision of age-appropriate learning, care and health services, in a warm, safe, clean, stimulating and supervised environment, to address the emotional, physical and educational needs of each child" (Mobile Creches, n.d.-a).

Figure 4 illustrates MC's multisectoral approach, named the "MC Way" (Mobile Creches, n.d.-f., p. 10). This framework focuses on four major components, which are: health and hygiene, nutrition, education, and community communication. For health and hygiene, MC offers the education of basic hygiene practices and monitors children's overall

health by organising weekly visits to doctors. For nutrition, they provide meals and snacks according to age groups as well as a special diet for undernourished children. For education, MC provides education and play activities to stimulate the cognitive development and learning of the child (Sharma, Raman & Dhawan, 2013, p. 79).



Figure 4 Mobile Creches' Multisectoral Approach

8.3. Kenya: Kidogo

ECD in Kenya

Kenya has a long history of preschool provision alongside supportive policies (Adams, 2009; Khamis & Grosheva, 2017). The government of Kenya has demonstrated its commitment to the well-being of children by signing global policy frameworks. These include the 1989 UN Convention on the Rights of the Child and the 1990 African Charter on the Rights and Welfare of the Child. Additionally, the Kenyan government ratified the 2001 Children Act, combining all the laws of children into one document. In 2006, Kenya adopted a National Early Childhood Development Policy Framework and subsequent Guidelines which highlighted the government's recognition of the importance of ECD (Republic of Kenya, 2006). This sought to strengthen coordination across sectors and has seen great changes in the field of ECD (Lindland et al., 2018).

Despite the development of policies and the push to enhance capacity from the 2006 Framework, an ongoing challenge remains the divided responsibility of childcare services amongst varied government ministries, particularly, Education, Health and Labour (Khamis & Grosheva, 2017). Additionally, following the introduction of the 2010 Constitution, ECD was devolved to county governments meaning that the responsibility of providing services and resources fell into the hands of authorities with scarce local funds for social sectors (Piper, Merseth & Ngaruiya, 2018). Overall, there is a current need for local authorities to establish registration processes, regulatory guidelines, minimum standards, and

training for caregivers (Aga Khan Foundation, 2021).

Kidogo

“Chanzo cha makubwa ni Kidogo”

- *All great things start small*

Founded in 2014, Kidogo is a social enterprise aiming to address poor-quality childcare services across Kenya through a network of affordable, high-quality childcare centres (Somji, 2020; Foreign Policy, 2021). Using a social franchising model, Kidogo has become the largest childcare network in Kenya with over 500 “Mamapreneurs” serving over 13,000 young children (FP Analytics, 2021).

Evolution

In 2011, Sabrina Habib visited a childcare centre in Mlolongo, Kenya and discovered that the best childcare option for families living in urban slums was a dark and cramped shack that smelled of urine and was completely absent of the joyful noise of a group of young children (Howard, Wilson & Aliouche, 2020; Foreign Policy, 2021). This led to the question of how to provide high-quality affordable childcare services for roughly the same price that was currently being paid, approximately \$1 per day. Two years were spent researching ECD, visiting communities across Nairobi, and surveying hundreds of mothers and childcare operators to better understand the needs of the local communities (Kidogo, 2020; Foreign Policy, 2021).

During a podcast interview with Foreign Policy (2021), Sabrina Habib revealed that

the greatest barriers to transforming the early childhood environment were the norms and defensive attitudes surrounding the current modes of operation of early childhood centres. For this reason, in 2014, Kidogo launched with two Centres of Excellence in Kibera and Kangemi to provide an example of what quality ECD services could look like. Despite initial scepticism of Kidogo's play-based approach, communities quickly saw that the children attending Kidogo's centres were outperforming other children. In 2015, following this initial success, Kidogo launched its social franchise programme (Kidogo, 2020). As of August 2020, Kidogo has three Centres of Excellence and 139 franchise businesses.

Franchise Model

Kidogo's social franchising model simultaneously works to tackle the lack of quality childcare as well as empowering local informal childcare centre operators. Through its centres of excellence and franchises, it focuses on child development, scalability and sustainability (Gauntlett, 2017).

Centres of Excellence

Kidogo's two "Centres of Excellence" act as best-practice models for childcare and early learning (Howard, Wilson & Aliouche, 2020). As well as serving 50-100 children per day, they are used as training facilities, research and development labs to test pilot innovations, and demonstration sites for local governments (Howard, Wilson & Aliouche, 2020; Daelmans et al., 2021; Gauntlett, 2017).

Franchises

The franchises are Kidogo-trained community-based micro-businesses run by Mamapreneurs (Gauntlett, 2017). They are for-profit centres that enable the caregivers who run them to earn a good livelihood whilst serving 10-30 children per day (Gauntlett, 2017; Foreign Policy, 2021).

Mamapreneurs

Mamapreneurs are the (mostly female) entrepreneurs identified, trained, and supported by Kidogo to provide quality early childhood services in their local communities for an affordable fee (Kidogo, 2019). Kidogo identifies potential franchisees by mapping the informal childcare providers in a given informal settlement and then inviting them to an information session. To opt into the programme, the operator pays a one-time application fee of \$2 and undertakes a six-month improvement programme that incorporates the basics of early childhood development as well as business management and entrepreneurship skills (Kaneko, Lombardi & Weisz, 2020; Howard, Wilson & Aliouche, 2020).

In addition to the training, Kidogo works with the potential franchisee to improve their operations under the following areas (Howard, Wilson & Aliouche, 2020):

- 1) Safe, stimulating environments
- 2) Responsive caregivers
- 3) Play-based activities
- 4) Health, nutrition, water and sanitation
- 5) Parent and community engagement
- 6) Business and administration

The Kidogo Way

The Kidogo Way is a play-based, child-centred approach to early childhood services (Gauntlett, 2017). Based on the Nurturing Care Framework, Kidogo's pedagogy focuses on creating safe and child-friendly spaces, empowers local caregivers with ECD knowledge, introduces health and nutrition programmes, and utilises a play-based early learning curriculum (Aga Khan Foundation, 2021).

Figure 3 illustrates The Kidogo Way (Kidogo, n.d.-b). The Kidogo Way offers young children quality childcare and education during their first few years of life promoting holistic development. This approach sets these children “on a trajectory towards becoming happy, healthy adults and contributing members of society” (Kidogo, n.d.-a).



Figure 5 The Kidogo Way

9. Findings: Characteristics of ECD Services in Urban Informal Settlements and Slums

The three case study organisations demonstrate current good practices of ECD service provisioning in urban informal settlements and slums. This is verified due to their alignment to the predefined criteria. Table 2 presents a comparative summary of the three organisations. The following section discusses the services provided by *Hogares Comunitarios de Bienestar*, Mobile Creches and Kidogo including their approaches to quality assurance, scalability, sustainability, and community engagement. This section draws upon

both document and interview analysis. The collected data was coded against the themes of the initial criteria (see Section 5) in addition to “modality”, “challenges”, “opportunities/ enabling factors”, “scaling up”, and “sustainability”. By collating the data under these codes, the following five key and recurrent themes emerged and will guide the following discussion: 1) alignment to criteria; 2) quality assurance; 3) community engagement; 4) sustainability; and 5) scalability.

Overview	HCB	Mobile Creches	Kidogo
Modality	Public provision	Community-based	Social franchise (private)
Setting	Home-based	Centre-based & home-based	Centre-based & home-based
Facility	Community Welfare Homes	Demonstration Centres & Community Creches	Centre of Excellence & Franchises
Operator	Community parents	Community-based organisations	Kidogo staff & Mamapreneurs
Beneficiary	2-6 years	Up to 12 years	Up to 6 years
Source of Finance	ICBF public funding	Grant funding	Grant funding
Criteria			
Operating Schedule	8 hours x 5 days per week	8 hours x 6 days per week	10-12 hours x 6 days per week
Cost	Free of charge	Free of charge	\$1 per day
Multisectoral Approach	✓	✓	✓
Caregiver Support	✓	✓	✓

Table 2 Case Study Comparison Table

Alignment to Criteria

Inhabitants of urban slums often need to work long hours to fend for themselves and their families. For this reason, ECD interventions require appropriate operating hours to meet the need of local

parents. All three organisations operate for a minimum of five days per week and for at least eight hours a day – with Kidogo’s centres operating for up to 12 hours. Additionally, due to the low socio-economic status of slum dwellers,

services must be affordable. Both HCB and Mobile Creches provide their services free of charge and parents utilising Kidogo's services are charged approximately \$1 per day – roughly the same price as what parents were paying for the existing childcare services.

Moreover, all three organisations provide a multisectoral approach to their ECD services. This is evidenced in Figures 3, 4 and 5 in Sections 8.1, 8.2 and 8.3 respectively. HCB offers three meals a day, equating to 70% of the caloric intake, as well as regularly weighing children to identify cases of malnutrition and stunting. Kidogo offers eggs to all of its children as well as providing Vitamin A supplements and deworming services twice a year. Their play-based learning also creates an enabling environment for child development. MCs' early learning opportunities involve stories, songs, and play. They also provide health check-ups and two hot-cooked meals – including special diets for malnourished children. Although this is not an extensive list of the services provided by the three organisations, it exemplifies the multisectoral approach that they take to enabling holistic child development. Appendix 6 provides a more detailed list of the services offered by the three case study organisations.

Beyond the care provided to the children, the support offered to caregivers was a commonality across the three organisations. The HCB community caregivers receive training in child development, health and nutrition, organisation, and scheduling of activities. MC also offers training to caregivers to ensure that they have the skills to adequately care for young children. Likewise, Kidogo provides training to

guarantee that caregivers are up to Kidogo's standards before they are able to become franchisees. Once franchise owners, Kidogo continues to provide training and support including drop-in visits and further training modules.

Quality Assurance

Training

One of the key elements that guarantees a service of good quality is training. Training and technical support is available for caregivers to boost their knowledge, skills and capacity for providing adequate ECD services. All three organisations, as noted above, offer training and support to their caregivers. HCB provides ongoing access to online training resources and has partnerships with 22 universities for the delivery of subsidised higher education undergraduate programmes in early childhood development. In recent years there has also been the potential for (partial or full) sponsorship of postgraduate programmes.

For both MC and Kidogo, induction and training sessions are provided before caregivers may become affiliated with their organisation. For Kidogo, caregivers undertake six months of training in order to reach “green” on a red-yellow-green scale of quality service. In addition to these training sessions, both Kidogo and MC provide further oversight to ensure quality through regular site visits. Training gives the tools and capacity needed to empower caregivers to adhere to quality service provisioning.

Beyond this, Kidogo's “Community of Practice” sees monthly meetings for Mamapreneurs to come together to both

share challenges and celebrate successes which in turn fosters a sense of accountability for the caregivers to uphold the standards required by Kidogo. The training opportunities and ongoing support to, and between, caregivers represent an enabling factor for ECD service provisioning. Providing capacity-building opportunities empowers caregivers to adhere to quality standards of practice.

Best-Practice Models

Setting an example through a best-practice model has been used by both MC and Kidogo. These enable surrounding communities to see what high quality, yet affordable services for ECD could look like. Additionally, Kidogo's "Centres of Excellence" and MC's "Demonstration Centres" operate as training facilities, as hubs for broader community engagement, and as spaces to test out innovations that, if successful, could be rolled out into the network of caregivers. Exemplifying the impact of quality ECD centres is an approach that endeavours to promote the provision of quality, affordable ECD services and has the possibility to push for systemic change in the surrounding community. Beyond this theory of change it would be useful to further understand the true impact that this may have for evoking change and raising quality standards.

Community Engagement

The most prominent similarity across these organisations is their operators: community members. All three organisations' approach to offering ECD services in poor urban settings builds off the existing childcare market. HCB has evolved from informal community homes

and has been integrated into public service provisioning. Despite being funded by the state, the services offered to children are still provided by local caregivers (mostly women) who are not directly employed by the state but instead are organised through unions. For both Kidogo and Mobile Creches, they offer training and financial support to local caregivers to run independently. Kidogo subsidises the operating costs for franchisees whilst Mobile Creches provides funds to ensure adequate wages for caregivers. Therefore, the community members are managing and delivering the services, - as they have the trust of the parents - but they require additional support from the NGOs that they are affiliated to, especially in terms of finance.

Sustainability

The question of financial sustainability seeped into many conversations. HCB is funded through Colombia's investment budget - meaning that the money derives from the country's annual profits. Although there is no guarantee for annual profits, a national ECD law (Law 1804 of 2016) ensures that the budget cannot be lower than the previous year. A particular difficulty for finance in the HCB modality is the need to request the budget on an annual basis, meaning that contracts cannot last longer than this timeframe either. The unionisation of community caregivers offers some protection against this precarity but there are often slow dispersions of funds which make it difficult for caregivers to operate their services.

MC, as an NGO, does not directly operate the creches, but instead offers financial and technical assistance to community caregivers. The community creches are

not self-sustaining without this financial assistance. Similarly, Kidogo – apart from their Centres of Excellence, also support their franchisees to manage and run their ECD services. Part of the training offered to these caregivers is financial literacy and business management. These two organisations are funded through grants and rely on these donations to support their efforts to provide quality, affordable ECD services to young children in the urban informal settlements and slums in which they operate.

A few respondents of our interviews mentioned the need for government intervention in the financing of ECD services to promote its financial sustainability... but the central question is: what is financial sustainability? Across the world, ECD services are privately financed, notably by households. To truly determine the sustainability of an ECD intervention, further research into the definition of such sustainability is required.

Scalability

Overall, HCB, MC, and Kidogo exemplify three good practices for operating ECD services in poor urban contexts. They offer multisectoral approaches to enable holistic child development as well as focusing attention on building the capacity of the local caregivers. So how can good practices be scaled? Scaling ECD services requires them to be cost-effective, evidence-based, and adaptive to local context. Moreover, they require a degree of standardisation and should utilise the existing childcare market. Firstly, cost-effectiveness is essential. If substantial funds have been utilised to start-up, operate, and continually

improve a service, it may not be feasible for the same size of investment to be made again for scaling it up. In other words, models need to ensure cost-effectiveness before scaling. This also reduces financial burdens post-scaling. This challenge is reflected in Kidogo: in 2021 Kidogo has expanded from approximately 20 Mamapreneurs to 450. Their current financing model provides subsidies to all franchises and with such a large scale up there could be difficulties in maintaining this high level of financial support to all members of their growing network. Kidogo is reflecting upon how they will continue adapting in the future to provide affordable, quality childcare services in Kenya, with the ambition to scale across East Africa.

Secondly, evidence is needed to prove that an intervention works. The justification for scaling should be supported by data and evidence to prove the effectiveness of the service. In short, interventions need to work. Thirdly, context must be accounted for. One service that works well in one place, may not be the most suitable in another. Although a degree of standardisation may enable the replication of a model, if it is not suitable or adapted to the needs of the community it is operating in, then it would not be an adequate service.

Overall, the examination of three case study organisations in three geographic regions of the world has highlighted three key elements for adequate ECD services in urban informal settlements and slums. First, the need for community engagement. Second, the need for training opportunities for caregivers, and third, if these – or other interventions – are to scale-up, they need to be cost-effective, to have proven effectiveness and adapt to local contexts.

10. Discussion

The following section utilises the information obtained through interviews with ECD experts to determine, on a general level, who the actors are that are involved in providing ECD services in urban informal settlements and slums as well as what some of the opportunities and challenges are for operating these services.

10.1 Actors Involved in Operating in ECD Services in Urban Informal Settlements and Slums

There are many actors involved in the provision of ECD services in urban informal settlements and slums who operate at the community, the regional and national level. They include a variety of actors, including community members, private organisations, and government ministries and officials.

Community Members

Community members are the primary actor involved in the delivery of ECD services in urban informal settlements and slums from the three case study organisations that we examine. These are often recognised members of the community who hold status amongst fellow inhabitants. This status holds a level of trust for parents who choose to leave their children with them. The caregivers themselves are the facilitator and hold a fundamental role for encouraging holistic child development. Additionally, the Kenyan context sees Community Health Volunteers (CHVs) operating in urban slums to provide health check-ups to children attending

ECD services in marginalised communities.

Private Organisations

The status of ECD in urban informal settlements and slums varies between contexts, but this urban poor context is frequently characterised by unregulated and unlicensed centres, with services often run in the homes of local community members. A variety of actors are operating in these spaces to advocate for quality, affordable childcare services, including NGOs (like Mobile Creches), social enterprises (like Kidogo), foundations and networks. In addition to the case study organisations, other actors are operating in these spaces.

Government Actors

National governments play an important role as the highest authority that coordinates the ECD service provision in a country. Government ministries, especially ministries of health, education and social protection, were named as the main bodies involved in ECD service provisioning and policy dialogue. Besides national ECD schemes, sub-national governments also play a central role in providing services for young children. This is most apparent in the context of Kenya where the devolved responsibility of ECD puts the financial and operational responsibility of ECD onto county governments.

Multistakeholder Collaboration

There are many different actors involved in the provision of ECD services in urban

slums. However, their various engagements in the sector tend to be disconnected from one another: the delivery of ECD services is characterised by the operation of actors in silos. Caregivers work independently from one another, and government ministries do not always communicate well with one another. This operation in silos is restraining the opportunities for ECD interventions.

Two examples highlight the potential for multistakeholder collaboration. Firstly, in Colombia, the national service provision of ECD is led by an ECD Commission. Since 2011, ICBF, the Ministry of Health and Social Protection, the Ministry of Education, the Ministry of Culture, the National Planning Department, and the Department of Social Prosperity have articulated initiatives through the *Comisión Intersectorial para la Primera Infancia* (CIPI) (Intersectoral Commission for Early Childhood). This Commission has established guidelines according to international standards and encourages coordination between government agencies who hold joint responsibility for offering ECD services. The second example is the ECD Network for Kenya, which brings together implementers, researchers, and other actors together to discuss topics relating to ECD. They share information, bring awareness to topics of interest, interrogate issues, and build room for advocacy to push for systemic changes at the government level.

10.2 Enabling Factors for Operating in Urban Informal Settlements and Slums

The analysis of interview data suggests four important opportunities for ECD interventions in poor urban contexts. These are: the rising importance of ECD

on the international agenda, urbanisation and changing familial structures, economic opportunities, and tipping the demand for quality services.

Rising Importance of ECD on the International Agenda

The importance of ECD service provision for children is getting increasingly prioritised at the international level. This is most evidently witnessed through Sustainable Development Goal (SDG) 4.2 (by 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education). The inclusion of ECD in the SDGs is pushing the momentum for a heightened focus in this area. The internationally adopted goals signify the consensus on the importance of focusing on a child's early years. In fact, Ban-Ki Moon, the former UN-Secretary General, said "the Sustainable Development Goals recognize that early childhood development can help drive the transformation we hope to achieve over the next 15 years" (Britto, 2015).

Urbanisation and Changing Familial Structure

The world is witnessing rapid urbanisation – by 2050, it is predicted that more than two thirds of the world's population will live in urban areas (World Bank, 2018). In particular, many people are migrating from rural areas to seek employment in urban areas. A childcare vacuum in urban areas, particularly in the urban informal settlements and slums is heightened by the need for both parents to fend for the family. These jobs tend to have long working hours, pushing the need for appropriate ECD services.

Moreover, urbanisation is changing family compositions: there is a growing tendency towards smaller families and a lack of extended families who reside in slums (Hallman et al., 2005; Elsey et al., 2020; Hughes et al., 2021; Das et al., 2018). These factors are contributing to the need to look outside of the family for childcare – driving the demand for ECD services which create the enabling conditions for such services to thrive.

Economic Opportunities

One of the greatest opportunities for ECD services in urban informal settlements and slums are the economic opportunities it both offers and enables. Firstly, investing in young children is an investment in future human capital. Especially for children living in marginalised contexts, ECD services will have a positive impact on them as well as on the community that they will contribute to later in life.

At the community level, the provision of ECD services provides economic opportunities for both parents and caregivers. For parents, ECD services are an enabling factor for their employment as childcare arrangements enable their participation in economic activities to support their livelihoods. For caregivers, the operation of ECD services is in itself an economic opportunity. As social entrepreneurs, caregivers run their businesses both through their passion of caring for children, but also to create a means of living for themselves.

ECD services provide economic opportunities for a multitude of actors, and it is important to highlight the fact that it has the potential to specifically enable and increase women's

participation in the workforce – both for female caregivers and mothers.

Tipping the Demand for Quality Services

In order to promote quality services, the demand for such quality is required. Despite economic constraints, it has been found that a safe space and quality care are two components that are looked for when choosing an ECD service in urban informal settlements and slums. Additionally, the use of best-practice models, as detailed above under quality assurance of Section 9, demonstrates to parents and communities what a quality ECD service could look like which drives demand. Tipping the demand for quality acts as an enabling environment for adequately providing ECD services.

10.3 Challenges of Operating in Urban Informal Settlements and Slums

International Level

Available Finance and Resources

The scarce available resources to support and carry out ECD service provision in urban informal settlements and slums has been pointed out by the vast majority of interviewees, who found that financing consistently represents a major challenge worldwide, even when these services are financed or supported by government funds. Furthermore, financial limitations have been identified to cause a great amount of instability for ECD services in these contexts. This challenge is present at all levels of analysis, as expressed below.

National Level

Government and Ministries Working in Silos

A disconnect has been frequently observed between the work carried out by national authorities and ministries when it comes to providing ECD services and addressing its challenges. In some contexts, this is further complicated by the need to request different types of permits and follow different regulations depending on the region where the services are provided, which hinders the development and scalability of ECD service provision. In some other contexts, the budget destined for ECD provision is allocated by the government on a yearly basis, generating instability for the feasibility of medium- and long-term projects, as contracts need to be recurrently allocated or renewed.

Inaccessibility

Even though the structure and layout of informal settlements and slums varies significantly between and within urban environments, accessibility difficulties have been repeatedly highlighted. The lack of sufficient road infrastructure and interconnectedness has recurrently been linked to the exclusion of these communities as well as an obstacle for providing adequate service provisioning in these areas. Furthermore, inaccessibility also poses an obstacle for parents who hold uncommon work schedules and require long operating hours from a childcare service.

Inadequate Basic Services

Access to basic services in urban informal settlements and slums represents a major obstacle in daily life. Needs include the

accessibility of healthcare services, clean water, electricity, and sanitation. The latter represents a further challenge for food storage and preparation in safe conditions, waste disposal, hygiene amongst several others. This challenge is furthermore closely intertwined with the challenge on inadequate facility infrastructure.

Inadequate Facility Infrastructure

Infrastructural difficulties were identified as some of the top obstacles to overcome when it comes to providing ECD services in urban informal settlements and slums. Furthermore, urban spaces are often characterised by significant space constraints, which affect the availability of suitably sized infrastructure for adequate ECD provisions in these environments. Finally, it was reiteratively mentioned by the majority of interviewees that adapting or building adequate infrastructure for ECD service provision can be a difficult task to overcome, as the resources are often significantly limited, and these infrastructure interventions may result in being very costly and exceed the reach of their budget. Therefore, the interviewees have highlighted the relevance of getting the most out of the existing facilities and adapting them to make them suitable to facilitate the children's learning process. For example, many community caregivers operate out of their own homes. However, this setting has also been associated with safety risks as the young children can become exposed to a larger, and not necessarily controlled, number of external people.

Community Level

Lack of Demand for Quality Services

Even though there is a growing or consistent demand for childcare services in urban informal settlements and slums, this demand is not always consistent with that of quality services. Recurrently, parents may settle for a service of poor quality which can result in a mismatch between the supply and the demand of good quality services. Moreover, affordability plays a significant role in the level of quality of a service that parents can afford.

Caregiver Level

Untrained Caregivers

Shortcomings have been identified when it comes to evaluating the caregiver's level of preparation for their role and related responsibilities. In some settings, the status of being a caregiver, whether it is of a Mamapreneur or of another form of community caregiver, is not always highly regarded in society and is often seen as a last career option. The exception to this is the community caregivers in Colombia who have implicitly inherited this role from their parents as part of a family tradition. The majority of ECD caregiver preparation is regarded to be falling short of fulfilling the needs of children in

vulnerable situations. Furthermore, due to the overburdening nature of childcare – due to a lack of sufficient support and working alone to provide multisectoral care – many caregivers are unable to take time away from their services to undertake training.

Another challenge in relation to the trained nature of caregivers is often their lack of ability to track finances. Operating a business requires the ability to understand what finances are coming in and what expenses are going out. Many caregivers do not have education beyond a primary level and therefore extra support is required to boost their capacity to run a successful business.

Clash between Parents' Expectations and the Academic Curriculum

Parents may sometimes find themselves dissatisfied with the teaching methods or materials taught by ECD services, given that it does not necessarily reflect their own pre-conceptions of what education during an early childhood stage should be like. This pressure exerted by parents may influence the caregivers' methods to impart their lessons to their students in order to appease the parent's insistent demands and address their complaints, which has been seen to deviate from the established play-based learning approaches of ECD interventions.

11. Framework for Operating ECD Services in Urban Informal Settlements and Slums

The following section outlines a framework for operating ECD services in urban informal settlements and slums. It builds from the foundation of the initial criteria presented in Section 5 and integrates the findings from the document and interview analyses in

Sections 9, 10 and 11. The framework highlights the necessity of involving support from multiple levels with key features including training for caregivers, community engagement and collaboration. Figure 6 illustrates the framework.

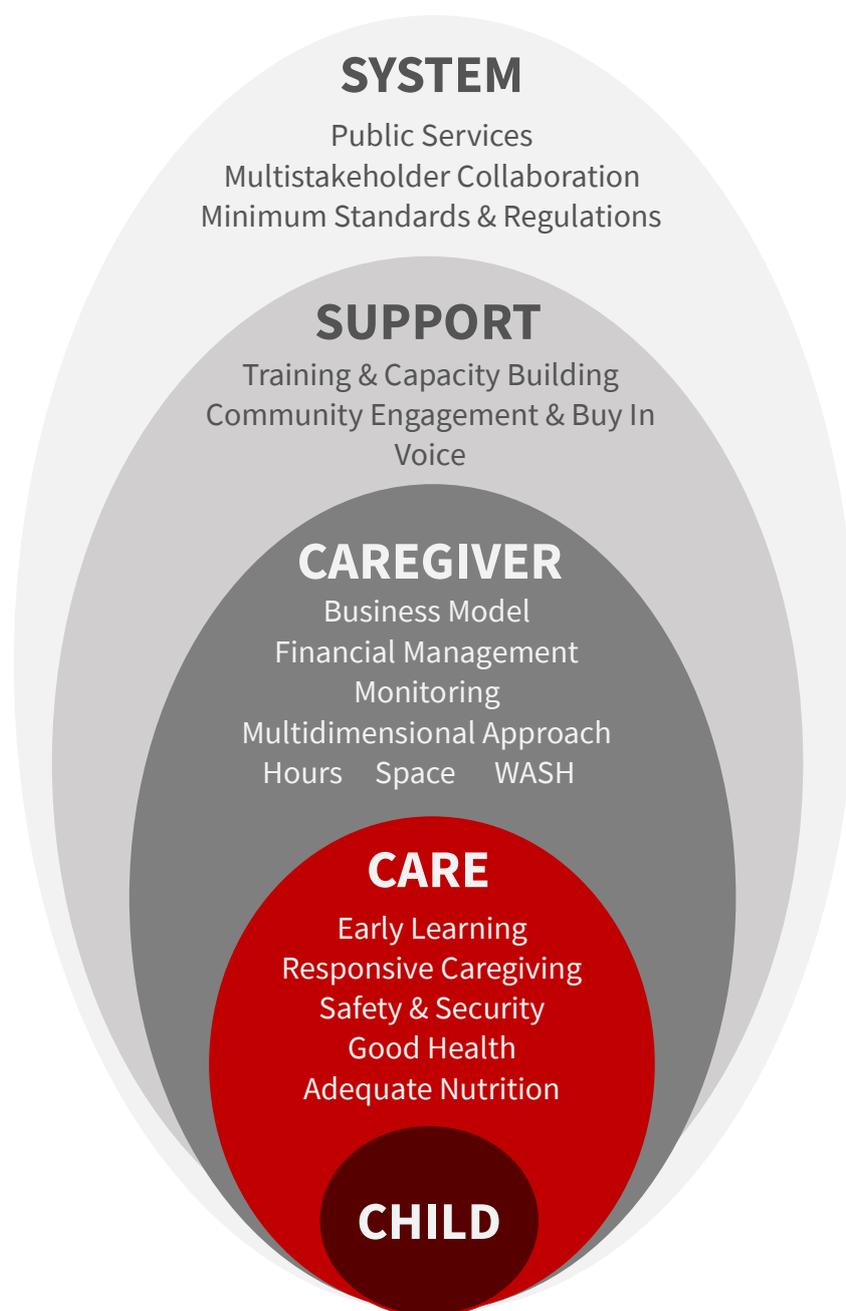


Figure 6 Framework for Operating ECD Services in Urban Informal Settlements and Slums

11.1 Child

The core element of every ECD intervention is the child. In poor urban contexts, young children face multiple adversities in their everyday life and investing in their early years is proven to bring substantial opportunities in later life.

11.2 Care

Young children need services with a multisectoral approach to encourage holistic development. The care offered to young children should involve good health, adequate nutrition, responsive caregiving, opportunities for early learning and safety and security. In the context of urban informal settlements and slums, the need for such services is often heightened. The framework of the NCF, as explained in Section 4, should be utilised to understand what the specific needs of young children in a particular context are under each of these domains to then provide services accordingly. In the context of urban informal settlements and slums, caregivers are often overburdened with tasks, responsibilities and a lack of resources to be able to adequately provide such multisectoral care. The following section details more on caregivers as the key agent in delivering ECD services.

11.3 Caregiver

The caregiver, in order to provide the aforementioned multisectoral service, should have certain facilities, services and administrative structures in place. First, services should operate for substantial hours per day in a safe and adequately sized space. Determining adequate space is challenging but should roughly enable each child to sit comfortably with toys

around them. In the context of urban slums, space is a significant challenge, and most services will need to adapt what is available in the community to make it as safe and secure as possible. Moreover, WASH facilities must be present to encourage a hygienic and healthy environment. Access to adequate basic services is not a guarantee in urban informal settlements and slums, and thus, this challenge calls for assistance from the wider system, as discussed below under “System”.

Beyond physical components, caregivers should have financial and business management skills to enable and empower them to run a successful, and hopefully profitable, enterprise. They have the passion and dedication to care for the young children in their community, but they need to grasp the opportunity to develop a successful business whilst harnessing their passion. For this, there needs to be support in place.

11.4 Support

Many caregivers operating in urban informal settlements and slums do not have education beyond the primary level. Additionally, the work of a caregiver, in some contexts, is seen as a last choice career option. These factors can cause a lack of motivation and self-confidence in the ability to provide quality services. Therefore, training and capacity building opportunities for caregivers are essential. The training should include courses on the importance of ECD, including the different domains of the NCF, but also go beyond this to include business and financial management training to enable these caregivers to thrive economically. It is important to remember that every context is inherently different, and

training modules should reflect this by addressing the specific needs of the caregivers they are empowering.

It has been reiterated that local communities are central to the provision of ECD services in urban slums. Therefore, when addressing or providing ECD in urban informal settlements and slums, this cannot take place independent of the community. Actively engaging with, and understanding the local childcare markets is essential to meaningfully engage with the needs, demands and challenges present. Moreover, empowering caregivers to feel confident and to have a voice within the ECD space is important for them to advocate for their needs. For example, caregivers in urban informal settlements and slums often face the same economic constraints as parents and other inhabitants of slums. For this reason, caregivers tend to be financially constrained and overburdened with their responsibilities to the children. To bring these caregivers to the table to discuss their concerns and challenges, as well as to share experiences and opportunities, it is more likely that their needs are understood, and measures can be put in place for them to be met. A collective force is more likely to result in increased funding, as well as pushing for other systems-level support, rather than operating services in silos.

11.5 System

Many challenges noted in the context of urban informal settlements and slums are beyond the capacity of caregivers to overcome. This includes the inadequate provision of basic services as well as an enabling regulatory environment for ECD. There needs to be an enabling environment in which ECD services

operate. This requires improving the provision of basic services to these communities – a challenge that extends beyond the needs of young children, but of society at large. Moreover, a regulatory environment with accredited standards should be in place to enforce minimum standards when operating ECD services. If this is unfeasible for governments, then perhaps international organisations or NGOs are required to assist. Operating ECD services in urban slums is inherently characterised by the challenges posed by their surrounding environment. Many of these challenges require government-level or international level assistance in order to be addressed.

11.6 Multilevel Approach

Adequately addressing the specific needs of young children in slums requires more than the multisectoral approach identified in the NCF. It requires a multilevel focus to harness the existing opportunities and to address the present challenges. This framework's five levels highlight the necessity to incorporate a multitude of actors to push for systematic change towards quality, affordable childcare being provided across all urban informal settlements and slums. In the context of urban informal settlements and slums it is not sufficient to refer to the NCF. Without ongoing and substantial support to caregivers, they are often overburdened and undertrained and thus, unable to adequately provide multisectoral care. Without advocating for the provision of basic services, the conditions in which the services operate may not be appropriate for the development of young children. Without a regulatory environment, it is difficult to enforce minimum standards and licensing requirements.

12. Conclusion & Recommendations

As exemplified by the framework presented in Section 11, ECD interventions in urban informal settlements and slums require a multilevel, multisectoral approach. Young children, who are at risk of perpetual, long-lasting poverty require multisectoral services – including good health, adequate nutrition, opportunities for early learning, safety and security and responsive caregiving.

Through the examination of three case study organisations, ECD interventions adequately address the needs of young children in slums by providing this multisectoral care – but this is just one component. The services and facilities that a caregiver should provide (e.g., WASH facilities and adequate space) are heightened challenges in the context of urban informal settlements and slums. To provide this to young children, along with the multisectoral care approach, caregivers require support. They require training, capacity building and financial assistance. All three case study organisations demonstrate these types of support. Moreover, the challenging conditions of poor urban contexts require systems-level interventions.

Referring back to the initial research question of “**how do ECD interventions adequately address the specific needs of young children growing up in poor urban settings?**”, the answer involves three key components. They adequately address these needs by 1) providing multisectoral care, 2) ensuring that there are support mechanisms in place for caregivers, and 3) working towards an enabling systems environment that includes both

multistakeholder collaboration and a supportive policy environment.

The findings can be summarised into the following **recommendations**:

1) Engage the Community

Urban informal settlements and slums pose many challenges, but one strength that must be utilised is the power of a local community. The existing relationships, trust and market structure provide an effective building block for quality ECD services in urban informal settlements and slums. Through training and capacity building, the community as the central pillar of ECD service provisioning in poor urban contexts will be empowered to deliver and demand affordable, quality ECD services.

2) Understand the Context

In order to implement adequate ECD interventions, a nuanced understanding of the local context is essential. For this to be possible, meaningful engagement with the current childcare market is needed. Each community faces different challenges to different degrees, and the interventions in place should reflect these contextual differences. To better understand the context, an increase in data would be useful. More specifically, conversations with caregivers as well as local and national governments are needed to answer the following questions: 1) where are the young children? 2) what are their specific needs? 3) who are their primary caregivers? 4) what is needed to support caregivers to ensure affordable, high quality ECD

services? 5) what exists at the system-level to enable affordable, quality ECD services? In other words, an understanding.

3) Encourage Multistakeholder Collaboration

Current practices reveal that both caregivers and government ministries often work in silos. It is recommended to further explore the role of multistakeholder collaboration for implementing ECD services as well as at the national and subnational levels in terms of policy dialogue creating an enabling regulatory environment.

4) Use a Multilevel Approach

This research builds on the Nurturing Care Framework, which, in the context of urban informal settlements and slums, is not nuanced enough to adequately address the needs of young children living there. The NCF is reflected under the subsection of “care” in the presented framework – representing one element of a multilevel approach, but it does not take into account the wider systemic or

environmental factors that characterise poor urban contexts. The need for a multisectoral approach to childcare remains, but it should be provided in combination with interventions at the other levels of the framework.

5) Areas for Further Research

This research has built off the expertise of ECD practitioners and academics across three country contexts. Moving forward, the following areas are recommended for further research:

- a) The role of parents and families in ECD of young children in urban informal settlements and slums
- b) The experiences of caregivers in urban informal settlements and slums
- c) The role of multi-stakeholder collaboration in ECD policy and service implementation
- d) The ways in which COVID-19 has altered the provision of ECD services and the impact this has had on child development in urban informal settlements and slums



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Appendix 1. List of Interviewees

1.1. Representatives of Case Study Organisations	
1	Hogares Comunitarios de Bienestar - Luz del Carmen Montoya Rodríguez & Carlos David Mendez Baquero
2	Mobile Creches - Sonia Sharma & Chirashree Ghosh
3	Kidogo - Chris Swanson
1.2. ECD Experts	
1	Robert Hughes
2	Joyce Wesonga
3	Nafisa Shekhova
4	Margaret Nampijja
5	Anupamu Nallari
6	Dana McCoy
7	Meenakshi Dogra
8	Laura Ochoa Foschini
9	Carlos Valdivieso Llanos
10	Sergio Andrés Munevar Rodríguez
11	Save the Children Colombia - Mónica Castaño Uribe & Soraya Mesa Neira

1.3. Email Questionnaires

1	Soonrita Sahasrabuddhe
2	Heena Shaikh
3	Smitin Brid

Appendix 2. Interview Guide - Representatives of Case Studies

2.1. Hogares Comunitarios de Bienestar

2.1.1. Spanish Version

Intervenciones de Desarrollo de la Primera Infancia en asentamientos urbanos informales y barrios marginales

Rol del entrevistado/a

- A. ¿Cuál es su papel en este programa?
- B. ¿Desde cuándo (y hasta cuándo) ha participado en este programa?

Información de contexto

- 1) ¿Cuáles son los retos que los Hogares Comunitarios de Bienestar del ICBF desean abordar?
- 2) ¿Cómo se atiende a las necesidades de los beneficiarios con la modalidad de base comunitaria? ¿Cuáles son los puntos fuertes?
- 3) ¿Quiénes son los principales actores que participan en el funcionamiento del Hogares Comunitarios de Bienestar del ICBF?

Intervención de desarrollo de la primera infancia

General/ Logística

- 4) ¿Qué formación y desarrollo de capacidades hay para los miembros del personal?
- 5) ¿Cuáles son sus fuentes de financiación? ¿Qué grado de sostenibilidad tiene este método de financiación?

Seguimiento y evaluación

- 6) ¿Establecen una evaluación del estado de cada niño cuando se incorpora a su programa (estado de salud, estado nutricional, estado educativo, estado de protección, etc.)? ¿Cómo controlan su situación y sus avances?
- 7) ¿Cómo se evalúa el rendimiento de la intervención de desarrollo de la primera infancia? ¿Con qué frecuencia?

Asociaciones y redes.

- 8) ¿Operan en asociación con otras organizaciones o partes interesadas? En caso afirmativo, ¿con quién? ¿Cuáles son sus funciones?
- 9) ¿En qué medida está integrada su intervención de desarrollo de la primera infancia en la comunidad local? ¿De qué manera participa la comunidad local? [intermediarios de recursos/ miembros de la comunidad involucrados, etc.]

Ampliación

- 10) ¿Cree que su modelo se reproducirá o ampliará a otros lugares? ¿Cuál es su enfoque para ampliar sus intervenciones?
- 11) ¿Cómo evalúa la necesidad de guarderías en su zona? ¿Cómo evalúa la demanda?

Preguntas sobre criterios generales.

- 12) ¿Cómo satisfacen los Hogares Comunitarios de Bienestar del ICBF las necesidades de los niños en contextos urbanos marginales?
- 13) ¿Qué debe tener un programa de desarrollo de la primera infancia para que tenga éxito en una barriada urbana o en un asentamiento informal?

Resultados del programa

- 14) ¿Cuáles son las principales **oportunidades** de la operación en un asentamiento urbano informal?
- 15) ¿Cuáles son los principales **retos** de operar en un asentamiento urbano informal?
- 16) ¿Cómo evaluaría el éxito de Hogares Comunitarios de Bienestar del ICBF?
- 17) ¿Qué áreas de operación necesitan una reflexión adicional?
- 18) ¿Qué es lo que más les gusta a los niños de su estancia en Hogares Comunitarios de Bienestar del ICBF?
- 19) ¿Qué es lo que más aprecian los padres de Hogares Comunitarios de Bienestar del ICBF?

Otros

- 20) ¿Tiene alguna consideración adicional que aún no hayamos discutido?
- 21) ¿Podría recomendarnos a alguien más con quien podamos hablar?

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2.1.2 English Version

ECD Interventions in Urban Informal Settlements and Slums

Interview Guiding Questions

Interviewee Role.

- A. What is your role in this programme?
- B. Since when (and up to when) have you been involved in this programme?

Background information.

- 1) What are the challenges that ICBF's HCB wished to address?
- 2) How does the community-based modality cater for the needs of the beneficiaries? What are the strengths?
- 3) Who are the primary actors engaged in the operation of HCB ICBF?

The ECD intervention.

General/ Logistic

- 4) What training and capacity building is available for staff members?
- 5) What are your sources of finance? How sustainable is this method of financing?

Monitoring and evaluation

- 6) Do you evaluate the status of each child when they join your programme (health status, nutritional status, educational status, protected status, etc.)? How do you monitor their status and progress?
- 7) How do you evaluate the performance of your ECD intervention? How often?

Partnerships and networks.

- 8) Do you operate in partnership with other organisations or stakeholders? If so, who? What are their roles?
- 9) How integrated into the local community is your ECD intervention? In what ways do you engage the local community? [resource brokers/ community members involved etc.]

Scaling-up

- 10) Do you see your model being reproduced or expanded into new places? What is your approach to scaling up your interventions?
- 11) How do you assess the need for childcare in your area? How do you assess the demand?

General criteria questions.

- 12) How does HCB ICBF meet the needs of children in urban marginalised contexts?
- 13) What needs to be present in an ECD programme for it to be successful in an urban slum/ informal settlement?

Outcomes of the programme.

- 14) What are the major **opportunities** operating in an urban informal settlement?
- 15) What are the major **challenges** of operating in an urban informal settlement?
- 16) How would you assess HCB ICBF's success?
- 17) What areas of operation need additional thinking?
- 18) What do the children enjoy the most about their time at HCB ICBF?
- 19) What do the parents appreciate the most from HCB ICBF?

Other.

- 20) Do you have any additional thoughts that we have not yet discussed?
- 21) Would you be able to recommend anyone else that we can talk to?

2.2 Mobile Creches

ECD Interventions in Urban Informal Settlements and Slums

Interview Guiding Questions

Interviewee Role.

- A. What is your role in this programme?
- B. Since when (and up to when) have you been involved in this programme?

Background information.

- 1) What are the challenges that Mobile Creches wished to address in informal settlements?
- 2) How did the centre-based Day Care Model of Mobile Creches design come about? How does the community-based modality cater for the needs of the beneficiaries?
- 3) Who are the primary actors engaged in the operation of Mobile Creches?

The ECD intervention.

General/ Logistic

- 4) What training and capacity building is available for staff members?
- 5) What are your sources of finance? How sustainable is this method of financing?

Monitoring and evaluation

- 6) Do you evaluate the status of each child when they join your programme (health status, nutritional status, educational status, protected status, etc.)? How do you monitor their status and progress?
- 7) How do you evaluate the performance of your ECD intervention? How often?

Partnerships and networks.

- 8) Do you operate in partnership with other organisations or stakeholders? If so, who? What are their roles?
- 9) How integrated into the local community is your ECD intervention? In what ways do you engage the local community? [resource brokers/ community members involved etc.]

Scaling-up

- 10) Do you see your model being reproduced or expanded into new places? What is your approach to scaling up your interventions?
- 11) How do you assess the need for childcare in your area? How do you assess the demand?

General criteria questions.

- 12) How does Mobile Creches meet the needs of children in urban marginalised contexts?
- 13) What needs to be present in an ECD programme for it to be successful in an urban slum/ informal settlement?

Outcomes of the programme.

- 14) What are the major **opportunities** operating in an urban informal settlement?
- 15) What are the major **challenges** of operating in an urban informal settlement?
- 16) How would you assess Mobile Creches's success?
- 17) What areas of operation need additional thinking?
- 18) What do the children enjoy the most about their time at Mobile Creches?
- 19) What do the parents appreciate the most from Mobile Creches?

Other.

- 20) Do you have any additional thoughts that we have not yet discussed?
- 21) Would you be able to recommend anyone else that we can talk to?

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2.3 Kidogo

ECD Interventions in Urban Informal Settlements and Slums

Interview Guiding Questions

Interviewee Role.

- A. What is your role in this programme?
- B. Since when (and up to when) have you been involved in this programme?

Background information.

- 1) Were there specific challenges that Kidogo wished to address?
- 2) How did the design of the Hubs and Spokes franchising model come about? Were other models considered? If so, why were they rejected? How does this modality cater for the needs of the beneficiaries? Strengths of this model?
- 3) Who are the primary actors engaged in the operation of Kidogo?

The ECD intervention.

General/ Logistic

- 4) What training and capacity building is available for staff members?
- 5) What are your sources of finance? How sustainable is this method of financing?

Monitoring and evaluation

- 6) Do you evaluate the status of each child when they join your programme (health status, nutritional status, educational status, protected status, etc.)? How do you monitor their status and progress?
- 7) How do you evaluate the performance of your ECD intervention? How often?

Partnerships and networks.

- 8) Do you operate in partnership with other organisations or stakeholders? If so, who? What are their roles?
- 9) How integrated into the local community is your ECD intervention? In what ways do you engage the local community? [resource brokers/ community members involved etc.]

Scaling-up

- 10) Do you see your model being reproduced or expanded into new places? What is your approach to scaling up your interventions?
- 11) How do you assess the need for childcare in your area? How do you assess the demand?

General criteria questions.

- 12) How does Kidogo meet the needs of children in urban marginalised contexts?
- 13) What needs to be present in an ECD programme for it to be successful in an urban slum/ informal settlement?

Outcomes of the programme.

- 14) What are the major **opportunities** operating in an urban informal settlement?
- 15) What are the major **challenges** of operating in an urban informal settlement?
- 16) How would you assess Kidogo success?
- 17) What areas of operation need additional thinking?
- 18) What do the children enjoy the most about their time at Kidogo?
- 19) What do the parents appreciate the most from Kidogo?

Other.

- 20) Do you have any additional thoughts that we have not yet discussed?
- 21) Would you be able to recommend anyone else that we can talk to?

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Appendix 3: Interview Guide - ECD Experts

The interview guide used for ECD experts varied from interview to interview, but the central questions were:

- 1) Could you give a brief overview of your background in terms of ECD in the context of urban slums?
- 2) What are some of the specific needs and challenges for young children living in urban slums?
- 3) If it's possible to generalise, how would you describe the current reality of ECD services in slums?
- 4) What needs to be present in an ECD programme for it to be successful in an urban slum? Both in terms of the facilities it has and the services it provides?
- 5) What are some of the challenges of operating ECD services in urban slums?
- 6) What are some of the opportunities or enabling factors for running an ECD centre in urban slums?
- 7) Who are the primary actors involved in providing ECD services in urban slums?
- 8) How would you describe the general role of governments in providing ECD services – this could be at a general level, or Kenya/ India/ Colombia or a country example. What more do governments need to do to ensure the holistic development of its citizens?
- 9) What is the importance of the local community in operating ECD programmes?
- 10) What is needed to improve ECD service provisioning in urban slums?
- 11) In our research we are also interested in how ECD services can be replicated and scaled up, what would you say are the preconditions for scaling up an ECD intervention in slums?
- 12) Another point of interest is financial sustainability, what would you say is necessary for a service to be sustainable?
- 13) Are you aware of organisations operating in urban slums that provide adequate services? [Name].
- 14) Do you have any **additional thoughts** that we have not already discussed?

Appendix 4: Questionnaire

When questionnaires were utilised, the following condensed list of questions were used:

1. What are some of the specific needs and challenges that young children living in urban slums face?
2. How would you describe the general conditions of ECD services in slums?
3. What are the main challenges and opportunities of providing ECD services in urban slums?
4. What needs to be present in an ECD programme for it to be successful in an urban slum? (In terms of facilities available and services offered).
5. What is needed to improve ECD service provisioning in urban slums?
6. Who are the primary actors involved in providing ECD services in urban slums?
What is the role of the government and policy?

Appendix 5: Document Analysis Sources

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Appendix 6: List of Services Provided by Organisations

The following table includes a non-exhaustive list of some of the services offered by the three case study organisations under the domains of the Nurturing Care Framework.

	HCB	Mobile Creches	Kidogo
Good Health	<ul style="list-style-type: none"> Monitors nutritional status of children – regular checks of weight and height Visits from trained nurses 	<ul style="list-style-type: none"> Regular immunisation and health checks 	<ul style="list-style-type: none"> De-worming twice a year Monitoring for malnutrition– measuring upper arm circumference
Adequate Nutrition	<ul style="list-style-type: none"> Three meals a day representing 70% of caloric requirements 	<ul style="list-style-type: none"> Three meals a day and afternoon snacks 	<ul style="list-style-type: none"> Eggs for all children Micronutrient supplements (including Vitamin A)
Security and Safety	<ul style="list-style-type: none"> Protective environment for children 	<ul style="list-style-type: none"> Adequate space 	<ul style="list-style-type: none"> Provides services in designed space for safe and stimulating environment
Opportunities for Early Learning	<ul style="list-style-type: none"> Didactic materials (toys, children’s stories, materials to stimulate body language) 	<ul style="list-style-type: none"> Planned, thematic curriculums and activities (play with toys, building blocks, scribbling on papers) 	<ul style="list-style-type: none"> Play-based learning with fun and engaging activities
Responsive Caregiving	<ul style="list-style-type: none"> Training for community parents Educational talk for parents 	<ul style="list-style-type: none"> Pre-service and on-the-job training for caregivers Education for parents to sensitise them on issues related to children’s development 	<ul style="list-style-type: none"> Pre-service and on-the-job training and mentorship for caregivers Parents engaged for healthy practices and learning for children



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