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**Facing the Challenge of
Defining Early Childhood
Development Models that can
be Scaled Up**

Ensuring a Supportive Policy Environment

by Agnes Akosua Aidoo

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THE THIRD AFRICAN INTERNATIONAL CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT (ECD)

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***Theme*: "Moving Early Childhood Development Forward in Africa"**

ENSURING A SUPPORTIVE POLICY ENVIRONMENT

**Agnes Akosua Aidoo, Ph.D.
Consultant**

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I. INTRODUCTION

> *"We recognize that the future of Africa lies with the well being of its children and youth. The prospect of socio-economic transformation of the continent rests with investing in the young people of the continent. Today's investment in children is tomorrow's peace, stability, security, democracy and sustainable development".*
>
> 'Africa Fit for Children': The African Common Position (May 2001), para. 6

African governments have expressed a strong desire to see children grow in changed circumstances. They concluded the October 2001 NEPAD Framework Document with: "*In fulfilling its promise, the New Partnership for Africa's Development must give hope to the emaciated African child that the 21st century is Africa's century*" (NEPAD Document, October 2001, para. 205). The achievement of this vision must start with the young child.

Early childhood development (ECD) is the foundation of human development, human capital formation, economic growth and social progress. Its vision, policies and programmes must be an integral part of any development effort and the pursuit of human rights. The theme of the Third African International Conference on Early Childhood Development "Moving Early Childhood Development Forward in Africa" recognizes that Africa has made some good beginnings. What is needed is accelerated and steady progress through clear policies and investments so that **all** children in the region can have the best start in life to reach their full potential.

Nearly all countries in sub-Saharan Africa (SSA) have developed and implemented various forms of sectoral ECD activities for the past four or five decades. All countries have health interventions to protect infants and young children from childhood diseases. Many countries have preschool programmes paid mostly by parents or sponsored by local and international organizations. These early childhood activities have helped many children, especially as they enter the school system. However, most of the programmes face challenges of low quality, inequitable distribution and inadequate resources.

A few countries have now developed or are in the process of developing specific national policies on ECD. The policies seek to integrate the various sectoral activities in a holistic framework. The integrated approach aims at the all-round or holistic development of the child. It encompasses health, nutrition, water and sanitation, care, stimulation, learning, social protection, and family and community empowerment so that children can develop to their fullest potential.

The time is opportune to expand and accelerate this policy process and to move holistic ECD forward as a central focus in Africa's development. African States have made many commitments to reinvigorate the development of their people and countries. They have committed themselves to promote human rights, starting with the rights of children, to reduce poverty and to enhance quality human development. The key commitments made by the governments include their adoption of the Convention on the Rights of the Child (CRC), African Charter on the Rights and Welfare of the Child (ACRWC), Convention on the

Elimination of All Forms of Discrimination Against Women (CEDAW), World Declaration on Education For All (EFA), Poverty Reduction Strategies (PRS), the Millennium Development Goals (MDGs) and NEPAD.

This paper suggests that there is a critical link between the best early development of Africa's children and the successful implementation of the above commitments. The international and regional commitments also provide a conducive environment for governments to focus greater attention on young children and their families as the foundation of Africa's societies. A focus on the young child and holistic ECD provides a real chance for sustainable human development, economic growth, social change and transformation in Africa. To that end, countries need to develop ECD policies which will guide strategic decision-making and resource allocation.

The paper does not focus on the detailed content of ECD policies and resulting programmes which must reflect individual country realities. It does, however, attempt to indicate how best to provide policy supports for young children and their families within the context of current challenges and opportunities. Two other theme papers for this Conference discuss: care practices within the family and community and quality basic services. This paper therefore does not deal with these issues except to highlight some pertinent aspects as background to the strategic issue of national policy on ECD.

The paper is organized in five sections. Section I is the introduction. Section II provides a background that summarizes the current situation of Africa's young children indicating progress made and key challenges we face. It also summarizes the recent evolution of ECD policy. In Section III we show the linkages between ECD and the relevant international and regional conventions, policies and strategies, particularly the CRC, ACRWC, CEDAW, EFA, Poverty Reduction Strategy Papers (PRSPs), MDGs and NEPAD, all of which influence national development policies and plans. Section IV discusses the need for a specific national ECD policy and the challenges such a unified policy faces. It outlines the essential advocacy, policy development and implementation processes using the experiences and lessons learned in the region. Section V draws conclusions and proposes a way forward for the supportive policy environment to accelerate early childhood development in Africa.

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II. CURRENT SITUATION OF AFRICA'S YOUNG CHILDREN AND EVOLUTION OF ECD POLICY

II. 1. Current Situation of Africa's Young Children

African societies value children and place them at the centre of their family life and communities. The African Charter on the Rights and Welfare of the Child states that "*the child occupies a unique and privileged position in the African society*" (Preamble para.4). Over many decades, governments have declared the importance of children in their development efforts and devoted considerable resources to child development, especially in education and health. They affirmed their commitment most recently in '*Africa Fit for Children': The African Common Position* which was elaborated at the Pan African Forum on the Future of Children held in Cairo, May 2001, and endorsed by the African Union (AU) Heads of State and Government in Lusaka in July 2001. The African Common Position became Africa's input into the United Nations Special Session on Children held in May 2002.

Children and young people constitute more than half of Africa's population (AU et al., 2003). Therefore, proper care of and investment in children can ensure a bright future for the continent with well developed human capital and enhanced productivity. All countries have made progress in various aspects of children's development as noted below. However, most children have a difficult start in life which continues to influence their later development. The

countries face serious challenges as the child population is growing faster than services can be provided. The HIV/AIDS pandemic undercuts family life and impacts disproportionately on children and young people creating enormous problems for orphans and other vulnerable children (OVC).

Progress

Most countries in sub-Saharan Africa have made some significant progress especially following their adoption of the Convention on the Rights of the Child. In health, high immunization rates were achieved in the 1990s although they began to decline later. Most countries are implementing the strategy of integrated management of childhood illnesses (IMCI) developed by WHO, UNICEF and UNDP in the mid-1990s. Several countries have adopted the WHO and UNICEF strategy for accelerated child survival and development (ACSD) which includes new vaccines against yellow fever and hepatitis B, vitamin A supplementation, home-based treatment of fever, diarrhoea, malaria, and maternal and neonatal health. Positive results are now being recorded in improved immunization coverage, training of health personnel and promotion of good healthcare practices at family and community level. For example, The Gambia has maintained immunization levels over 90% for all antigens. In Senegal correct treatment of malaria at the level of health structures and communities increased from 28% in 2000 to 64% in 2003 (UNICEF WCARO 2005: 11).

Tetanus toxoid (TT) campaigns, promotion of insecticide treated nets (ITNs) and strengthening of obstetrical outreach services are combating maternal and neonatal mortality, but the death rates remain unacceptably high. In West Africa, First Ladies and Ministers of Health adopted the 2001 Bamako Declaration on Maternal and Neonatal Mortality Reduction with a commitment to reduce the rates by 50% by 2010. In nutrition, some countries such as Benin, The Gambia, Ghana, Mali and Uganda have shown significant increases in exclusive breastfeeding and the number of certified baby-friendly facilities. Progress has been made towards the goal of universal salt iodization. In Kenya, Malawi, Nigeria, Rwanda, Uganda and Zimbabwe, over 90% of households have access to iodized salt (UNICEF, 2005: 110-113). Improved community water supply and school water and sanitation programmes are ongoing in several countries (Burundi, Eritrea, Ghana, Kenya and Rwanda)

An important development favouring young children is the significant increase in budget allocation for social sectors in some countries. For example, Burkina Faso now allocates more than 19% of government expenditures for social sectors, mostly to health and education. The two sectors also benefit from nearly 30% each of the country's HIPC (Heavily Indebted Poor Countries) generated funds (UNICEF WCARO. 2005:4). Similarly, Uganda and Mozambique have used HIPC initiative debt repayment savings to dramatically increase school enrolments (AU et al., 2003: 21). Tanzania has increased its budget for education by 130% (UN Millennium Project, 2005a: 34). A few countries (Equatorial Guinea, Gabon, Mauritania, Nigeria and Togo) have begun to purchase vaccines for children from their own budgets.

Some encouraging trends have been recorded in education in the last few years. With few exceptions, enrolment rates are generally high in Eastern, Southern and Central Africa with fewer disparities between boys and girls. By 2002, countries such as Cape Verde, Gabon, Lesotho, Malawi, Mauritius, South Africa, Uganda and Zimbabwe had closed the gender gap altogether (UNICEF, 2005: 122-125). Many countries are implementing various initiatives to accelerate girls' education. These include the African Girls' Education Initiative (AGEI) adopted in 2000 by African ministers of education and the EFA Fast Track Initiative (FTI) developed in 2002 by donors and developing countries and led by the World Bank.

Several countries (Cape Verde, Lesotho, Mauritius, Seychelles, Sao Tome and Principe and Uganda) have exceeded the EFA enrolment target while many including Gabon, Malawi, Rwanda, Togo and Zimbabwe are on track to reach EFA with net enrolment of 80% or more.

Countries are also giving new attention to preschools which have largely remained a privilege of the urban elite. For example, Botswana, Cape Verde, Ghana and South Africa are making a successful link between preschool and primary education. In Ghana a new policy established in 2004 has included a compulsory two-year kindergarten for 4-5 year olds in the primary school system.

The adoption of the CRC has stimulated action in the protection of children's rights. Through a process of legal reform and harmonization of national laws with the CRC, several countries including The Gambia, Ghana, Mali, Nigeria, South Africa and Tanzania have enacted Children's Rights Acts and Family Codes. Some have trained law enforcement agencies on child protection. Ghana has set up a special unit within the police service, the Women and Juvenile Unit (WAJU), with offices in all regions of the country, to protect women and young children from domestic violence, abuse and parental neglect. In Guinea Bissau, each police station has a designated focal point on child issues (UNICEF WCARO 2005: 35).

Birth registration services are provided free in a few countries including Angola and Ghana to ensure security of rights for young children as citizens. In most countries civil society groups, women's organizations and NGOs participate actively in advocacy and provision of services in child protection. In particular, NGOs have led campaigns for the legal abolition of harmful cultural practices such as female genital mutilation (FGM) and early marriage which have deleterious effects on the health and educational chances of young girl children.

Challenges

Despite the significant efforts to ensure the rights of children, most children in sub-Saharan Africa have a difficult start in life. This is due mainly to poverty, debt, inadequate policy support and services, HIV/AIDS, conflict and in some cases harmful cultural practices. Assessments by the United Nations and the Africa Union between 2001 and 2004 show that sub-Saharan Africa as a whole falls behind all other regions in the world on all key social and economic indicators. The Table below shows the challenging social situation in selected countries. The 2002 United Nations General Assembly Special Session on Children reviewed progress in the goals set by the 1990 World Summit for Children and concluded that sub-Saharan Africa had made the least progress (UNICEF, 2001b: *We the Children: Meeting the Promises of the World Summit for Children).*

The region has the highest child death rates: 17% of children do not survive to the age of five. It also contains 9 of the 14 countries where child mortality has actually increased. If current trends continue, SSA will account for 58% of the world's child deaths by 2015 (ibid: 10). A few countries including Eritrea, Kenya and Mozambique have made progress in reducing malnutrition but the number of malnourished African children has increased, and over 3 million newborns each year are of low birthweight (ibid:11). Certain food taboos and cultural practices continue to impact negatively on maternal and young child nutrition.

Table: The Social Situation in sub-Saharan Africa (selected countries)

Countries	GNI per capita (US$) 2003	IMR (under 1) 2003	U5 MR 2003	MMR 1985-2003 Reported*	Life expectancy at birth	Total adult literacy rate
Benin	440	91	154	500	51	37
Burkina Faso	300	107	207	480	46	24
Cameroon	640	95	166	430	46	71
Chad	250	117	200	830	45	43
Ethiopia	90	112	169	870	46	39
Gambia	310	90	123	730	54	37
Ghana	320	59	95	210	58	72
Kenya	390	79	123	590	44	82
Madagascar	290	78	126	490	54	67
Malawi	170	112	178	1100	38	60
Mali	290	122	220	580	49	26
Mozambique	210	109	158	1100	38	44
Senegal	550	78	137	560	53	37
Swaziland	1350	105	153	230	34	80
Uganda	240	81	140	510	47	67
Zambia	380	102	182	730	33	78

Source: UNICEF, *The State of the World's Children 2005,* New York
*Country reported figures that are not adjusted for underreporting and misclassification.
Adjusted figures are generally much higher. Data refer to the most recent year available.

There is an urgent need to focus particular attention on prenatal and 0-3 year old children in ECD policies and programmes. According to one estimate, more than 95% of young children in Africa do not have access to early stimulation programmes, care facilities or non-fee paying preschools (World Bank, UNICEF and UNAIDS, 2004: iii). In primary education, the region made progress during the "children's decade", with net school enrolment rising from 50% in 1990 to 60% in 1999. But there are still an astonishing one third of Africa's young children out of school and the majority are girls (UNICEF, 2001b:11). Many young children out of school live in very difficult circumstances and are subjected to the worst forms of child labour and child trafficking in several countries in the region.

Gender equality is yet to be taken seriously into account in early childhood and overall socioeconomic development. According to the UN Millennium Project, many countries in SSA, as well as South Asia, will miss the MDG gender parity target for 2005. The lack of education of Africa's girl children not only undermines their rights and future development but also affects negatively the care and development of their children. For instance, children of a woman with five years of primary education have a survival rate of 40% higher than children of women with no education (UN Millennium Project, 2005b). Maternal mortality remains unacceptably high in the region, reflecting among others, poverty, lack of investment in essential obstetric services and persisting gender discrimination against women and girls. High maternal mortality means a precarious life for infants and young children who become orphans.

HIV/ AIDS Orphans and Children with Special Needs

In sub-Saharan Africa, the most affected region, it is estimated that 29.4 million people are HIV positive and out of this number, approximately 58% are women and girls (UNAIDS, UNICEF, and USAID, 2002). However, data on the most vulnerable young children are scarce and insufficiently disaggregated. Globally, an estimated 2.1 million children under age 15 are living with HIV: about 1,700 children become infected daily (UNAIDS, UNICEF and USAID, 2004: 14). Situation analyses and reliable data collection are urgently needed for young children 0-8 years affected by HIV/AIDS, orphans and children with disabilities and other special needs.

Children do not need to have HIV/AIDS to be devastated by it. In 2003, 12.3% of all children in SSA (43 million) were orphans and AIDS accounted for approximately 12.3 million of them (ibid: 8-12). The trend has increased rapidly in recent years. However, the rates differ within the region: the southern African countries with the highest HIV prevalence levels have the highest rate of orphans.

The pattern of orphaning due to AIDS in SSA is changing with maternal orphans outnumbering paternal orphans in five of the most affected countries. This has serious implications for the care of vulnerable young children and calls for their urgent incorporation in ECD policies and programmes. The children affected by HIV/AIDS have special needs in care, nutrition, education and psychosocial support. At present there is very little attention to the specific needs of the very young and vulnerable children. Many countries are now undertaking situation analyses and OVC policy development. These need to be linked to holistic ECD policies and integrated programmes.

Children with disabilities and special needs have high risks of their rights being denied. Article 23 of the CRC requires States Parties to provide special care to children with disabilities. However, most African countries do not have reliable nationwide data that are disaggregated by age, gender and geographical location. But, most disabilities are known to occur in early childhood. A culture of silence and stigmatization in many African societies inhibit families from referring their children with special needs to appropriate facilities where they exist. In such circumstances, there is a high risk of abuse or neglect of the children.

The enormous challenges most African children face affect the capacity of their families to take adequate care of them. Deepening poverty, war, changing patterns of work for parents and high HIV/AIDS prevalence among women and young people render more and more families and communities unable to take adequate care of their children. This is why governments must be called upon as duty bearers in human rights-based development to ensure quality services for all children and protection and the right support systems for their families.

II. 2.   Evolution of ECD policy

Organized ECD activities in Africa date back at least to the 19th century[1]. The programmes and emerging policies in Africa and elsewhere had two main directions. The first was to provide care for children with special needs such as orphans and children with disabilities through civil society, charitable organizations and the private sector. The second was to provide preschools and kindergartens for children whose mothers worked outside the home. Parents and communities mainly paid for these services. By the middle of the 20th century, formal and non-formal or community-based ECD programmes were expanding in all continents.

The most recent impetus for ECD growth started with the adoption of the Convention on the Rights of the Child on 20 November 1989 and its rapid ratification from 1990. In March 1990, the World Conference on Education for All held in Jomtien, Thailand, launched ECD as an

essential part of the global movement to educate all children. The World Declaration on EFA stated: *"**Learning begins at birth.** This calls for early childhood care and initial education".* The Framework for Action confirmed that*: "The pre-conditions for education quality, equity and efficiency are set in the early childhood years, making attention to early childhood care and development essential to the achievement of basic education goals."* [2]

In September 1990, the World Summit for Children, of a record number of world leaders, was held in New York to give the highest level political endorsement to the survival, development and protection rights of all children *"without discrimination of any kind"* (CRC, Art 2). The CRC also recognized formally the role of families as the natural and primary protectors of children's rights, but underscored the obligation of States to support families to fulfil their responsibilities (CRC Preamble and Art, 18).

The Jomtien endorsement of ECD and the enthusiasm that led to the CRC being *"ratified more quickly and by more countries than any previous human rights instrument"* (*UNICEF, We the Children, 2001b:1*), gave rise to a proliferation of government ECD programmes partly supported by multilateral, bilateral, NGO and charitable organizations in Latin America, East Asia, Middle East and North Africa (MENA) but *"to a much lesser extent in [sub-Saharan] Africa"* (Jaramillo and Mingat, 2003:11).

In April 2000 a follow-up conference on EFA, the World Education Forum, held in Dakar, Senegal, provided an opportunity to review and assess the experiences to date. The first of six goals of the outcome Framework for Action made a renewed commitment to *"expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children".* The call for comprehensive ECD received yet another highest level political endorsement when the United Nations Millennium Summit of September 2000 adopted eight Millennium Development Goals to be met by 2015. Six of the eight MDGs (1 to 6) relate to young children and women, and thus to ECD.

As UNICEF has stated, the six MDGs "*can best be met as the rights of children to health, education, protection and equality are protected. They will only be sustained as the rights of every child are realized"* (UNICEF 2003:2). The six MDGs and their respective targets are to: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, eliminating gender disparities in schooling opportunities, reduce by two thirds the death rate of children under the age of five, reduce by three quarters the ratio of maternal deaths to live births and combat HIV/AIDS, malaria and other diseases. MDG 7, Target 10, proposing to halve the proportion of people without sustainable access to safe drinking water and basic sanitation also pertains to children at home and in their schools.

The expanding vision of ECD since 1990 was further promoted by a growing body of literature that advocated, justified and reviewed the experiences worldwide[3]. This helped to clarify the concepts, scope and best features of ECD as well as the rationale for governments and their development partners to invest in the policies and programmes. The work of, among others, the Consultative Group on Early Childhood Care and Development and the Working Group on Early Childhood Development (WGECD) of the Association for the Development of Education in Africa (ADEA) has contributed significantly to the common view of the principles and main features of ECD policy and provision[4]. This agreed view is summarized in Box 1.

Box 1

Early Childhood Development: Guiding Principles and Approach

All children have the right to develop to their full potential regardless of race, colour, gender, caste, language, opinion, origin, disability, birth and any other characteristic.

All rights of a child are indivisible, interrelated and have equal status and importance as rights.

Every child must have the best start in life.

A holistic approach is required for the total well-being and development of the child: emotional, physical, intellectual, linguistic and social.

ECD interventions begin from the critical stage before birth and continue through the life cycle into the early years of formal schooling (prenatal to 8 years).

ECD interventions are best integrated with respect to infant stimulation, health, nutrition, social and cognitive development, education, water and sanitation, social and legal protection against violence, abuse, exploitation and discrimination.

ECD programmes must have a gender perspective to ensure equality and equity between the girl child and boy child.

ECD interventions respect and build on the cultural beliefs and practices that are part of the development of children in each society that do not thwart the realization of the rights of the child.

ECD programmes empower parents through education and other support, and promote community involvement in policy development, programme design, implementation and management.

ECD requires coordination and broad partnership of parents, communities, governments, institutions, bilateral and multilateral partners, civil society, faith based organizations and NGOs to realize the indivisible rights of children and meet their critical needs.

National government commitment to ECD policy and investment in the provision of ECD services are crucial to the realization of the rights and optimal development of all children.

Africa's Experience with ECD Policy Development

Before 1990 young children, especially from birth to 5 years, were largely invisible in most African policy documents, except in sectoral health and nutrition policies and strategies[5]. Kenya played a pioneering role in the 1970s when the Ministry of Education and a leading international NGO partner, the Bernard van Leer Foundation, established the Preschool Education Project at the Kenya Institute of Education (Pence, 2004:9). The well-known project trained officers to promote and supervise nursery schools, established demonstration programmes and documented the educational and social gains of children in the programmes. The project also became a learning centre for other African countries.

The international impetus given to children and ECD from 1990 stimulated official action in sub-Saharan Africa. From their quick signature of the Convention on the Rights of the Child (Ghana prides itself as the first country in the world to sign) and active participation in the EFA conferences and the World Summit for Children, African countries began to integrate children's issues more clearly in sectoral policies. They also gave visibility to children as several countries (Ghana, Malawi, Mauritius, Namibia and Uganda) established Ministries or National Commissions responsible for children. Other countries catered for children under Ministries of Family or Social Affairs.

In 1998, the Seventh Conference of Ministers of Education of African Member States (MINEDAF VII) expressed specific political commitment to promote ECD policies. The Conference accepted recommendations of the Regional Consultation of African NGOs, among which was the key recommendation that *"clear policies be formulated to promote early childhood education and development"* in all African countries (Report of MINEDAF VII, April 1998). [6] The challenges for the countries included capacity to formulate culturally appropriate and effective integrated ECD policies and funding.

The engagement of key donor or development partners like UNICEF and the World Bank in ECD promotion and funding played an important role in securing government commitment in different countries. UNICEF-supported programmes for children's rights and ECD intensified in virtually all SSA countries. From the mid-1990s, the World Bank provided credit funding in countries such as Kenya, Uganda and Eritrea. With the overwhelming research evidence on the positive returns to investments in ECD, the Bank substantially increased its funding for childcare, health, nutrition and education. As Mary Eming Young, a senior World Bank ECD specialist, has noted, the Bank recognizes that *"children must prosper before economies can grow"* (Young, 2005:2). Thus as of February 2005, the World Bank lending portfolio of ECD had reached US$1.5 billion with projects in all regions of the world (ibid).

A very significant contribution to ECD policy development that must be acknowledged is the policy support work undertaken by the Working Group on Early Childhood Development of the Association for the Development of Education in Africa. The WGECD for sub-Saharan Africa was established in 1997. In 1999, it identified support to policy development as a major way in which the partners could contribute and make a difference collectively to sustainable programmes for holistic child development in Africa (Torkington, October 2001:6-9). National policies show national commitment and give tangible form in particular country situations to the conventions and declarations that African governments had signed or adhered to at the international and regional levels.

The WGECD designed a Policy Project which has combined assessments with capacity building with very important results. The first project activity undertook case studies of ECD policies that had been developed in Ghana, Mauritius and Namibia as well as a survey of ECD policy issues in 2000-2001 (see Torkington, *Synthesis Report*, 1 October 2001). The second project activity was extensive technical support to national ECD policy planning in Burkina Faso, Mauritania and Senegal in 2002-2003 (see Vargas-Baron, *Final Report*, 29 February 2004)[7]. The relevant lessons learned from these valuable experiences will be discussed in section IV below.

ECD policy and programme development received another important boost from the innovative African ECD Virtual University (ECDVU) programme from 2001. Based on a series of ECD two and three-week Seminars supported by UNICEF and co-hosted with the Early Childhood Development Network in Africa (ECDNA), the University of Victoria in Canada was successful in receiving programme development support from the World Bank and Norwegian Educational Trust Fund in January 2000. Participants were identified by ten country-committees and were full-time African professionals in the ECD field who were committed to enhancing child development through their studies and work on programme and policy

development and implementation. A consortium of international donors including UNICEF, UNESCO, Bernard van Leer Foundation and CIDA supported the implementation of the successful programme, which also had inputs from the employers of the participants in Africa. By 2004, 27 of the original 30 participants had completed the full three-year graduate level programme from ECDVU (Pence & Marfo, 2004). The experience has provided enhanced capacity for ECD promotion in the region.

A series of African International Conferences on ECD, of which this conference is the third, has provided another impetus. The first was held in Kampala, Uganda, in 1999 and the second in Asmara, Eritrea, in 2002. The second conference, sponsored by the World Bank, UNICEF, ADEA and other partners, adopted the important *Asmara Declaration on Early Child Development: Framework for Action* on 31 October 2002. The Declaration emphasized the human rights and central position of the child in all development efforts and the great multiplier effects of holistic ECD programmes on sustainable human resource development and poverty alleviation. It confirmed the need, among others, for ECD policy development as an integral part of the macro-level national development strategy of each country, ensuring that such policy and action plans received adequate allocation from national resources that would allow for external mobilization. It further called for broader partnerships, effective community approaches utilizing and enhancing indigenous knowledge and child upbringing practices, capacity building, research and information dissemination and monitoring and evaluation of ECD. The Asmara Declaration gave direction on essential follow-up actions to further the ECD agenda in Africa, which have led to this third conference.

The expanding scope of these meetings of African and international African specialists, policy and decision makers and funding agencies have helped to galvanize interest in ECD in the continent, which should translate into more comprehensive policies and programmes. Already, a few countries (Angola, Eritrea, Ghana, Malawi, Namibia and Mauritius) have developed and adopted national ECD policies. Several others (Burkina Faso, Burundi, The Gambia, Kenya, Mauritania, Senegal, Swaziland and Uganda) are in the process of developing their policies. The challenge is to accelerate the pace and scale up the implementation of integrated programmes in the face of deepening poverty and the relentless HIV/AIDS pandemic that affect young children in Africa so cruelly.

III. ECD LINKAGES WITH INTERNATIONAL AND REGIONAL CONVENTIONS AND DEVELOPMENT POLICIES IN AFRICA

There are critical linkages between the achievement of the best start in life for Africa's children and the successful implementation of the human rights conventions like CRC, ACRWC and CEDAW as well as the international development policies and strategies like EFA, PRSPs, MDGs, SWAps and NEPAD. The challenge, however, is to constantly reflect these linkages. African leaders emphasized the linkages in 2001 when they stated in *Africa Fit for Children* that the present and future of Africa lies with the well-being of its children and youth – the majority of the population. They affirmed that: *"The socio-economic transformation of the continent rests with investing in the young people….responding to the needs of Africa's children is imperative. Children should be the core of priorities for policy makers"* (paras. 6-7).

The Human Rights Imperative

The Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and CEDAW give the human rights, moral and ethical rationale for the ECD and national development linkages as they highlight indivisible human rights to survival, health, nutrition, care, education and protection from early childhood without discrimination. The ACRWC, which was adopted less than a year after the adoption of the

CRC and came into force in November 1999, shares the key human rights principles as the CRC. However, it goes further in giving direction on some ECD issues pertinent to Africa. For example, in a separate article, it calls for measures *"to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular the girl child"* (Art. 21). It also prohibits child marriage and betrothal of girls and boys. These provisions are much stronger than what is found in Article 24 (3) of the CRC. The ACRWC highlights the role and responsibilities of parents, the extended family and other caregivers and makes a strong call on the States Parties to provide necessary basic services and child care facilities for families in need and families with working parents (Arts. 18 -20).

The CEDAW provides the ethical imperative from the gender perspective. However, its influence is not fully felt in ECD and other development policies. Difficulties in incorporating the gender dimension and ensuring gender equality in childhood are partly a reflection of the sociocultural and political problems in different countries worldwide that led to delays in signing and ratifying the convention. Thus, while the CRC came into force only ten months after its adoption, CEDAW which had been adopted ten years earlier in 1979, came into force only on 3 September 1981. It is still not universally ratified[8]. Nevertheless, both the EFA goals and MDGs insist on gender equality in child development and so reflect the CEDAW linkages. ECD must be seen as the starting point for children to learn and families and communities to practise gender equality. Effective and well integrated ECD policies and programmes that involve parents also free women to participate in community decision-making and development activities as well as in gainful employment and production as recommended by CEDAW.

PRSPs, MDGs, SWAps

The MDGs, PRSPs, and SWAps pose a different challenge. They are highly focused and have strong sectoral rather than multisectoral, integrated approaches that are necessary for holistic child development. The recent development history of Africa has contributed to this. Prior to the ascendancy of structural adjustment programmes (SAPs) in the mid-1980s, most independent African countries produced coordinated national development plans or frameworks. These provided a vision for the overall development of the countries and identified overarching social and economic policies and strategies for the short, medium and long term. With the SAPs most countries abandoned such comprehensive national planning.

The focus shifted to a search for short-term macroeconomic stability and export oriented growth which was achieved at great cost to human and social development[9]. An important consequence of this experience through the 1990s was that most African countries were unable to develop **coherent national social policies** which could have incorporated ECD. Social change including holistic early childhood development takes a longer time to achieve than what the SAPs and their successor **PRSPs** proposed. In the first PRSPs, social development focussed mainly on sectoral policies in health and education. The tendency was to regard children according to their diseases or the health regimes they required, or to see ECD as a downward extension of the primary education system to "preschool" children 3-6 years leaving out, in particular, children from 0 to 3 years. The sectoral policies generally missed the whole child.

The loss of long term vision and planning in Africa is reflected in the PRSPs which have become the substitute "national development plans" for many countries. As of 31 March 2005, 21 African countries had full PRSPs approved by the World Bank and 9 others had interim PRSPs. A few countries including Ghana, Uganda, Tanzania and Zambia are developing the second generation of PRSPs, which hopefully will incorporate holistic child development.

It is worth noting that the PRSPs have contributed significantly to focus national attention on poverty, one of the greatest threats to human rights, children's development and security. Sub-Saharan Africa is the poorest region of the world and this largely explains the poor social indicators for children and women (see Table). The PRSPs have deepened the understanding of poverty through participatory poverty assessments and overall poverty analysis at country level. They have also given needed priority to health and education ("social sectors") which had faced decline in many SSA countries in the socio-economic crises of the 1980s and early 1990s.

Nevertheless, from the perspective of ECD, the PRSPs generally have no child focus, analysis of child poverty and deprivation or attention to families. Early childhood care and education are generally missing. Women and gender are marginalized, except in girls' education. Although women constitute the majority of the poor in SSA and contribute 60 to 80% of agricultural production, PRSPs tend to consider them mainly under marginal, poorly funded "special programmes for vulnerable groups" (see Box 2). Gender is not mainstreamed in the macroeconomic and sectoral economic programmes of the PRSPs, including agriculture.[10] This is a serious shortcoming if structural poverty in Africa is to be reduced. Women's poverty directly impacts on their children's deprivation, while women's incomes greatly improve child welfare and development, and help break the poverty cycle.

Box 2

Mainstream Poor Children and Families in PRSPs

Targeted interventions and specific goals are needed to reach those children and families who are most disadvantaged – those who are mired in poverty, face special risks and barriers and are unable to benefit right away from economic growth. But these need not always be "special programmes" with special administrations and budgets which are hard to sustain. The most disadvantaged are more likely to benefit in a significant and lasting way if they are put first within mainstream interventions which aim at universal coverage. This prioritization of the poorest – and frameworks, such as national plans and PRSPs, which commit to doing so - should be subjected to verification through local monitoring, consultation and evaluations of the flow of benefits.

Source: AU, ECA, NEPAD Secretariat and UNICEF, *The Young Face of NEPAD,* 2003:27

There is a growing consensus that poverty reduction must start with children and their families. This is the conclusion, for example, of the African Union, UN Economic Commission for Africa (ECA), NEPAD Secretariat and UNICEF in their joint study of young people and NEPAD (AU et al, 2003). Poverty is the main reason that the under-five mortality rate in sub-Saharan Africa is twice the world average and nearly 30 times higher than the average in high-income OECD (Organisation for Economic Co-operation and Development) countries (UNICEF, 2005:96). It underlies the high malnutrition rates and lack of education for millions of Africa's young children.

Child poverty is more pervasive than general poverty and has pernicious long-term consequences that perpetuate the poverty cycle. However, as the Nobel Laureate and former Chief Economist and Senior Vice President of the World Bank, Joseph E. Stiglitz, has noted pointedly: *"A willing world can end child poverty …. What makes the poverty children experience so appalling is that it would cost very little to do something about it"*, compared to

what is spent, for instance, on defence and armed conflicts (Stiglitz in UNICEF 2005:96-97). A major challenge in Africa is for the governments to significantly increase their level of investment in children.

Investment in early childhood development is widely acknowledged to be the best investment in human capital for economic growth. It has the highest rate of return and is the most cost-effective route to poverty reduction (Young, 2000; Young 2005). UNICEF has indicated that *"For every $1 invested in the physical and cognitive development of babies and toddlers, there is a $7 return, mainly in cost-savings in the future"* (UNICEF 2001a: 54). The economist, Jacques van der Gaag, has summed up well the benefits for children and national development: *"Well-executed and well-targeted ECD programs are initiators of human development. They stimulate improvements in education, health, social capital, and equality that have both immediate and long-term benefits for the children participating in the programs. Investments in ECD programs are in many ways investments in the future of a nation"* (Van der Gaag in Young, 2000: 74-75).

A few countries (Ghana, Zambia and Uganda) are attempting to integrate ECD into revised versions of their PRSPs. A favourable opportunity has been created to intensify this process of child focused PRSP development by the adoption and pursuit of the Millennium Development Goals. As noted earlier, the MDGs relate significantly to children..According to the World Bank, many SSA countries have aligned their PRSP goals and targets with the MDGs (Jaramillo and Mingat, 2003). However, the Millennium Project Report has criticized the PRSPs for not being comprehensive or sufficiently long-term to achieve the MDGs (UN Millennium Project: 2005). This has serious implications for children's welfare.

It would be important to ensure a sustained human rights vision, longer term perspectives and more integrated multisectoral approaches to poverty reduction if the needs of young children are to be met. The review and assessment report on the MDGs by the UN Millennium Project led by Prof. Jeffrey Sachs found the typical 3-year short-term PRSPs not well suited for the development of the low income countries that predominate in SSA. The development of such countries facing long-standing, widespread challenges requires strategies and programmes that can overcome underlying and structural problems of human, social and economic development (UN 2005: *Investing in Development: Overview:* 38).   It has therefore recommended the adoption of longer-term MDG-based poverty reduction strategies that focus, among others, on **human rights**, rural and urban productivity, health, especially women and girls' health, education outcomes, gender equality, water and sanitation all of which are important for ECD (Recommendation 2).

Sector wide approaches **(SWAps)** developed mainly in health and education provide another opportunity to promote ECD. The advantages of SWAps include their detailed sector analysis, policy reform orientation and strategic planning linked to PRSPs and national budgets. Their weaknesses that have to be overcome include weak cross sectoral linkages and absence of focus on the whole child and her/his family. Several countries (Burkina Faso, The Gambia, Ghana, Niger, Sao Tome and Principe, Uganda and Zambia) have SWAps in health and education and a few (Burkina Faso, Mali and Niger) have water and sanitation SWAps. The SWAps cover sectoral aspects of ECD such as immunizations, maternal health and kindergartens; but they need to cover the whole child and adopt the life cycle approach more systematically for children from birth to 8 years. More opportunities could also be identified to promote integrated SWAp/ECD activities at district and community levels.   The linkage between ECD and HIV/AIDS prevention and care provides a major opportunity to strengthen the SWAp/ECD linkages and access additional resources such as the Multi-country HIV/ AIDS Programme (MAP) funds. These linkages are being pursued in Zambia and Uganda. Uganda is also promoting emergency obstetric care within the health SWAp for the reduction of maternal mortality, and incorporating ECD in the Education Sector Strategic Plan 2004-2015 so that ECD will be budgeted for by the sectors (UNICEF ESARO, February 2005).

The African Union has come to the same conclusion about linking ECD and long-term development with respect to NEPAD. In partnership with ECA and UNICEF, the AU published in September 2003, *The Young Face of NEPAD: Children and Young People in the New Partnership for Africa's Development*, a call for African leaders to take bold and radical actions in favour of Africa's children, starting with ECD. *"Early childhood care for survival, growth and development is … not just an obvious humanitarian action, but an action at the centre of the long-term development and evolution of society" (AU et al., 2003:14).* The AU also recognises the importance of ECD in the work and reports on children prepared by the Commission for Social Affairs.

Box 3

Africa's Sustained Human Development Starts with ECD

The central feature of an approach to Africa's development which focuses on children should be to break the cycle of poverty which creates and re-creates undernourished infants, poorly educated young children, marginalized girls and adolescents, unsafe and premature motherhood – and which fundamentally undermines the fulfillment of human rights. By confronting this cycle at strategic points in the evolution of the parent and child – particularly in maternity, early childhood, the school years and adolescence – Africa can create a dynamic, through which each generation can realize improvements in the situation of children and achieve sustained progress in human development. The same strategies and principles can underpin interventions to confront the greatest single threat to the success of the NEPAD vision and the HIV/AIDS epidemic.

AU, ECA, NEPAD Secretariat & UNICEF, The *Young Face of NEPAD*: 26

For children to be the core of national development priorities, their rights and needs starting from early childhood must be integrated into those priorities. This integration can be done at three levels: conceptual, planning and monitoring and evaluation (M & E). At the conceptual level, ECD must be defined and analyzed as a national, human rights-based, multisectoral development issue within all major national development policies and frameworks. With the present international and national focus on poverty reduction, child poverty must be an integral part of all poverty analysis and strategies.

At the planning level, ECD objectives, targets and indicators must be integrated in the major development instruments and programmes. The case studies on the Ghana, Mauritius and Namibia ECD policies found references to the larger development policies and strategies but no systematic attempts to link them (Torkington, 2001:20). Development planning should mainstream ECD in all sectors and avoid making it only a special programme which gets much lower priority and limited funding. ECD focal ministries or agencies need to work very closely with the Ministries of Finance and Economic Planning that lead the process to formulate PRSPs, SWAps and other major development policies. To be effective, the ECD host ministries need both technical and decision-making capacities.

The monitoring and evaluation of national development policies and programmes must identify ECD specific results, lessons and recommendations. To achieve this, ECD specialized agencies of government and their partners including NGOs and civil society must be part of the M&E teams for the PRSPs, SWAps and MDGs. Reviews of some PRSPs show that they contain indicators (up to 80%) that are relevant to ECD (Vargas-Baron, 2005). Reports on the MDGs also have relevant indicators showing that it is possible to monitor children's progress through these new development instruments.The recommendations of the African Union and its partners that children's development should be monitored through the NEPAD African Peer

Review Mechanism (APRM) should also be accepted. For, "*In the end… societies – especially Governments - must ultimately be judged on the best efforts they make to protect and improve the lives of their children"* (AU et al., 2003: 16).

In a nation willing to provide the best start in life for all her children in consonance with the high cultural value African society places on children, ECD must be accorded high priority. Holistic ECD policy and strategies can introduce important rights-based approaches to multisectoral planning, coordination, integration and synergy of programmes and structures that would ensure effective and equitable delivery of services and utilisation of resources. Since major funding for development in Africa today derives from the PRSPs, SWAps, MDGs and priority sector plans, it is imperative and strategic to align ECD policies and programmes to those development instruments to leverage resources. In this sense, the new major development instruments have created an environment conducive for ECD policy development.

IV. NEED AND CHALLENGES OF SPECIFIC NATIONAL ECD POLICY

IV. 1. Need for Specific Policy on ECD

From several reviews of the experiences to date, the question still arises whether there is a need for specific national policies on ECD. If so, what are the challenges?

There is no doubt that countries with adequate and robust social policies, integrated sectoral policies and strategies as well as well defined children's policies may not need to engage in the long processes of ECD policy development. What may be necessary is an integrated framework or plan of action to ensure coordination, intersectoral priority setting, effective implementation and to fill notable gaps. South Africa has chosen this path. It engaged in a process to develop an integrated national strategy to increase understanding and commitment to ECD by policy and decision makers at national and local levels. The country now has a National Integrated Plan for ECD, 2005-2010. It has also developed National Guidelines on ECD for all stakeholders (UNICEF ESARO, February 2005).

Where countries show a weak understanding of ECD principles and approaches (see Box 1), accord low priority in sectoral and other national policies to vulnerable children from prenatal to age eight and have low levels of inter-sectoral coordination on issues of children and women, national ECD policies would be important and useful. The urgency of the social challenges facing Africa's children and women, as noted above, also makes specific ECD policies advisable. Several countries including Burundi, Kenya, Rwanda and Zambia have noted that the absence of national policies constitutes a major constraint to priority and resource allocation to ECD.

What is a policy? "A policy is a course or principle of action adopted or proposed by a government, business, party or an individual" (The Concise Oxford Dictionary 1990). At the national level, a policy represents a philosophy or guiding principles, goals and objectives of government with respect to key issues of the country and its citizens, to which it will commit resources in a strategic course of action to be taken at different levels in different areas of development. **Political will and an underlying vision are important starting points for policy development.** A policy must also receive high level endorsement or approval from Cabinet or Parliament and, in some cases, legal and constitutional backing, to be able to provide national direction.

A national ECD policy not only captures a vision of the best interests of all young children, but also indicates the modalities of provisioning to make that vision a reality. It is a multidisciplinary and multisectoral social policy developed strategically to give priority to the

well-being of young children (pre-natal to eight years) and their families, communities and society as a whole. In many African countries there is scarcity of information and lack of knowledge about young children especially 0-3 years and the needs and practices of their families. Therefore, ECD policy development needs to incorporate a situation analysis and other appropriate studies of all young children, especially the most vulnerable ones, and their families. It should also include information on parenting and childcare practices in rural-urban, disadvantaged and privileged communities and different cultural groups.

Following the guiding principles and approaches outlined in Box 1 above, a national ECD policy would be rights-based, non-discriminatory and promote the best interests of the child. It would reflect the holistic and integrated approach and address issues of the different age cycles and levels of development through quality social and basic services supported with effective human and financial resources of government and a broad partnership of parents, communities, NGOs, private sector and international agencies.

There are some challenges to having a specific national ECD policy that need to be overcome. The most fundamental challenges relate to government commitment and political will. Is government or can government become committed not only in vision and principle but also in investment, resource allocation and mobilization of all its concerned branches for ECD? In the face of competing development priorities and serious limitations on financial resources, will government and its partners accord high priority to an ECD policy? Solutions to these problems to a large extent can come through targeted, evidence-based advocacy and social mobilization.

Another fundamental challenge comes from the structure of government. While ECD policy is holistic and follows an integrated approach to promote linkages and synergies to support the whole child, government is organized sectorally. Planning and budgetary allocations are generally done sectorally for the same population groups and communities. More recently, greater emphases appear to be placed on "systems" and their reform, particularly in health and education SWAPs, than on all the categories of "people" who are the subjects and beneficiaries of sectoral development. This situation makes multisectoral coordination for ECD difficult. Sectoral priorities and activities often override ECD needs. Many countries (Eritrea, Ethiopia, Kenya, Zambia and Zimbabwe) implementing ECD activities or beginning to implement newly adopted policies face constraints in the lack or limited nature of intersectoral coordination and cooperation at different levels (UNICEF ESARO 2005). Lack of high level leadership (e.g. the presidency and ministry of planning) also hampers coordination.

There may also be challenges in defining the scope of a national ECD policy. To be a good and effective policy, it should address the rights and needs of **all children**. This may seem daunting considering the large child population in African countries, the huge problems of children affected by HIV/AIDS, orphans and children with disabilities and other special needs, who must all be covered as their right, and limited resources. Many sectoral policies do not mainstream activities for such vulnerable children. The most vulnerable are often marginalized in poorly resourced programmes with little or no government funding. As already noted, sectoral policies also show gaps in coverage especially for very young children aged 0-3 years and for families. Therefore, it is necessary for an overall national policy for ECD to direct attention and resources to the special care and development of all vulnerable children and their families to ensure equality of opportunity and the progressive realisation of their rights. Additionally, well-designed and well executed ECD policies and programmes can help in the early detection of emerging inequalities and special developmental problems among children.

The experiences of ECD policy making in the region reveal that capacity for policy development can be a major challenge. The cases of Namibia, Burkina Faso, Mauritania and Senegal illustrate this (Torkington, 2001; Vargas-Baron, 2004). While national expertise exists

in various child related sectors, experience in planning policies across sectors appears to be quite limited. Also, sectoral experts may require capacity building to appreciate and apply new concepts such as the holistic and integrated approach to ECD and to plan for 0-3 year olds and for vulnerable children and families. Two valuable tools for such capacity building are the new UNICEF *Early Childhood Resource Pack: Young Child Survival, Growth and Development* (August 2004) and the World Bank *Early Childhood Counts: A Programming Guide on Early Childhood Care for Development (2000)* by J.L. Evans with R.G. Myers and E.M. Ilfeld.

ECD policy making is ultimately a political choice. Governments must choose to give children the best start in life, among all the competing socio-economic priorities. A significant factor influencing the choice is resources, particularly financial. Thus, even where the idea of holistic and universal ECD has been accepted, low income African countries face the problem of choosing the types of ECD delivery systems for child care, health, nutrition, early education and family support.   The choice is mainly between family and community based ECD programmes on one hand, which are less expensive to the State, and are often more effective, and the more costly formal, institution-based approaches characterized by preschools on the other hand. The dilemma also relates to quality and equity between the community-based programmes which reach more underprivileged children and the formal, elitist, institution-based system that politically may attract more public finances.

The experience to date shows that formal national commitment, shown through the adoption of declarations and even ECD policies, is not matched by adequate funding by governments for young children and for the empowerment of families.   This is confirmed by the assessments in the three case studies of Ghana, Mauritius and Namibia, a survey of 49 African countries in 2000/2001 (with 33 or 70% responses) and UNICEF country level evaluations (Torkington, 2001; UNICEF ESARO and   UNICEF WCARO, various reports 2004-2005). At present, most countries show a very high (up to 80%), precarious dependency on private and international donors to fund ECD. Greater advocacy would be required for governments to allocate more resources from national budgets which can be supplemented by partners. For some countries savings from recent debt cancellations and HIPC relief are an opportunity to close the funding gap, if there is political will.

Part of the problem of inadequate funding stems from the difficulties of costing multisectoral ECD activities. In fact, one major weakness of the current policies, as shown by the case studies and survey, is the limited technical involvement and advice of the Ministries of Finance and Economic Planning at the ECD policy formulation stage and the consequent inadequate attention to financing issues in the policies. In the WGECD policy support work done in Burkina Faso, Mauritania and Senegal, the consultant found that the national ECD policy development teams had little or no experience with financial projections: "*many of the team members feared proposing financial investments that traditionally had been the sole province of powerful national decision makers and Ministries of Finance and/or Planning*" (Vargas-Baron, 2004:12). An attempt to provide some objective basis for costing and decision making on financing modalities has been made by the World Bank focused on meeting the MDGs and Dakar EFA goals (see Jaramillo and Mingat, October 2003). The costing model could be useful and could be adapted for holistic ECD budgeting according to different country situations and needs.

IV. 2. Advocacy and Policy Development Process

Advocacy

Two conditions make advocacy for ECD policy development necessary and desirable. First, ECD is about the youngest children who depend on the adult society to realize their rights to

care, nutrition, stimulation, health, education and protection. They need advocates. Secondly, the rights and needs of the young child are so multisectoral and multidisciplinary that their realization requires the broadest partnerships of families, communities, local, municipal, provincial and national government, private sector, civil society organizations, women's groups, children's associations, NGOs, media as well as international development partners. All these partners need to be sensitized and mobilized through appropriate advocacy since ECD policies need a critical mass to push forward the agenda.

The objectives of policy advocacy for ECD would include: i) to increase understanding of the rights of the young child and her/his family; ii) to raise the priority given to ECD in the society, national development and the government at all levels; iii) to encourage government to meet its obligations to young children and their families, undertaken in global and regional conventions and declarations, national constitutions and legal instruments; iv) to get commitment for the necessary investments for the care and development of young children and their families; and v) to get the cooperation and participation of the multiple sectors and partners with shared responsibilities for holistic and integrated early childhood development.

Advocacy to increase understanding is important as the concepts of "best interests of the child", "life cycle" approach to ECD from prenatal stage to eight years of age, family support and parental enrichment may not be well known or appreciated in the country or particular communities. High level advocacy with strategic groups such as community leaders, local government leaders, parliamentarians, ministers and presidents is often needed to ensure the desired priority to ECD, facilitate intersectoral coordination and participation, allocate budgetary resources, enforce laws to protect children and their families and in other ways meet national obligations to young children.

Advocacy is and needs to be a continuous process before and after the adoption of a policy. The Mauritius case shows the effectiveness of advocacy particularly in the implementation of the policy. Zambia, which is in the process of developing a national ECD policy, has managed through high level advocacy, led by a National ECD Network of different ministries, civil society organizations, UNICEF and UNESCO to have a Government Gazette issued in 2004 to assign ECD as a portfolio of the Ministry of Education and to establish a high level National Council for ECD (UNICEF Zambia, October 2004). Continuous advocacy requires a social mobilization and information strategy to maintain a high priority for ECD and sustain the partnerships for children. The media at country level has a crucial role to play in this effort.

Policy advocacy needs to be supported, as necessary in a particular country, with convincing research evidence, data and information. This is useful especially where important areas of ECD are neglected, new concepts and approaches are not understood, or the problems, for example, of 0-3 year olds, OVC, HIV/AIDS affected children and young children living in very difficult circumstances, are not fully appreciated. Other areas of neglect includes the rights and needs of families of young children, positive cultural childcare practices,, parental education, functional literacy for women and gender sensitive parenting by both women and men. A few countries, including Cameroon and Senegal, have undertaken diagnostic studies on parenting and traditional care practices for the young child which have helped to design culture-sensitive advocacy and draft policies and programme plans (UNICEF Cameroon, 2005: Vargas-Baron, 2004).

Policy Development Process

The experiences of policy development in Africa so far show that the process takes time (at least two years) and needs flexibility and sensitivity. Four of the key lessons learned may be highlighted. They are the need for: i) broad consultation and participation by all stakeholders; ii) alignment of the ECD policy with major national and sectoral development policies and

strategies: iii) availability of technical and institutional capacity for cross sectoral policy planning; and iv) strategic structures to host and promote the policy and its implementation.

Consultation among all concerned groups and institutions on ECD and their active participation in the policy development process help to build consensus on key issues and fundamental concepts and place the child's interest above specific groups or sectoral focus. They also promote transparency, synergy and cost-effectiveness in the shared roles and responsibilities for the well-being of the child. Above all, they ensure national ownership of the policy. The quality of the participatory process has an impact on the quality of the policy itself and the effectiveness of its implementation.

Several countries (Burkina Faso, Ghana, Mauritania and Senegal) launched their policy development process with national stakeholders' conferences and workshops which were supported strongly by UNICEF. In Burkina Faso and Senegal, the policy development country teams conducted local and regional consultations in different parts of the countries using local languages before the national workshops. This strategy enabled the communities and local people to make culturally pertinent inputs into the policy process. Initial stakeholders' consultations promoted collective vision creation to capture the ideas of a better future for all the young children in the particular society. They also helped to identify existing relevant policies, strategies and programmes for children that need to be taken into account in the comprehensive ECD policy as in the case of Ghana and Malawi. Such related policies and programmes may be focused on OVC, children with special needs, HIV/AIDS affected children, preschool, child nutrition and child protection.

It is important for the broad consultations to continue throughout the policy development process to ensure sustained interest and commitment. As noted earlier, it is essential for the Ministries of Finance and Economic Planning to be involved at an effective level. These ministries responsible for overall policy formulation and implementation of the PRSPs, MDGs and, to varying extents, SWAps, have a key role in ensuring the linkage or alignment of the ECD policy with those national policies and strategies. Their advice and inputs on the costing and financing of the ECD policy and programmes would be crucial. Institutions for national statistics also need to participate and make technical inputs into the policy to facilitate needed research and monitoring.

The Millennium Project Report, *Investing in Development*, is proposing major changes to development planning that may open up new opportunities for ECD policies. In the absence of overall national development plans and strategies in most countries, every opportunity should be taken to incorporate child welfare and holistic ECD into the proposed long-term "*national development strategy*". The Report which will be discussed by the UN General Assembly later this year, strongly recommends a revision of PRSPs to make them "ambitious enough to achieve the Goals". PRSPs are to be reorganised into 3 to 5 year programmes within 10-year poverty reduction and MDG-based national development strategies. The revised PRSPs would focus, among others, on **human rights** – which must start with children's rights. It should be noted, however, that serious country level advocacy and technical work need to be done to ensure that the proposed priority public investments and, particularly, the suggested "quick wins" would cover more adequately prenatal to 8 years old children and their families. The Report places greater emphasis on school age children who would benefit from such "quick wins" as the elimination of school and uniform fees, free school meals and deworming (UN Millennium Project, 2005: 24-27).

Technical and institutional capacity for cross sectoral ECD policy planning and development may be a serious constraint in many countries. But, the specific needs may differ because of the different country situations. Several strategies have been tried to strengthen capacity. Within some countries, capacity is being developed for multisectoral analysis and planning for the PRSPs and SWAps. This could be enhanced and utilized for policy planning for ECD.

Other strategies for capacity building for ECD include in-country training and support, inter-country, interagency and regional training and experience exchanges. Participation of national ECD practioners in the innovative leadership development programme of the ECDVU and the support of WGECD international consultants for national policy development have proven valuable.

The broad strategic partnerships of national government, civil society, NGOs and development partners have also helped several countries to mobilize the multi-sectoral capacity needed for ECD policy development. For example, experts and specialists from government, NGOs, the national university, UNICEF and the Consultative Group on ECCD generated the required capacity to develop a progressive and model ECD policy in Namibia (1996). Similar groups working with ECDVU participants accomplished a similar objective in Malawi in 2001 (see Pence, 2004). In West and Central Africa, UNICEF has played a major role in regional training and capacity building for national partners and UNICEF ECD staff. For instance, it strongly supported and facilitated three regional training workshops for national ECD policies in Burkina Faso, Senegal and Mauritania between September 2002 and July 2003 as part of the WGECD project. The Mauritania policy is in final draft while those of Senegal and Burkina Faso are in progress.

Another important lesson from the countries that have engaged in the ECD policy development process is the need to have strategic national structures with decision-making capacity to host and promote the policy and its implementation. This is particularly necessary to ensure smooth and expeditious transitions between policy formulation and policy adoption and between policy adoption and policy implementation. Several factors, including national emergencies, can influence the important process. For example, Ghana experienced an unusual long eleven years delay from the consensus building national ECD seminar in 1993 to the finalization of the policy in 2001 and the approval by Cabinet and launching in August 2004. Changes in government, debates over which ministry or institution would lead the ECD process, lack of quick resolution and decision on the issues caused the delay. In Cameroon, debates over the host institution were effectively resolved by the Ministry of Planning assuming the coordinating responsibility for ECD. The decision facilitated the integration of ECD into the PRSP which that ministry also leads.

By contrast, Mauritius took only two years (1996-1998) to prepare and receive Cabinet approval of its ECD policy for children 0 – 3 years under the leadership of the Ministry of Women, Family Welfare and Child Development, which had primary responsibility for the age group. In Namibia, good leadership, competent internal and external expertise and wide ownership helped to produce a model integrated ECD policy for children 0 – 8 years and receive Cabinet approval in four years (1992 – 1996). However, institutional change in the host structure in 2000 from the original Ministry of Regional and Local Government and Housing to a newly created Ministry of Women's Affairs and Child Welfare impacted the implementation: this affected programmes of capacity building at district level and intersectoral collaboration (Torkington, 2001: 21-24, Pence, 2004:11, 21).

Senegal has had a similar change in host ministry. At the start of the policy development, the Ministry of Family, Social Development and National Solidarity had responsibility for early childhood development. This responsibility was later transferred to the Delegated Ministry for Early Childhood and Case de Tout-Petits ("Huts for Little Children"). The impact of the change on the ongoing policy development process is yet to be assessed (Vargas-Baron, 2004: 17).

IV. 3. Policy Implementation

Most SSA countries have been implementing specific sectoral aspects of ECD such as prenatal care, immunization, supplementary feeding, early learning and preschools. Of the first

three countries which adopted comprehensive policies, Mauritius and Namibia have had the longest implementation periods. Their policies, like that of Malawi, are undergoing review. Policy implementation in Ghana has only just begun with the establishment of the ECD Steering Committee in April 2005. The experiences so far indicate some of the critical elements for successful policy implementation. They include: i) steering committee; ii) action or operational plan and guidelines; iii) funding; iv) advocacy, social mobilization and information; v) networking; and vi) monitoring and evaluation.

Effective implementation after policy adoption depends on the existence of a dynamic, high level structure or mechanism for follow-up. Several countries (Botswana, Ghana, Malawi, Namibia, South Africa and Tanzania) have established high level, national inter-ministerial steering or coordinating committees, assisted in some instances by technical working groups or task forces. The main tasks of the committees include high level advocacy, promotion of intersectoral coordination and monitoring and evaluation of the policy and programmes. Such committees face challenges of consistent, high level participation and funding for their activities. The early development of Action or Operational Plans with funding strategies as well as high level political support by government would alleviate some of the problems.

The Namibia case study showed that the absence of an Action Plan after the adoption of the policy had a negative impact on implementation (Torkington, 2001:24). In Malawi, the work of ECDVU participant, Francis Chalamanda, showed that a critical factor in advancing ECD, besides policies, was the development of action plans (Pence, 2004:16-17). Action Plans identify implementation strategies and time frames for: coordination and partnership building; linkages with existing childcare (e.g. OVC and PMTCT) sectoral and national development policies; funding; capacity building; advocacy; social mobilization and networking; monitoring and evaluation of programme activities as well as the entire policy. Action Plans need to be credible and include the views and roles of all key partners from families, communities and grassroots ECD organisations to the national level. Action Plans must be monitored and updated in the light of new challenges and opportunities. Some countries including South Africa and Uganda have developed Guidelines to facilitate policy implementation by multiple partners.

A funding strategy is essential to successful policy implementation. Every effort must be made to cost the policy and its component programmes. The strategy should identify diversified funding sources and potential contributions from communities, local and national government, civil society, NGOs and international partners. It should also indicate the accountability criteria and modalities. Given the multiple partnerships, transparency is crucial for success. The case studies and other experiences show that the funding issues are some of the major bottlenecks to policy implementation. South Africa has had positive experiences that increased access to ECD services. It developed a broad partnership for funding that involved all levels of government, employers, community organisations, parents and donor agencies (Jaramillo and Mingat, 2003:13-16). When holistic ECD is incorporated into sectors such as health, education, water and sanitation through transparent intersectoral cooperation, those sectors should contribute to the financing of the activities (ibid:32).

As noted earlier, continuous advocacy is necessary at all levels for policy implementation. A well developed, research and knowledge based advocacy, social mobilization, communications and information strategy would facilitate reaching policy makers, local government and community leaders,parents and the media for their support and inputs. It would also help to generate public demand for ECD services. Often policies remain at the national level with little dissemination to districts, communities and general public. Eritrea, almost an exception, successfully translated the ECD policy and programme materials into eight official local languages. This proved crucial in gaining local support for the implementation of ECD at district and community levels (Pence, 2004: 17, 21).

Cameroon has had a successful experiment since 2003 in implementing a convergence model to promote services for holistic child development in one province. The approach coordinates five entry points for children and their families for nutrition and health, education, water and sanitation, protection and the fight against HIV/AIDS. A key factor for the success of the programme was social mobilization that led to the active participation of traditional leaders and communities in micro-planning. The programme has witnessed, among others, increased birth registration and schooling for girls (UNICEF Cameroon, 2004).

Many countries, especially Uganda and Tanzania, have used networking as an effective strategy to promote ECD policies and implementation. The ECDVU project of George Kameka in Tanzania focussed on the critical needs for communication across ministries, NGOs, and other partners in ECD. Through effective sensitization and information sharing an ECD Network was developed at both national and district levels between 2000 and 2004. The Tanzania ECD Network is registered as an NGO that has played a key role in organising national meetings to promote an ECD/ EFA Action Plan, 2003-2015 and ECD and HIV/AIDS strategies (Pence, 2004:15).Tanzania highlighted the importance of national and international organizations appreciating critical points in capacity building being achieved and then being prepared to act quickly in support of such local efforts. When capacity is relatively thin, the timing of support becomes critical if solid advances are to be stabilized and further progress made.

Finally, national ECD policies need well designed and funded plans for monitoring and evaluation that would feed into national development plans and strategies. The three case studies found this to be a weakness in existing policies (Torkington, 2004: 24, 26). Both the Namibia and Ghana policies focussed more on monitoring and evaluating ECD programmes and not the policy as such. The ongoing policy development process in Burkina Faso, Mauritania and Senegal indicates that the focal ministries for ECD had little expertise or capacity for monitoring and evaluation. Therefore, strong linkages with the national planning department, statistical services and universities have been recommended to obtain the necessary capacity and develop the expertise (Vargas-Baron, 2004:22).

Policy monitoring and evaluation should be an essential part of the ECD policy so that appropriate revisions of the policy could be made to respond to new challenges and opportunities. Quantitative and qualitative indicators for ECD should be used in cross sectoral programmes to influence the orientation, scope and coverage of major development policies and plans.

V.   CONCLUSION AND WAY FORWARD

V. 1. Conclusion

All the human rights instruments confirm the special value societies place on children. In Africa, this is particularly highlighted in the ACRWC. The instruments and recent international and regional development policies such as MDGs, PRSPs and NEPAD provide a conducive environment and framework for governments to act to reduce and eliminate the serious challenges to the survival, growth, safe development and protection of all children. Government effort must start with the youngest and most vulnerable children and their families.

Some governments have started to adopt comprehensive national ECD policies to show national commitment and give tangible forms to the instruments and policies. However, the experience to date shows that formal national commitment is not matched by requisite investments or adequate funding by governments. At present, in many countries early childhood development depends precariously on private and external funding – sometimes up to 80% of the required resources. Yet, there is solid evidence that investment in early

childhood development gives the best positive returns for human capital formation and economic growth. It is the most cost effective route to sustained and equitable poverty reduction. ***"Children must prosper before economies can grow".***

Governments need to allocate more of their own budgetary resources for ECD policy development and implementation. Many countries have found that turning ECD policies into action can be very challenging largely because of inadequate human and financial resources. New opportunities exist now to supplement government resources from the larger investments made in the PRSPs, MDGs, SWAps, other priority sector plans and HIPC Initiative. It is critical and strategic to align ECD policies and programmes to these major development instruments in order to obtain the necessary large scale investments in the care and development of the millions of Africa's young children. However, the process of aligning the ECD and other national development and multisectoral policies requires appropriate technical and institutional capacities. Governments, supported by their partners, need to ensure such capacities.

The time is opportune to expand and accelerate the development of comprehensive ECD policies in Africa. But, ECD policy making is ultimately a political choice. Governments must choose to give all children the best start in life, among all the competing development priorities. A focus on the youngest children of Africa, from prenatal stage to 8 years, through holistic ECD policies and programmes, provides a real chance for sustainable, gender balanced human development, economic growth, social change and transformation. As the African Union and NEPAD Secretariat and their partners, ECA and UNICEF, have concluded: "***The ultimate test of our success [in development] will be the well-being of children"*** (AU et al, 203: 3).

African governments must recognise that the present critical situation of children, especially the youngest and most vulnerable, is unacceptable. They need to take radical and sustained action to secure the best start in life, continuous healthy growth and safe development for all children 0 to 8 years who are the foundation of Africa's human capital. The governments must act with urgency because Africa's youngest and most vulnerable children cannot wait.

V. 2. Way Forward

Countries have made essential commitments to ensure children's rights. In Africa, the time has come to turn the promises into accelerated actions to transform the prospects of the region's youngest and most vulnerable children. Opportunities exist within countries and the region as well as internationally that can be utilised to scale up the policy response to the unrealised rights of children. The main sections of this paper contain indications of many of the required actions. The following summarizes some of the key actions that may be considered to move early childhood development faster in Africa.

1. Demonstrate political will, vision and courage

Governments at the highest levels need to translate the commitments in the CRC, ACRWC, CEDAW, NEPAD, national constitutions and laws for the rights and well-being of children into policies for the holistic development of all children. In the face of competing priorities and pressures, it requires political will, clear vision and courage of governments to:

- ➢ Take ownership of the well-being of all children, starting with the youngest and most vulnerable;
- ➢ Use the expanding democratic processes to focus and give priority to children's and women rights as part of human rights;
- ➢ Decide to develop or strengthen holistic policies for early childhood development for children from the prenatal stage to eight years;

➢ Enact necessary legislation on ECD and ensure enforcement;
➢ Designate the most strategic mechanisms in the government structure to promote the ECD policies;
➢ Assure necessary investment in ECD and allocate human and financial resources from government budgets;
➢ Oblige all concerned government sectors and partners to give priority to ECD, support and fund its activities separately and / or through the pooling of resources for children.

2. Promote advocacy, social mobilization and information on ECD

Governments, NGOs and other partners need to:

➢ Engage in continuous advocacy for human rights based, holistic ECD policy development and implementation at all levels;
➢ Develop and implement a culture-sensitive Social Mobilization, Communications and Information Strategy to facilitate acceptance of the ECD policy; secure commitments to implementation by central, regional and local government agencies, NGOs, other partners, communities and parents; and generate and sustain public demand for ECD services;
➢ Translate ECD policy and other relevant documents into local languages in an efficient and appropriate manner for the country;
➢ Involve national media and public relations people in policy formulation, advocacy and monitoring.

3. Conduct research for ECD promotion

Governments, statistical services, research institutes and partners need to:

➢ Invest in research to fill gaps in knowledge such as on the importance of the 0-3 period in holistic child development, traditional care practices, numbers and situation of especially vulnerable young children particularly those affected by HIV/AIDS, orphans and children with special needs;
➢ Undertake research to document successful community level experiences in ECD that can be replicated and carried to national scale;
➢ Collaborate on monitoring and evaluation of ECD policies and use the findings for policy advocacy, review and revision of the policies and action plans.

4. Build and strengthen technical capacity for ECD policy and implementation

Government and its partners need to:

➢ Utilize and coordinate in-country expertise in multisectoral policy planning and development (e.g. as may exist for PRSPs, MDGs, SWAps) for ECD policy development;
➢ Ensure adequate capacity in the focal ministry or structure for ECD policy and programme coordination, advocacy and monitoring. Such ministry or structure should actively engage in cross sectoral and cross institutional dialogue and technical cooperation to promote ECD and avoid its isolation;
➢ Develop and implement a strategy for **capacity building and retention** in the ECD field in partnership with national institutions, universities, international organizations (especially members of the WGECD), ECDVU and appropriate experts.

➢ Utilize available capacity and resources of partners to build and enhance national capacity for ECD at the national, regional, local and community levels.

5. Build and sustain broad partnerships to accelerate ECD policy development and implementation

Government must:

➢ Ensure that ECD partnerships reach and include parents and communities whose contribution at the household and community levels are critical and indispensable for the survival, development and protection of the young children;
➢ Ensure that quality basic services reach all children, especially the youngest and most vulnerable, and their families who must also receive empowering and poverty reducing socio-economic support including parent enrichment and income generating activities;
➢ Adopt strategies of coordination and participation by all partners that would reduce costs in ECD policy development and programme implementation, monitoring and evaluation;

6. Ensure effective linkages of ECD policies and programmes with major national development policies and frameworks

Government, ECD advocates and partners must:

➢ Engage in constant proactive processes to link ECD policies to the formulation, planning and revisions of national development plans and visions, where they exist, and especially the PRSPs, MDGs, SWAps and NEPAD;
➢ Utilize expertise and capacity for multisectoral analysis and planning in Ministries of Finance and Economic Planning and Statistical Services to support integrated ECD policy formulation and planning;
➢ Develop guidelines for multisectoral and integrated policy planning with ECD as an integral part to be shared with or to train related sectoral, civil society and other partner personnel.

7. Invest in and allocate adequate resources to ECD

Governments and partners need urgently to:

➢ Ensure adequate national budgetary resources and investments in ECD;
➢ Leverage resources for young child care, development and protection from PRSPs, MDGs, SWAps, other sectoral plans, NEPAD, MAP, Global Fund to Fight AIDS, Tuberculosis and Malaria, and other bilateral, multilateral and NGO funds. Funds are particularly needed for critical care and developmental programmes for the prenatal period, emergency obstetric care, children 0-3 years, parent education and support and poverty alleviation for women.
➢ Earmark HIPC and other debt relief funds to purchase vaccines, insecticide treated bednets, supplies for emergency obstetric care, community-based child care centres

and preschools, and activities targeted to high-risk poor and vulnerable children and their families to ensure equity.

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
ADEA	Association for the Development of Education in Africa
ACSD	Accelerated Child Survival and Development
AGEI	African Girls' Education Initiative
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CGECCD	Consultative Group on Early Childhood Care and Development
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
ECA	Economic Commission for Africa of the United Nations
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University
EFA	Education For All
ESARO	Eastern and Southern Africa Regional office of UNICEF
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
FTI	Fast Track Initiative
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HIPC	Highly Indebted Poor Countries
IECD	Integrated Early Childhood Development
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
ITN	Insecticide Treated Nets
MAP	Multi-Country HIV/AIDS Program
MDG	Millennium Development Goals
NEPAD	New Partnership for African Development
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PRSP	Poverty Reduction Strategy Paper
SSA	Sub-Saharan Africa
SWAps	Sector-Wide Approaches
TT	Tetanus Toxoid
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WCARO	West and Central Africa Regional Office of UNICEF
WGECD	Working Group on Early Childhood Development of the ADEA
WHO	World Health Organisation

NOTES

[1] Informal care would have existed since the first homo sapiens emerged in Africa. For recent summaries of this history in Europe, see Emily Vargas-Baron, *Planning Policies for Early Childhood Development: Guidelines for Action,* UNESCO, 2005 (draft); Alan Pence, *ECD Policy and Implementation in Africa,* UNESCO Early Childhood and Family Policy Series, No. 9, November 2004.

[2] See UNESCO (1990), *World Declaration on Education for All and Framework for Action to meet Basic Learning Needs*, Jomtien, Thailand: http://www.unesco.org/education/efa.

[3] See, for example, R.G. Meyers (1995),*The Twelve who Survive: Strengthening Programs of Early Childhood Development in the third World,* Ypsilanti; Mary E. Young (1996), *Early Child Development: Investing in the Future,* World Bank, Washington, DC; J.L. Evans with R.G. Myers and E.M. Ilfeld (2000), *Early Childhood Counts: A Programming Guide on Early Childhood Care for Development:* World Bank, Washington DC; Mary E. Young (Ed., 2000), F*rom Early Child Development to Human Development,* Washington*,* D.C:World Bank.

[4] Different organizations have used different acronyms for early childhood development to show their particular emphases on holistic early childhood care, education and development. These include: Early Childhood Care and Education/ ECCE (UNESCO), Early Childhood Education and Care/ ECEC (OECD), Early Childhood Care for Development/ ECCD (Consultative Group), and Early Childhood Development/ ECD (World Bank, ADEA).

[5] The most recent documentation and analysis of the African experience can be found in Pence (2004); Kate Torkington, *WGECD Policy Project: A Synthesis Report* (1 October 2001); Emily Vargas-Baron, *Final Report: Project to Support National Policy Planning for Early Childhood Development in Three Countries of West Africa*, WGECD/ADEA, 29 February 2004.

[6] For the detailed series of meetings and key events in the ECD promotion process in Africa, see Pence (2004): 7-8. Only a few are highlighted in this paper.

[7] For a detailed review of the Policy Project and its output reports, see Pence, 2004.

[8] Monaco acceded to CEDAW on 18th March 2005, bringing the total now to 180 States Parties.

[9] See UNICEF (1985), *Adjustment with a Human Face*, New York; UNICEF (1997), *Development with a Human Face,* New York.

[10] For a recent assessment of gender in the PRSPs, see Agnes Akosua Aidoo, Fatou Sarr and Idrissa Ouedraogo (2002), *The Gender Perspective in the CCA/ UNDAF and PRSP Processes and Priorities in West and Central Africa: An Assessment Report*, prepared for UNICEF, UNDP, UNFPA, UNIFEM, WFP, ILO, Abidjan.

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