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**UNPRPD R2 – PHASE 2 SUPPORT**

**13 months**

**Model of Inclusive Childcare and Attention for Children with Disabilities from Early Childcare Facilities Program to Support Working Mothers, Mexico**

**United Nations Development Program (UNDP) –**

**World Health Organization (WHO)/Pan American Health Organization (PAHO)**

# PART 1. CONCEPT NOTE

## Background

Max 1000 words (**956**)

*Please describe briefly the challenges that were meant to be addressed by the project and the work carried out by from inception to date.*

Early evaluation and diagnosis are key to provide an adequate and inclusive care for children with disabilities; according to UNICEF, the earlier children with disabilities receive proper care and, thus, have the opportunity to interact with their peers, the greater the benefits throughout their lives (UNICEF, 2013). Regrettably, the Economic Commission for Latin America and the Caribbean has observed that, generally, educational establishments are unavailable, lack adequate facilities and do not provide students with disabilities the necessary adjustments or assistance tools. This is relevant mainly because children with disabilities have greater risks of being excluded or discriminated throughout their lives, especially when disability is combined with other exclusion factors.

Mexico, like many other countries, still faces important challenges regarding inclusion of children with disabilities. In Mexico, 29% of children between 2 and 9 years old, have or are susceptible to experience developmental disabilities if they don´t receive proper attention/care. This means that 5,346,600 Mexican children need a diagnosis and evaluation to determine which intervention should be implemented. Currently, the number of these children which are beneficiaries from an early attention program or a child care model, before attending preschool or elementary school courses, is unknown. Available data reveals that the first symptoms of educational lags and inequity start to show at three years old: while 47.8% of 3-year-old children without disabilities attend school, only 36.8% of 3-year-old children with disabilities attend school. These restrictions to access inclusive educational models have also led to the fact that 46.1% and 60.5% of the boys and girls with disabilities do not know how to read or write; as well as to the fact that 54.5% of persons with disabilities have not concluded elementary school.

Moreover, in Mexico, the prevailing public offer of early childhood programs is fragmented, lacks coherence and is characterized by a lack of information regarding attended population and the different modalities of attention offered; all of which lead to an absence of an integrated national policy for early attention of children with disabilities. This absence should be an important concern, considering the fact that an increasing number of evidence suggests that childcare facilities, which offer quality services, have the potential to improve significantly the present and future situation of vulnerable children. Such quality is difficult to assess and assure if the target population, the level of coverage of the diverse attention modalities, and the scope of the prevailing early childhood public programs are unknown.

Early Childcare Facilities Program to Support Working Mothers (PEI, for its acronym in Spanish) from the Social Development Ministry (SEDESOL, for its acronym in Spanish) is part of the universe of Mexican public programs for early childhood attention and has as its prime objective to improve the conditions to access and stay on the labor market of mothers, single fathers and tutors that work, seek a job or study, by providing access to childcare services and attention. These services are provided to children with and without disabilities from families whose income is below the Poverty Line. Currently, almost 330,000 children are beneficiaries from this program. Secondary sources of information conclude that this program is the attention modality that receives more children with disabilities, approximately 5,500.

According to data from the Ten Questions Screen for Childhood Disabilities the proportion of PEI´s beneficiaries with a potential disability could be over 30.9%. To adequately respond to the needs of children attending programs for early childhood attention (such as PEI), caregivers’ level of knowledge and abilities is crucial. However, evidence shows that even though PEI´s personal possess capacities to attend children, in many cases warning signs (which may point to detours from children development patterns or even to a disability) are overlooked. Hence, there is a generalized demand for capacity building, especially in terms of promoting integral childhood development.

United Nations Development Program (UNDP), as the lead agency, coordinated with PAHO/WHO and UNICEF, from 2015 and 2017, the design and implementation of the pilot project *Model of Inclusive Childcare and Attention for Children with Disabilities from the Early Childcare Facilities Program to Support Working Mothers* (MACI, for its acronym in Spanish). Its main aim was to strengthen (institutionally) Early Childcare Facilities program by improving the quality of attention and care provided to children with disabilities.

During the first phase of the project the workshop *“Development of inclusive environments for children in Early Childcare Facilities”*, was implemented for a sample of 405 Early Childcare Facilities (ECF) from nine Southern Mexican States (5 – 16 December 2016). 86.9% of ECF directors attended the workshop obtaining positive impact results. Additionally, during April and March 2017, UNDP and PAHO/WHO designed and implemented a new workshop with the 350 ECF directors that had already participated in December’s 2016 capacity building plan. This additional eight hours workshop allowed a reinforcement of the abilities and knowledge previously acquired.

Between 2016 and 2017, a longitudinal analysis considering children attending ECF, their families as well as ECF directors and caregivers, was carried out with the aim of elaborating a semi-experimental impact evaluation of the pilot project. The evaluation showed significant results regarding integral childhood development, levels of inclusion, schooling expectations for children with disabilities and knowledge and inclusive practices from ECF directors, among others.

In light of these positive results and with the aim of scaling up the program to a greater number of ECF in the country, during July 2017 an agreement with the SEDESOL was signed so as to extend the capacity building strategy for 5,880 ECF directors from 19 additional Mexican States; SEDESOL invested approximately 372,260.5 USD for this end.

Expenditures and staff-time contribution

*Please provide a description of the total project expenditures to date broken down by outcome using the table format provided below.*

### Table 1. Expenditures

| **Outcome** | **UNPRPD funds spent to date** | **Other funds spent to date\*** |
| --- | --- | --- |
| 1.- Design of normative frames and guidelines regarding accessibility of the facilities and protocols for inclusive attention and care, based on a diagnosis of kinds and degrees of disability. | 3,500.00 USD | Mexican Social Development Ministry - $372,260.50 USD (considering the Exchange Rate from July, 2017):   * Adjustment of didactic tools, impression of 6,500 copies (for each tool) as well as distribution among 19 states (62 training localities) - $115,556.21 * Recruitment and training of trainers - $83,337.09 * Capacity building strategy for 5,880 ECF directors, workshops’ in-field supervision - $139,010.99 * Report: implementation, results evaluation from the scaling-up phase and public policy recommendations -  $34,356.21 |
| 2.- Retrieve information and procedures about reallocation/referencing to public and private programs of rehabilitation and habilitation in the communities. | 67,500.00 USD |  |
| 3.- Design of capacity building plan for Early Childcare Facilities personnel regarding the differentiated care for different degrees and types of children disabilities. | 130,000.00 USD |  |
| 4.- Implementation of the pilot program and a monitoring and evaluation system | 149,000.00 USD |  |

*\* Please indicate source.*

*\*\* Please include only staff time not paid for by the project. For Fixed Term positions refer to proforma cost.*

## 3. Results

*Please describe the results achieved by the projects using the table format provided below. Kindly note that the following definition of “success” applies for the purposes of this submission:*

*Success is an instance of outcome-level transformation, which has started to produce an impact or can be credibly expected to do so in the foreseeable future. This transformation has been achieved through the meaningful participation of persons with disabilities or has clear potential to enable such participation in the future.*

*More specifically:*

1. *An “outcome-level transformation” is the short-term and medium-term effect of an intervention’s outputs, typically requiring the active participation of external partners beyond the organizations directly implementing a project.  Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact. These changes can be of different nature: economic, socio-cultural, institutional, environmental, technological or of other types.*
2. *An “impact” is an observable change in the conditions of life of identifiable population groups. This change amounts to the further realization of a right enshrined in internationally-agreed human rights instruments.*
3. *The “meaningful participation of persons with disabilities” is an engagement modality in which persons with disabilities are not passive recipients of assistance but right-holders and agents.  The meaningful participation of persons with disabilities takes place when persons with disabilities are enabled to actively shape the material conditions of their life and influence the policy decisions that affect them.*

*Please use a separate table for each result you would like to highlight.*

**Table 2. Results**

| **Heading** |
| --- |
| 1. **Design of normative frames and guidelines regarding accessibility of the facilities and protocols for inclusive attention and care, based on a diagnosis of kinds and degrees of disability.** |
| **Outcome-level transformation** |
| Three didactic tools have been designed:   1. *Model of inclusive childcare and attention*: a theoretical-practical guidebook about the Model. It contains the protocol of attention for seven types of disabilities and two types of developmental alterations (communication and epilepsy/seizures, which in fact is a disease). 2. The *Didactic activity book* *for inclusion* presents practices based on the regular activities performed by children in the childcare facilities.   At the end of the didactic activity book for inclusion, for each of the eight types of disability or development alteration (epilepsy is not included), there are some tips so that all children can participate with the appropriate adjustments and support in the planned activities in an inclusive way into the childcare facilities.   1. The Workbook for information exchange between childcare facilities, families and specialists is a personal/individual instrument for the child with disability. It is distributed to parents / primary caregivers and offers simple home advices and suggestions to bring adequate attention and care for each type of disability. |
| **Impact –** |
| Existence and implementation of normative frames on physical accessibility, and improvement in inclusive attention and care: 350 childcare facilities directors attended the workshop and are currently implementing the integral Model *of inclusive childcare and attention* (MACI, for its acronym in Spanish); which offers a self-assessment matrix with orientation for adjustments and support for children with disabilities to be able to perform fully in the Childcare Facilities in each moment of the day (filters of entrance and exit, hygiene and personal arrangement, feeding, development activities, sleep and rest) and areas of experience (knowledge and self-care, participatory interaction with the social environment, Interaction and care of the physical environment, thought/cognition, language and creativity). |
| **Meaningful participation –** |
| First, a workshop where over 21 civil society organizations who provide attention to different types of disabilities participated, was developed to determine and define the scope of the project; more specifically, the *Protocol for inclusive attention and care* was elaborated with the collaboration and validation of México’s Coalition for the rights of persons with disabilities (COAMEX, for its acronym in Spanish). The workshop took place in Mexico´s United Nations Headquarters, this building complies with accessibility measures for persons with disabilities such as ramps, elevators and rest rooms; all of which facilitate the access to persons with disabilities.  Additionally, didactic tools developed were constantly revised by three ECF directors who had in their family and/or in their childcare facilities at least one person with disability. |
| **Means of verification –** |
| Diagnosis of the degrees and types of disabilities (UNDP, Dec. 2015);  Standards of accessibility (UNDP, Dec. 2015);  Protocol for inclusive attention and care (UNDP, Dec. 2015);  Services directory of rehabilitation/habilitation (PAHO/WHO, Feb. 2016);  Protocol for case reallocation (PAHO/WHO, Feb. 2016);  Training program for families (PAHO/WHO, Feb. 2016);  *Model of inclusive childcare and attention*  *Didactic activity book* *for inclusion*  The Workbook for information exchange between childcare facilities, families and specialists  *Preliminary Results Report*. Pilot project for capacity building: childcare facilities directors satisfaction and feedback survey regarding the workshop “Development of inclusive environments for children in Early Childcare Facilities”, march 2017;  *Impact Evaluation Report*: Model of Inclusive Childcare and Attention for Children with Disabilities from Early Childcare Facilities Program to Support Working Mothers, December 2017. It is worth highlighting that even though the evaluation was developed internally, a diversity of mechanisms was used to guarantee it´s transparency and validity; these mechanisms are described throughout the report. |

| **Heading** |
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| 1. **Retrieve information and procedures about reallocation/referencing to public and private programs of rehabilitation and habilitation in the communities.** |
| **Outcome-level transformation –** |
| The collaboration with a new partner in the project began in early 2016: the General Direction of Rehabilitation (DGRI) of the National System for the Integral Development of Families (SNDIF) aimed at identifying human resources (response capacity) within the institutions that receive and provide specialized assistance to children with disabilities.  The collaboration with General Direction of Rehabilitation (DGRI) allowed to validate a directory of more than 1,500 centers of rehabilitation and basic rehabilitation units spread throughout the Mexican territory. Moreover, the creation of a mechanism for referencing and counter referencing to access services of public rehabilitation was designed using a specific format included within the MACI. The process of reference and counter reference and the creation of local networks for Community Based Rehabilitation (RBC) is part of the training plan for early childcare facilities directors. Guidelines and mechanisms were validated by the General Directorate of Rehabilitation (federal level) just after being piloted in the State’s Coordination of Yucatan and Campeche (local level).  The training program for families of children with disabilities has been designed to allow tailoring according to context and specific needs. Childcare facilities directors are using the Workbook for information exchange between childcare facilities, families and specialists. |
| **Impact** |
| Implementation and improvement of case reallocation (in 350 childcare facilities). The *Model of inclusive childcare and attention* offers a protocol of case reallocation, a directory of more than 1,500 rehabilitation centers, and basic rehabilitation units spread throughout the territory. It also offers tools to establish formal referral and counter referral networks with other specialized organizations. |
| **Meaningful participation** |
| First, a workshop where over 21 civil society organizations who provide attention to different types of disabilities participated, was developed to determine and define the scope of the project; more specifically, the *Protocol for inclusive attention and care* was elaborated with the collaboration and validation of México’s Coalition for the rights of persons with disabilities (COAMEX, for its acronym in Spanish).  Additionally, didactic tools developed were constantly revised by three ECF directors who had in their family somebody with a certain type of disability. |
| **Means of verification –** |
| * Directory of more than 1,500 centers of rehabilitation and basic rehabilitation units spread throughout the Mexican territory, validated by DIF Rehabilitation and included in the MACI. * Format suggestion is offered setting up formal referral and counter-referral systems for children with developmental disorder or possible disability risks to receive specialized external care in DIF Rehabilitation or other specialized organizations (annex from the model). * In a pilot way, DIF Rehabilitation of the state of Veracruz is systematizing the information of children with disabilities coming from childcare facilities of SEDESOL. 14 girls and 23 boys under 4 years of age have been receiving follow-up through the Educational Inclusion Program of the Center for Rehabilitation and Social Inclusion of Veracruz (CRISVer). The CRISVer is preparing a proposal to improve referral and counter-referral schemes as well as provide a specific and official ID for the set of children with disabilities of SEDESOL childcare facilities. Currently, CRISVer is offering several work areas with SEDESOL that could be scaled-up in other states:   1. Perform the screening of the targeted population -children identified with a developmental delay- to define an individualized intervention plan in collaboration with childcare facilities.  2. After a developmental evaluation, confirm and/or issue certificates that will be the basis of the credentialing.  3. Design the individualized plans for early intervention/educational inclusion with the accompaniment and training of parents/primary caregivers.  4. Train state actors of the PEI in the Human Rights of Persons with Disabilities area.  5. Monitor and evaluate the results obtained through the intervention.   * Preliminary Results Report. Pilot project for capacity building: childcare facilities directors satisfaction and feedback survey regarding the workshop “Development of inclusive environments for children in Early Childcare Facilities”, march 2017. * Impact Evaluation Report: Model of Inclusive Childcare and Attention for Children with Disabilities from Early Childcare Facilities Program to Support Working Mothers, December 2017. It is worth highlighting that even though the evaluation was developed internally, a diversity of mechanisms was used to guarantee it´s transparency and validity; these mechanisms are described throughout the report. |
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| **Heading** |
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| 1. **Design of capacity building plan for Early Childcare Facilities personnel regarding the differentiated care for different degrees and types of children disabilities.** |
| **Outcome-level transformation** |
| In February 2016, UNICEF lead the preliminary course curricula development. A consensus was reached with government counterparts about the duration of the course, the implementation logistics and the content.  The course was designed for a group of 30 trainers (staff from the government counterpart, trainers themselves), who would then trickle it down to the staff of childcare facilities.  The 24-hours capacity building pilot plan was implemented on August 3, 4 and 5 for:   * 16 SNDIF national supervisors and trainers; * 14 SNDIF local supervisors and trainers from the nine states of the sample that will be replicating the capacity building plan; * 4 members of the SNDIF Rehabilitation Services; * 2 SEDESOL members in charge of national’s training plans;   At the end of the training, an internal evaluation designed by UNDP was conducted with the participants in order to identify areas for improvement within the plan.  On August 11 UNDP coordinated a feedback meeting with 6 SNDIF national supervisors and trainers to improve the quality of the capacity building pilot plan.  The national NGO COAMEX (Coalition for The Rights of People with disabilities) was hired to facilitate a second workshop for SNDIF replicators / trainers. The second round and final workshop to SNDIF’s trainers took place on October 18, 19 and 20.  Finally, UNDP lead the new design of the capacity building plan called “Development of inclusive environments for children in Early Childcare Facilities” (24 hours) which includes six teaching areas and activities within the curriculum design:  **UNIT I. 3D\*\* Inclusion: Diversity, Human Rights and Early Childhood Development**  **UNIT II. Tools for the assessment of early childhood development.**  **UNIT III. Changes to facilities to promote the full participation and development of children with disabilities.**  **UNIT IV. Weekly Activity Plan for Development: attention and inclusive care of children with disabilities**  **UNIT V. Working Strategy with Families**  **UNIT VI. Networking and Support Networks** |
| **Impact** |
| The pilot training scaled-up from 50 to a sample of 405 early childcare facilities, in nine states of southern Mexico. This pilot training started since December 2016 with the effective participation of 350 early childcare facilities Directors. The three didactic tools designed by the project (*Model of inclusive childcare and attention*, *Didactic activity book* for inclusion and *Workbook for information exchange between childcare facilities, families and specialists*) were distributed and implemented in each of the 350 early childcare facilities that attended the capacity building plan. A survey focused on the workshop participants showed a high degree of satisfaction with the capacity building plan as well as with the three didactical tools of the project (see: <http://bit.ly/2ndw6gJ>) . |
| **Meaningful participation** |
| The *Protocol for inclusive attention and care* was elaborated with the collaboration and validation of México’s Coalition for the rights of persons with disabilities (COAMEX, for its acronym in Spanish).  Additionally, didactic tools developed were constantly revised by three ECF directors who are also parents of children with disabilities. |
| **Means of verification** |
| * Model of inclusive childcare and attention (<http://www.mx.undp.org/content/mexico/es/home/library/poverty/guia-practica-para-responsables-y-asistentes.html>) * Didactic activity book for inclusion (<http://www.mx.undp.org/content/mexico/es/home/library/poverty/guia-practica-para-responsables-y-asistentes.html>) * Workbook for information exchange between childcare facilities, families and specialists (<http://www.mx.undp.org/content/mexico/es/home/library/poverty/guia-practica-para-responsables-y-asistentes.html>) * Preliminary Results Report. Pilot project for capacity building: childcare facilities directors satisfaction and feedback survey regarding the workshop “Development of inclusive environments for children in Early Childcare Facilities”, march 2017. * Impact Evaluation Report: Model of Inclusive Childcare and Attention for Children with Disabilities from Early Childcare Facilities Program to Support Working Mothers, December 2017. It is worth highlighting that even though the evaluation was developed internally, a diversity of mechanisms was used to guarantee it´s transparency and validity; these mechanisms are described throughout the report. |

| **Heading** |
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| **4. Implementation of the pilot program and a monitoring and evaluation system** |
| **Outcome-level transformation** |
| The 24 hours workshop was planned to reach 405 early childcare facilities between December 15, and December 16, 2016; 350 childcare facilities directors attended the workshop (86.4%). PAHO/WHO and UNDP jointly contributed to the implementation and supervision of the workshop in 12 out of the 14 regional centers of the 9 South-Southeast states: Campeche, Chiapas (2), Guerrero (2), Oaxaca, Puebla, Quintana Roo (2), Tabasco, Veracruz (3) and Yucatán (1).  By March 2017, UNDP and PAHO/WHO designed and implemented a new workshop with the 350 childcare facilities directors that have already participated in the December’s 2016 capacity building plan. This additional 8 hours workshop, called *Systematization of best practices for the development of inclusive environments in Early Childcare Facilities,* allowed a reinforcement of abilities and knowledge. Using UNPD’s methodology, four areas of systematization were explored:   * Child development assessment and early detection * Accessibility and reasonable accommodation * Inclusive educational planning * Family and specialized community networks   Before implementing this new knowledge management workshop, an online survey was designed and applied online by UNDP in order to evaluate the satisfaction of the 350 childcare facilities directors about the inclusion workshop; collect their feedback; made adjustments to the three project’s tools and start identifying best practices. In addition, 303 childcare facilities directors (86% of the 350 invited) took the best practices workshop and as a result a report on best practices for inclusion has been designed.  Implementation of the pilot program has been successful; quantitative and qualitative impact results have been detected in the self-perception of childcare facilities directors on their abilities, knowledge and practices for inclusion.  Additionally, two aspects are worth to highlight:   * first, the fact that 93% of the workshops’ participants were women; and * secondly, the fact that the nine chosen states, where the program was implemented, were selected to give priority to communities with higher proportion of rural facilities, as well as higher proportion of beneficiaries in situation of extreme poverty, and indigenous population. |
| **Impact** |
| To evaluate the impact of the pilot project, information on children with disabilities, parents and caregivers was collected in the nine Southern Mexican States where childcare facilities directors have been exposed to the UNPRPD project (treatment group). The control group included caregivers, children with disabilities and their parents in 19 Mexican States (control group) of the center and the North of the country. The natural children attrition/desertion rate within the Ministry of Social Development Childcare program (PEI) summed to the replacement by SNDIF of Childcare Facilities selected to be part of the treatment group have significantly reduced the statistical power of the sample. However, data has demonstrated a positive impact of the project in a large range of variables (presented in the impact indicators matrix below) such as: child with disability development, child with disability improvement on key development aspects, child with disability inclusion, child with disability independence and self-care, as well as abilities of directors, caregivers of childcare facilities and parents.  Regarding the final impacts of the project, the semi-experimental evaluation demonstrates that:   * According to caregivers’ perception, the project had an impact of 11 pp over the Integral Child Development Index. * The level of inclusion of children with disabilities also increased significantly (9.6 pp). * The project had an impact of 9.6 pp over parents and primary caregivers will to enroll their children with disabilities in the regular education system after concluding their formative stages in the Early Childcare Facility. |
| **Meaningful participation** |
| The *programme of the workshop* was elaborated with the collaboration and validation of México’s Coalition for the rights of persons with disabilities (COAMEX, for its acronym in Spanish).  Additionally, didactic tools developed were constantly revised by three ECF directors who are also parents of children with disabilities. |
| **Means of verification** |
| * Best practices workshop * End of Project Report * Preliminary Results Report. Pilot project for capacity building: childcare facilities directors satisfaction and feedback survey regarding the workshop “Development of inclusive environments for children in Early Childcare Facilities”, March 2017. * Impact Evaluation Report: Model of Inclusive Childcare and Attention for Children with Disabilities from Early Childcare Facilities Program to Support Working Mothers, December 2017. It is worth highlighting that even though the evaluation was developed internally, a diversity of mechanisms was used to guarantee its transparency and validity; these mechanisms are described throughout the report. |

\* *Please provide sex disaggregation here in the reporting of results, as relevant. Also please highlight key outcomes and impact on advancing the rights of women and girls with disabilities.*

## Proposed way forward

Max 1500 words

*Please provide an indication of the results that the project intends to take forward and a description of work that would be carried out, should Phase 2 support be granted. For each of the results that the project wishes to build on, kindly articulate how the proposed work would result in:*

* *Consolidation of the results achieved so far;*
* *Scaling-up of the results (please refer for this Annex 3 of the UNPRPD Strategic and Operational Framework);*
* *Sustainability of the results - please refer in this context also to the following:* 
  + *Opportunities for cost-sharing and further resource mobilization;*
  + *Government commitments to take forward the work initiated by the project including by bearing the relevant financial implications;*
* *Please also incorporate a gender inclusive approach throughout the proposed way forward.*

Results from the impact evaluation show that the project had positive significant impacts and fulfilled its objectives. Additionally, significant positive changes were observed in the level of knowledge and abilities of ECF directors and caregivers to attend disabilities. However, in order to ensure greater and relevant changes in ECF caregivers, they need to receive training and orientation personally.

ECF directors have expressed the need to train their caregivers. 91.9% of the directors would be supportive that their caregivers continue to be trained. Likewise, 97% of them agree that caregivers should receive on-line training regarding childhood development.

The second phase of the project, which is being submitted by UNDP and WHO/PAHO as implementing agencies, and which will work jointly (mainly) with SEDESOL and DPOS, seeks to attend the existing demand for training on inclusion topics, as well as to having a coherent and integral offer of early childhood programs to attend children with disabilities. To do so, this phase will be divided in two components:

* The first one aims to guarantee the continuity and implementation of the practices and skills acquired by ECF directors through the direct training of ECF caregivers. It is relevant to mention that caregivers have direct contact with children attending ECF and thus the quality of the attention they give is fundamental for achieving an effective inclusion of children with disabilities.
* The second one, taking as a starting point recommendations emerged from the impact evaluation, aims at identifying a pathway for the creation of a national policy of early intervention for children with disabilities, including an in depth analysis of challenges.

The **first component** seeks to strengthen the results from MACI by training ECF caregivers and, hence, improving Childcare Facilities’ attention and inclusion schemes for children with disabilities.

This component will be carried out as a pilot experiment where 1,242 ECF caregivers from 5 Mexican states (Colima, Michoacán, Querétaro, San Luis Potosí and Guanajuato) will be trained with two differentiated treatments to determine the most efficient intervention (regarding costs and impacts). The first Treatment Group (TG) will comprise 621 caregivers (from 311 Childcare Facilities) which will receive 5 hours of instructor-led training and 24 hours of on-line training; the second TG will comprise another 621 caregivers (from 311 Childcare Facilities) which will only receive 24 hours of on-line training. Additionally, a Control Group (CG) of 621 ECF where caregivers received no training at all will be followed in order to study the impact of both interventions.

The first component will be carried out during 13 months considering the following stages:

**Stage 1.** During the first stage the development of audiovisual and virtual pedagogic contents will be carried out, using the following tools:

* Model of Inclusive Childcare and Attention for Children with Disabilities for Early Childcare Facilities Program to Support Working Mothers, Practical guide for childcare facilities directors
* Didactic activity book for inclusion
* Travel notebook for home games and activities

Contents should be adapted to address characteristics and labor conditions of caregivers, which have different shores and responsibilities and thus face different issues when dealing with children with disabilities.

Products developed during the second component should be used to develop an additional module of pedagogic contents that addresses the main needs and challenges identified for the different stakeholders of the universe of public programs for early childhood attention. This will allow to replicate the courses beyond SEDESOL’s ECF.

Disabled People’s Organizations (DPO’s) should either develop these pedagogic contents or work closely with the developing team providing advice and validation. DPO’s should also participate actively in the elaboration of didactic tools such as videos.

Additionally, throughout this stage courses should be translated into digital contents, and then into a digital platform, taking into consideration that this platform should be accessible for persons with disabilities.

**Stage 2.** The profile of the trainers will be defined, afterwards vacancies will be published. From the contender potential trainers three will be selected, they will, then, be in charge of trickling down the instructor-led training to the selected caregivers. Trainers will be trained by UN participating agencies personal in Mexico City (8 hours workshop).

**Stage 3.** SEDESOL will carry out the in-field data collection for the impact evaluation’s baseline. It is important to consider that this baseline shall be collected for three different groups distributed in the 5 five selected states:

* TG 1: 621 caregivers which will receive instructor-led and on-line training.
* TG 2: 621 caregivers which will only receive on-line training.
* CG: 621 ECF where no training will be carried out.

The allocation of caregivers in the 3 groups will be done with randomized techniques to guarantee an adequate experimental design and therefore assure its internal and external validity.

Data collected should allow the construction of key impact indicators regarding caregivers’ practices and skills to promote inclusive environments for children with disabilities in ECF.

Pre- and post-intervention surveys will be carried out, to identify the perceived changes in caregivers’ skills, knowledge levels and attitude towards children with disabilities; as well as their level of satisfaction with the capacity building strategies. Surveys will be an important tool not only to evaluate the strategy but also to identify the needed adjustments for scaling up successfully this second phase.

**Stage 4.** In order to test the instructor-led training model and to receive feedback of its contents, a pilot training will be developed for a sample of SEDESOL’s personnel, National System for Integral Family Development’s personnel (SNDIF, for its acronym in Spanish) and possibly other strategic partners.

Pedagogic contents and virtual platform shall be adjusted with the identified lessons from this pilot.

**Stage 5.** Throughout this stage all the logistics processes to develop the instructor-led training, in over 19 locations provided by SEDESOL within the 5 selected states, will be carried out. These processes should consider the elaboration of a schedule for a staggered training.

**Stage 6.** Instructor-led training consists of a five hours introductory workshop for caregivers from TG 1, 3 trainers will be in charge of developing this training.

UN participating agencies’ personnel will supervise those workshops, guaranteeing homogeneity and quality among them.

**Stage 7.** On-line training consists of a 24 hours course which will be available for all the caregivers in TG 1 and 2. Each caregiver will have 8 weeks to complete the course, its corresponding evaluations and to receive a participation diploma. On average, each caregiver should assign three hours weekly to complete the course.

Each course module will contain the following elements:

* Webinar
* Theoretic resources
* Didactic activities
* On-line forum
* Evaluation

For this stage, caregivers will receive advice and guidance by a group of on-line advisors.

**Stage 8.** Throughout this stage SEDESOL will carry out the post-intervention data collection. This data should be gathered for the three groups (treatment 1, treatment 2 and control). Afterwards, we will elaborate statistical analysis and evaluate the results of the intervention.

**Stage 9.** The products generated in previous stages will provide information to elaborate the impact evaluation, which will present evidence over the effects of the project.

The impact evaluation must have a rigorous methodology, with differentiated results for each treatment group.

Once this phase is finished, the following elements will be in place for the scaling-up strategy:

* Tools and materials adjusted for the target population.
* The most efficient strategy, regarding costs and impact, to build capacity and skills in terms of early integral childhood development.

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The second component seeks to develop a diagnosis that considers the complexity of the Mexican landscape regarding early childhood attention, given the diversity of attention modalities, the fragmentation of the models and the absence of an integrated national policy for early attention of children with disabilities. This diagnosis should lead to public policy recommendations for the creation of an integral national policy for early attention of children with disabilities.

The second component will be developed throughout 5 months, considering the following stages:

**Stage 1.** Methodology for the diagnosis will be established, considering that it should have quantitative as well as qualitative elements. Additionally, throughout this stage all the logistic processes that will allow to develop the diagnosis should be done, for example:

* Development of a working plan
* Development of an activities schedule
* Field research planning
* Documentary research planning

**Stage 2.** Documentary research.For this stage access to up-dated information regarding beneficiary records for each early childhood attention modalities, including disaggregated data by type and degree of disability and sex (among others) as well as financial information, coverage data and potential demand for the offered services, will be needed.

**Stage 3.** The qualitative analysis of the study will be developed, using the following methods (field research):

* Interviews: with stakeholders from each of the attention modalities (policy makers, researchers, caregivers, family members, DPO’s, etc.)
* Field observation: mainly from the processes carried out in each of the modalities of attention to attend children with disabilities.

Both methods should be complementary and will be developed by using standardized instruments.

Additionally, a workshop with DPO’s and organization of children with disabilities’ parents, will be carried out to discuss:

* The main challenges and opportunity areas regarding the different modalities for early attention of children with disabilities; and
* Public policy recommendations, to create a national policy for early attention of children with disabilities which is aligned to the observations from the Convention on the Rights of Persons with Disabilities.

**Stage 4.** Having finished the research, results will be compiled in order to analyze variables (depending on availability of information) such as:

* Governance and levels of centralization of early childhood attention programs for children with disabilities;
* Public investment and expenditures, with disaggregated data for early childhood attention for children with disabilities;
* Potential demand and coverage of early childhood attention services, including those for children with disabilities;
* Early detection and disability assessment systems in the country;
* Participation and role of Organizations of Persons with Disabilities in the implementation of disability related policies in particular early childhood;
* Minimum standards to assure the quality of early childcare attention models;
* Focalization criteria for the target population, including those for children with disabilities;
* The types and levels of disaggregation from beneficiaries’ records including variables such as age, type and level of disability, sex and ethnicity (among others).
* Methods and protocols used for the inclusion of children with disabilities;
* Skills, specialization and knowledge of personnel and child caregivers, as well as requirements and methods regarding inclusive attention.
* Interaction and connections among children, families, attention centers and external specialists;
* Analysis of multiple elements of discrimination hindering vulnerable children from access to early childhood services.

**Stage 5.** A final report from the diagnosis, which should consider at least the following components, will be elaborated:

* Current landscape of early childhood attention for children with disabilities in Mexico.
* Challenges and weaknesses regarding childhood attention for children with disabilities in Mexico.
* Public policy recommendations, especially to create a national policy for early attention of children with disabilities which is aligned to the observations from the Convention on the Rights of Persons with Disabilities.

DPO´s will be invited to participate in the process of validating this report.

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In order to develop both project components, the participation of some governmental entities, such as the SEDESOL and SNDIF will be essential; especially considering that in this phase there will be a follow-up from the capacity building strategy with SEDESOL’s ECF. These collaborations should provide:

* Up-dated and detailed data regarding ECF beneficiaries’ records;
* Contact with childhood attention modalities stakeholders;
* Localities for the instructor-led training;
* Arrangements to invite caregivers to participate on the project, seeking to achieve a high rate of participation.

As a consequence of the positive results of the first phase, SEDESOL offered to finance the scaling-up of the project to reach ECF from 19 additional states, furthermore the Ministry could potentially finance the capacity building strategy of ECF directors from the missing states as well as of SEDESOL and SNDIF’s inspectors (negotiations to that regard are currently taking place).

Considering the above and the fact that for this second phase the main national partner will be SEDESOL, it is expected that if results are satisfactory, they may evaluate the possibility of financing the scaling-up of the second phase, so as to reach a greater number of caregivers. Additionally, the diagnosis from the second component will contribute to SEDESOL´s strategy for promoting early childhood attention policies, specifically for children with disabilities.

Meaningful participation of persons with disabilities throughout the project will be assured by:

1. The participation of DPO´s on the process of developing and validating audiovisual and virtual pedagogic contents for the first component.
2. A workshop with DPO’s and organizations of children with disabilities’ parents) as part of the qualitative analysis of the second component.
3. The participation of DPO’s on the validation of the final report from the diagnosis of the second component.

The gender based approach will be integrated in the proposal in the following ways:

* 1. Target population from the first component are ECF caregivers, which are mainly women;
  2. Caregivers’ skills and abilities will increase and hence their probabilities of having better labor options in and outside ECF improve (due to the acquired capabilities and experience regarding early childcare attention)
  3. Using sex disaggregated data as a starting point will allow to identify whether gender differentiated attention is given to girls and boys with disabilities and to propose actions to mitigate these biases.[[1]](#footnote-1)
  4. Ensuring that all the pedagogic contents for the capacity building strategy are developed with gender perspective:
     + A gender perspective module could be added, in order to avoid the reproduction of gender stereotypes or discrimination within ECF
     + Activities and tools for working with families should have an emphasis on the role that fathers and mothers should play in order to ensure the integral development of their children, avoiding gender stereotypes or discrimination.

1. This analysis should also be done for ethnic children, that is, to identify whether differentiated attention is given to ethnic or non-ethnic children with disabilities and to propose actions to mitigate these biases. [↑](#footnote-ref-1)