Association for the Development of Education in Africa

ADEA Biennial Meeting 2003
(Grand Baie, Mauritius, December 3-6, 2003)

ADEA Working Group Early Childhood Development

Early Childhood Development as an Important Strategy to Improve Learning Outcomes

by Karin A. L. Hyde and Margaret N. Kabiru

Working Document
DRAFT

PLEASE DO NOT DISSEMINATE **Doc 5.D**

• Original Version in English •

This document was commissioned by ADEA for its Biennial Meeting (Mauritius, December 3-6, 2003). The views and opinions expressed in this volume are those of the authors and should not be attributed to ADEA, to its members or affiliated organizations or to any individual acting on behalf of ADEA.

The document is a working document still in the stages of production. It has been prepared to serve as a basis for discussions at the ADEA Biennial Meeting and should not be disseminated for other purposes at this stage.

© Association for the Development of Education in Africa (ADEA) – 2003

Association for the Development of Education in Africa (ADEA)
International Institute for Educational Planning
7-9 rue Eugène Delacroix
75116 Paris, France
Tel.: +33(0)1 45 03 77 57
Fax: +33(0)1 45 03 39 65
adea@iiep.unesco.org
Web site: www.ADEAnet.org

Contents

ABSTRACT 9

1. EXECUTIVE SUMMARY 10
   1.1. INTRODUCTION 10
   1.1.1. Rationale for Investing in ECD 10
   1.1.2. Situation of children under 8 11
   1.1.3. Recommendations 12
2. INTRODUCTION 14
   2.1. DEFINITION OF ECD 15
   2.2. CHARACTERISTICS OF HOLISTIC ECD PROGRAMS 15
   2.3. QUALITY 17
   2.4. METHODOLOGY 19
3. THE CASE FOR INVESTING IN ECD IN SUB-SAHARAN AFRICA 20
   3.1. SIGNIFICANCE OF EARLY CHILDHOOD PERIOD 21
   3.2. POSITIVE IMPACTS OF ECD ON SCHOOLING CAREERS 22
   3.3. IMPACT OF ECD ON PARENTS, FAMILY FORMATION AND EMPLOYMENT 24
4. CURRENT STATUS 27
   4.1. EDUCATION 27
   4.2. TEACHERS/CAREGIVERS 30
   4.3. PROVISION AND MANAGEMENT OF ECD SERVICES 34
   4.4. CHALLENGES FOR CHILD-CARE 35
   4.5. CHILDREN AFFECTED BY HIV/AIDS 38
   4.6. COSTS AND FINANCING OF ECD PROGRAMS 38
   4.7. PARTNERSHIPS AND COORDINATION 41
   4.8. POLICY ENVIRONMENT 43
5. DESIGN AND PROGRAM INITIATIVES 44
   5.1. INTEGRATED EARLY CHILDHOOD DEVELOPMENT 44
   5.1.1. Impact 44
   5.2. INVOLVEMENT OF PARENTS AND COMMUNITIES 44
   5.2.1. Impact 46
   5.3. CARE FOR CHILDREN UNDER 3 46
   5.3.1. Impact 47
   5.4. VULNERABLE AND 'AT RISK' CHILDREN 47
   5.4.1. Impact 48
   5.4.2. Lessons learnt 48
   5.5. RESOURCE MOBILIZATION 49
   5.6. CAPACITY BUILDING 49
   5.6.1. Lessons learnt 50
   5.7. PARTNERSHIP AND COORDINATION 50
   5.7.1. Lessons learnt 51
   5.8. POLICY DEVELOPMENT AND IMPLEMENTATION 51
   5.8.1. Lessons learnt 53
   5.9. GOING TO SCALE 53
   5.9.1. Lessons learnt 54
   5.10. CONCLUSIONS 54
   5.10.1. Policy Makers 54
   5.10.2. Funders/Donor Agencies 55

6. CONCLUSION AND RECOMMENDATIONS 56

6.1. Policy development 57
6.2. Integrated planning 57
6.3. Quality and impact 58
6.4. Capacity building 58
6.5. Effective community approaches 58
6.6. Indigenous knowledge and child raising 59
6.7. Peace education 59
6.8. Increasing coverage and widening access to ECD programs 59
6.9. Integrating disadvantaged and high risk children 60
6.10. Achieving gender balance 60
6.11. Advocacy, networking and information 61
6.12. Research, monitoring and evaluation 61
6.13. Recommendations 62
6.13.1. Policy makers 62
6.13.2. Donor agencies 63

7. APPENDICES 64

Appendix 1: Stages of development 65
Appendix 2: Participant list, ECD coordination meeting 67
Appendix 3: Government expenditure on education 68
Appendix 4: Case studies 69

8. BIBLIOGRAPHY 112

Tables

Table 1 Participation rates in pre-primary education, LYA 28

Table 2 Pupil/teacher ratio in pre-primary, LYA 31

Table 3 Female teachers 32

Table 4 Percentage of pre-primary teachers who are trained by gender, LYA 34

Table 5 Health and nutrition indicators 37

Table 6 Percentage of public education expenditure going to pre-primary level, LYA 40

Figures

Figure 1 Holistic child development framework 16

Figure 2 Repetition and ECD GER 24

Figure 3 ECD Gross Enrolment (LYA) by GNI (2001) 29

Acronyms and abbreviations

ADEA	Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
AIPED	International Association for Fight Against Poverty and for Development
BVLF	Bernard van Leer Foundation
CBO	Community-based Organizations
CBR	Community-based Rehabilitation
CCED	Coordinating Committee for Early Childhood Development
CCF	Christian Children's Fund
CCN	Council of Churches in Namibia
CG	Consultative Group
CHW	Community Health Workers
COBUFAN	Coalition for the Rights of the Child in Burkina Faso
CRC	Convention on the Rights of the Child
CTA	Community-Teacher Association
DECDIC	District Early Childhood Development Implementation Committee
DICECE	District Centre for Early Childhood Education
DPE-DE	Child Rights Department
DPES	Preschool Education Department
ECCD	Early Child Care and Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
ECDNA	Early Childhood Development Network for Africa
EFA	Education for All
ELRU	Early Learning Resource Centre
EPZ	Export Processing Zones
FCW	Foundation for Community Work
GER	Gross Enrolment Rates
GMP	Growth Monitoring and Promotion
GNP	Gross National Product
GPI	Gender Parity Index
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
IECD	Integrated Early Childhood Development

IGAs	Income Generating Activities
IPA	Inter-country People's Aid
KIE	Kenya Institute of Education
LYA	Latest year available
MBE	Ministry of Basic Education
MDG	Millennium Development Goals
MFPE	Ministry of the Family and Early Childhood
MOE	Ministry of Education
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MOLG	Ministry of Local Government
MRC	Madrasa Resource Centres
MRLGH	Ministry of Regional, Local Government and Housing
MSA	Ministry of Social Affairs
MSANU	Ministry for Social Action and National Unity
MWRCDFW	Ministry of Women's Rights, Child Development and Family Welfare
MWTT	Mobile War Trauma Team
NACECE	National Centre for Early Childhood Education
VCT	Voluntary Counseling and Testing
NECDIC	National Early Childhood Development Implementation Committee
NEPAD	New Economic Partnership for African Development
NGO	Non-governmental Organizations
PFE	Project Family Educators
PHC	Primary Health Care
PIU	Project Implementation Unit
PLWAS	People Living with AIDS
RDP	Reconstruction and Development Program
SACECD	South African Congress for Early Childhood Development
SIDA	Swedish International Development Agency
SOWC	State of the World's Children
SSA	Sub-Saharan Africa
UIS	UNESCO Institute for Statistics
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
ZEMAP	Zanzibar Education Master Plan

Acknowledgement

We would like to express our appreciation for the support and contributions of the ADEA Working Group on ECD to the development of this paper. Special appreciation is reserved for the agencies and individuals who helped to formulate the terms of reference and took part in a review of earlier drafts of the paper at a meeting held in The Hague in April (participant list is in Annex 1). The contributions of Ann Njenga are also gratefully acknowledged. Kaari Miriti and Ruth Okoth provided research assistance. We are extremely appreciative of Jacqueline Mutua who translated several case studies from French.

The final version benefited from comments from the WGECD and participants at the ADEA Restitution Workshop in Paris, June 30 – July 4.

The cover photograph was taken by Karen Ande at Kasinga Pre-School, Mwana Mwende project in Machakos District, Kenya.

The order of the authors is alphabetical..

ABSTRACT

This paper on the contributions of early childhood development (ECD) programs to quality in basic education starts by outlining key concepts like ECD and quality and presenting a general framework for the subsequent discussion. The emphasis is on an integrated holistic approach to child development that responds to the nurturing, social, emotional, health, nutrition and intellectual needs of the child.

The second chapter discusses the evidence and rationale for the expansion of quality ECD services and summarises the body of research that shows substantial, long-lasting impact on school performance through reductions in repetition and dropout and higher attainment. Those studies that have followed ECD participants into adult life have observed lower rates of criminal activity, higher rates of marriage and lower rates of premarital pregnancy. The ECD participants also show evidence of higher lifetime incomes than control subjects from the same backgrounds who did not attend ECD programs. The evidence is particularly strong for girls and disadvantaged groups.

The available data on children aged 0-8 is presented in the next chapter and the pertinent issues for this age group are highlighted, that is, inadequate and low quality services, high risk of malnutrition and other health risks, insufficient investment in facilities and personnel to support the development of this group as well as poor coordination. The next chapter presents several promising initiatives that attempt to address these challenges and the paper ends with a summary of the challenges and recommendations on the way forward.

1. EXECUTIVE SUMMARY

1.1. Introduction

1. This paper is one of a number of background papers being prepared to support a new ADEA initiative: a taskforce on the Quality of Education to help member countries address the challenge of providing quality basic education for all. It attempts to summarise current knowledge on the benefits and promising policy and strategic options of early childhood development (ECD) and the way in which ECD can contribute to the improvement of the quality of basic education for member countries.

2. ECD includes early socialization, education and readiness for school, as well as, the provision of basic health care, adequate nutrition, nurturing and stimulation within a caring environment. A number of international agreements including the Convention on the Rights of the Child, the Universal Declaration of Children's Rights, the Education for All Declaration, the Dakar Framework for Action, the UN Special Session for Children and the Millennium Development Goals have recognised the role and importance of ECD. Two recent international conferences focussed on early childhood in Africa underscored the importance of ECD in human resource development.

1.1.1. Rationale for Investing in ECD

3. Three broad strands of evidence are presented to support the decision to invest in ECD:

- The first strand is based on the fact that the period up to 8 years of age is of supreme importance for emotional, intellectual and social development, that interventions at this stage can have strong and lasting impacts on the health and welfare of adults and that opportunities foregone at this stage can rarely be made up for at later stages.
- The second strand is the growing research/knowledge base that demonstrates that children who have experienced ECD interventions, or at a minimum pre-primary schooling, do better in school than those who have not. Specifically, those children who attend ECD programs are more highly motivated, perform better and get on better with their classmates and teachers. ECD graduates are therefore less likely to drop out or to repeat. Therefore the cost of their schooling is reduced and primary and even secondary education is more cost-effective. Thus, ECD in itself can spur educational participation in a region of the world that lags behind on most educational indicators.
- The third strand is the non-educational impact of ECD that leads to better employment records, increased family formation and a reduced likelihood of engaging in criminal activities. Further, the evidence is strong that these effects are greater for girls and children from poor or disadvantaged communities. Consequently, ECD can have a generalised positive impact on economic development and the reduction of gender, income and cultural inequities.

4. Much of the evidence for this comes from the North, but much research has been done and continues to be done in the South. The findings are consistent from both geographic areas and the studies are often focussed on poor or disadvantaged children.

1.1.2. Situation of children under 8

5. Although on average child survival to age 1 has improved since 1960, the well-being of children at this and older ages is still threatened by conflict, malnutrition, poverty, and poor availability of ECD services. Another barrier to children's well-being is the low status of women that affects the resources, financial and human, that they can offer their children. The advance of HIV/AIDS has increased the proportion of parents who are HIV positive or have died of AIDS. Consequently, the number of children who have become orphans is increasing and even before their parents die, their compromised health renders them less effective as parents and nurturers.

6. Enrolment in preschool is generally low although there are exceptions like Mauritius, Cape Verde, Liberia and Ghana that have gross enrolment rates over 50%. Teachers/caregivers are predominantly female and there tend to be more girls enrolled than boys at this level. The pupil/teacher ratio is high in most countries and a significant proportion of the teachers are untrained. The supply of training options is insufficient to meet the demand.

7. The curriculum in ECD programs needs to be improved—made more child-centred, drawing on local culture and environment to a greater extent and reducing the emphasis on preparation for formal schooling.

8. Unfortunately, the proportion of the state's education budget spent on the pre-primary level is uniformly low. Consequently the cost of ECD provision is disproportionately borne by communities and parents.

9. Areas of continuing challenge include promoting an integrated approach to early childhood, the involvement of parents and communities, increasing access for vulnerable and at risk children, instituting affordable quality programs and a strategy for financing them, capacity building for teachers and other caregivers (including parents), partnership and coordination, policy development and implementation and going to scale. Thirteen case studies that describe initiatives that try to address these issues are included in appendix 4.

10. The case studies provide several areas of optimism as they illustrate many situations in which collaboration and commitment have combined to make a positive difference for young children. International NGOs have played a significant part in helping to fund many of these ground breaking initiatives.

11. There are some characteristics of ECD programming which are more likely to lead to positive effects than others. Features that will promote quality within an ECD program for SSA include:

- Creating a policy framework that provides administrative, educational and social environment that permits rights-based, effective early childhood care and development programs that are fully integrated into education sector policy.
- Involving different stakeholders and partners. Clear roles and communication between the stakeholders' family, NGOs, CBOs and community structures are essential.
- Developing an operational framework based on the social conditions, strengths, values and the expressed needs of the community. The framework should include community education, mobilization, empowerment, training, mentoring and monitoring and evaluation and research with a communication and feedback system, bottom-top-bottom.

- Promoting community and individual readiness and demand for ECD, This should be accompanied by an empowerment process for parents and other caregivers.
- Increasing the coverage of ECD programs, particularly among rural, poor and disadvantaged populations, ensuring that children particularly at risk can access ECD services.
- Recognizing that there is no one single delivery system option. Parents, professionals and the community should be involved in deciding on the most relevant and affordable options.
- Incorporating local/traditional knowledge into the design of programs, including the curriculum and recognising the contribution and role of parents and communities.
- Including services that address the child’s health, nutrition, cognitive, psycho-social and emotional development. Adding new services into existing services or linking existing services such as health and education can achieve integrated services.
- Reinforcing the competencies/skills of various professionals rather than creating a new set of ‘professionals.’ It is more cost-effective to work with and revise/remodel current training systems.
- Increasing the availability of trained teachers who are flexible and sensitive to the opportunities for learning and stimulation in their surroundings.
- Encouraging the participation of males as ECD teachers/caregivers.
- Building on research on interaction, communication, and mediation since it has been realized that interactive experiences are important in helping children develop to their fullest potential.

1.1.3. Recommendations

Policy makers

- Advocate for the developmental importance of this age period and the necessity for a holistic approach.
- Mobilize and/or reallocate resources to support the provision of ECD.
- Involve different stakeholders and partners as a way of increasing the demand for ECD and reducing the cost borne by individual parents. Clarify roles and communication between the government, NGOs, CBOs and community structures.
- Create a policy framework that provides administrative, educational and social environment that permits rights-based, effective early childhood care and development programs that are fully integrated into education sector policy.
- Develop an operational framework based on the social conditions, strengths, values and expressed needs of the community. The framework should include community education, mobilization, empowerment, training, mentoring and monitoring and evaluation and research with a communication and feedback system, bottom-top-bottom.
- Promote community and individual readiness and demand for ECD. This should be accompanied by an empowerment process for parents and other caregivers.
- Increase the coverage of ECD programs, particularly among rural, poor and disadvantaged populations: ensuring that children particularly at risk can access ECD services.
- Recognize that there is no one single delivery system option. Parents, professionals and the community should be involved in deciding on the most relevant and affordable options.

- Incorporate local/traditional knowledge into the design of programs, including the curriculum and recognise the contribution and role of parents and communities.
- Include services that address the child's health, nutrition, cognitive, psychosocial and emotional development. Adding new services into existing services or linking existing services such as health and education can achieve integrated services.
- Increase the capacity among caregivers, planners, trainers and supervisors through a comprehensive human development schedule that includes an appropriate mix of long and short targeted training programs that include issues of HIV/AIDS prevention and care.
- Reinforce the competencies/skills of various professionals rather than create a new set of 'professionals.' It is more cost-effective to work and revise/remodel current training systems.
- Support institution building to meet the needs for ECD services.
- Encourage the participation of males as teachers/caregivers.
- Support continuing research into ECD and the active monitoring and evaluation of those programs and services that do exist.
- Build on research on interaction, communication, and mediation since it has been realized that interactive experiences are important in helping children develop to their fullest potential.
- Link with Ministries of Health and Social Work for the early identification and support of children with special needs.

Donor Agencies

- Work on identifying and disseminating cost-effective quality approaches to ECD.
- Support continuing research into ECD and the active monitoring and evaluation of those programs and services that do exist.
- Support institution building to meet the needs for ECD services
- Support policy development efforts
- Assist in advocacy and mobilisation of resources.
- Support linkages with international networks

2. INTRODUCTION

12. As Sub-Saharan Africa struggles to move towards a rebirth in the 21st Century, education remains a central strategy for promoting democracy, reducing poverty, enhancing human rights, promoting sustainable development and reversing the HIV/AIDS pandemic. Therefore facilitating access to quality education has become a core concern for African governments and their partners.

13. The Association for the Development of African Education (ADEA) has launched a taskforce on the **Quality of Education** to help member countries address the challenge of providing quality basic education for all. The goal is to make available state-of-the-art knowledge on promising policy and strategic options and frameworks for the design and implementation of quality improvement programs.

14. This knowledge will be summarised in a discussion paper on issues and strategies related to the improvement of basic education in Sub-Saharan Africa. The paper will be drawn from country case studies, a review of relevant African and international research. This paper on early childhood development (ECD) is meant to contribute to the more general discussion paper. It will present a synthesis of what is currently known about the level, and practice of ECD in the region as well as the evidence for the contribution ECD can make to the health and development of children under eight, to positive outcomes for their schooling, and to more long term development goals like the eradication of poverty and the promotion of gender equity. Finally, the paper will highlight options for Ministries of Education in maximising the contribution of ECD to general school performance and effectiveness and the role Education Ministries can play in the expansion and development of ECD in Sub-Saharan Africa.

15. There is an increasingly robust literature (e.g. Young 2002) suggesting that early childhood development programs can make a highly cost-effective contribution to the learning of students in school and even in later life. These effects are particularly strong for children with disadvantaged home backgrounds.

16. Within the context of promoting quality education, it is evident that ECD has a signal contribution to make. Effective ECD leads to increased enrolment at primary and secondary levels and improved progress and performance. The World Conference on Education for All recognised the significance of ECD by stating that "learning begins at birth" and that "… the pre-conditions for educational quality, equity and efficiency are set in early childhood years, making attention to early childhood care and development essential to the achievement of basic education goals" (EFA Framework for Action paragraph 20).

17. ECD is grounded in a number of international agreements. These include the Convention on the Rights of the Child, the Universal Declaration of Children's Rights, the Education for All Declaration, the Dakar Framework for Action, the UN Special Session for Children and the Millennium Development Goals. Two recent international conferences that focussed on early childhood in Africa underscored the importance of ECD in human resource development.

18. ECD also has strong linkages to most of the Millennium Development Goals (MDG), namely:

- Reduce by half the percentage living in extreme poverty by 2015
- Reduce by two-thirds infant and under-5 mortality
- Reduce maternal mortality by three-quarters

- Universal primary enrolment by 2015
- Gender equality in education by 2015
- National strategies for sustainable development

First Dakar Goal

Expanding and improving comprehensive early childhood care and education especially for the most vulnerable and disadvantaged children…

2.1. Definition of ECD

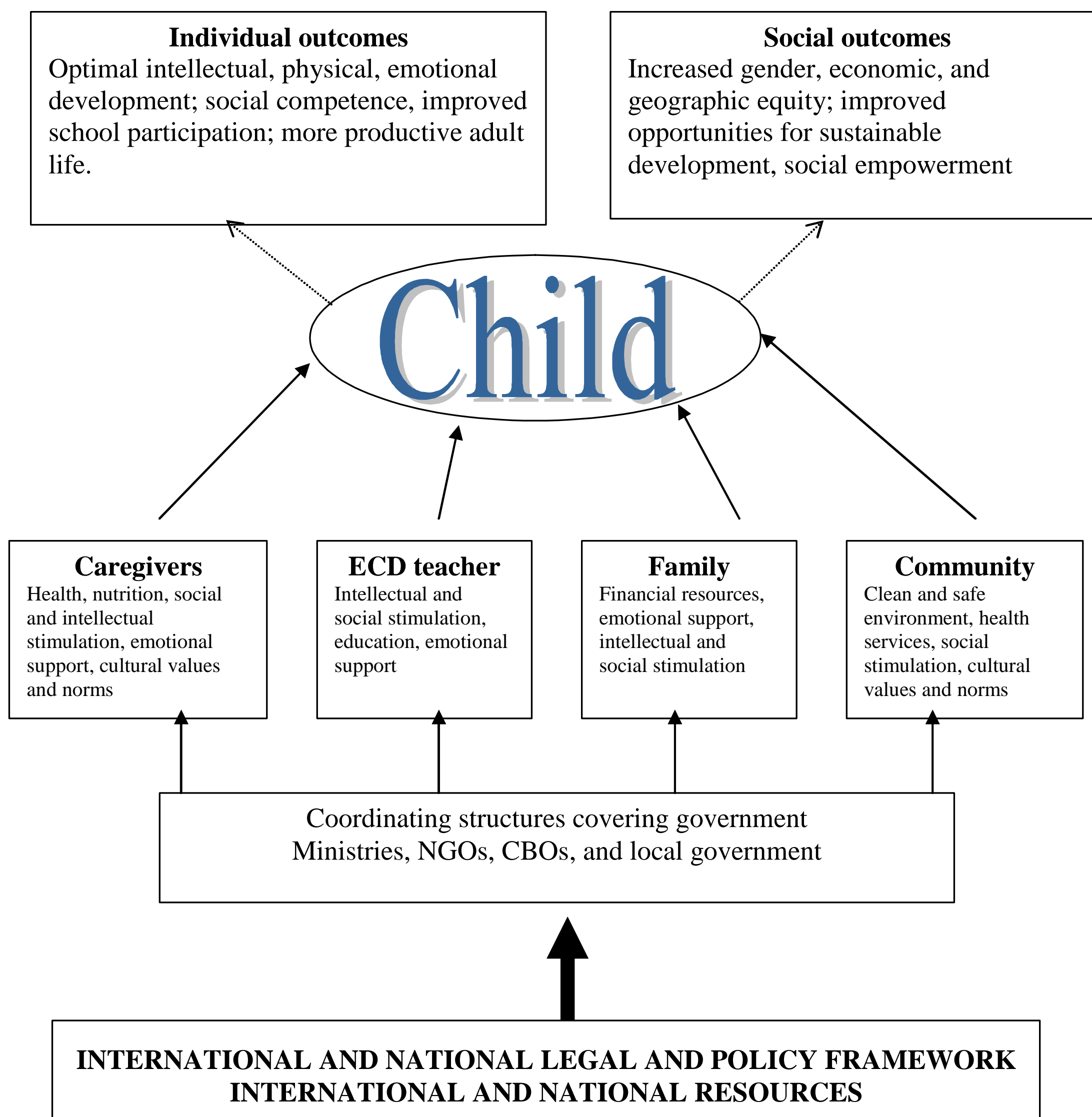
19. The definition of ECD used in this paper includes early socialization, education and readiness for school, as well as, the provision of basic health care, adequate nutrition, nurturing and stimulation within a caring environment. Although this vision of ECD is broad, encompassing formal, family and community contexts within which care for the child 0 – 8 can be provided, the preponderance of the evidence available focuses on formal, organized contexts; there is less on family and community childcare environments. To that extent, the issues and challenges surrounding ECD in SSA may not be as completely discussed as would be preferable.

20. The needs and activities of children in this age range vary widely (see appendix 1). Below the age of three , the care and education of children is rightfully the responsibility of parents. The role of ADEA members (Ministers, funders and other stakeholders) is to ensure that parents have the necessary knowledge and skills to carry out this role effectively. They can also contribute to the development and regulation of child care facilities for those parents who need help with child-care. The training of ECDcare-givers is also an important responsibility. Ages 4 - 6 - s where the issue of school readiness comes in; where care-givers help children to develop the perceptual, intellectual and social skills that will enable them to learn to read and write with facility during their first few months in primary school. Ages 6 - 8 is when most children enter the primary system. The Ministry of Education has a prime responsibility here for the well-being of the child and therefore needs to ensure that also other aspects of a child's development are properly addressed.

2.2. Characteristics of holistic ECD programs

21. Due to the multi-dimensional nature of ECD services, barriers between disciplines should be broken and various disciplines such as education, health, nutrition and social welfare should work together to inform policies, decisions and practices. Dakar goal 1 emphasises the expansion and improvement of “comprehensive” early care and education. “Holistic” and “integrated” are other terms used to describe comprehensive programs. Holistic ECD programs as shown in Figure 1 entail the following features:

Figure 1 Holistic child development framework



- Holistic ECD services address all the developmental needs and rights of children from birth to about 8 years of age.
- Care, health, nutrition and education needs are met in a holistic way and without the traditional split of offering care services for the youngest children (birth – 3 years), school readiness for 3 to 6 years olds and education services for the older ones (6-8 years). Even if children of these age groups are placed in different environments, the curriculum, staff training, regulations, funding, advisory and supervisory services should be harmonized to ensure healthy, holistic continuity.
- Within a country, a holistic program is guided by a common vision, philosophy, objectives, policy, management and regulation that facilitate a unified system but which is diversified and flexible enough to support overall development of all children, regardless of their background. Holistic ECD allows for different arrangements for care, education, protection of children up to and including early primary school grades. The arrangements can be within the family, community, ECD centres, maternal child health services, primary school and so on.

- They are based on a strengths-based model that builds on the people's culture and resources taking into account the stated goals and aspirations of parents and communities. Such goals vary widely in terms of resources, lifestyles and challenges of parents and communities.
- All stakeholders including children, parents, community, CBOs, NGOs and government are fully involved and they should have a common understanding of comprehensive and holistic ECD programs and services.
- The services meet the needs of children but also consider the concerns of the family for childcare support and employment of parents, particularly mothers.

22. Advocacy, research and capacity building to plan and deliver holistic and quality ECD programs are very much needed. The biggest challenge in Africa today is to expand the services to reach the most marginalized and vulnerable groups and at the same time ensure sustainable quality programs and services

2.3. Quality

23. A central EFA goal is to improve the quality of education. To achieve this goal, greater understanding of the elements that define quality is necessary.

> A working definition of a quality ECD program is "*one that meets the developmental and cultural needs of young children and their families n ways that enable them to thrive*"
>
> *Bernard van Leer Foundation*

24. The definition of 'quality' and quality indicators in ECD is as contentious a subject as in any other level of education. During the EFA mid-decade Review (1996) the indicators used to monitor country progress in ECD included:

- The number of formal preschool institutions
- The number of caregivers or teachers employed in this field.

25. The review suggested general qualitative trends but made no reference to specific indicators. For the EFA year 2000 Evaluation, the EFA Forum recommended the use of two other indicators of progress in ECD programs.

- Gross Enrolment Rate
- The percentage of new entrants to Grade One who have attended some form of organized ECD program for at least one year.

26. The above indicators have several shortcomings. First, they do not allow for the assessment of quality of inputs and efficiency of ECD programs. Neither do they allow for assessment of the effects on children nor the financial contributions made by countries to ECD. Finally, they focus exclusively on the 'preschool' model and do not monitor less formal arrangements, or arrangements that are not directly linked to education systems.

27. The Dakar Framework for Action emphasized the need to focus on quality in ECD and other levels of education. According to Myers (2001), monitoring at international and national level should not only focus on "efforts" defined by coverage (enrolment and enrolment rates). He proposes that more attention should be given to assessing 'inputs' (expenditure or formal qualifications of personnel) and 'effects' which include the actual developmental status of children and school readiness. Indicators should be disaggregated, for example, by age, poverty levels, disadvantage or disability to be able to make ECD provision contextualized and to ensure equity. Two additional

dimensions suggested by the Consultative Group on ECD are 'political will' and 'costs and expenditures.'

28. There are a number of efforts in train to define quality in ECD and develop indicators that can be used for advocacy and planning. Examples include the Consultative Group's Child Status Profile, UNESCO/UNICEF program on Early Childhood indicators, the Effectiveness Initiatives by Bernard van Leer Foundation, Highscope Foundation and IEA pre-primary study, CCF's Child Development Indicators and NAEYC measures of learning environment and child outcomes. Reviews of the literature on quality indicators and effectiveness of ECD programs by Myers (2001), Young (2002) and Combes (2003) point out that the following elements should be considered in the assessment of quality of ECD programs (see appendix 5).

a. **Effects on Children:**

- Measures of child development should cover all dimensions including cognitive and language skills, social competence skills, self-care and life skills, physical coordination and dexterity, nutritional and health status.
- Measures of school readiness are close to measures of child development since development is holistic and integral. In addition, people are interested in assessing how well specific skills are related to readiness for literacy and numeracy.
- Social well-being—mortality rates, literacy, stunting and body wastage rates, literacy rates, delinquency levels.

29. Measures of child development and readiness should be reliable, valid, culture and language sensitive. Repeated measures give a better assessment of children than one single measurement.

b. **Efficiency (cost per child or parent education participant, number of children/participants completing the cycle).**

c. **Efforts put forth and processes and indicators of quality such as adult/child ratios and programs. The following inputs are essential ingredients in effectiveness:**

- Definition of aims and objectives by all key stakeholders including children
- Curricula that take a holistic view of child development and therefore develop cognitive, social, emotional and physical skills. Experiences should be enjoyable and leave room for play and exploration. These experiences should also help in the acquisition of healthy relations with self, others and the environment. They should be culturally relevant.
- Education agents including teachers and caregivers who are healthy, sensitive, loving, warm and consistent in the way they interact with children.
- A clean, ventilated, stimulating, healthy, secure physical environment with enough space for learning and interaction.
- Systematic evaluation of methods and services.
- On-the-job training, support and supervision providing for professional and personal growth of teachers/caregivers.
- Program leadership that provides adequate coordination and management but which remains close to children's learning and socialization.

- Parent and community participation and involvement in decision-making can support program implementation.

30. The available research evidence strongly suggests a strong synergistic effect between quality at the primary level and quality in ECD programs. As will be discussed in the next chapter, good ECD programs inculcate attitudes and skills in young children that help them to participate more effectively in primary schooling and increase performance and attendance. On the other hand, good primary schools support and maintain these positive attitudes; the differences between those children who attend good ECD programs and those who do not, tend to fade away within a year or so when the children enrol in poor quality primary schools.

2.4. Methodology

31. This paper is the result of a desk study. Materials were sourced from the Early Childhood Development Consultative Group (see below) and supplemented with conference and other materials. Additional material (comments, discussion and documents) was provided after a WGECD Coordination meeting in The Hague from 14th – 16th April, 2003. A list of participants is in appendix 2. Participants assisted with their comments, suggestions and the provision of additional literature as well as personal communications, drafts and memos.

32. The paper is divided into five chapters. The first explains the background to the study and presents key concepts. Chapter 2 lays out the significance of ECD programs in general and specifically the significance for Sub-Saharan Africa. It builds the case for greater investment and attention to ECD in Africa by detailing the known positive impacts of ECD on child development and schooling. This chapter is the core of the paper and makes a compelling case for better integration of ECD into basic education systems in SSA. Chapter 3 focuses on the current status of ECD programs in Africa and the challenges of implementing effective, quality programs. Some outstanding examples of ECD programs in the region are described in Chapter 4, highlighting the features integral to their success and effectiveness. The final chapter focuses on the way in which the quality of ECD in Africa can be enhanced. Using lessons learnt from existing programs, recommendations are given as a guide for the way forward.

3. THE CASE FOR INVESTING IN ECD IN SUB-SAHARAN AFRICA

33. Governments in Sub-Saharan Africa allocate between 5 and 25% of public expenditure budgets to education ministries, because education is seen, correctly, as a major contributor to human welfare and social and economic development. Yet it is clear that these large expenditures are sub-optimal, that is, provide less than the expected return. Most indicators of output and quality of African education systems bear little comparison with most of the rest of the world. For example, according to recent UNESCO statistics (UNESCO 2003b) levels of repetition, and dropout are unacceptably high and indicate that in general SSA educational systems are inefficient and of poor quality. Further a number of factors external to the education system contribute to their efficiency and low quality, namely—malnutrition, poor standards of personal and public health, HIV/AIDS (social, health and economic effects) and conflict (Young 2002).

34. Within these systems relatively little is spent on early childhood education or development (see table 5 below), yet it is the thesis of this paper that appropriate investment in ECD is a more efficient intervention for the improvement of educational systems than remedial programs later on. They have a high payoff (Duncan and others 1998; Heckman 1999; Ramey and others 2000) and cost less with more dramatic and persistent results than interventions at other education levels (van der Gaag and Tan 1998).

35. Research has show that ECD programs provide a range of benefits for the individual, family and community that make them eminently suitable for Sub-Saharan Africa. ECD programs provide an opportunity for early interventions that can have a significant impact on the lives of poor children. The evidence for the benefits of ECD will be presented below in three broad strands.

36. **The first strand is that the period up to 8 years of age is of supreme importance for emotional, intellectual and social development, that interventions at this stage can have strong and lasting impacts on their health and welfare as adults** and that opportunities foregone at this stage can rarely be made up for at later stages. Therefore, it behoves any responsible government to develop realistic and effective strategies for intervening at this stage and not waiting until primary school to begin human capacity building. Well-designed ECD programs, that is, those that combine health, nutritional, educational and social interventions, can redress the damage resulting from poor nutrition or environment during the early months. In a context within which the proportion of children born into and growing up in poverty is increasing every year, it is clear that ECD programs should demand even greater attention and resources within the education sector.

37. **The second strand is the growing research/knowledge base that demonstrates that children who have experienced ECD interventions, or at a minimum pre-primary schooling, do better in school than those who have not.** Specifically, those children who attend ECD programs are more highly motivated, perform better and get on better with their classmates and teachers. ECD graduates are therefore less likely to dropout or to repeat. Therefore the cost of their schooling is reduced and primary and even secondary education is more cost-effective. Further, ECD in itself can spur educational participation in a region of the world that lags behind on most educational indicators.

38. **The third strand centres on the non-educational impacts of ECD that lead to better employment records, increased family formation and a reduced**

likelihood of engaging in criminal activities. Further, the evidence is strong that these effects are greater for girls and children from poor or disadvantaged communities. Consequently, ECD can have a generalised positive impact on economic development and contribute towards the reduction of gender, income and cultural inequities.

39. Much of the evidence for this comes from the North, but much research has been done and continues to be done in the South. The findings from both geographic areas are consistent with each other. Evaluations have been carried out for many large programs up to two decades after the children have experienced the programs (Schweinhart and others 1993). Many of these programs were set up specifically for poor or disadvantaged children and the evidence of strong positive impact, lasting into adulthood, for these children is a particularly robust dimension of the case for ECD.

40. The rest of this chapter will focus on the specific evidence for each of these strands that supports the case for the contribution of ECD to quality in African education.

3.1. Significance of Early Childhood period

41. Children's life chances are affected by events that take place even before they are born. The prenatal period is extremely important because the mother who is adequately fed, and has received antenatal care is more likely to give birth to a full-term baby who has developed adequately in utero. Nutrition in utero has a major effect on adult height (Floud, Wachter and Gregory 1990).

42. The period between birth and age 8 is one of rapid physiological growth, particularly of the brain. By the age of 8, while the average person has attained approximately 50% of their adult body weight, the brain has attained 90% (Rutter and Rutter 1993).

43. Consequently, this is a time of great importance for cognitive, emotional and psychological development. Research indicates that this is a time of rapid and extensive growth, particularly of the brain. Further, there are apparently critical periods when certain kinds of stimulation lead to particular kinds of brain development: emotional control ages 0-2, vision, ages 0-2, social attachment, ages 0-2, vocabulary, ages 0-3, second language, ages 0-10, math/logic ages 1-4, and music, ages 3-10 (Begley 1995). During this key development period, the number of cells in some areas of the brain can almost double within as little as a year. The brains of children aged between two and three are 2.5 times as active as adult brains and remain more active for the first ten years of life (Mustard in Young 2002b). The developing brain is very sensitive to environmental influences (both physiological and social) and the impact of these influences is long lasting. The environment (the level and quality of nutrition, the amount of intellectual stimulation, opportunities for expression, forming of social relationships, stress, etc.) can impact the rate of growth of brain cells and also the extent and breadth of the connections between trillions of brain cells (Carnegie Task Force on Meeting the Needs of Young Children, Starting Points 1994). The development of these connections help determine children's critical thinking skills, self confidence, problem-solving abilities and ability to cooperate with others (Ramey and others 2000). Other evidence (McCain and Mustard 1999) suggests that the lack of positive stimulation or presence of chronic stress during this period of childhood may lead to adults who find it difficult to manage stress, regulate their emotions or control their behaviour.

44. Nutrition at this stage not only affects brain development but also physiological development. Stunting and reduced physical growth can both result from poor nutrition during this period. Prevention of disease through vaccination and

inoculation and the reduction of many of the common childhood infections are also important for ensuring appropriate physiological and mental development.

3.2. Positive impacts of ECD on schooling careers

45. Tracer studies in developing countries (Myers 1995) indicate that enrolment in ECD leads to more school readiness[1], higher probability of on-time enrolment, lower rates of grade repetition and dropout and improved performance for children who participate.

46. More specifically, a study in Guinea and Cape Verde (Jaramillo and Tietjen 2001) found that 'preschool students in each SES grouping in each country attain higher raw test scores than the control group' who had not attended preschool. Also the longer the child attended, the greater the gain.

47. In Kenya the evidence suggested attendance at a preschool with trained teachers led to a smoother transition from preschool to primary, with lower dropout and repetition in Standard 1. However these effects were mediated by the quality of the school that the children attended (Njenga and Kabiru 2001).

> …the impacts of ECD are strongest for those children from the most deprived backgrounds The opportunity for additional nutritional, health, and educational inputs at an early age can address the developmental delays that are more likely to afflict poorer children

48. Research on children in the Madrasa Resource Centres has also shown positive effects on poor Muslim children attending 'enhanced' madrasas in East Africa. Wamahiu (1995) looked at the graduates from this program that attempted to integrate active learning ECD with religious education. Unfortunately, the study did not collect enough data on the control children. From the first study graduates performed well in the first year of primary school, but performance tailed off subsequently. A follow-up study is being carried out now to investigate the transition to primary school more carefully. Between studies, there were changes made to enhance the quality of the program so the results will not be strictly comparable.

49. One of the most important requirements to a successful school career is the ability to read; the earlier a child can read, the more likely they will be to use this skill to lay a strong foundation for all the learning that follows. Studies show that a student who is a poor reader at the end of the first year has a 90% chance of being a poor reader at the end of the fourth year and a 90% chance of having difficulties in secondary school (Juel 1991). Therefore an effective school readiness program that helps children learn to read is likely to have a major impact on their success in school.

50. Interim results from an ECD impact study in Nepal (K. Bartlett, personal communication) showed some sharp differences between those who had attended and those who had not. They include:

a. 95% enrolment into Grade 1, compared to a national average of 75%
b. Gender equity in enrolment into Grade 1, compared to 39:61 girls to boys ratio for non-ECD attendees
c. By grade 2 enrolment was 46:54 (girls to boys) for those who had attended the ECD program compared to 34:66 (girls to boys) for the non-ECD group

[1] School readiness refers to both intellectual and social preparedness to meet the demands of Grade 1. This is of particular importance because dropout rates in Grade 1 are often very high in SSA.

d. Grade 1 pass rates for ECD group is 81% and non-ECD group is 61%
e. Grade 2 pass rates for ECD group is 94% versus non-ECD group, 68%
f. Promotion rates 84% for ECD group versus 42% non-ECD group.

51. Significance tests suggest the differences are real. The sample was skewed to those most disadvantaged (poor, lower caste or girls).

52. An impact assessment of Gujarat Day Care Centres (Zaveri 1994) that used a pre and post-test design found that after two years in the program, children showed significant gains in cognitive ability that were unrelated to background variables. Mothers also felt that their children were more confident and more able to relate to others. They also showed significant and sustained weight gain as compared to the control children. After they began primary school, they had higher achievement in language, mathematics and environmental studies tests. Their teachers rated them higher in responsibility for themselves.

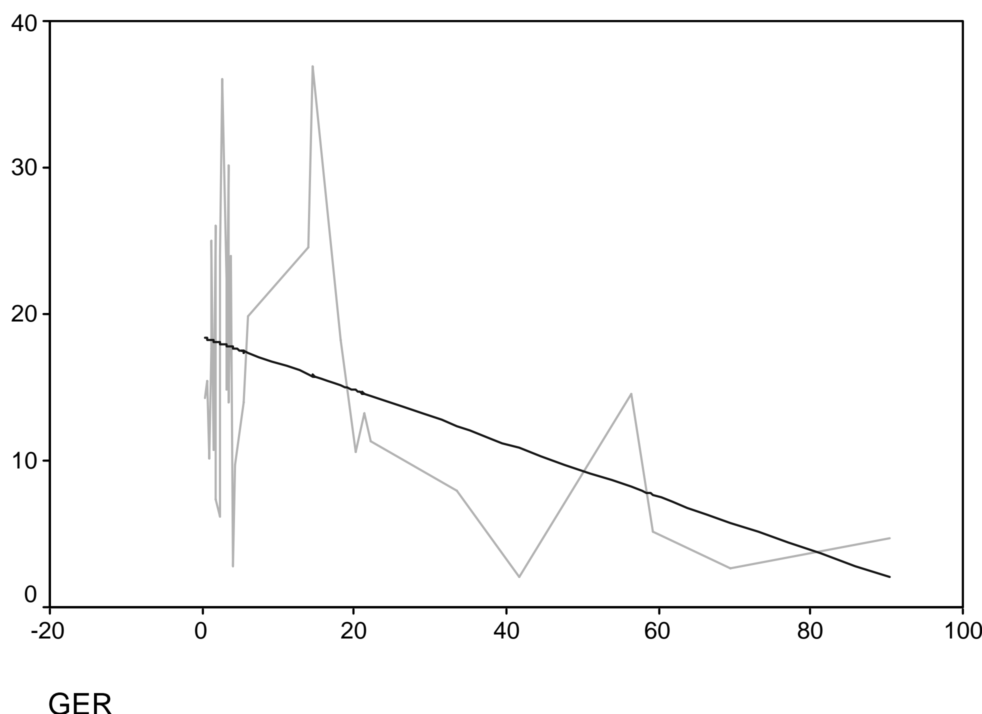
53. The evidence from the High/Scope Perry Project in the United States is notable in several ways. First, selection into the program and non-program groups from a population of children living in poverty and with below average IQs was random; second, data on the children was collected annually until they were 11 and again when they were 14, 15, 19 and 27. Thirdly, attrition in both the program and control groups was low. The results on schooling were as follows (Barnet 1998):

- Up to age 7, program children scored significantly better on IQ and language tests
- By age 14, program children scored higher in reading, math, language and general school achievement and spent more time on homework, although the IQ differences had disappeared
- By age 19, program girls were more likely to graduate than non-program girls (84% versus 35%), although there was no difference for boys.

54. Apart from these tracer or follow-up studies of individual programs, there is also indirect evidence from the negative association at the national level between repetition rates and the pre-school enrolment level (Jaramillo and Mingat 2003). The data in figure 3 below comes from the UNESCO Institute of Statistics.

55. In summary, the right environment for a child during the early years (adequate nutrition, good health care, stimulation and nurturing) can significantly improve the chances for successful, well-adjusted adulthood. Their school years are enhanced by self-confidence and the ability to perform academically and socially at an optimum level. The evidence is that the most disadvantaged and girls benefit to a greater degree from interventions that attempt to enhance their environment. ECD interventions can raise cognitive ability, improve performance, lower repetition and dropout, reduce gender gaps in enrolment, and increase attainment. In general, ECD graduates appear more committed to their own schooling.

Figure 2 Repetition and ECD GER



3.3. Impact of ECD on parents, family formation and employment

56. While the evidence in the previous section focuses on educational impacts, there also appear to be more general impacts not only during the school years but also persisting into early adulthood for the children and indirect effects on their parents. For the children, the theory is that ECD works by 'engendering dispositions in children that enable them to achieve greater success as they begin school. This early success breeds higher motivation, better performance, and higher regard from teachers and classmates' (Schweinhart, Barnes and others 1993).

57. For example, the High Scope/Perry Project followed program attendees into adulthood and found that:

- At 19, 45% of the program group was self-supporting versus 25% for control group; the program women's rate of pregnancy was approximately half that of the control group and the program group reported fewer arrests.
- By age 27, the program group demonstrated:
    - Better knowledge on health issues
    - More effective problem-solving skills
    - Higher monthly earnings
    - Higher levels of home ownership
    - Five times higher likelihood of marriage

58. Based on these findings, the researchers (Schweinhart, Barnes and others 1993) conducted a cost-benefit analysis, in other words they compared the initial cost of the program with the societal savings arising from lower dropout, welfare payments, crime, teenage pregnancy and unemployment. Their conclusion was that $7 was saved for every $1 of initial investment ($7600 per child in 1992 dollars).

59. A more recent cost/benefit analysis of the Abecedarian Project (Masse and Barnett 2002) suggested smaller but still substantial savings from investment in quality ECD services. The Abecedarian project provided intensive preschool programs to children from low income families in North Carolina in the United States. The study found that

- The Abecedarian Project generated roughly four dollars in benefits for every dollar invested.
- Participants are projected to make about $143,000 more over their lifetimes than those who did not take part in the program.
- Mothers of children who were enrolled can also expect greater earnings – about $133,000 more over their lifetimes.
- School districts can expect to save more than $11,000 per child because participants are less likely to require special education or remedial education.
- Results suggested a possible impact on smoking. Participants were less likely to smoke (39% were smokers vs. 55% in the control group), resulting in health benefits and longer lives, for a total benefit of $164,000 per person.
- The next generation (children of the children in the Abecedarian project) are projected to earn nearly $48,000 more throughout their lifetimes because of the impact the project had on their parents.

60. Analysis of Brazil's Living Standard Measurement Study gave similar results with respect to teenage pregnancy as High Scope/Perry, that is, the incidence of teenage pregnancy is less than half for girls aged 10-18 who have attended preschool compared to those who had not (Young 2002a).

61. The availability of good, affordable ECD services can promote employment and education opportunities for both parents and older siblings. Research literature has both positive and negative examples of this. On the positive side in Brazil, Mexico and Guatemala, the availability of chid care releases older female siblings to either enrol or enter the labour market (Deutsch 1998). On the other hand the high cost of formal child care in Kenya reduces mothers' participation in the formal labour market, that is, depresses their wages. The cost of childcare affects the enrolment of older female siblings: the implication being that girls are being used to take on child care roles at home at the expense of their own schooling (Lokshin, Glinksaya, and Garcia 2000).

62. Attendance at ECD has beneficial economic effects for the parents in that it leads to lower absenteeism at work (Schweinhart, Barnes and Weikart 1993 (US)). Further, parents who are satisfied with their childcare arrangements are likely to be less stressed.

63. Some ECD interventions target parents and some of these have shown positive effects for the children. A program in Bogota, Colombia that focussed on parents had a number of interventions for different groups (maternal tutoring, nutritional supplementation at various age periods, maternal tutoring combined with maternal stimulation) as well as a control group with no interventions (Herrrera and Super 1983). The maternal tutoring consisted of home visits twice a week by trained para-professionals who focussed on parent-infant interaction, suggested play activities and directly

stimulated the child. The study found that nutritional supplementation and maternal tutoring (either alone or in combination) improved height for age and weight for age by age 7.

64. A similar study in Turkey also investigated the impact of capacity building for mothers. In this study the training took place in both home visits and biweekly group meetings. The children from low-income urban 'shanty towns' were either at home, in custodial care or in preschool. Fifty percent of the mothers in each of the options were randomly selected to receive training. After four years, cognitive performance was highest for those children whose mothers had been trained, particularly those who had also been in preschool. A follow-up study was conducted six years later. Fewer children of trained mothers had dropped out; they scored higher in verbal and cognitive performance and were rated as having higher autonomy and better social adjustment. The children whose mothers had been trained felt their mothers were more supportive, better communicators and less likely to use physical punishment. Finally, the training appeared to have improved the mothers' confidence and their status within the family, an effect that was still apparent in the follow-up study.

65. The foundation built during appropriate stimulation, adequate nurturing and health care in the ECD years can support later efforts to promote general human development and welfare. Investing in children at this age greatly enhances the probability that subsequent investments both in human capital and in infrastructure (physical, economic, political and social) will succeed.

4. CURRENT STATUS

66. Although child survival to age 1 has improved since 1960 from 5 out of every 6 to 19 out of 20[2], the same conditions that previously led to early death are now likely to lead to an increased probability of impaired physical, mental, social and emotional development.

67. Poverty and changing economic conditions have increased the necessity for women to participate in the formal labour market, within a context of growing levels of female-headed households and reduced support from extended family. Their absence from the home means that young children are more and more likely to have inadequate nutrition, health care and social stimulation during their early years.

68. This chapter focuses on various aspects of children's lives to help provide a context for the discussion.

4.1. Education

69. Much of the evidence on ECD education comes from formal, institutionalised settings, i.e. pre-schools that serve children in the 4-6 years age group. Little information is available on institutions for younger children; nor does it capture the number of children in less formal arrangements (unregistered institutions, family or communal arrangements, home-based care by untrained workers, or care by older siblings, etc) that are more likely to be used by poor families). Nor does the data reflect the experience of the 6-8 year olds who are commonly in the first two or three years of primary school. However, the data (table 1) generally includes both private and public institutions. Therefore, the discussion does focus precisely on the age group that is most likely to come under the purview of the Ministry of Education.

70. Gross enrolment rate (GER) for ECD vary greatly in Sub-Saharan Africa, from 90.31% in Mauritius to less than 1% in Democratic Republic of Congo and Djibouti (table 1). The majority of countries have enrolment rates less than 10%. Cape Verde, Equatorial Guinea, Ghana, Kenya, Liberia, South Africa and Zimbabwe are notable for having enrolments over 25%. However, for 50% of the countries the Gender Parity Index (GPI) is over 1, indicating that there are more girls than boys enrolled. Only one-third of the countries have a GPI less than 0.98: Gambia, Liberia and Sierra Leone are the only three with a GPI below 0.9. The explanation for this pattern is not apparent, particularly given the tendency for boys to be in the majority in primary and secondary schools in most countries.

71. The thematic study on ECCD prepared for Dakar (Myers 2001) suggests that growth in enrolment since 1990 has generally been slow and that this lack of pace "represents a kind of inertia and a failure to give priority to ECCD in often difficult conditions." Myers also notes that certain characteristics are important for the likelihood of children being in institutionalised ECCD. These characteristics include age, rural location and income level. Children in urban areas have more access to ECD services than those in the rural areas. Remote rural areas and slums are the most marginalized. Reports from Francophone countries indicate greater urban-rural disparities. The majority of the very young children are taken care of at home even in situations where parents have constraints in managing childcare and ensuring livelihood for the family (Swadener and others 2000; NACECE, 1995).

[2] Source: Africa Desk of the World Bank, 1998 and SOWC03

Table 1 Participation rates in pre-primary education, LYA[3]

Country	Year	Pre-primary Education						% Private Enrolment
		Gross enrolment ratio			Net enrolment ratio			1999/2000
		Male	Female	GPI	Male	Female	GPI	
Benin	2000/01	6.28	5.95	0.94				23
Burkina Faso	2000/01	1.09	1.17	1.07	1.02	1.1	1.07	
Burundi	2000/01	1.27	1.21	0.95				
Cameroon	2000/01	13.94	14.07	1				44.6
Cape Verde	2000/01	54.98**	57.72**	1.04				
Congo	2000/01	3.03	3.2	1.05	3.03	3.2	1.05	
Cote d'Ivoire	2000/01	3.12	3.05	0.97	3.12	3.05	0.97	
Dem.Rep of Congo	2000/01	0.73	0.72	0.98				
Djibouti	2000/01	0.29	0.42	1.44	0.29	0.42	1.44	
Equatorial Guinea	1999/2000	29.33**	30.68**	1.04	28.97	30.33	1.04	
Eritrea	2000/01	5.87	5.34	0.9	4.36	3.97	0.91	94.6
Ethiopia	2000/01	1.87	1.2	0.97				100
Gabon	2000/01	14.36**	14.54**	1.01				
Gambia	1999/2000	21.18**	19.01**	0.89				
Ghana	2000/01	59.59	59.06	0.99	26.61**	33.78**	1.26	
Guinea-Bissau	1999/2000	3.8	3.99	1.05	2.91	2.97	1.02	62.2
Kenya	2000/01	42.1	41.16	0.97				
Lesotho	2000/01	17.87	18.42	1.03				
Liberia	2000/01	73.67**	65.34	0.88	53.04**	47.04**	0.88	
Madagascar	2000/01	3.32	3.4	1.02	2.83	2.96	1.04	93
Mali	2000/01	1.4	1.38	0.98				
Mauritius	2000/01	88.96	91.72	1.03	57.98	59.32	1.02	84.7
Niger	2000/01	1.09	1.07	0.98	0.96	0.94	0.97	36.3
Rwanda	2000/01	2.69	2.66	0.98				
Senegal	2000/01	2.38	4.87	2.04	2.35	2.7	1.14	69.2
Sierra Leone	2000/01	4.54	3.56	0.78	3.11	2.52	0.81	100
South Africa	2000/01	33.51	33.66	1	18.01	17.99	0.99	26
Sudan	1999/2000	22.96	21.49	0.93				
Togo	2000/01	2.43	2.43	1	2.42	2.43	1	52.2
Uganda	2000/01	4.23	4.24	1	2.67	2.69	1	100
Zimbabwe	2000/01	35.83	36.8	1.02				
Comoros	1999/2000	1.64**	1.76**	1.07				100
Zambia	1998/1999	2.05*	2.49*	1.21				
Namibia	2000/01	19.93**	22.86**	1.14				100
* National Estimate; ** UIS Estimate								
Source: UIS, March 2003								

Gender Parity Index
Ratio of female-to-male values for a given indicator. A GPI of 1 indicates parity between sexes; a GPI that varies between 0 and 1 means a disparity in favour of boys; a GPI greater than 1 indicates a disparity in favour of girls.

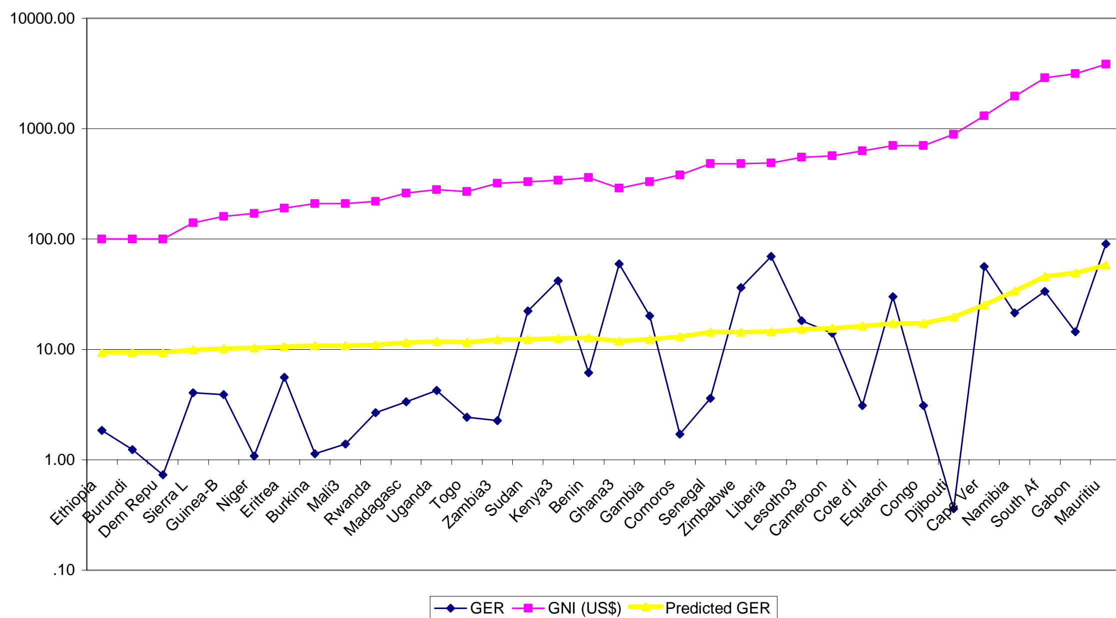
Private Enrolment
Percentage of children enrolled in an institution that is not operated by a public authority but is rather controlled and managed on either a profit or non-profit basis by a private body such as a non-governmental organization or association, a religious body, a special interest group, a foundation or a business enterprise.

72. The positive relationship between income and the likelihood of ECD enrolment appears to operate at the national level also. The graph in Figure 2 plots ECD gross enrolment rates (LYA) against 2001 gross national income (GNI) per capita (US$) for a number of African countries . Although the correlation is not perfect, there is a strong association between the two. The more affluent the country the more likely its

[3] UNESCO Institute of Statistics, State of the World's Children, 2003.

young children are to be enrolled in a formal preschool recognised by the government, and less likely to be part of the more informal arrangements referred to above. The middle line gives a 'predicted' value of the GER based on a linear regression between GNI and GER. No country with GNI below $330 has as high a GER as would be expected. Above $330, there appears to be a linguistic divide, perhaps based on different educational paradigms. Anglophone countries—Sudan, Kenya, Gambia, Zimbabwe and Liberia—all have higher enrolments than would be expected given their income. The countries that have lower than expected enrolments are all Francophone, except Djibouti. They include Benin, Comoros, Senegal, Côte d'Ivoire, Congo, Cape Verde and Gabon.

Figure 3 ECD Gross Enrolment (LYA) by GNI (2001)



73. The Dakar goal for ECD only calls for expansion and improvement and does not provide specific targets. However, the pattern of expansion has historically been low and Jaramillo and Mingat (2003) make the point that at historical rates of growth, it will take close to 200 years for the poorest countries (low-income IDA) to reach ECD enrolment levels of 50%. They estimate that by 2015, the average level of gross enrolment would be 16.3% (9.9% in IDA and 53.2% in non-IDA countries) if enrolment growth continues to follow historical patterns. Clearly, then a substantial and concerted effort will be necessary to bring ECD enrolments to anything close to acceptable levels by 2015.

74. Even though enrolment levels are generally low (table 1) the pupil/teacher ratios are quite high in most countries (see table 2). Only Congo, Lesotho, Mauritius, Seychelles, and Togo have acceptable ratios, that is, less than 20 children per teacher. The number of children per teacher rises to as high as 43 in Zambia. The quality of care and attention available to these young children would be questionable, as staffing ratios have often been identified as a key dimension of quality in ECD.

4.2. Teachers/caregivers

75. Preschool teachers have poor terms and conditions of service. They are employed by different bodies including private organizations, NGOs, individuals and communities. Their salaries vary tremendously with those employed by communities earning low and irregular salaries. The low salaries and lack of status tend to demoralize the teachers, affect quality and impact equity. Most governments do not employ preschool teachers. However, in Mauritius and South Africa, teachers of the reception year class are government employees. Other personnel working as caregivers in ECD programs include home-based care providers and the community health workers (CHWs) who work in Primary Health Care (PHC) programs. Many home-based care providers and CHWs work on voluntary basis and therefore only have a limited time for this community service.

76. The low level of formal education among preschool teachers and CHWs militates against their ability to expand their knowledge and skills through reading available literature on ECD. The proportion of teachers that is trained is over 60% in nine of the eleven countries for which there is data (table 3). Guinea-Bissau and Ghana are outliers with less than 30% and Kenya has just 42.1%. However, the duration of training varies in different countries making it difficult to make valid comparisons across countries. A smaller proportion of female than male teachers are trained in five of the sixteen countries with data (table 4).

77. Training programs for teachers are usually formalized with a set, examinable curriculum. There is little integration of the people's culture: the strengths of communities, their knowledge, skills, experiences or creativity. Further, there is limited use of participatory and reflective approaches that incorporate the trainees' experiences and talents. The demand for training far outstrips the available capacity and there are still many untrained teachers. In Kenya this amounts to about 45 percent of the preschool teachers (MOE Statistics 2002). There is inadequate supervision and follow-up of trainees by the ECD trainers both during and after training.

Table 2 Pupil/teacher ratio in pre-primary, LYA

Country	Year	PTR
Benin	2000/2001	29.9
Burkina Faso	2000/2001	28.9
Burundi	2000/2001	33.0*
Cameroon	2000/2001	23.7
Cape Verde	2000/2001	24.8**
Comoros	1999/2000	25.9
Congo	2000/2001	14.2
Côte d'Ivoire	2000/2001	20.2
Djibouti	2000/2001	23.7
Eritrea	2000/2001	38.1
Ethiopia	2000/2001	34.0
Gabon	2000/2001	30.2
Ghana	2000/2001	24.4
Guinea-Bissau	1999/2000	21.4
Kenya	2000/2001	25.7
Lesotho	2000/2001	18.7
Liberia	1999/2000	35.9
Madagascar	2000/2001	18.0**
Mali	2000/2001	25.2
Mauritius	2000/2001	16.0
Namibia	2000/2001	26.9**
Niger	2000/2001	21.3
Rwanda	2000/2001	34.9
Sao Tome & Principe	2000/2001	29.5**
Senegal	2000/2001	22.2
Seychelles	2000/2001	14.9
Sierra Leone	2000/2001	18.9
South Africa	1998/1999	35.7**
Sudan	1999/2000	29.8
Togo	2000/2001	16.2
Uganda	2000/2001	24.6
Zambia	1998/1999	42.9*

* National estimate ** UIS estimate
Source: *UIS, March 2003*

Table 3 Female teachers

Country	Year	PTR
Benin	1999/00	61.2
Burkina Faso	2000/01	66.38
Burundi	2000/01	92.64*
Cameroon	2000/01	97.16
Cape Verde	2000/01	97.00**
Comoros	1998/99	94.00**
Congo	2000/01	99.56
Côte d'Ivoire	2000/01	80.25
Djibouti	2000/01	87.67
Eritrea	2000/01	100
Ethiopia	2000/01	97.55
Gabon	2000/01	92.25
Ghana	2000/01	98.01
Guinea-Bissau	2000/01	91.21
Kenya	1999/00	73.2
Lesotho	2000/01	55.00*
Liberia	2000/01	99.08
Madagascar	2000/01	97.99
Mali	2000/01	89
Mauritius	2000/01	98.5
Namibia	2000/01	100
Niger	2000/01	87.6**
Rwanda	2000/01	98.7
Sao Tome & Principe	2000/01	85.77
Senegal	1998/99	94.96
Seychelles	2000/01	82.2
Sierra Leone	2000/01	100
South Africa	2000/01	83.3
Sudan	1998/99	79.1**
Togo	199/00	84.5
Uganda	2000/01	93.03
Zambia	2000/01	69.83

* National estimate ** UIS estimate
Source: *UIS, March 2003*

78. There is evidence of growing interest by governments, parents, communities and NGOs in investing in quality ECD programs by developing teachers' skills and abilities. The emerging government policies and programs in Mauritius, South Africa, Namibia, Kenya, and Ghana include training of ECD teachers as key elements in raising

and maintaining quality of ECD programs. South Africa and Mauritius have developed accreditation programs. South Africa has a tiered training system where practitioners can progress from basic adult education level to degree level. Kenya runs a two-year in-service certificate course for preschool teachers and a nine-month induction course for trainers. The induction course is being reviewed to upgrade it to diploma level that will allow participants to earn credits if they enrol for degree courses in ECD that are now offered in Kenyan public universities. Most countries have adopted in-service and on-the-job training models with short face-to-face sessions alternating with field experiences. Such a model is cost-effective and provides practical real life experiences to teachers during training. The courses also incorporate skills on parent and community mobilization since their support is crucial to the success of the ECD programs. In many cases, the expansion of the training program is limited by lack of qualified training staff and financial resources (Sang and others 2002; Torkington 2001).

79. The main goal of these training programs is to equip teachers with relevant knowledge and skills that promote their professional and personal development. The training also helps the teachers to provide rich and stimulating experiences for children. The teachers encourage active learning methods that develop the character of children. They also learn to use local culture and environment to enhance learning and to mobilize communities so that they provide quality services for young children.

80. However, in most countries ECD teacher and trainer courses vary in duration and training methods depending on the philosophies and resources of the different organizations that offer training. Many of the training curricula need to be revised to incorporate emerging issues such as indigenous knowledge, gender socialization, HIV/AIDS, living values, peace building, conflict resolution and participatory research.

81. Countries are trying to make the ECD curriculum child-centred, culturally and environmentally relevant. In many countries the content of the curriculum is formal and geared to preparation for formal schooling. Foreign concepts are still dominant. There is also a shortage of local play and learning materials for children though there are growing efforts to correct the situation.

82. There is a gender imbalance among ECD teachers in all countries. Only Zambia and Kenya have a female percentage less than 60% (table 3). All other countries have female teachers representing more than 60% of their ECD teaching force. Djibouti, Seychelles and Mauritius report that they do not have any male ECD teachers and 14 countries have over 90% of their teaching force being female.

Table 4 Percentage of pre-primary teachers who are trained by gender, LYA

Country	Year	Total	Female	Male
Guinea-Bissau	1999/2000	22.7	21.1	26.9
Sierra Leone	2000/2001	76.3	72.6	94.7
Ethiopia	2000/2001	62.1	62.8	53.8
Eritrea	2000/2001	64.7	50.0	65.1
Benin	1999/2000	69.5	62.4	80.6
Ghana	2000/2001	23.9	24.6	18.3
Congo	1999/2000	77.8	77.8	--
Seychelles	2000/2001	81.1	81.7	77.9
Namibia	1999/2000	77.1	86.4	11.7
Uganda	2000/2001	85.6	89.4	76.9
Niger	2000/2001	100	100	100
Côte d'Ivoire	2000/2001	90.8	90.9	90.4
Mauritius	2000/2001	85.3	85.3	--
Kenya	1998/1999	42.1		
Senegal	2000/2001	100	100	100
South Africa	1998/1999	65.8**	67.3**	67.7**
Zambia	1998/1999	100	100	100

** UIS Estimate . Source: UIS, March 2003.

83. This wide imbalance raises questions about the impact of the absence of men in ECD centres on the development of young children, especially boys who may miss out on male role models during these formative years. Primary education systems in SSA that have a high proportion of female teachers tend to have higher female enrolments.

84. It has also been observed that men play a minimal role in early childcare and socialization. The fathers are either not there at all, as in female-headed households, or when present, they rarely support their wives in child care.

4.3. Provision and management of ECD services

85. In many countries such as Kenya, Senegal, Zimbabwe, Lesotho, Botswana, Ghana and Nigeria communities play a central role in the management of ECD programs (see appendix 4). People come together, identify land, and contribute money, labour, time and other resources required for putting up the centre. Usually an elected committee manages the centre and a caregiver or teacher from the community is paid from fees collected from parents. Parents may also provide food and learning materials. The day to day management of the program is carried out by a committee elected by the parents and community. Many community led programs may run into problems as the fees charged may not be high enough to support the caregiver on a regular basis or provide enough quality inputs. Many of the caregivers need training to become fully conversant with the

needs of children and learn how to support and sustain holistic ECD programs. Training programs for committees have been initiated in a number of countries such as South Africa, Burkina Faso, Eritrea, Kenya and the Island of Zanzibar.

86. CBOs, NGOs, religious organisations and local governments also manage some of the ECD programs. Indeed in some countries there is concern that parent and local communities are over-dependent on NGOs and other agencies in the provision of ECD services and programs.

4.4. Challenges for child-care

87. Child rearing practices have experienced many changes during the last century. Few pockets still remain where traditional child rearing practices are unchanged. Western education, religion, migration and media have contributed to changes in these practices.

88. In traditional society, close family ties within the extended family provided a built-in emotional, social and economic support for members. This support has been disrupted as rural families move to urban areas or to new rural settlement areas. There are now many nuclear families living away from the extended family. This creates a challenge for childcare and early socialisation. Children miss the wide and varied experiences provided in the extended family on how to relate with others and the environment. In the nuclear family both parents may need to work away from home. The older children usually attend school, thereby making care of young children a difficult task. Some families employ child minders or bring in young relatives to take care of infants and young children. In urban areas and agricultural plantations, some parents use day care centres that may lack basic health, nutrition and play facilities for young children. The child minders and teachers are often not trained in the care of very young children. Fortunately even if the communal support system has declined considerably it is still possible in many areas to rally communal support around children and the family.

89. Girls and women suffer inequalities in access to socio-economic opportunities and legal protection. They have limited decision-making power even in matters that affect their lives. As the primary caregivers of young children this has an immediate impact on the status and well-being of the children in their care.

90. Women in female-headed households are often the sole breadwinners and may have a multiplicity of roles, earning a livelihood, undertaking the household chores and taking care of their children. Consequently, such women may be too tired and stressed to provide adequate care for their children.

91. Teenage mothers face greater threats to their health during pregnancy and delivery than women in their twenties and thirties. This is of some concern in many countries because the age of first birth in Sub-Saharan Africa is still very low. By age 18, about 40 percent of the girls in Mali, Côte d'Ivoire and Senegal have already given birth (Colleta and Rheinhold 1997). The problems of young mothers are compounded if the births are extra-marital. In Kenya 93% of the women between ages of 15 to 24 that give birth are unmarried. Yet up to 31.9% of children born have mothers of this age (Weisner and others 1997). Teenage mothers are economically dependent on their parents so they are not able to make decisions about their own lives and those of their children. This makes them and their children very vulnerable to discrimination (Mwana Mwende Child Development Centre 2000). These young mothers may also be vulnerable to sexual exploitation.

92. The deteriorating social and economic context is threatening the community and family-based support systems for children. Their families lack the ability or are unwilling to provide a nurturing and caring environment. Some children are exploited and harmed by others. Others may have mental or physical challenges that place them at risk and threaten to make them social outcast. Children who lack adequate social support and protection are 'at risk'[4].

93. Sub-Sahara Africa has the highest under 5 mortality and infant mortality of all the regions in the world. At 173 per thousand, SSA's under-5 mortality (2001) is close to double that of South Asia (98 per thousand). Although this average masks a range of 318 per thousand in Sierra Leone to 19 per thousand in Mauritius, the countries of SSA are clustered at the bottom of the ranking. Out of the 50 lowest ranked countries, 39 are in SSA.

94. Although most children in SSA are less well off and have worse prospects than children in other regions, some classes of children are particularly at risk. These include orphans, due to conflicts, wars and HIV/AIDS, refugee children and child labourers. The size of these groups is growing.

95. In Africa, malnutrition levels among young children were the same in 1998 as they had been in the 1980's and in those countries affected by war and famine, they were worse. Although the number of children born with low birth weight (less than 2500 grams) is not unacceptably high, only 27% of them are exclusively breast fed.

96. Wars and civil conflicts are particularly traumatic for children, especially when they are orphaned or separated from parents and significant others. Injury or death is a real threat: over one quarter of a million children were killed in the Rwanda genocide (UNICEF 2001).

97. In some of the most recent conflicts in Rwanda, Sierra Leone, Sudan, Northern Uganda and Côte d'Ivoire, children witnessed the torture and killing of their parents. The impoverishment and displacement occasioned by conflict has a great impact on children. This is compounded by the fact that resources that could be used for supporting children are wasted on destruction and creation of hatred and distrust.

98. Children who experience conflict suffer physical and psychological wounds that result in long lasting negative effects on development, learning and social adjustment. These children require specialised care and attention to deal with grief, loss, injury and disorientation. Efforts need to be made to safeguard their rights and ensure that they have access to basic services such as health, nutrition, education and attachment to significant adults.

99. Forms of child abuse in Africa include child labour, neglect and abandonment, sexual abuse, malnutrition, lack of adequate care and lack of educational opportunities. The incidence of child abuse and neglect continues to rise as a result of increasing stress, poverty and decline in traditional values and norms. HIV/AIDS pandemic has also contributed to the rising cases of child abuse due to the belief that sex with young girls, even babies, cures HIV/AIDS (Associacao Crianca, Familia e Desenvolvimento and Wona Sanana 2002).

[4] Children whose health, psychological and emotional welfare and opportunities for education are threatened by some personal, family or environmental characteristics like poverty, endemic disease, poor social services, abuse or conflict.

Table 5 Health and nutrition indicators

Country	% Underweight Births 1995-2001	IMR	U5M 2001	% Exclusive breast To age 6 months, 1995 -2001
Angola	-	154	260	11
Benin	15	94	158	38
Botswana	11	80	110	34
Burkina Faso	18	104	197	6
Burundi	16x	114	190	62
Cameroon	10	96	155	12
Cape Verde	13	29	38	57k
C.A.R	13x	115	180	17
Chad	24	117	200	10
Comoros	18	59	79	21
DRC	15	129	205	24
Congo	-	81	180	4k
Côte d'Ivoire	17	102	175	10
Djibouti	-	100	143	-
Eq. Guinea	-	101	153	24
Eritrea	14	72	111	59
Ethiopia	12	116	172	55
Gabon	-	60	90	6
Gambia	14	91	126	26
Ghana	9	57	100	31
Guinea	10	109	169	11
Guinea-Bissau	20	130	211	37
Kenya	9	78	122	5
Lesotho	-	91	132	16
Liberia	-	157	235	73k
Madagascar	15	84	136	41
Malawi	13x	114	183	44
Mali	16	141	231	8
Mauritania	-	120	183	28k
Mauritius	13	17	19	16xk
Mozambique	13	125	197	30
Namibia	15x	55	67	14x
Niger	12	156	265	1
Nigeria	9	110	183	17
Rwanda	12x	96	183	84
Sao Tome & Principe	7x	57	74	56
Senegal	12	79	138	24k
Seychelles	10x	13	17	-
Sierra Leone	22	182	316	4
Somalia	-	133	225	9
South Africa	-	56	71	6
Sudan	-	65	107	13x
Swaziland	-	106	149	24
Tanzania	11	104	165	32
Togo	13	79	141	18
Uganda	13	79	124	65
Zambia	11	112	202	11k
Zimbabwe	10	76	123	33

Source: SOWC03, Statistical tables. K – Exclusive breast feeding for < 4 months. X – lies outside time period or for only part of country or non-standard definition

100. It is estimated that one child in ten has special needs, whether these be physical, emotional or intellectual. Few children with special needs receive adequate health care or special services (UNICEF 1996). Further, they may be abandoned, neglected and stigmatised. Their families may be ashamed of them and therefore seclude them from normal family interactions. They may be seen as a burden, regarded as useless and beyond help. Their families are sometimes isolated and neglected (Evans 1998).

4.5. Children affected by HIV/AIDS

101. HIV/AIDS is one of the biggest problems affecting the welfare of children in Africa. According to UNICEF (2003) today there are about 9 million orphans in Africa. AIDS orphans are part of the larger orphan population due to other causes such as disease, malnutrition, war and civil strife. By 2010 orphans will comprise over 20 per cent of children less than 15 years of age in the four countries most affected by HIV/AIDS (Botswana, Lesotho, Swaziland and Zimbabwe).

102. The effects of HIV/AIDS on infants and young children threaten to undermine many of the achievements made in child health and young children affected by HIV/AIDS have educational, psychosocial and protection needs that require priority interventions in order to fulfil their basic human rights. Orphans often lack access to schooling. Sometimes they are neglected and abused by fostering guardians. Children who are abused and/or neglected are often malnourished, experience ill health and may become traumatized or engage in delinquent behaviour.

103. Few programs adequately recognize and address the needs of young children affected by HIV/AIDS. However, the experience of Botswana has shown that access to free basic education and the existence of school feeding programs can considerably enhance the probability that children affected by HIV/AIDS will regularly attend school (Bennell and others 2001).

104. Of particular relevance to infants and young children is the availability of support (psychosocial, spiritual and material) and treatment (opportunistic infections, ARV) that can help ill parents to live longer and more comfortably so that they continue caring for their children. The prevention of mother to child transmission and treatment of infected people are also challenges. Legal issues that need to be addressed include registration of births, national identification or ensuring inheritance rights of orphans and widows.

4.6. Costs and financing of ECD programs

105. In most African countries, a major proportion of resources for ECD services are provided by parents and communities, national NGOs and international funding agencies. Communities meet the costs of ECD services by putting up physical facilities, providing equipment and materials and paying staff. In some countries local authorities finance ECD by employing teachers and supervisors, constructing facilities, sponsoring the training of teachers and supervisors and providing materials and equipment. From table 1, five countries have no state provision of pre-primary places (Ethiopia, Sierra Leone, Uganda, Comoros and Namibia). The three countries with the highest government provision are Benin, Niger and South Africa.

106. The funding is inadequate and this is one of the major constraints limiting the expansion of the ECD programs and implementation of policies. For the majority of the countries, the allocation for ECD is less than 0.01 percent of the Ministry of

Education budget (see table 6). The percentage allocated for ECD is higher if the funds allocated for children in health, nutrition and social welfare are included.

107. The international funding bodies that provide a high proportion of funding in the forms of grants and loans include UNICEF, UNESCO, Bernard van Leer Foundation, Save the Children, Christian Children's Fund, Aga Khan Foundation and the World Bank. Involvement of the private sector is limited.

108. However, information on the actual costs of running ECD programs is inadequate across countries. One of the reasons for this is that there are a great variety of ECD service delivery models and costs of items also differ from one place to another. Also costs are covered from many sources such as fees, in kind provision, labour, government and donor contributions (ECDNA 1998; Colleta and Reinhold 1997).

109. The World Bank is beginning to address this gap through the development of a costing model (Jaramillo and Mingat 2003). A collaboration with WGECD to test out this model and its assumptions in three African countries is in its planning stages.

110. In thirteen of the 19 countries in table 6, expenditure on pre-primary level is less than 1% of public expenditure on education. In Kenya for example, 0.24% of the Ministry of Education's recurrent budget is allocated to ECD. Most of this is utilized for salaries of staff who undertake coordination, maintenance of standards, curriculum and training of teachers (Sang and others 2002). In Kenya, Lesotho, Namibia, and Zimbabwe, the pre-primary GER ranges from 18% to 41%, yet this seems to be entirely supported by individuals and communities. If such a large proportion of the cohort is enrolled at this level, it would seem only equitable that more public resources be devoted to it. Gabon, Mali, Niger, and Senegal have lower enrolment ratios but their governments spend more, relatively, on the pre-primary level.

111. A critical dimension of costs is quality. While in general, better programs that have more robust positive effects are more expensive, the cost difference may not be large. For example, a US study found that programs that were of acceptable quality cost only 10% more than other poorer programs (Helburn 1995). In addition, a study carried out in Guinea (Jaramillo and Tietjen 2001) found that children from low cost preschools performed better on some tasks than children from high cost preschools.

112. The components of costs include location, equipment, food supplies, staff (training and salaries), supervision and evaluation. According to Helburn (1995), the most critical areas for investment would be in staff/child ratios, higher staff wages, training for staff and experienced administrators. Proposals for reducing costs include care in private homes rather than centre based care and locally made toys or toys adapted from the local environment.

Table 6 Percentage of public education expenditure going to pre-primary level, LYA

Country	Year	%
Benin	2000	1.23**
Botswana	2000	0.0
Burundi	2000	0..26
Chad	1999	0.00
Comoros	1998	0.00
Côte d'Ivoire	2000	0.01**
Equatorial Guinea	2000	4.21**
Gabon	2000	10.50**
Kenya	2000	0.24*
Lesotho	1999	0.0
Mali	1999	0.96**
Namibia	1998	0.00
Niger	2000	2.30**
Senegal	1998	2.59*
Sierra Leone	1998	0.00
South Africa	1999	1.23
Swaziland	1998	0.03
Togo	2000	0.51**
Zimbabwe	1999	0.02**

* National Estimate ** UIS Estimate
Source: UIS, March, 2003

113. Other cost cutting proposals from the Consultative Group on ECCD are:

- Focus services on limited, disadvantaged populations
- Use trained community workers or family members as caregivers and teachers
- Use all available resources (people of all ages, facilities available part-time, recycled materials)
- Use existing infrastructure by incorporating ECCD elements into ongoing health, nutrition, regional development, and adult education programs.
- Use mass media and all other means of communication

114. While the case for government taking on the major share of financing is strong (social benefits of ECD outweigh private benefits), it must be recognised that many African governments face financial constraints. Supplementary funding options include:

- Special taxes, e.g. payroll taxes
- Trust funds to which governments, donors, or other stakeholders can contribute
- Private sector donations and philanthropy—in kind provision, direct provision of childcare, childcare credits, etc.

115. African countries need to mobilise internal resources to sustain the projects started through this funding.

116. However, the efficiency gains to be realised through the reductions in repetition and dropout within a system should release funding that would allow governments to reduce the proportion of ECD costs that is directly borne by individuals and communities.

4.7. Partnerships and coordination

117. Effective ECD programs result from well-coordinated efforts of different partners including parents, communities, civil society, and local and national governments, NGOs and funding agencies. They all play a significant part in establishing, managing and financing ECD programs. To increase access and improve quality of sustainable integrated ECD services, different stakeholders need to collaborate and work in partnership, complementing and supporting one another. Partnership involves a process of mutual collaboration in which all parties contribute according to their resources, expertise and experiences.

118. Governments have begun to undertake the coordination of stakeholders and of their own ministries and departments involved in ECD. Modalities differ. Senegal has created one ministry to be responsible for ECD. Other countries such as Gambia, Senegal, Namibia, South Africa and Mauritius have divided the responsibilities of ECD between two ministries. Older children from 3 to 7 are the responsibility of the Ministry of Education probably due to the view that these children need to be prepared for school. In Namibia, services for children up to three years of age are under the Ministry of Women's Affairs and Child Welfare (MWACW). In South Africa, these services fall under the Ministry of Health and in Mauritius under the Ministry of Women's Rights, Child Development and Family Welfare (MWRCDFW). In Kenya, Uganda, Tanzania, Zimbabwe, Ghana, among others, ECD is under the Ministry of Education.

> "Partnership thrives when there is mutual respect, where parties to the cooperation give and receive, where there is joint definition of purpose of cooperation objectives by dialogue among partners in which objectives are harmonized and by which strong commitment is created"
>
> *(Otaala 1999b)*

119. Experience in a number of countries (Kenya, Namibia, South Africa, Senegal and Mali) suggests that the existence of an inter-ministerial body facilitates the coordination of policies and actions. Similar intersectoral committees are established at provincial, regional and local levels to coordinate and monitor activities right to the neighbourhood level to facilitate decentralized decisions and actions. This has been done to ensure adequate support to families, caregivers and communities. However, due to financial and resource constraints and the inadequacy of data management systems, the headquarter units are not able to effectively monitor the program and provide support to stakeholders as required. In addition, some coordinating units are short of staff or the staff require training to effectively implement integrated programs.

120. Community-based organizations, religious groups, national and international NGOs and funding agencies play a crucial role in the development, coordination and implementation of ECD programs. International NGOs (Bernard van Leer Foundation,

Save the Children, Aga Khan Foundation, Christian Children's Fund, Plan International, and CARE) and UN bodies such as UNICEF, UNESCO and the World Bank provide resources that are much needed for the well being of children. NGOs usually support community efforts by providing materials and training of parents, caregivers, teachers and trainers. They also support broad community development efforts aimed at improving the welfare of children and families.

121. National networks and associations of ECD stakeholders are growing in importance and they facilitate exchange and sharing of information and experiences. Examples are the South African Congress of Early Childhood Development, Tanzania ECD Network, and associations of ECD teachers in Zambia, Ghana and Senegal. There are also ECD networks in Francophone countries such as Mauritania, Mali, Burkina Faso, Gabon and Senegal which are linked to Reseau Africain Francophone Prime Enfance (Early Childhood Francophone African Network). Another network has been formed by the students who have been undergoing a Masters degree in ECD under the auspices of Early Childhood Development Virtual University (ECDVU) coordinated by the University of Victoria, Canada and financed by some members of the Consultative Group on ECD and the Norwegian government.

122. The Consultative Group on ECD has been in existence since 1984 and has focussed on bringing together actors (international agencies, Foundations, individuals and organisations, etc.) with an interest in ECD. The group now has contacts in 119 countries. The main activities include

- The regular dissemination of a "Coordinators' Notebook" comprising a focussed article and related case studies to over 3000 individuals, networks and organisations;
- Maintenance of a website;
- The development of a CD-ROM on ECCD for use by development professionals, program planners, trainers, policymakers and child advocates.

123. The Consultative Group has an annual general meeting for information exchange and discussion of current substantive issues. It also makes presentations at important meetings and conferences related to education and children's rights.

124. The ADEA Working group on ECD (WGECD) was formed in 1997 under the leadership of UNICEF. In 1998 leadership was taken over by the Netherlands Ministry of Foreign Affairs where it remains. WGECD's work is governed by the following principles:

- All aspects of a child's development are interdependent and of equal importance (holistic approach);
- The critical stage of ECD begins before birth and continues into the early years of formal schooling
- ECD interventions respect the practices and cultural beliefs that are part of the development of children in each society
- National government commitment is essential for the development and expansion of ECD policies. Distinctive and cross-sectoral policies supporting holistic ECD are likely to be the most effective.

125. Recently completed and ongoing activities include a Policy Studies Project and a survey of ECD provision and policy in the region.

4.8. Policy environment

126. African governments have a central role to play in facilitating the expansion and improvement of quality of ECD services. One of the major responsibilities of the government is policymaking in consultation with the other ECD partners and stakeholders.

127. SSA countries have been developing ECD policies in response to felt needs and global initiatives. Recently developed country policies are addressing some of the following issues: integration of care, education, health and nutrition; universal access; increased public and private investment in ECD; partnership; staff training and qualifications; improvement of quality; expanding services to the vulnerable and children under three years. The following are examples of countries that have started on the process of developing holistic ECD policies: Ghana, Namibia, Mauritius, South Africa, Gambia, Senegal, Mauritania, Mali, and Burkina Faso. However, countries are at different levels in terms of the policy development process. The adequacy and comprehensiveness of the policies also vary. Policy implementation is a challenge that requires definition of strategies and responsibilities, and provision of resources (Combes 2003; Torkington 2001).

5. DESIGN AND PROGRAM INITIATIVES

128. Increases in scientific knowledge on the importance of the early years, international agreements in support of the child and concern for the deteriorating conditions for children have motivated African countries to boost their commitment towards children and develop strategies to ensure a better life for them. This section highlights innovations, strategies and models that illustrate what can be achieved through partnerships and collaborative efforts. Full descriptions of selected case studies are in appendix 4. Each of the cases reviewed demonstrates the interplay of several strategies.

5.1. Integrated Early Childhood Development

129. Traditional pre-schools are the most common type of ECD service available but have a number of weaknesses, namely they are too formal, there is an over-emphasis on ‘extending primary schooling downwards, and finally they are too expensive for the majority of the population.

130. To address these limitations, many countries have increased their efforts to initiate integrated ECD programs in recognition of the fact that the child’s total development is enhanced when health and education services are integrated and linked to other initiatives such as water and sanitation, income generation, women’s and youth programs. There are a number of countries that have partnered with the World Bank, UNICEF, UNESCO and other funding agencies to initiate pilot integrated child development programs. Among the countries that have signed up for ECD loans from the World Bank are Kenya, Uganda, Eritrea, Lesotho, Burundi, Guinea, Mali, Senegal, Mauritania, Gambia, Madagascar and Rwanda. Similar efforts have been started in Burkina Faso, Mauritius, and Namibia. These countries have collaborated with UNICEF, UNESCO, Save the Children, Christian Children’s Fund, World Vision, and other agencies to develop integrated ECD programs.

131. Common features of these programs are a focus on parent education and a strengthening of local capacity for delivery and management of ECD services. Governments are the lead agencies but they work in close collaboration with the local communities and NGOs.

5.1.1. Impact

132. The training of caregivers and teachers within these programs has led to improvements in children’s learning environment and improved services for children. Coordination structures have strengthened collaboration both at the national and local levels. There are challenges that need to be addressed to strengthen these programs such as documenting and disseminating child rearing knowledge, ensuring that all stakeholders have a common understanding of the holistic integrated approach and creating policies supportive of integrated services (appendix 4, case studies 1, 5 and 13).

5.2. Involvement of parents and communities

133. A number of ECD programs in Africa have attempted to exploit the positive aspects of their culture. In Mozambique, children between the ages of three and seven are taught by animators through traditional games and locally manufactured toys. Children also visit artisans who make boats or fishing nets to observe their skills (Associacao Crianca, Familia e Desenvolvimento and others 2002).

134. The Kuru Development Trust in Botswana runs a project (case study 3) for Basarwa (San) children who find it difficult to fit into primary schools because the schools are very foreign to their culture and use a different language. Children are organized into playgroups where parents, community members and teachers who speak local languages and Setswana (the majority language) play games and support children's learning. The intervention has led to a reduction of dropout from the lower primary classes. Parents are documenting traditional stories and children's games in order to preserve them. Indigenous organizations are advocating for policies that recognize and cater for the special educational needs of the San peoples (le Roux 2002).

135. In a similar project among the Samburu community in Kenya children are taken care of in *Loipi* (case study 4). Traditionally *Loipi* was a shady place where children were centrally cared for by grandmothers. This is being recreated in the community and children gather in a simple shelter and are told stories and learn by playing traditional games and plays. They are given food, have regular medical check-ups and literate mothers learn how to weigh and monitor the growth of their children. The project has increased availability of care for children who are less than three years, reaching over 12,000 children within a period of five years. The community has increased access to safe drinking water, improved hygiene and sanitation and reduced the incidence of malaria, diarrhoea and upper respiratory infections (Mukui and others 2001; Lenaiyasa and Kimathi 2002).

136. Since early 1970s Senegalese women set up seasonal day care centres to take care of their children as they worked on the rice fields (case study 5). These centres have now spread to other areas in the country. The centres are built on the traditional collective method of childcare where women work in rotation to prepare nutritious meals for the children and ensure their safety. The day care centres usually operate from community centres. They receive advisory services from the Department of Social Services. In order to reach more children under 6 years and to provide holistic ECD services a network of 28,000 "children's huts" are planned under new policy initiatives. Each hut should have professionally trained staff, assistant mothers and grandmothers to ensure that children 'find real roots in our cultures and to develop self-esteem.' A health component will provide parental education on health and nutrition issues. Both the government and funding agencies are providing the resources while the community is involved in the hut management. Parents are expected to pay fees (Rayna 2002).

137. An innovative way of providing ECD known as clos d'enfants (children's learning groups), has been developed in Mali (case study 13). The clos were started as a pilot project by UNESCO in collaboration with the Federation Internationale des Centres d'Entrainments aux Methods d' Education Active (FICEMEA) and *Reseau Africain Francophone Prime Enfance* (Francophone African ECD network). These learning groups, run by Women's Associations, provide education, health and nutrition to children aged three to six years. Women work on a voluntary basis to organise learning activities and prepare meals for the children. The groups also serve as training centres for parents. The strengths of this model lie in its simplicity, cost effectiveness, its strong links to the local culture and its ability to meet the needs of children in a holistic way. In addition, guidelines for running the groups have been provided, and capacity building of the volunteers is carried out continuously to sustain quality.

138. Many parents consider religion an important component of early childhood experiences. In Morocco, Kenya, Uganda and Tanzania, Muslim communities have initiated projects that incorporate secular subjects/topics into Koranic education to ensure that children learn the national curriculum within a context that supports Islamic faith, values and practices. Communities and management committees are trained to enable them to provide effective project management. Teachers are trained and supported

through regular supervision by Madrasa Resource Centres. Through this program, access to quality ECD services has increased. In Zanzibar, for example, the ECD gross enrolment rate is 86 percent when Koranic schools are included in the national statistics and only 8.7 percent when they are excluded (Kirpal 2002; MOE Zanzibar 1999). However, the increase in enrolment must be matched with improvements in quality through training of the Koranic teachers and improvement of the learning environment.

139. The national ECD policy in Kenya encourages the use of folk media in preschool (case study 10). The National Centre for Early Childhood Education (NACECE) has published books of stories, poems and games in 26 local languages and these are used in the ECD centres and lower primary classes (Sang and others 2002).

5.2.1. Impact

140. From the case studies it is clear that parents and communities contribute positively to the development of ECD programs that are relevant to their culture and lifestyle. Parents provide resources, knowledge, skills and expertise. In turn, they acquire new knowledge, skills and attitudes that help them to improve their own lives and that of their children. Greater outreach to children and families can be realized if communities are encouraged to develop other options of childcare such as mother-child clubs, family and neighbourhood play groups.

5.3. Care for children under 3

141. Increasing awareness of the importance of the early years and recognition of the fragile conditions in the family have prompted experiments to find alternative models for providing care for these children. A few examples are discussed below.

142. Home-based day care centres are being established in low-income urban neighbourhoods to meet the growing needs for childcare by working mothers. These centres are run within a person’s own house which is sometimes modified to serve the purpose. Such centres are found in Mauritius, South Africa, Namibia and Kenya. The home-based care centres are affordable and the care providers do not have to invest heavily to establish them.

143. Some countries such as Mauritius are also experimenting with childcare arrangements at the work place. In Mauritius, workers at the sugar firms in the Export Processing Zone, with government assistance, run workplace day care centres for employees’ children up to three years of age. NGOs are contracted to manage the day care program. The mothers are allowed time off to breastfeed. The centres have good physical facilities. The centres also provide feeding, health and nutritional surveillance for the children. Female caregivers are employed by the managing NGO to provide care for the children and stimulate their learning (Bassant and Moti 2002).

144. Programs that combine home visiting and parent education also contribute to extending services to children under three. The Foundation for Community Work (FCW) runs a home visiting program in the poor areas of Cape Town and rural areas of North Western Cape in order to reach 82 percent of children in these areas, many of them under 3, who had no access to organized ECD services. The program is built on the principle that the home can provide a powerful, secure and happy learning environment under the care of supportive parents. Home-visitors assist parents by providing information on health, nutrition and child development to support their child rearing abilities. A similar project is run by the Early Learning Resource Centre (ELRU) also of Cape Town who employ community motivators to support and provide information to families. In both the FCW and ELRU programs, neighbourhood groups are formed to enable parents to learn

from and support one another, so that the program can continue when the project staff move to new areas. Efforts to make the programs cost-effective and sustainable include selection and training of local people as home visitors and community motivators. Toys and learning materials are made out of locally available raw or scrap materials; contributed mostly by parents (FCW 1999; Brock 1998).

5.3.1. Impact

145. These innovative models for the care of children under three years have contributed to and supported working mothers. In addition, the programs make possible the early identification of health, nutrition and developmental problems. The programs that fully involve parents and the community also provide empowerment opportunities for them. They can use the information and skills acquired in running these programs in other aspects of their lives. However, some of the home-based services may not be economically feasible. In very poor communities such as slums the home-based or day care services are of very poor quality. Children are overcrowded and the caregiver is not trained. The caregiver mainly provides custodial care without adequate psychosocial support and stimulation. The government should find ways of providing financial support to the centres since they enable women to participate more actively in economic development. Training should also be provided for caregivers.

5.4. Vulnerable and 'at risk' children

146. In the Sudan, through advocacy and provision of resources, UNICEF has managed to support children affected by war by creating 'corridors of peace' to facilitate distribution of food and medical supplies and to immunize children. These do not always work, however. In Sierra Leone, the immunization program was interrupted a number of times when hostilities broke out. Creation of child-friendly spaces facilitates the provision of childcare, preschool and primary school education, recreation, health, psychological support for infants and toddlers, and counseling for older children and families (UNICEF 2001).

147. A project in Angola (case study 6) has shown children can be helped to overcome traumatic experiences. The mobile War Trauma Team Project and the Province War Trauma Training Project train local staff to work in partnership with local communities and NGOs. Traditional healing methods are integrated with Western approaches. The impact of the project has been to make communities strong child advocates. Individual parents report that they are able to relate better with their children and to provide the necessary support. Many children have also been reunited with their families. The projects have influenced government to support such community-based approaches rather than to invest heavily in orphanages. Greater sensitivity to children's issues has also led to a stronger mine clearance program.

148. There are many new projects addressing problems of children affected by HIV/AIDS. For example, in response to the growing number of orphans in Namibia, UNICEF and the government provide equipment and materials to day care centres that in turn provide free service to orphans. Families are more likely to adopt children when they are offered free day care (UNICEF 2001).

149. The Bernard van Leer Foundation (BVLF) is supporting a number of projects in Africa that are developing sustainable strategies to provide the financial, emotional and social support needed by orphans and promote the prevention of HIV/AIDS. In South Africa, BVLF has supported the Coordinated Orphans Responses Project under the auspices of AIDS Foundation of South Africa since 1999. The project

operates in three provinces and involves identification of the needs of children orphaned by AIDS, caregivers, communities and funding of community-based care systems. The AIDS Foundation collaborates with other partners such as government, NGOs and funding bodies in supporting the community response to HIV/AIDS. The project has been challenged by lack of sufficient resources and limited capacity to plan, implement and monitor the interventions at the community and family levels. In Zimbabwe, BVLF supports several projects: the AIDS project operated by Inter Country People's Aid, the 'AIDS Prevention' Project operated by Kunzwana Women's Association, the 'Care Models in Farms which is run by Farm Orphans Support Trust and 'Community Fostering' Project operated by the Child Protection Society (case study 7). The Foundation is also supporting similar initiatives in Eastern Africa such as the Kenya and Uganda Orphans Rural Support Projects and Rang'ala Child and Family Program (Ewing 2002; CCF 2002; Rang'ala Child and Family Program 2002).

150. Early socialization in the family and in ECD centres should be used to develop values and skills that can protect children from contracting HIV/AIDS. Due to the size of the problems, partnership and collaboration between governments, donors, NGOs, religious-based and community-based organizations should be strengthened. Proper coordination is vital. Legal provision and policy should be established covering HIV/AIDS affected children and women so as to safeguard their rights.

151. Zimcare Trust of Zimbabwe runs a community-based rehabilitation project for the care of children with special needs . It has an outreach program that covers over 900 children. Trained local people work with the families who help their own children. Caregivers report that they have gained useful care-giving skills from the program that has led to much improvement in their children. The success of the program is attributed to the use of people who understand the local situations, involvement of opinion makers and partnership with many organizations (Evans 1998).

5.4.1. Impact

152. The case studies on children at risk further testify to the importance of anchoring the programs on the parents and the community as the key stakeholders. The interventions are successful when built on local knowledge, for example, traditional healing practices, care of orphans or disabled people. Holistic approaches addressing the health, education, nutrition and welfare needs of children, parents and other caregivers are used. Another factor in building successful programs is support groups that work in a coordinated way with the families and communities. The biggest challenge is that few children in difficult or special circumstances have access to services and problem of orphans has escalated both because of HIV/AIDS and conflicts.

5.4.2. Lessons learnt

153. Traditional fostering practices should be encouraged but they can be overstretched because of the magnitude of the problem. It is also clear that ECD is an appropriate strategy in the prevention of HIV/AIDS and providing support to the affected children. The programs should provide economic and psychosocial support to help families cope with the strains of long illness and repeated bereavement. In addition, care of orphans should be provided within the family or community so that the child retains familiar support networks.

5.5. Resource mobilization

154. More funds need to be harnessed from local business or through special levies to increase the allocation for ECD. Proper management and accountability are important in order to maintain the confidence of supporting partners.

155. The Madrasa Integrated Education Program in Kenya, Zanzibar and Uganda is experimenting with an Endowment Funds model. Each Madrasa centre creates the fund through community contributions and matching grants from the Madrasa Resource Centres (MRC). MRCs receive financial support from the Aga Khan Foundation and other international funding agencies (Kirpal 2002). Each centre receives a small dividend from the endowment annually. However, the community has to continue fund raising and collecting fees to meet running costs. Training communities to manage and finance the centres strengthens financial sustainability.

156. South Africa, Namibia and Mauritius demonstrate encouraging initiatives in mobilizing funds for ECD. In South Africa subsidies for ECD are provided from the budgets of the Ministries of Health and Education. ECD centres and the Resource Training Centres can also apply for subsidies from the Mandela Children's Trust and the Reconstruction and Development Fund. In Namibia an Activating Fund and a Children's Trust Fund have been established. The Activating Fund is operated by the Ministry of Regional, Local Government and Housing (MRLGH) to assist with supply of basic equipment to the neediest communities. A Board of Trustees that administers the allocation and disbursement of the funds runs the Children's Trust Fund. Government, through a special ECD support tax, makes contributions to the Trust Fund, as do national foundations and businesses, funding agencies and individuals.

157. Mauritius has established a Preschool Trust to support preschools run by the Ministry of Education and a fund for pilot day care centres for women working in the EPZ and Ministry of Women's Rights, Child Development and Family Welfare. The day care centres, run by NGOs, are sponsored by the EPZ Welfare Fund, the Sugar Industry Fund and the Ministry of Women's Rights, Child Development and Family Welfare (MWRCDFW). Additional funding comes from the fees paid by parents, with non-EPZ workers paying a higher fee. The centres offer health, nutrition and full day care services. The government also encourages businesses, NGOs and private individuals by granting them loans to operate day care centres (Bassant and Moti 2001).

5.6. Capacity building

158. Christian Children's Fund (CCF) has developed a successful model of parent support and education whereby parents of sponsored children form focus groups of 10-15 members. This model is being implemented in a number of African countries including Kenya, Uganda, Zambia, Ethiopia, South Africa, Gambia and Senegal. The groups meet regularly and discuss the welfare of children and families. They also learn income generation skills to improve the economic level of the family. Their trainers—project family educators—are selected from among them so that they can build peer rapport and improve communication and learning. The programs have had a positive impact on childcare and family health practices. Parents have also been able to raise food security and family income through this empowerment process.

159. There are other options for training child support workers (community health workers and home visitors) such as those in Cape Town run by Western Cape Foundation for Community Work and Early Learning Resource Centre. The community identifies the home visitors who then undergo courses on how to assess community needs, adult

development methods, child development, aspects of culture and local materials that can improve child development. Parents learn informally on a one-to-one basis or through neighbourhood groups about how to stimulate language and learning, and support children's emotional and social needs (Brock 1996; Jacobs 1999).

160. In Botswana, Nigeria, Uganda and Zanzibar child-to-child projects, older siblings are trained to care for other children and to spread health messages to the family. The training of the older children covers health practices, nutrition, environmental sanitation and prevention of diseases. In Zanzibar and Botswana child-to-child programs have been integrated into the primary school health education curriculum (Otaala 1999a; MOE, Zanzibar 1999).

161. Institutional capacity building, specifically cascade training of teachers and trainers, is a major element of the ECD programs in Senegal, Uganda, Eritrea, Mauritius, Namibia, Kenya and the South Africa ECD pilot project.

5.6.1. Lessons learnt

162. One of the lessons from these efforts is that capacity building should target all the key players, beneficiaries and supporting structures since all of them are critical to the development of integrated and sustainable services for children. The training programs should be on-the-job, reflective and experience-based to make training meaningful. It is also important that key actors understand their own roles and those of the others so that they can contribute in harmony and in a synergistic manner. Coordination of training efforts, supervision and follow-up, supportive policy framework and additional resources are challenges in the capacity building efforts (case studies 1, 5, and 10).

5.7. Partnership and coordination

163. Mauritania illustrates how the support of government and partnership with funding agencies can help create strong national ECD networks that contribute significantly to improving the quality of ECD. The National ECD network was formed in 1999 and has branches in different parts of the country. It is affiliated to Reseau Africain Francophone Prime Enfance, the regional ECD network linking French-speaking Central and West African countries. The national network works closely with the department of preschools in research, advocacy and capacity building. Their efforts have contributed to a ten-fold increase in enrolment from 0.3% in 1996 to 3.5% in 2000. The local networks help to maintain quality by supporting parents and the communities, who in turn have increased their contributions for the improvement of the preschools (case study 12).

164. Experiences in a number of countries indicate that an inter-ministerial body that is housed in one of the ministries facilitates the coordination of policies and actions. Similar intersectoral committees are established at provincial, regional and local levels to coordinate and monitor activities right to the neighbourhood level to facilitate decentralized decisions and actions.

165. In South Africa a National Coordinating Committee for ECD (CCECD) is located in the Ministry of Education. Members of the committee are drawn from the Ministries of Health, Education, Welfare and Population Development, other government departments, resource and training institutions, South African Congress for Early Childhood Development (SACECD), universities and NGOs. The body monitors the progress of the technical committees that have been set up to develop policy, training curricula, accreditation of training institutions and the national ECD pilot project.

Coordination is decentralized through committees, at the provincial, regional, district and circuit levels.

166. The CCECD coordinates with the Inter-ministerial Core Group and a Steering Committee comprising the Directors-General from seven appointed ministries, the national committee on Children's Rights and UNICEF to link together all issues related to the Convention of the Rights of the Child and Reconstruction and Development Programs (RDP). The CCECD has been instrumental in the implementation of the National ECD pilot program that tested the ECD policy, pioneered the establishment of Grade R for all children 6-7 years old and the implementation of Curriculum 2003 in Grades 1, 2 and 3. The different stakeholders provide important inputs to a common vision, providing resources, contributing to development of standards and regulations, training and staffing schemes that are essential to building quality integrated ECD programs.

167. Similarly in Kenya, a National Early Childhood Development Implementation Committee (NECDIC) was established in 1997 to coordinate the development and implementation of ECD policy and to provide strategic direction to the program (case study 10). Its members are drawn from the Ministries of Education, Health, Local Government, Culture and Sports and National Heritage, NGOs and Universities. At the district level, the District Early Childhood Development Implementation Committee (DECDIC) is responsible for coordinating ECD actors including the departments of education, health, culture and sports, planning, administration and local NGOs, religious organizations, community and parent representatives. Since the enactment in March 2002 of Children's Act 2001, a National Council for Children has been created through legislation to oversee the implementation of the act and advocate for children's rights. The Council will have branches at the district and divisional levels. Initially the Council is coordinated by the Ministry of Gender, Sports, Culture and Social Services. The Council needs to be linked to the committees and institutions in the ministries of health and education to ensure coordinated efforts for children's well being.

5.7.1. Lessons learnt

168. The existing coordination mechanisms have achieved some success particularly in coordinating specific tasks such as pilot projects, policy formulation or situational analysis. For long term, effective coordination, "there must be a clear cut understanding of where the coordination is to be centred, and more importantly the identified leader should be able to exercise the necessary authority while mastering a partnership with all the stakeholders involved" (UNESCO 2003). Such an arrangement may help overcome some of the challenges experienced in the existing committees such as having to operate on an ad hoc status, lacking authority and decision-making power and sometimes not including all key stakeholders.

5.8. Policy development and implementation

169. Namibia provides a useful example of ECD policy development efforts. An inter-ministerial task force on early childhood development was created in 1994 as a joint initiative of the Ministry of Regional, Local Government and Housing (MRLGH) and the Ministry of Basic Education (MBE) to define a National Policy on Early Childhood Development. Membership was drawn from MRLGH, MBE, Ministry of Health and Social Services (MOHSS), teacher education, Council of Churches in Namibia (CCN) and UNICEF. The wide membership ensured a holistic understanding of the child's

development—health, education, social, emotional and interaction needs—within the CRC framework. The roles and responsibilities of the different partners are stipulated as well as the levels of training and capacity building (WGECD 2001). The ECD policy provided guidelines and enhanced partnerships across communities, agencies and organizations that worked together during the process of policy development and implementation. Coordination has been strengthened between the lead ministries and NGOs and children's needs are being addressed in a more holistic way.

170. A review of government policy can lead to expansion of ECD services. In Zanzibar, due to increased demand and the need to involve communities in the provision of preschool education, the government enacted a policy in 1991 that encouraged and recognized community participation in the provision of preschool services. This policy motivated partnerships and collaboration between the Ministry of Education, MOH, individuals, communities, religious organizations, NGOs, and other agencies in the provision of preschool education. This shift in policy resulted in the increase of gross enrolment rates (GER) from 2.8% to 8.7% excluding statistics of unregistered preschools and Koranic schools (MOE, Zanzibar 1999). The government undertook a further review of ECE policy in 1998 motivated by the success of the Madrasa Integrated Program in increasing access and quality in preschool and primary school education. The new policy contained in the Zanzibar Education Master Plan (ZEMAP) stipulates that the Madrasa system will be integrated into the formal education system. A survey carried out in 1998 indicated that when enrolment in Koranic schools is taken into account the GER rises from 8.7% to 86.2% with 93.3% for girls and 79.2% for boys (MOE, Zanzibar 1999). The expansion of the Madrasa Integrated Program could help to improve the quality of learning in the Koranic schools.

171. Policy change in Ghana has led to a mobilization of resources to support children's programs. The Accra Declaration signalled a major shift in policy that called for all partners including relevant government departments and institutions, religious bodies, NGOs, individuals and communities to jointly broaden the vision and scope for children. As a follow-up to this declaration, a participatory survey was carried out to discover the status of children in the rural areas and opportunities for improving conditions for children. It was also anticipated that the survey would enhance the skills of the local actors in problem identification and finding of solutions to these problems. The results of the study painted a grim picture of the Ghanaian child and indicated many problems that hindered healthy development of children. A number of interventions were initiated after the study. A community-based project known as childscope (child-school community) project was launched to make learning more child-centred and to integrate aspects of care, nutrition and health. The project linked basic education to other social development efforts in health, nutrition, water and sanitation, hygiene, food production and childcare practices. The project also encourages community participation and strengthens linkages between the child, school and the community. By so doing, the project empowers teachers and communities to improve the relevance and efficiency of the primary schools. More children were attracted to and retained in school.

172. Another initiative motivated by the Accra Declaration was the upgrading of the National Training Institute for Early Childhood Education that is sponsored by DANIDA and UNICEF. The Institute is responsible for improving the professional competence and skills of national and district level trainers (Argawal 1995; Boakye and others 2001). The participation of all stakeholders including, parents and the community, is the key to creating policies that are responsive to the needs of children and relevant to diverse local contexts. Since many partners provide ECD, the government should ensure proper coordination of all the efforts for effective utilization of resources and linkage to broader social and economic development policies.

5.8.1. Lessons learnt

173. Increased commitment of government resources is essential for policy implementation. Other essential ingredients include capacity building through creation and strengthening of coordinating structures and staff training.

5.9. Going to scale

174. The Kenya ECD program demonstrates the development of a national program from a small pilot project (case study 10). The pilot project was expected to develop, through action research, a relevant ECD program supported by an appropriate, culturally relevant curriculum, an affordable and quality training program for ECD teachers, trainers and supervisory personnel. The decision to scale up the pilot was taken after 10 years of experimentation in a few rural districts and the capital city. The pilot model was modified to suit the national and local situations. To build the capacity for national implementation, the government created units at the Ministry of Education headquarters, the inspectorate and at the Kenya Institute of Education (KIE), the national curriculum development centre. The National Centre for Early Childhood Education (NACECE) was established at KIE with a network of sub centres in every district known as DICECE. The NACECE and DICECE train ECD teachers and trainers, develop national ECD guidelines, local curriculum and materials, mobilize and build capacity of parents and communities. Policy development, registration of ECD centres, mobilization and management of training institutions, are coordinated by the ECD unit at the Ministry headquarters. The roles are decentralized through the district education offices while the inspectorate is responsible for inspection, supervision, teachers' examination and certification. During the nationwide implementation of the ECD program piloting of specific aspects has been found necessary to address emerging issues. The World Bank sponsored ECD Project (1997-2004), for example, has three pilot components: health and nutrition, community support grants and transition. Addition of these components will increase access and equity, make ECD services more comprehensive and improve their quality. Lessons learnt through the pilot projects are incorporated into the national program (Sang and others 2002).

175. In South Africa a national ECD Pilot Project was launched to test the Interim ECD policy that covers children 0-9 years and to investigate ways of expanding compulsory schooling downwards into the reception year. A universal reception year was found necessary to prepare children for compulsory primary education, increase access and curb failure and drop out rates. The pilot also tested the readiness of teachers and schools for the implementation of curriculum 2005 (an outcome-based model of education) for children in grades 1 to 3. The pilot has offered opportunities to test the policy on curriculum, accreditation, training in ECD and employment of ECD practitioners. The pilot also tested a model of providing subsidies to communities for the expansion and improvement of ECD services. The projects are managed by the Provincial Departments of Education that have ECD units at the provincial, regional and district levels. ECD forums provide management support to the ECD units at all the levels. The reception year and curriculum 2005 have now been implemented nationally. Through the pilot project the country has accumulated data and experiences that will inform review of policy, capacity building, coordination and collaboration and financing of community ECD initiatives (Irvine and Ngobeni 1999).

176. In Cape Verde, 40% of the children aged 2 to 6 years attend preschool (case study 11). This relatively high enrolment ratio has been achieved through public funding of preschools. Municipalities and the National Protection Institute fund 53% of the preschools. They employ the personnel in the supported centres. The rest are supported

by private bodies, individuals, NGOs and religious organisations. Only 2% are run by local communities.

5.9.1. Lessons learnt

177. Lessons that can be learnt from these case studies of going to scale include:

- The pilot phase provides an opportunity to test ideas and principles against real life situations.
- Existing and potential community and other resources are identified and strategies for tapping them developed.
- Gaps, challenges and emerging issues are also brought to light and in the process pilot models become more refined and strategies for dealing with emerging issues are developed.
- Piloting also serves to develop the capacity of different actors including beneficiaries, technical support, decision makers and funding agencies.
- Awareness and confidence are increased among key actors and seeing successful interventions positively influences others.

178. However moving from pilot to large-scale programs requires strong advocacy, more resources, commitment, policy, strong partnerships and capacity building of all key players.

5.10. Conclusions

179. The case studies have demonstrated possibilities of improving the quality and increasing access to integrated ECD services. These services meet the holistic needs of children by observing certain basic principles and employing participatory strategies and partnerships.

180. Based on the above case studies the following recommendations are made:

5.10.1. Policy Makers

- Interventions to integrate health, nutrition and education within the child's culture are best done by building on the already existing early childhood services such as day care centres, preschools, home-based care services, informal community child care arrangements and day care centres.
- Parents require information, social, material and financial support from government and other funding agencies
- Traditional child rearing practices can be successfully integrated into the curriculum used in the ECD. Generative curricula for ECD programs that are of high quality, relevant and cost-effective can be developed when stakeholders are involved in a reflective process.
- Government resources (financial, administrative and logistical) have to be targeted to the vulnerable groups that cannot cope with the problems on their own.
- Vulnerable children's access to ECD services can be increased by using traditional coping mechanisms and rooting the programs in the family and the community.
- The Ministry of Education should provide the lead for partnership and collaboration that are necessary for effective delivery and expansion of ECD services. It should head an intersectoral committee involving all key stakeholders. The committee

should have well defined terms and responsibilities and the authority to implement its decisions

- A participatory policy planning, development and monitoring process is recommended to achieve common understanding among stakeholders. Operational planning, strong linkages and communication strategies should also be established between communities, partners and policy makers
- Staff responsible for training, planning and administration of ECD programs should be trained to support integrated ECD programs.

5.10.2. Funders/Donor Agencies

- Support activities that help parents to acquire information, social, material and financial support
- Specifically address vulnerable children arising from the HIV pandemic, conflicts and wars, displacement, poverty, child abuse and neglect in planning and funding ECD services.
- Support capacity building to address the diverse needs of partners in building expertise and structures to support holistic child development.
- Support advocacy to increase the demand for ECD services.
- Support evaluations of ongoing ECD programs.

6. CONCLUSION AND RECOMMENDATIONS

181. In conclusion, quality ECD services lead to positive outcomes with respect to schooling careers. These positive outcomes (reduced repetition, lower dropout, higher attainment and greater interest in education) can lower basic education costs per child and increase the quality and effectiveness of primary schools. Consequently, the same resources can support the same population of students at a higher level, or a larger population of students can be educated at the same level of expenditure. These lowered costs benefit primary schooling without compromising quality as other recommendations for cost cutting (like increasing class sizes or reducing teaching materials) can do (Jaramillo and Mingat 2003).

182. Further, failure to invest in ECD programming can compromise investments already made in primary schooling, health services and other social investments.

183. At the international level, there are attempts to disseminate this message of the contributions of ECD to basic education. For example, the 2nd International Conference on Early Childhood Development in Asmara in October 2002 identified a number of principles and developed a framework to guide action and development of ECD. The agreed orientations for ECD programs until the next conference were:

- Basis on the existing global initiatives and instruments of development
- Emphasis on holistic, child-centred action
- Realization of the importance of integrated early interventions and good beginnings
- Recognition of the multiplier effect of ECD programs for human resource development and poverty alleviation
- Recognition of the importance of macro-level policy frameworks and integrated and coordinated planning
- Implementation of an integrated approach for ECD investments towards a holistic approach
- Assertion of the central role of families and development of support for families
- ECD should be an integrated and decisive part of Basic Education and ensure a smooth transition to school
- Programming for ECD should be inclusive and cover orphans and those young children affected and infected by HIV/AIDS
- Immediate attention to addressing the consequences of violent conflict and HIV/AIDS
- Asserts the use of ECD programs to promote equity, especially gender equity
- Reconfirmation of the importance of internal and external partnerships
- Recognition of the great importance of institutional capacity building and networking especially at the community level.

184. The conference also identified action points in the areas of policy development, promoting research and information, institutional development, organisation and monitoring and follow-up. A key item was the development of national Country Frameworks on ECD and insuring that these frameworks were fully integrated into national development plans. In addition, the six areas of policy development, integrated planning, quality and impact, effective community approaches, indigenous knowledge and child raising were prioritised, as well as strategies for integrating disadvantaged and high risk children.

185. In this concluding section, recommendations are focused on these six areas and others to help propel the case for ECD in Sub-Saharan Africa.

6.1. Policy development

186. The national policy environment needs to provide space—administrative, educational and social—that permits effective early childhood care and development, in part by recognising the rights of children. Governments should play a more committed role in developing integrated services particularly for children from birth to 3 years and not just leave it to the parents and the community. However, if governments are committed to implementing CRC and are convinced that early childhood is a social investment, they must invest more in the development of the youngest children during these formative years when the capacities for learning, information processing, understanding and interpreting the realities of the world are determined.

187. Governments can actively improve the situation of the very young children in various ways—providing finances, increasing political will and creating an enabling environment for other actors. Other ways are through recognizing and acknowledging the efforts of parents and communities, providing them with information and supportive legislation covering for example maternity leave, regulating standards of care, securing women's and children's rights to property, income, inheritance and committing fathers to provide for their children.

188. The government should also develop guidelines on the requirements for ECD services, train staff, lead the development of curriculum and provide supervisory services and resources e.g. nutritional supplements, equipment, play materials and health surveillance. Additionally the government should coordinate the inputs of different actors. This process should be a participatory one involving all stakeholders.

189. From the countries that have already engaged in the process, funding is the major constraint in the implementation of the policy. Difficulties have also been experienced in coordination, and ensuring commitment of different ministries, departments and agencies to the roles and responsibilities specified in the policy. In some cases the information, roles and responsibilities are not clearly defined (Torkington 2001; Colletta 1997).

190. In addition, lack of sufficient data has been noted as a limiting factor affecting planning and decision-making at all levels. Another challenge is the timely dissemination of information to the relevant stakeholders.

6.2. Integrated planning

191. Traditionally, ministerial functions are sectorally defined. This creates a challenge for collaboration and may be responsible for the inter-ministerial or interdepartmental suspicions, conflicts and defence of territory that have been observed. Coordinating committees that have been formed in many countries function in an advisory capacity and have limited decision-making power.

192. Apart from parents and teachers, other stakeholders play a role in providing a nurturing environment for early childhood. Clarity of roles and communication between all stakeholders (family, NGOs, CBOs and community structures) will help to strengthen a positive environment for early childhood. .

6.3. Quality and impact

193. Promoting quality for ECD will enhance the positive impacts of ECD and make a substantial contribution to the quality of basic education. Quality improvement for ECD involves both improvements in the environment and also in the formal and informal arrangements for caring for young children. The environmental enhancements will arise from poverty reduction/eradication and concomitant improvements in health and other social services; reduction in conflict and civil disorder and improvements in civil rights.

194. The content and design of an ECD program is also important for quality. At a minimum the program should include activities that stimulate and enhance appropriate developmental goals; the program should be conducted in a physical space that meets or exceeds community standards of cleanliness and safety; the program should be nurturing and emotionally supportive and allow for spiritual teaching and growth. The curriculum that is used needs to be culturally relevant and more child-centred and developmentally appropriate than is usually the case.

6.4. Capacity building

195. A significant proportion of teachers/caregivers employed in preschool or ECD programs are not trained (see previous chapter). However, the crisis in lack of capacity is not just confined to teachers and employed caregivers. Many parents, the primary caregivers, are not themselves sufficiently educated to know what to do and how to do it. Community level management capacity also needs to be built to ensure that the programs meet the needs of participants. Other professionals, like trainers, health and social workers may also lack awareness of the needs and development opportunities for children in this age range. Formal training programs for preschool teachers exist and need to continue to ensure that preschool teachers are properly prepared with a thorough grounding in the principles of ECD.

196. However, in crisis situations for example when the proportion of trained teachers is very low or the number is small, 'short, focused, reliable and contextualised training' may be a useful stopgap strategy. However, this cannot be expected to take the place of normal professional training.

197. Institutional capacity building is also necessary to ensure that ECD services are efficiently provided to the increasing number of clients. Capacity building of institutions may include:

(i) Providing adequate qualified staff

(ii) Providing satisfactory infrastructure to ensure efficient communication and delivery of services

(iii) Providing supervisory and monitoring programs for ensuring professional support and guidance.

6.5. Effective community approaches

198. Once ECD provision has been clearly identified as a need, community members must understand their roles; what services and duties will be demanded and to whom and how the benefits will accrue. The process of transmitting and disseminating this understanding is a slow one and individuals need to see not just what benefits ECD will bring but also its impact on other institutions and relationships within the community. Do they really understand that it will transform their children's performance and participation in primary school, that it may precipitate and encourage social change if

it hastens out-migration and have many other effects on both their present and their future? Consequently, the mobilization of the community needs to follow both a longer and more complex design than is generally the case (Hyde 1998).

6.6. Indigenous knowledge and child raising

199. Traditional society has accumulated a lot of knowledge to support child growth and development and cope with the challenges of child raising. With the changing socio-economic situation, there is a concern that much valuable knowledge about the environment, human relationships, norms of behaviour, health, local resources, positive child-rearing practices, etc. may be lost. These need to be preserved and integrated into ECD programs. Parents need support and awareness on the need to preserve indigenous knowledge and good practices as they discard those that may be detrimental to the healthy growth and development of their children.

200. Of concern also is that the centre-based programs in Africa tend to be heavily influenced by Western culture and sometimes are not relevant to the needs of children and society. The curriculum in these centres tends to ignore the positive aspects of the people's culture. Parents and communities are rarely involved in the development of the curriculum; consequently their strengths, values, beliefs, aspirations, creativity and accumulated knowledge are not incorporated into the ECD activities.

201. At the same time parents may not recognise the value of certain Western strategies. For example, they may not recognise the importance of play activities within a preschool environment and may view it as a waste of time. However, many have later seen the value of these activities when children perform better in school (Etude de la paix en change de la petite enfance). Without flexibility in the national ECD curriculum, the needs of many different peoples are neglected given the wide variations of culture, languages and environmental backgrounds.

6.7. Peace education

202. Peace education is one of the strategies used to develop skills in mediation and conflict resolution and programs can be adapted to suit young children. Peace education should be an ongoing process in the life experiences for all children. Peace education instils peaceful values through the promotion of child's rights, the concepts and language of peace, the promotion of non-violent behaviour and conflict resolution. Children develop appropriate values as they interact with adults who portray values of tolerance, respect and empathy. Adults can also expose children to play, games and toys that facilitate peaceful and harmonious interaction. Children can learn how to resolve conflicts through dialogue, listening to one another and developing problem-solving skills. Media can also play a significant role in promoting peace education.

6.8. Increasing coverage and widening access to ECD programs

203. Despite the progress that has been made so far there are many factors that limit the participation of young children in early education and other services. These factors include:

- Poverty – that reduces the resources available for investment at this level at both the family and public levels

- Population increase—the number of children who need these services is growing every year
- Lack of demand – based on lack of awareness at all levels of the need for and benefits of ECD. This includes lack of knowledge of the tenets of the CRC.
- Lack of fit between the prevalent centre-based model that emphasizes preparation for school and neglects health, nutrition and cultural aspects, and the resources, culture and capabilities of communities
- Inadequate policy framework – that fails to locate ECD within a development framework, set standards or coordinate stakeholders and partners
- Human and financial resource constraints – not enough trained teachers or sufficiently knowledgeable caregivers or resources to provide this capacity building. Nor are there enough skilled personnel for planning, supervision and follow-up.

204. Governments also need to target the most disadvantaged communities for financial support to ensure equity in the provision of ECD services. In addition, they have the challenge of incorporating ECD into poverty eradication programs and increasing resources for ECD.

6.9. Integrating disadvantaged and high risk children

205. Support should be intensified to reach all vulnerable children. Programs for at-risk and vulnerable children should be community-based and built on the strengths and resources of the families and communities. These programs should be holistic, meeting the health, nutrition and education needs of vulnerable children as well as the economic and psychosocial needs of the caregivers.

206. Research has shown that from an early age, children can acquire a whole range of personal behaviours and social competencies that can stay with them into adulthood and buttress them against a host of negative influences. Therefore ECD is particularly valuable for at-risk and disadvantaged children.

207. Given the scale of the HIV/AIDS pandemic, ECD can also be used in the fight to prevent transmission of the virus. By building self-esteem and assertiveness and strengthening their ability to relate positively with their peers and adults, quality ECD services can promote abstinence and positive sexual behaviours that can build human dignity and reduce HIV infection.

208. An integrated ECD service can also support HIV/AIDS positive mothers by providing drugs to reduce mother to child transmission and providing nutritional and other advice that can prolong their lives. They may also include a combination of economic enhancement, material and psychological support. Information and free testing and counselling services should be availed to all including children.

6.10. Achieving gender balance

209. All children have a right to develop to their full potential regardless of gender. It is important that both boys and girls have access to ECD. According to the statistics available there is a tendency to have a higher enrolment of girls than boys in the ECD centres. Why this is so is an important research question because the enrolment trends in upper primary and secondary levels in these countries are more likely to reveal over-representation of boys (Hyde 2001). ECD centres and primary schools should have both male and female teachers to provide male and female role models. The curriculum

materials and books should represent boys and girls equitably. Teachers' training should aim to make teachers more aware of their gender biases.

6.11. Advocacy, networking and information

210. Networking is an important strategy that can be used to move forward the ECD agenda. Linkages should be built at community level, sub-country, country, regional and international levels with clearly defined horizontal and vertical information flow systems to facilitate dialogue, exchange of information and feedback. Clear action plans should be developed at various levels with stated objectives, implementation strategies, monitoring systems, and budgets. All key partners who participate should be involved. Modern technology provides opportunities for exchange of information and experiences, community development, education and training. ECD networks should link with other development networks such as NEPAD.

211. Finally, there is still much need for a continuing advocacy and awareness raising about the importance and significance of the time between conception and 8 years and about a holistic approach to the needs of children. Part of this holistic approach must be a recognition that even young children can be participants in their own care and learning.

6.12. Research, monitoring and evaluation

212. There are very many issues that require research in ECD, for example:

- The indigenous knowledge on child care
- Family issues, health, nutrition and other factors that impact on children
- Children's play,
- Impact of guardian care on orphans
- Ameliorating the impact of HIV/AIDS on the children
- Community involvement
- Parent support and education
- Causes of gender inequities in enrolment
- Indicators of quality in ECD programs
- Promoting male participation as caregivers and teachers
- Determination of ECD costs

213. Although some research has been conducted on ECD programs in Africa, the results have not been adequately disseminated. Better dissemination would help avoid duplication and waste of resources. Some of the academic research needs to be made more accessible to policy makers and decision makers as well as practitioners.

214. Policy and program monitoring is also a major challenge particularly in the development of appropriate indicators and data management systems. It is vital to have data and information to facilitate planning at the national and community level. Capacity needs to be developed at all levels in order to generate appropriate data and utilize it effectively.

215. There should be more support and resources to undertake baseline studies on various aspects of ECD and develop indicators for assessment of the progress made in the implementation of ECD programs. All stakeholders including communities should be

involved in the development of the indicators, in the review and improvement of the programs.

216. One lesson that has been learnt is that the design of the initial intervention and the design of the study that assesses the impact of the study are critical variables. While many research studies have been cited that provide clear unequivocal evidence of the benefits of ECD, many other studies exist that have not identified any clear benefit. The quality of the intervention, the selection of the initial participants, the assiduity of follow-up to maintain sample size and the type and amount of data collected all have significance for the robustness of the results.

217. The availability of data relating to ECD is poor in virtually all Sub-Saharan Africa; even poorer than data for the primary and secondary levels. The paucity of data makes monitoring and quality control extremely difficult.

6.13. Recommendations

6.13.1. Policy makers

- Advocate for the developmental importance of this age period and the necessity for a holistic approach.
- Mobilize and/or reallocate resources to support the provision of ECD.
- Involve different stakeholders and partners as a way of increasing the demand for ECD and reducing the cost borne by individual parents. Clarify roles and communication between the government, NGOs, CBOs and community structures.
- Create a policy framework that provides administrative, educational and social environment that permits rights-based, effective early childhood care and development programs that are fully integrated into education sector policy.
- Develop an operational framework based on the social conditions, strengths, values and expressed needs of the community. The framework should include community education, mobilization, empowerment, training, mentoring and monitoring and evaluation and research with a communication and feedback system, bottom-top-bottom.
- Promote community and individual readiness and demand for ECD. This should be accompanied by an empowerment process for parents and other caregivers.
- Increase the coverage of ECD programs, particularly among rural, poor and disadvantaged populations: ensuring that children particularly at risk can access ECD services.
- Recognize that there is no one single delivery system option. Parents, professionals and the community should be involved in deciding on the most relevant and affordable options.
- Incorporate local/traditional knowledge into the design of programs, including the curriculum and recognise the contribution and role of parents and communities.
- Include services that address the child’s health, nutrition, cognitive, psychosocial and emotional development. Adding new services into existing services or linking existing services such as health and education can achieve integrated services.
- Increase the capacity among caregivers, planners, trainers and supervisors through a comprehensive human development schedule that includes an appropriate mix of long and short targeted training programs that include issues of HIV/AIDS prevention and care.

- Reinforce the competencies/skills of various professionals rather than create a new set of 'professionals.' It is more cost-effective to work and revise/remodel current training systems.
- Support institution building to meet the needs for ECD services.
- Encourage the participation of males as teachers/caregivers.
- Support continuing research into ECD and the active monitoring and evaluation of those programs and services that do exist.
- Build on research on interaction, communication, and mediation since it has been realized that interactive experiences are important in helping children develop to their fullest potential.
- Link with Ministries of Health and Social Work for the early identification and support of children with special needs.

6.13.2. Donor agencies

- Work on identifying and disseminating cost-effective quality approaches to ECD.
- Support continuing research into ECD and the active monitoring and evaluation of those programs and services that do exist.
- Support institution building to meet the needs for ECD services
- Support policy development efforts
- Assist in advocacy and mobilisation of resources.
- Support linkages with international networks

7. APPENDICES

Appendix 1: Stages of development

Appendix 2: Participant list, ECD coordination meeting

Appendix 3: Government expenditure on education

Appendix 4: Case studies

Appendix 5: Assessing quality in ECD programs

Appendix 1: Stages of development

Approximate age	What children do	What children need
Birth to 3 months	Begin to smile Track people and objects with eyes Prefer faces and bright colours Reach, discover hands and feet Lift head and turn toward sound Cry, but often soothed when held	Protection from physical danger Adequate nutrition Adequate health care (immunization, oral rehydration therapy, hygiene) Motor and sensory stimulation Appropriate language stimulation Responsive, sensitive parenting
4 to 6 months	Smile often Prefer parents and older siblings Repeat actions with interesting results Listen intently, respond when spoken to Laugh, gurgle, imitate sounds Explore hands and feet Put objects in mouth Sit when propped, roll over, scoot, bounce Grasp objects without using thumb	All of the above
7 to 12 months	Remember simple events Identify themselves, body parts, familiar voices Understand own name, other common words Say first meaningful words Explore, bang, shake objects Find hidden objects, put objects in containers Sit alone Creep, pull themselves up to stand, walk May seem shy or upset with strangers	All of the above
1 to 2 years	Imitate adult actions Speak and understand words and ideas Enjoy stories and experimenting with objects Walk steadily, climb stairs, run Assert independence, but prefer familiar people Recognize ownership of objects Develop friendships Solve problems Show pride in accomplishments Like to help with tasks Begin pretend play	In addition to the above, support in: Acquiring motor, language, and thinking skills Developing independence Learning self-control Opportunities for play and exploration Play with other children Health care must also include deworming
2 to 3 1/2 years	Enjoy learning new skills Learn language rapidly Always on the go Gain control of hands and fingers Are easily frustrated Act more independent, but still dependent Act out familiar scenes	In addition to the above, opportunities to: Make choices Engage in dramatic play Read increasingly complex books Sing favorite songs Work simple puzzles

Approximate age	What children do	What children need
3 1/2 to 5 years	Have a longer attention span Act silly, boisterous, may use shocking language Talk a lot, ask many questions Want real adult things, keep art projects Test physical skills and courage with caution Reveal feeling in dramatic play Like to play with friends, do not like to lose Share and take turns sometimes	In addition to the above, opportunities to: Develop fine motor skills Continue expanding language skills by talking, reading, and singing Learn cooperation by helping and sharing Experiment with prewritting and prereding skills
5 to 8 years	Grow curious about people and how the world works Show an increasing interest in numbers, letters, reading and writing Become more and more interested in final products Gain more confidence in physical skills Use words to express feeling and to cope Like grown-up activities Become more outgoing, play cooperatively	In addition to the above, opportunities to: Develop numeracy and reading skills Engage in problem-solving Practice teamwork Develop sense of personal competency Practice questioning and observing Acquire basic life skills Attend basic education

Source: Adapted from, *Toys: Tools for Learning*, National Association for the education of Young Children, 1985*, Ready or Not... What Parents Should Know About School Readiness*, National Association for the Educational of Young Children, 1995, Donohue-Colletta, 1992, information provided by Judith L. Evans of the Consultative Group, and "Investing in Young Children", Mary Eming Young, The World Bank, 1995.

Appendix 2: Participant list, ECD coordination meeting

	Name	Organization	Address
1	Kathy Bartlett	Aga Khan Foundation	1-3 Avenue de la Paix PO box 2369, 1202 Geneva, Switzerland
2	Joris van Bommel	ADEA	7 place de Fontenoy 75352, 07 SP Paris, France
3	Bernard Combes	UNESCO	7 place de Fontenoy 75352, 07 SP Paris, France
4	Patrice Engle	UNICEF (H.Q)	P.O. box 10017 UNICEF house 3 UN Plaza New York, US
5	Margaret Irvine	Consultant	University of Fort Hare 50, Church Street 5201 SA, East London, South Africa
6	Adriana Jaramillo	World Bank	1818 H Street N.W. Washington, US
7	Margaret Kabiru	Consultant	PO Box 73385 Nairobi, Kenya
8	Peter Laugharn	Bernard van Leer Foundation	P.O. Box 82334, The Hague, The Netherlands
9	Tanja van de Linde	Bernard van Leer Foundation	P.O. Box 82334, The Hague, The Netherlands
10	Changu Mannathoko	UNICEF/ESARO	P. O. Box 44145, Nairobi, Kenya
11	Eveline Pressoir	UNICEF/WCARO	Senegal
12	Lijnie Reijers	Ministry of Health, Welfare and Sports	P.O. Box 20350, 2500 EJ The Hague, The Netherlands
13	Nyambura Rugoiyo	Bernard van Leer Foundation	P.O. Box 82334, The Hague, The Netherlands
14	Emily Vargas-Baron	Consultant	(Rise Institute) 3012 Porter Street, NW, Washington, DC 20008, USA
15	Jeannette Vogelaar	ADEA/WGECD	P.O. Box 20061, 2500 EB The Hague, The Netherlands

Appendix 3: Government expenditure on education

Country	Year	Public expenditure on education as % of GNI	Public expenditure on education as % of GDP	Public education expenditure as % of Total public expenditure
Angola	2000/2001	3.37	2.69	
Benin	2000/2001	3.24 **	3.22 **	
Botswana	1999/2000	8.10 **	8.62 **	
Botswana	2000/2001			
Burundi	2000/2001	3.47	3.39	
Cameroon	2000/2001	3.39	3.16	12.49
Cape Verde	1998/1999	4.42 **	4.38 **	
Central African Republic	1998/1999	1.90 **	1.86 **	
Chad	1999/2000	1.99 **	1.97 **	
Comoros	1998/1999	3.79	3.78	
Congo	1999/2000	5.48	4.19	12.58
Côte d'Ivoire	2000/2001	4.91	4.56	21.54
Djibouti	1998/1999	3.40 **	3.47 **	
Equatorial Guinea	2000/2001	1.88	0.63	
Eritrea	1998/1999	4.10	4.82	
Ethiopia	2000/2001	4.82	4.77	13.75
Gabon	2000/2001	4.57 **	3.93 **	
Gambia	2000/2001	2.73 **	2.72 **	14.24 **
Ghana	1999/2000	4.20 **	4.11 **	
Guinea	2000/2001	1.96 **	1.91 **	25.62 **
Guinea-Bissau	1999/2000	2.29	2.14	4.84
Kenya	2000/2001	6.44	6.36	22.49
Lesotho	1999/2000	7.93	10.11	18.52
Madagascar	2000/2001	3.23	3.17	
Malawi	1999/2000	4.14 **	4.06 **	
Mali	1999/2000	3.04 **	2.83 **	
Mauritania	1999/2000	3.00 **	2.95 **	
Mauritius	1999/2000	3.56	3.54	12.09
Mozambique	1999/2000	2.49 **	2.36 **	12.31 **
Namibia	1998/1999	7.89	8.10	
Niger	2000/2001	2.78 **	2.75 **	
Rwanda	2000/2001	2.81 **	2.78 **	
Senegal	2000/2001	3.23 **	3.17 **	
Seychelles	1999/2000	7.89 **	7.58 **	
Sierra Leone	1998/1999	1.02	1.00	
South Africa	2000/2001	5.64	5.50	25.80
Swaziland	1999/2000	1.46	1.50	
Togo	2000/2001	4.90	4.78	23.17
Uganda	1999/2000	2.31 **	2.30 **	
United Republic of Tanza	1998/1999	2.13 **	2.12 **	
Zambia	1998/1999	2.48	2.31	17.60
Zimbabwe	1999/2000	11.05 **	10.36 **	

*National estimation

**UIS estimation

Source: UNESCO Insitute of Statistics, March 2003

Appendix 4: Case studies

A. Integrating psychosocial, education, health and nutrition services: A case study of Eritrea

Eritrea launched a World Bank-funded five-year integrated early childhood development program in 1999. The project's goal is to increase access to and improve the quality of services that address children's care, health, nutrition, social protection, psychosocial and cognitive needs. The project is intended to reach out to over half a million children under 6 years of age, about 300,000 primary school age and 32,000 children who are orphaned or separated from their families because of war. The project has five components:

- improving child health,
- improving maternal nutrition,
- improving early childhood care and education, (ECCE)
- supporting children in need of special protection and
- Strengthening project management, supervision and strategic communications.

A Central Policy Committee made up of members from the Ministries of Local Government (MOLG), Health, Education, Labour and Human Welfare, Agriculture, Fisheries, Finance and Information defines policy, advises and provides guidance on the project activities.

The Technical Support Committee, whose members are drawn from different stakeholders, integrates all plans that come from stakeholders, especially from local government. The committee develops programs of implementation, works closely with both the policy committee and the Project Implementation Unit (PIU). PIU is responsible for implementing, monitoring and evaluating the impact of the project. The PIU office is known as EDEL which means 'opportunity, security and development' in one of the local languages.

At the regional level, the Executive Director of Regional Office (MOLG) and the Social Services Director coordinate the activities of the various ministries. To ensure decentralization and contact with the grassroots, there are three officers who work at the regional offices coordinating activities of different departments and communities. International agencies provide useful technical advice.

1. Achievements

The project so far has recorded the following achievements:

- Thirteen (13) kindergartens have been established and 55 teachers trained and deployed to the centres.
- Manuals and guidelines have been produced, illustrated and translated into 8 local languages. Some are being used.
- Awareness creation has been carried out among communities in different regions.
- A survey of orphans has been carried out, and orphans identified and registered.
- Group homes have been established for children whose parents are confirmed dead or cannot be traced.
- Many children have been re-united with their families.

- Many poor families have been supported through provision of materials, guidance and counselling.
- Capacity building has been supported through seminars, workshops and training for mothers, community members and other actors dealing with childcare, health and development.

2. Challenges

Some of the challenges that have been experienced include:

- Lack of technical expertise (e.g. architects to ensure completion of planned kindergartens.
- Inadequate institutional capacity such as shortage of trainers and supervisors to train the teachers
- Some problems of coordination between the ministries since each has its own sectoral plans.
- Cost variations and need to incur extra budgets due to delays in implementation.

3. Lessons learnt

- Concerted and intensive advocacy and promotional activities in favour of the child are a priority. These can be achieved through promotional materials, regular mass media, and at times material and financial support.
- It is essential to build on local cultures and traditions and on programs that already exist on the ground.
- While nurturing positive indigenous childrearing practices, adverse practices should be corrected or eliminated.
- Integrated child services are cost-effective and have potential for enhancing community development and partnership.
- Proper coordination is essential in order to bring higher commitments from all ECD partners and to maximize outcomes and impacts.
- The integrated approach strengthens the government policy of decentralization and enhances community ownership of theprogram.
- For this integrated approach to succeed, additional empowerment is required through a national ECD policy and a national implementation strategy that involves all stakeholders.
- Effective networking and data collection and management information system are also significant inputs.
- Institutional and human capacity building are essential from the national to the community level.

Sources: EDEL – Children's Services 2001; EDEL 2002.

B. Provision of integrated services for children: A case study of *Bisongo*, Burkina Faso

1. The *Bisongo* services

Burkina Faso presents an interesting example on the provision of integrated ECD services. A project known as *Bisongo* was initiated in 1995 by the Ministry for Social Action and National Unity (MSANU) in collaboration with UNICEF. *Bisongo* is an abbreviation from a statement which describes a child who is 'well' in his skin—wise, good and moderate. The objectives of the project are:

- to improve the acceptance of and responsibility to the child in the family and community,
- to accelerate the development and well being of the child by offering services in health, nutrition and hygiene, respecting the traditions and culture of Burkina Faso
- to increase the number of girls in informal institutions, finally allowing them to pursue primary school.

The project builds centres for children between the ages of 3 and 6. Ten centres had been completed in 2000 and 15 were projected. Play activities, games, stories and use of mother tongue are the key features of the *Bisongo* curriculum. Learning is mainly based on active learning, discussions, demonstrations, emerging themes and real life experiences. Children are given a mid-day meal. There are plans to strengthen linkages with health services. The child caregivers are young men and women from the community. Each *Bisongo* facility consists of a large room with books and materials, a kitchen, a covered outdoor area, separate toilets for boys, girls and caregivers. There is a well furnished outdoor play area. Each centre is provided with water and is fenced off to ensure children's security.

Besides offering services to children, *Bisongo* sensitises parents on the importance of taking proper care of children and on the need to ensure girls and boys are given similar opportunities for education.

A strong aspect of the project is decentralization that is based on the needs of the key actors including the family, community, civil society, NGOs and representatives of local government institutions, preschool educators or supervisors and caregivers.

Each centre has a committee of 7 members who are trained through seminars and on-the-job support on how to motivate the community, manage resources. The importance of children's education and of girls in particular is stressed. The committees, trainers and supervisors support parents' awareness and education programs.

The preschool educators receive short training that covers the concept of *Bisongo* and responsibilities attached to their role. Six educators, one in each province had been trained and deployed in 2002. They make monthly visits to *Bisongo* to monitor and support the caregivers, train committees and mobilize the community. They plan with the committees and make monthly, trimester and annual reports. They also undertake supervision of other programs run by the Ministry. They are employed by the MSANU and in addition to their salary they receive a travelling allowance of 2500 francs.

Caregivers undergo 3-4 weeks on-the-job training. They learn basic elements of child development, life skills promotion, use of games and play to enhance children's active learning, and participation, basic hygiene and kitchen gardens. Since the caregivers

have low education level, training is made practical with short contact sessions and involving demonstrations and on-the-job guidance. French and mother tongues such as Moore, Lele and Dioula are used during training. Thirty caregivers have been trained since 2000.

2. Parent and community involvement

Parental and community participation are important elements of the project. Through social mobilization parents and the community are actively involved in the development of the *Bisongo*. They are involved in discussing and reflecting on the importance of children and the concept of the *Bisongo*. The committees are involved in the construction, renovation and training of the community. The committees, preschool educators and the Association of Women Teachers play a key role in sensitising the parents. The community is also responsible for the salaries of the caregivers. Parents participate in the centre's activities by telling stories and in children's play. They also take part in the organization of the feeding program and have a roster to achieve this. They pay fees for their children in cash or labour.

3. Partnership

Bisongo also illustrates how quality integrated services incorporating education, health, nutrition, awareness creation and community mobilization can be provided by strengthening partnership among key ECD actors. In this project, UNICEF finances the construction of the physical facilities and provision of equipment. Cathwell, a development agency supports the feeding programs, health education and advocacy for girl child education. The Coalition for the Rights of the Child in Burkina Faso (COBUFAN) undertakes sensitisation on the Convention on the Rights of the Child. NGOs such as Green Cross and Lovers of Forest support fencing of the centres and environmental efforts in the communities. Different government ministries share various responsibilities towards the project. The Ministry of Health (MOH) organizes health checks for children in *Bisongo*, other preschools and primary schools. The MSANU has the responsibility of the economic status of women, mobilizing parents and communities and monitoring the care and welfare of children.

Other ministries including Economic Planning and Finance, Construction and Housing, and Environment and Water are members of the inter-ministerial committees that are responsible for the development of young children.

4. Management and coordination

At the national level there is an inter-ministerial committee that is responsible for policy, defining roles of the actors and overseeing the project implementation. This committee was created in 2001 The MSANU plays the key coordination role. At the provincial level, preschool educators and supervisors, coordinate the activities of the project, providing support to *Bisongo* and other ECD centres. These officers from the MSANU work in collaboration with Ministry of Education officials. They ensure that *Bisongo* services are linked to other preschool institutions and primary schools, and to health services. A committee consisting of representatives from the parents, young mothers, community, local government institutions, civil society, NGOs is responsible for managing the *Bisongo*.

5. Achievements

- *Bisongo* contribute to the economic welfare of women as they have time to be involved in income generating activities and other chores when their children attend *Bisongo*.
- The family is empowered through participation in the development and use of folklore, games and play activities.
- Multi-sectoral collaboration enhances the well-being of children through provision of integrated and culturally relevant, education, care, health and protection services.

6. Lessons learnt

- It is important to build the capacity of the communities by fully engaging them in all aspects of the project and making use of their creativity.
- Involvement of the community by other actors should be carried out in a coordinated way so as not to cause confusion or overload the community.
- Poverty may limit parental participation and parents may not be able to meet financial commitments on a regular basis. It is important to assess the capacity of parents and the community to know how much they can afford to invest in terms of time, finances and other resources.
- The services should be adapted to the needs of the community.
- Sustainability of the feeding program, payment of caregivers etc. need to be addressed.

Source: Les *Bisongo*s au Burkina Faso: *Espace d'entraide communautaire pour une approche integrée du développement du jeune enfant.*

C. Parental and community involvement in Basarwa parent/child playgroups and preschools

The main aim of starting preschools among the Basarwa was to prepare children for formal schooling and to reduce the high dropout rates from primary schools. The ECD program under the Kuru Development Trust involves parents and communities in planning and implementing activities for children. Under the guidance of the Kuru project staff, parents form parent/child playgroups. These playgroups provide platforms for parents to come together to play with their children and to also discuss and share on various issues related to the care of children. The discussions focus on family problems, health, nutrition and child rearing practices.

The grandparents also participate in the children's activities. They tell children stories and educate them on aspects they consider important for their survival and growing up to be responsible adults. These help children to respect their culture. The interactions also encourage sharing between parents, grandparents, the children and the project staff.

1. Achievements

- The play groups have been very important in the revival of the Basarwa culture.
- Children enjoy learning because whatever is taught is done in a natural, flexible and informal way.
- The interaction of parents with the project prepares parents to relate well with the primary school teachers when their children are enrolled in primary school.
- Besides the play groups, the project runs preschools for the Basarwa children.
- Active learning methods and mother tongue are used to create a child-friendly environment.

2. Lessons learnt

The ECD experience and that of the playgroups have been useful to the children because it introduces them gradually to formal education and life.

Source: Le Roux 2002.

D. Samburu community-based project: Care of children in the *Loipi*

When this community-based project was initiated in 1997, the Samburu community decided to initiate communal child care in line with the traditional *Loipi*. *Loipi* is a Samburu word meaning 'enclosure' or 'under the shade' used to refer to the traditional communal child-care provided by grandmothers. The *Loipi* child care system has managed to blend the positive aspects and strengths of the Samburu culture and the modern and scientific aspects of childrearing.

The major goal of this project is to blend the traditional child care system with the modern child care system in order to improve the well-being of young children.

The project is implemented jointly by the Christian Children's Fund, National Centre for Early Childhood Education (NACECE), Samburu District Centre for Early Childhood Education (DICECE) and the Samburu community.

The communities put up structures resembling low tents in 15 centres and identified caregivers to care for the children. One or two grandmothers care for children between the ages of 2 and 5 under a large tree near their homesteads. The grandmothers socialized children and also taught them how to talk, count and play different games. This child care support enabled the young mothers to engage in other family and community chores.

The program includes communal childcare by one or two women, socialization of children, teaching children how to talk and providing early stimulation to children through traditional stories, poems, songs and games. The staff of CCF and DICECE advises parents on child development, child care, balanced diet, immunization, early stimulation, environmental hygiene and food security.

1. Achievements

- The *Loipi* program has reached over 12,000 children in 83 centres.
- Parents have learnt to cultivate small kitchen gardens—a new idea for them since they are pastoralists.
- Services provided in the *Loipi* include feeding, growth monitoring and promotion, de-worming, medical and nutritional surveillance, treatment of diseases and preparation for entering preschool.

2. Challenges

Illiteracy amongst most of the caregivers means that they cannot weigh the children on their own, keep records or document their experiences.

3. Lessons learnt

The *Loipi* childcare system has significant benefits which include improvement of health and nutritional status of children, better awareness among caregivers and parents on issues related to children's health, balanced diet, early stimulation and environmental hygiene.

Timely health and nutritional intervention during the early years protects children from developmental and other delays. This is particularly so in difficult environments like the arid and semi-arid regions which are ravaged by famine.

Source: Lenaiyasa and Kimathi 2002; Lanyasunya and others 2001; Bouma 2000.

E. A case study of implementation of integrated Early Childhood Policy in Senegal

The government's concern for the health, nutrition and education of young children was the motivation for the creation of the new Ministry of the Family and Early Childhood (MFPE) which is responsible for implementing an integrated ECD policy. President Wade has made ECD, focusing on children 0-6, a national priority.

The new policy was initiated against the background of scientific research that demonstrated the importance of the first years of life for the child's development and life-long learning and the difficult living and educational conditions experienced by families and children. This gave rise to the presence of official determination to improve the situation of the child and the family. The motivation for change was increased by the emergence of new needs and changes such as rapid urbanization and the disappearance of family support systems that have a big impact on children. There was also the challenge to the French model of nursery and preschool which is expensive and not relevant for the majority of the children. Parents wanted a more relevant model that reflected their religion, mother tongue and culture. Advocacy for the rights of the child in relation to registration of births, orphans and adopted children, working children and insufficient knowledge of rights was another motivating factor. It was felt that the environment and conditions for children could be improved using ECD as the lever. By investing in early childhood, Senegal can look forward to a more highly skilled, well educated population as the basis of a prosperous economy and a true democracy.

The major approach to the delivery of services for young children is the 'children's huts', which were designed by the President. The plan is to build 28,000 by 2010. They would provide:

- Education: awareness and learning activities provided by trained personnel from the community and traditional activities to help children "find real roots in our cultures and develop self esteem" with the help of grandmothers.
- Health – to provide care and inform parents.
- Nutrition to provide enriched meals and education of parents. The staff of the huts includes a coordinator who is trained and salaried, assistant mother and grandmothers.

The 'hut' is a purpose built facility with a play room, rest room, kitchen, toilets and a covered outdoor area. The program is heavily funded by external donors including UNESCO. Taiwan government , International Association for Fight Against Poverty and for Development (AIPED), JICA, Local authorities in France, Luxemburg's International Cooperation Scheme, Vivendi group and other donors.

Bringing the responsibility of the family and children into one ministry is intended to bolster an approach based on the Rights of the Child and combining the care of young children with that of their families.

The staff of the MFPE has experience in the field of community development, ECD and law. The ministry has a Child Rights Department (DPE-DE) which undertakes communications, mobilization and awareness creation. Another department, the Family Department (DF) is responsible for improving the family's social, economic and cultural conditions, promotion and protection of women rights, gender equity, equality and economic advancement of women. The third department in MFPE is the Preschool Education Department (DPES) which is in charge of promoting a

comprehensive approach to early childhood in nursery schools, day care centres and the children's huts, open to children aged 0-6 years. It is also responsible for syllabuses, training and education equipment, studies and planning, relationships, communication with partners, private education, new curriculum and support materials.

The program would be based on a number of principles and strategies including (i) holistic, (ii) community-based, (iii) focused on rights, (iv) founded on partnership, (v) allowing for a possible deregulation of the sectors, (vi) based on action research (vii) incorporating management information services to facilitating monitoring and planning.

1. Decentralization

Financial provision has been made for coordination by regional and county departments in the implementation of program monitoring and evaluation, educational guidance for staff and parent and community awareness. The structures had not yet been established in 2002 though funds had already been provided in the budget.

The regional units should work in partnership with local government bodies (municipalities and rural communities) to bolster ECD, mobilize resources and allocate loans. The civil society, NGOs, women's organizations and grassroots community organizations and program beneficiaries are also important partners.

School inspectors have been recruited. Some are already trained as preschool educators but most require more training in the making of preschool educational equipment and use of local resources, health, nutrition and protection issues.

2. Budget

A substantial budget was approved in 2002. There is increasing support for the view that spending more on ECD and basic education is more effective than spending on higher education.

Funds for running costs, staff at regional and country levels, huts and equipment have been allocated in the budget in addition to the administration funds provided at the national level.

3. Coordination

Inter-ministerial coordination is facilitated through the creation of a program planning, coordination and management unit. Weekly coordination meetings are held but there is recognition for more structured coordination, for example through thematic work sessions and review meetings, annual appraisal to facilitate in depth sharing and exchange between departments.

Inter-ministerial coordination takes place through "strategic discussion groups" or "multi-sector committees" functioning on an ad hoc basis to back up conceptualisation and policy development.

A national multi-sector committee has been set up for a project supported by Japan. The actual ECD committee was not yet functioning in 2002. The health, nutrition and paediatric department are not members of the ECD committee although they are consulted. There are several ministries concerned which should be involved in the ECD program including Education, Justice, Health and Disease Prevention, Culture and Communication, Finance, Literacy, National Languages, Technical Education and

Vocational Training, Youth, Environment and Public Hygiene. At present there is not enough collaboration between these ministries.

4. Achievements

The provision of ECD services leads to increased schooling for girls as it releases them from having to look after young children. This leads to greater equality between sexes, gives freedom and economic participation of women and educates the whole community on health, nutrition and management of affairs.

5. Challenges

The program can increase access to many children all over the country but will need to overcome a number of challenges that have been raised such as:

- Continuity in education was broken by removing early childhood from the Ministry of Education.
- Excessive costs of each hut and disproportionate dependence on external aid.
- Building not in harmony with local environment
- Communities may find it difficult to pay salaries of the coordinator
- Foreign equipment, for example, computers. Therefore there are plans for production of local materials which would also serve as income generation for women and youths.
- Academic qualifications of coordinator too high. Lower academic levels could do as long as the coordinators receive appropriate training.
- The model is not quite relevant though popular and with a lot of political backing.
- Inadequate coordination versus real demands for integration.
- Expertise in health and nutrition is also lacking in the departments in MFPE.

6. Strengths of the program include

- Policy strengthens and extends the case made by previous community-based experiments of involving communities, parent participation and bringing health, nutrition and education services together.
- Use of non formal approaches to bring the informal and formal together
- Building on the culture by bringing in grandmothers to participate in the ‘hut’ activities.
- Commitment and funding by the government
- Establishment of coordination structures.

Source: Rayna 2002

F. Supporting children affected by war and conflicts: Case study of Angola

In the last decade Angola has been involved in a post war reconstruction. As a result of prolonged war Angola faced major challenges such as devastated infrastructure, high levels of poverty, shortages of clean water, rising crime rates, continued pockets of insecurity and fear of land mines. War had a devastating effect on children and youth, both civilians and combatants. These factors negatively affect the development, education and social adjustment of these young people. Some of these experiences may have normalized violence for these children and can give rise to a cycle of violence in the society.

In order to address these problems, it was found necessary to use traditional healing rituals that restore spiritual harmony. CCF Angola with assistance from SIDA and BVLF initiated the Mobile War Trauma Team (MWTT) for healing the psychological wounds of war in young people in Luanda. The project was later extended to the rural areas with the assistance of USAID and UNICEF. The rural project was known as the Province War Trauma Training Project. The team consisting of local staff used a culturally sensitive, collaborative process that integrated the local community and worked in partnership with the government and NGOs. It integrated Western healing methods that emphasize self-expression and reintegrating experiences in a secure environment with the indigenous healing methods such as performing appropriate traditional burial rituals for loved ones or removing spirits from those who had taken part in killing.

The primary goal of MWTT was to train adults who work with children in settings such as children's institutions, street centres for unaccompanied children and camps for displaced persons. The training was designed to help the adults recognize the signs of trauma, be aware of the needs of children affected by war, develop and implement activities that heal the psychological wounds of war and promote health development. The project also aimed to enable adults to support the psychosocial development of children. The project also promoted children's physical health. The training seminars were participatory and explored ways of blending traditional and Western ideas of healing, prevention of violence and consequent trauma.

1. Achievements

The participants reported having acquired skills and sensitivity that helped them identify signs of trauma, interact more beneficially with children and improve the behaviour and emotional well-being of war affected children.

There were also positive effects in the community who began to organize educational activities for children and to be more attentive to individual needs of the members of the community. MWTT also advocated for the welfare of children and influenced government to invest less in orphanages and devote more resources to documentation, tracing and reunification.

The Province-Based War Trauma Training Project has developed a cadre of local trainers who provide training and continued support to people working with children in the rural areas of Angola. With time, the project has become holistic and community-based. The training teams provide training and support to families to improve communication and conflict resolution skills. They also encourage community-based play, learning and recreation activities working closely with local leaders, churches, local administration and other NGOs. There are now radio broadcasts that raise consciousness

on peace and the importance of preventing war. The teams also work on efforts to demobilize former child combatants and to reintegrate them into the community.

2. Lessons learnt

A participatory project evaluation process was being implemented to document the project's effectiveness and to provide data that can be used to advocate for the well-being of children. In summary, the success of the interventions are a result of:

- Encouraging children to participate in their own healing and development activities in order to boost their self-esteem and social competence.
- Analysis of the conditions of the target groups and of the local situation.
- Willingness to base the intervention on the local culture and to blend traditional and Western knowledge and practices.
- Reintegrating children in the society and community as soon as the situation allows.
- Collaboration involving local community, civil society, government and funding agencies.
- Capacity building and training of local trainers who understand the local culture and situation.
- Developing sustainable ways of ensuring the well-being of children and creating enduring peace situations.
- Providing holistic programs that meet physical needs, enhance healing and a feeling of belonging.

Source: Wessels 1996.

G. Structures in place for taking care of young children in Guinea

1. Preschools

In Guinea, about 2% of the 1.4 million children under the age of six have access to preschool. Most of the children who attend preschools are aged between three and seven years. There are about 500 preschools most of which are located in the urban areas. Over 50% of these are in Conakry, the capital city. Many preschools are not registered. There are 3 public preschools in the country and all the other ECD centres are private or are run by NGOs. The most common type of preschool is the ecole maternale that follows the French preschool model followed by *jardin d'enfance* which caters for children from the age of two years. Community-based centres have recently been established with the assistance of UNICEF and ActionAid. These centres are concentrated in the poorest rural areas and are operated by community organisations.

2. Preschool personnel

There are approximately 1,100 preschool teachers, many of whom are not trained. The trained ones represent a wide variety of training. There are no ECD training institutions in the country but some NGOs provide short courses for their employees.

3. Response to the refugee influx

The government of Guinea and partner NGOs reacted very positively when faced with a refugee influx (165,300 of whom 59,000 were children) from Sierra Leone and Liberia. The Ministry for Social Affairs (MSA) and its Department of the Protection of Children led in the construction of the programs to address the needs of young children. The government supported a process of decentralization of the activities put in place for young children even when it was facing problems and difficulties. There was high infant mortality rate, low level of breastfeeding, lack of clean water, poor sanitation, low enrolment in ECD and primary school.

The Ministry for Social Affairs (MSA) and its Department of the Protection of Children has the responsibility for the centres and issues that are related to children. Its strategies are integrating all the services necessary for survival, protection and the care of children to ensure optimum development. Guinea Network for Young Children was created in 1999 and it grouped professionals and the social partners from various sectors and institutions, coordinating the education, health and nutrition programs for under six year olds.

The Refugee Commission and UNICEF have developed preschool programs in the refugee camps since children are the most vulnerable in emergency situations as they suffer trauma due to violence, disintegration of family as a result of conflicts, fear, and inadequacy of resources which seriously affected their physical and psychosocial well-being. Hence, the urgent need to reinforce the recovery and rehabilitation of the children who were victims of the armed conflict.

4. Decentralization

A census was carried out after the mass movement of refugees and those internally displaced. The interventions by the various NGOs had to be coordinated and harmonized. Management structures have been installed at the central, regional, prefectorial, community and local levels. A program coordination committee runs the centres in the capital while the regional coordination network, the prefectorial coordination network, the community coordination network and the local development network run the other centres respectively. It is the community and the local committees who do most of the implementation.

The prefectorial coordination network allows the convergence of activities, sharing of information and providing a multi-sectoral approach to the prevention and protection of the targeted populations.

5. Community network centres

They are informal institutions created by the community and women groups to take care of children below six years while the parents are working. Activities in the centres emphasize stimulation, health and nutrition promotion. The activities which include dancing, singing, colouring, cutting and sticking, grouping and sorting allow for the development of the vocabulary of the children. Outdoor activities like ball games and traditional dances where adults from the village participate are part of theprogram.

Animators are selected from the community and they are usually men and women who have acquired primary education and who are able to speak the local language as well as French. They are trained in nutrition, how to take charge of a group of children, child development as well as how to relate with parents. Their principal mission is to stimulate the children through development activities, creativity and imagination and allow the children to discover their environment. Children traumatized by war and those displaced are given priority in the community centres. They benefit from activities that are aimed at rehabilitating, stabilizing and integrating them. They are given uniforms and materials like the rest of the children to allow them to return quickly to routine of a normal/regular life with playtime, meals and care.

6. Parents and community participation

Initially parents were not interested in development projects of children before primary school. Projects for children became necessary as women were now participating in work, they had also become aware of the importance of the stimulation activities which are accompanied by care and nutrition. ActionAid initiated a community educators association that manages the centres and ensures follow-up of the animators. The Community-Teacher Association (CTA) groups teachers, parents and children together to look for solutions for everyday problems of preschool and primary schools. With the help of Action Aid, women formed literacy groups.

A local radio station facilitates the transmission of messages from community agents and animators in charge of young children. The animators have started a program that revealed the difficulties encouraged in comprehending and applying of sensitisation messages.

For children below three years, the family remains the main care providers. The government strategy is to provide parents with knowledge to support them.

7. Challenges

With increasing numbers of refugees and the displaced, there was need to provide similar services for the refugees, the displaced and the local people. Each community has groups for women to meet the needs of their families. They work with the committee for water, hygiene and nutrition. A result of the process of decentralization was a big number of structures in the villages with the same people being involved in running the projects. This can lead to overload of responsibilities on some community members. The communities should find ways of distributing responsibilities to many people.

Sources: *Etude de la paix en change de la petite enfance*; Jaramillo, A. and K. Tietjen 2001.

H. Alternative methods of care for children affected by HIV/AIDS: A case study of two projects in Zimbabwe

Children are increasingly made vulnerable by the impact of HIV/AIDS. They begin to be vulnerable when sick parents are unable to meet their basic needs for health, education and nutrition. A number of projects are responding effectively to the growing number of orphans by strengthening fostering initiatives and supporting child-headed families. Despite poverty, communities are showing that they care and are willing to support orphaned children.

1. Inter-country people's AID project

In Zimbabwe, for example, the Inter-country People's Aid (IPA) carried out a survey on the situation of orphans in peri-urban informal settlements. The survey found out that children face many hazards as traditional child support structures have completely broken down. Some of them are so desperate that they exchange sex for food thus putting themselves at high risk of contracting HIV/AIDS. To address the situation of the orphans IPA provides supplementary feeding for the orphans and expectant and nursing mothers in the community. This has become critical during the current famine and the weakening food production system. The community is organized into groups called 'cells' to mobilize community-based support for vulnerable children. These cells are linked to development committees. Children are being assisted to express their views and voice their problems through a local newsletter. They are encouraged to reveal cases of sex abuse and harassment. The program also offers peer education for different target groups and voluntary counselling and testing services. The program is also developing strategies for strengthening psychosocial support to orphans and home-based care for the sick.

Presently, the emphasis is on providing food for the famine-ravaged communities. Long term, partnership and collaboration between the government and NGOs will facilitate effective support to vulnerable children and the poor.

2. Challenges

Sexual abuse of young children is common in the area because traditional healers tell men that they will be cured of AIDS if they have sex with young children

There is a need to strengthen dialogue between the government and the Association of NGOs.

3. Lessons learnt

There is also need to help communities develop disaster preparedness plans to handle issues related to HIV/AIDS, housing, land, food security, water and sanitation.

4. Community fostering project

Another project in Zimbabwe, the Community Fostering Project, is based in the Highfield area of Harare and is managed by the Child Protection Society. The project trains volunteers to work directly with families and the community. The volunteers

identify families willing to foster children. The volunteers identify cases of children abuse. They visit and support orphans cared for by grandparents, relatives and child-headed households. They keep data and records of orphans and other vulnerable children. Each volunteer donates about 10 hours every week.

Sometimes, these families are given material support by other families in the community. The community activities are coordinated by a Community Child Care Committee. All stakeholders including children clubs, church, school and village leaders participate in the committee. The committee identifies the volunteers, most of whom are women who are over 25 years old. The committee coordinates the training of adolescents, collects and donates materials to support poor families and secures birth certificates for children who are not registered. The committee also ensures that orphans are enrolled in the day care centres and primary schools. The committee monitors the progress of the projects. Training of volunteers and committees is carried out by social workers employed by the project. A proposal has been made for a foster care manual to guide child protection standards as the fostering programs expand.

5. Achievements

A major strength of this project is that it addresses holistic needs of children as well as the environmental factors surrounding the child.

The project is community driven yet has attracted the involvement of government, UNICEF and NGOs.

6. Challenges

Some willing parents however are not able to meet the needs of the orphans and they require support to be able to foster the orphans.

The concept of fostering children who are not relatives challenges many families as it is not in line with the culture

Challenges that need to be addressed include building sustainability in very poor communities, ensuring continuity of volunteerism and maintaining basic standards.

Sources: Ewing 2002 and Mapako 1999.

I. Parent training and community-based support programs for HIV/AIDS affected families in Rang'ala, Kenya

The Rang'ala Child and Family Development Program is a CBO, an affiliate of Christian Children's Fund, Kenya. It covers an area with a population of 88,000 in Ugunja and Boro Divisions in Siaya district. The program's goal is to improve the health, nutrition and literacy rates of enrolled children and families.

1. Health and HIV/AIDS

The CBO's health program incorporates primary health care, growth monitoring and supplementary feeding of the children at risk, de-worming, immunization, medical check ups and treatment. HIV/AIDS is an important component. This component provides both preventive and supportive services through awareness creation, home-based care and behaviour change. It is built on the strengths of the community's own resources and supportive culture. The goal of this component is to reduce the transmission rate of HIV/AIDS and its adverse socio-economic impact on the child, the family and the community. In order to achieve its objectives, the CBO carries out a number of interrelated activities.

- Voluntary counselling and testing (VCT)
- Awareness creation through information, education and communication (IEC)
- Empowerment of youth to adopt and promote non-risky behaviour through mentoring and social activities such as environment conservation, theatre and poultry keeping.
- Condom use promotion and distribution
- Peer counselling and education
- Home-based care services are provided by the community to children and people affected by HIV/AIDS in the community. Children including orphans and those likely to be orphaned receive psychological and emotional support, food and clothes. Children under six years are enrolled in day care centres and preschools. Older children are enrolled in the primary schools, provided with uniforms and other school requirements. The CBO supports feeding programs in the day care centres, preschools and primary schools to ensure that children receive at least one meal everyday. Older orphans receive life skills training. In addition, foster parents are identified and prepared on how to integrate the orphans into their families. The CBO also advocates for the rights of the orphans and vulnerable children.
- People living with HIV/AIDS (PWAS) are given psycho-social support and provided with care. These family caregivers are trained on home care skills, HIV/AIDS, psycho-social support, child development, awareness creation, information dissemination and communication. The HIV program is linked to the broader programs of health, education and food security to ensure comprehensive delivery of services to the community.

1. Achievements

The recorded achievements of this intervention include formation of support groups for PWAS, school anti-AIDS clubs, village home-based care committees offering services to the needy families, trained volunteer home-based care service providers, behaviour change promoters and peer counsellors.

3. Challenges

Some of the major challenges in the implementation of the program include cultural practices such as wife inheritance, multiple roles of volunteers, poverty and a rapidly growing number of orphans and sick people requiring care and support.

4. Lessons learnt

One of the factors behind the success of the Rang'ala program is that the activities are organized, implemented and managed by the community. The CBO links with government departments such as health, education and labour and NGOs such as the National Family Planning Association of Kenya to mobilize more resources and support.

5. Family educators

For the implementation of all the program components, the CCF project staff train project family educators (PFE) who in turn train parents and care givers. The PFE are literate individuals who are nominated by their communities. The family educators are trained in all aspects of the project so that they understand fully the project operations in their areas. They are also trained on children's health and nutrition, how to identify sick and malnourished children, guidance and counselling, HIV/AIDS, the rights of the child, law of inheritance, environmental and personal hygiene, and the importance of enrolling children in ECD centres and primary schools.

Once trained the PFE make home visits during which they monitor the health of family members and especially that of young children. Sick and malnourished children are referred to nearby health facilities. They advocate for the rights of children and widows. They also monitor environmental sanitation and encourage cleanliness, digging and use of toilets and use of safe drinking water. In addition, they report on births and deaths, give advice on family planning and food security.

Together with the CCF social workers, the PFE visit the ECD centres and primary schools where children who are sponsored by CCF are enrolled. They monitor the health and nutritional status of these children, school attendance and academic performance.

6. Achievements

The training of these PFE has been instrumental in equipping the volunteers with knowledge and skills which help them to address numerous problems facing families in their communities. As a result of their work, the rates of immunization and the awareness of HIV/AIDS have also increased. They have been able to advocate for the rights of young children and provide protection against rape, forced marriages and labour. They have managed to empower women; widows now fight for their marital property. Their monitoring of children in schools has resulted in better attendance and higher academic performance for sponsored children.

7. Challenges

The PFE face major challenges, including:

- Cultural practices that interfere with rights of women and children
- Women's multiple roles make it difficult for them to have adequate time for community services,

- Illiteracy limiting the understanding of communities about health and inheritance,
- Poverty making financial contributions by parents difficult,
- High rates of HIV/AIDS resulting in many sick people unable to work and support their families, many orphans and
- General apathy in the community.

Source: Rang'ala Child and Family Development Program 2002

J. Piloting and scaling: a case study of the national ECD program in Kenya

In Kenya, the ECD centres popularly known as nursery schools were started in the 1940s on tea plantations and in the low-income urban areas. A big expansion of the centres was experienced in Central Province during the struggle for independence in mid-1950s. These centres provided custodial care for young children while their parents engaged in forced labour. The centres also provided food and medical care for the children. After the struggle for independence was over the centres continued to flourish and spread to the whole country, particularly with the call for harambee or self help after independence in 1963.

1. The role of the community

To start the centres, the community leaders organize a meeting for the community members and introduce the idea of starting an ECD centre. If the community agrees with the idea, land is identified for putting up the centre. The community discusses how to raise the money for putting up the building. Often a 'harambee' is called through which money is raised. Communities then elect a committee for managing the project. The committee mobilizes the community to contribute money, materials and labour and the ECD centre is built. Once the centre is completed, the committee identifies a teacher and children are enrolled. The teacher is paid using the fees charged to the children.

The government supports the initiatives of the communities in the ECD program through the District Centres for Early Childhood Education (DICECE) based at all district levels. The DICECE trainers organize parents' meetings to create awareness on the services required in ECD centres. These include good facilities, feeding programs and growth monitoring and promotion (GMP) activities. They then allow the communities to discuss the issue. They listen to their suggestions and finally come to an agreement on what should be done. In most centres, the communities have started feeding programs for the children. Parents contribute either money or foodstuffs. In some centres the food is prepared by parents on roster basis while in others, parents hire a cook. Where GMP takes place, all community parents with children aged 0-6 gather in the centre once a month to weigh children. Literate parents under the guidance of the preschool teachers weigh the children and keep the records. Parents are advised on the well-being of children. They share experiences and discuss health care and nutrition matters. Sometimes preschool teachers invite either the nutritionists from the local health facilities or the DICECE trainers to come and share with the parents. These officials discuss balanced diet, environmental sanitation, common childhood diseases, moulding the character of children and HIV/AIDS. During some of the days, parents and other community members contribute food that they use to demonstrate how to prepare various dishes. There are times when the preschool teachers together with the DICECE trainer mobilize parents and other members of the community to come and develop toys and other learning and play materials for use in the preschools.

2. Providing support to the community: Training and curriculum

In order to support the community, the government provides training for ECD teachers and trainers. It also provides national guidelines, curriculum and resource books for teachers and trainers.

The government started offering training programs for ECD teachers and supervisors since the late 1960s under the Ministry of Culture and Social Services. This responsibility was transferred to the Ministry of Education (MOE) in 1980 through public demand. An in-service model of training was developed which enabled teachers to continue working as they attended the course during the school holidays. The model consists of 18 weeks of contact time held during 6 school holidays. During contact sessions trainees share their experiences and discuss problems they have experienced, they receive lectures, hold demonstrations and make learning materials. During term time they are visited at least once during the term by early childhood trainers or other field education officers to be assessed and given advice.

3. Government ECD management and training structures

In 1980, MOE created a unit at the headquarters to be responsible for administration, personnel matters, management of resources, policy development and implementation. Another unit was created at the Inspectorate to be responsible for the maintenance of standards and registration of ECD centres and training institutions. A third ECD unit was created at the Kenya Institute of Education, the national research and curriculum development centre. This unit developed into the National Centre for Early Childhood Education (NACECE) with sub centres at the district level known as District Centres for Early Childhood Development (DICECE). This network is responsible for training ECD trainers and teachers, developing national guidelines and localizing the curriculum, offering parental education and community capacity building programs. The network also collects and documents local stories, riddles, poems and games in different local languages. These are used in the ECD centres.

Today nearly half of the 42,000 preschool teachers have received the 2-year in-service course. Recognizing the daunting task of ensuring that all the ECD teachers are trained, the government has encouraged private individuals and institutions to offer the in-service course. The trainees are examined and certificated by MOE.

Funding agencies such as the Bernard van Leer Foundation, UNICEF, Aga Khan Foundation and the World Bank have provided funds to support the training program and the development of the support structures.

To facilitate the coordination of ECD services, a National Early Childhood Development Implementation Committee (NECDIC) was established in 1997 with a mandate to coordinate the development and implementation of ECD policy and to provide strategic direction to theprogram. It has played a significant part in the expansion of training of teachers and trainers and implementation of a nationwide community capacity buildingprogram. It is chaired by the Permanent Secretary in the Ministry of Education and members of the committee are drawn from the Ministries of Education, Health, Local Government, Culture, Sports and National Heritage and NGOs and Universities. At the district level, the District Early Childhood Development Implementation Committee (DECDIC) is responsible for coordinating ECD actors in the district. The members are drawn from the departments of education, health, culture and sports, planning, administration and local NGOs, religious organizations, community and parent representatives. Similar committees are established at the division level. District and division level committees are coordinated by the District Department of Education.

4. Improving quality and institutional capacity building

A project supported through a loan from the World Bank was launched in 1997 to improve the quality of ECD services and strengthen the institutional capacity of

the supporting structures. Specifically the project seeks to (i) to improve children's cognitive and psychosocial development (ii) improve children's health and nutritional status (iii) increase the number of children of appropriate age who enrol and succeed in school and (iv) decrease the number of primary school pupils who repeat classes and drop out.

The project has three pilot components that are trying to develop cost-effective, replicable models for financing ECD services in poor communities through providing grants, raising nutrition and health standards of preschool children and children birth – 3 years and supporting a smooth transition from preschool to the primary. There are two nation wide components--teacher training and community capacity-building components—that are aimed at increasing the supply of trained teachers and training ECD committees in management.

In addition, the number of staff at NACECE, Preschool Education Section at the Ministry of Education Headquarters and the Inspectorate were increased. Visits were organized for some of these staff to go to Asia (India, Thailand and Philippines) and South America to learn from those countries some of the initiatives in ECD. It was anticipated that this exposure would help the staff to be more innovative when implementing the project.

NACECE, preschool education section at the headquarters and inspectorate were given e-mail facilities, computers and photocopiers to facilitate documentation, information gathering and dissemination. The resource centre at NACECE has been expanded to meet national training and professional capacity building needs.

Fourteen district resource centres have been put up and it is anticipated that with time every district will develop on ECD resource centre. In addition vehicles were given to NACECE, preschool education section at the headquarters, inspectorate and all the DICECE. The national team monitors the activities of DICECE trainers regularly.

However, ECD supervision and advisory services are often hampered by staff shortages, long distances, difficult terrain and inadequate transport. A comprehensive ECD policy also should cover children less than three years old. Terms and conditions of service for ECD teachers and caregivers, definition of the government's social support to families and linkages between different structures that coordinate children's affairs.

Sources: Ministry of Education 1996; Sang and others 2002.

K. Country-wide provision: preschool programs in Cape Verde

1. Access and distribution

By African standards, Cape Verde is a relatively wealthy country. About 40 percent (24,000) of the children aged two to six years attend preschool, with 5 year-olds constituting 46% of those who attend. There are 316 preschools in the country distributed in 9 administrative zones in 10 islands. Nearly 60 percent of the preschools are in the island of Santiago.

Children aged 2 to 6 years are eligible for enrolment. A few centres admit younger children. There is a high probability that children from the highest socio-economic status (SES) level attend preschools and for a longer period than children from low SES. Wealthier children (over 83 percent of the highest SES) attend more expensive preschools. The wealthier families tend to opt for preschools that emphasize acquisition of academic skills such as reading, writing, language and maths.

Children from the highest SES are more likely to have more highly qualified teachers than the lower SES groups. Most of the enrolled children are from the poorest SES groups probably because both parents work. Children whose mothers work are 9 percent more likely to attend preschools. The number of girls enrolled is slightly higher (53 percent) than that of boys across all groups. This lack of gender bias shows that improvement in access to quality preschool could benefit both girls and boys. However, lack of access to quality preschools for the lowest SES group could widen the gap in school readiness and child development outcomes between children of poor and wealthier SES groups. The government could increase access through policy that keeps preschools affordable by the majority.

2. Provision of preschools

Fifty three percent of the preschools receive public funding and are run by municipal governments or the National Protection Institution (ICS). Twenty percent are run by the Red Cross, 10 by religious institutions, 8 percent by NGOs and 2 percent by local communities. Public preschools admit the greatest number of children. The NGO-run and community preschools provide services mainly to the lowest and middle groups. The wealthiest SES group is more likely to send its children to private preschools.

3. Preschool personnel

There are less than 600 preschool personnel in the country. The personnel are in three categories: instructors (monitoras), educators and assistants (orientadoras). The assistants who have no specialized training are the majority accounting for 88 per cent of the personnel. Instructors account for 11 per cent and educators, 1 per cent.

4. Impact and implications of preschools

A study of the impact of the preschool on school readiness in Cape Verde found that preschools are most successful in developing basic concepts and language skills followed by pre-reading and visual discrimination skills. Multiple years of preschool attendance was found to increase the child's total score by 3 per cent compared

to 1 year attendance. Children from higher SES performed better than those from lower SES but across all the SES groups, children who attended preschools performed better than those who were not enrolled. However, there was negligible impact of preschools on height-weight ratio which, according to the researchers was possibly because the preschools had no feeding programs and may be stunting occurs before the age of 3 years and may not therefore be a valid measure for five-year-olds. Preschool children were slightly more likely to be vaccinated and less prone to childhood diseases than the out of preschool children and the speculated reason was that parents of enrolled children are better informed and concerned about their children's immunization. In addition, children who attend preschool are more likely to access health services. The implication of this study on policy is that government support and/or subsidies to create accessible and efficient preschools can have an equalizing effect on cognitive development and school readiness for children from all social economic levels.

Source: Jaramillo and Tietjen 2001

L. The experiences of early childhood networking in Mauritania integration approach to Early Childhood Development

1. The role of government departments

Mauritania presents an interesting case of cooperation between government ministries and development agencies. The Ministries of Education, Social Affairs, Water, Health, Justice have developed a plan and agreed on how to meet the needs of the young children with each intervening in its specific domain in the provision of services for young children. The responsibilities have been allocated as follows:

a) Survival Domain

- Public health services targeting the child and the mother are under the Ministry of Health
- The Ministries of Health and Social Affairs manage health programs for children 0-8 years which include immunization, fight against diarrhoea and malnutrition, health education and raising of nutritional standards.

The following actions help to achieve the above objectives:

- The Ministry of Health improves the nutritional status of children 0-3 years, pregnant women and lactating mothers.
- The Ministries of Health and Social Affairs manage centres for treating the children who are already victims of malnutrition.
- The Ministry of Water provides safe water in rural and urban areas.

b) Development domain

- The Ministry for National Education has the responsibility of children from the age of six years (primary). Children from five years attend Madrasa as well as secular schools.

c) Security domain

The Ministry of Justice, Ministry of Health and the Ministry of Social Affairs contribute in different degrees to improving the lives of children, defending their rights and meeting their needs. The ministries have established services for children with special needs like those affected by female genital mutilation and disabled children. Awareness is created to ensure that the rights of these children are safeguarded and services are availed to them.

2. The responsibility for nursery schools and children's rights

The State Secretariat for Women has two departments namely:

- The Department of the Mothers' and Children's Rights
- Department of Nursery Schools

The preschool department was launched in 1996 after the formation of the regional *Reseau Africain Francophone Prime Enfance* (Early Childhood Francophone African Network). In 1997 the Preschool Department in partnership with UNICEF came up with the following objectives:

- Development of community day care nurseries
- Sensitising the communities to take responsibility of managing the centres

The Department for Nursery Schools is responsible for the development of preschools, training of preschool personnel, overseeing the initiation and expansion of programs. It also coordinates campaign for sensitisation on issues of child development.

3. Early childhood networks

An early childhood network was formed in Mauritania in 1999 through the collaboration of UNESCO and relevant Ministries. Five sub-networks have now been formed: Brakna, Gorgol, Nouakchott, Nouadhibou and Rosso. According to UNICEF/Mauritania, a network is an association of preschool stakeholders situated in the same geographical area (this is both public and private). Networks in the same locality are also formed for health and nutrition and other services that help to improve the lives of young children (0-8 years). The main objective of the networks is to promote education and health of children before they enter primary school. The initial activity of the National Early Childhood Development Network and the Department of Preschools was to analyse the situation in the preschools, looking at the care of children for working mothers, the conditions and proposed activities, training services available for teachers. The situational analysis revealed that urbanization had brought a lot of problems such as poverty. Poverty is three times higher in female-headed households than in the male-headed households. Poverty is increased by the poor infrastructure system, and the low level of education.

There had been rapid development of the day care nurseries since 1996 as a result of sensitisation carried out by the network and the Department. In 1996 only 0.3% children of preschool going age were in preschool. In 1997 there were 32 centres for children, four community day care nurseries and three private centres in Nouakchott. By 1999 there were 139 centres. By 2000, 3.5% of children of preschool going age were in preschools.

4. Partnerships

The Department of Preschools works in partnerships with NGOs and community organizations to support health, nutrition and education programs for disadvantaged children; create awareness to enhance attitude change and advocate for children's rights. The Department also collaborates with the local authorities. Local authorities support departments of health, nutrition, education and protection of children, and early childhood networks. In addition, they initiate and support the development of infrastructure and education of young children. They also promote development of private initiatives for the sake of young children. In addition, they carry out sensitisation and mobilization campaigns in defence and respect of rights and needs of children.

5. Decentralization

The management of ECD centres is decentralized based on the participation of the family, community and civil society including the NGOs. Decentralization of the services slowly leads to solidarity, improved quality and access to the services by families

in the same rural zone. An intersectoral committee was created in 2000 to facilitate harmony of strategies used by various stakeholders as well as coordinating their activities.

6. Capacity building

a) Training of Trainers

The directors and trainers in the network have to do practical in PMI-CPF – the preschool guide of Ksar. This is accompanied by short courses carried in various network offices.

b) Training of Teachers

Teachers are trained in, personnel management, management of relationships between parents and teachers and financial management. The content of the modules is a mix of French culture and Mauritanian culture. Children start to express themselves in mother tongue and start learning French in the third section. Through the networks teachers are able to how to handle parents, how to follow up children's progress, they exchange information. Training has had a transforming impact on the teachers, the children, other network members, resources, parents and the community as a whole.

c) Parents' Participation

Teachers and other stakeholders explain to parents about the development of children, that children can make choices and participate in the process and decisions which concern them, that the energy and creativity of children must be developed by being involved in organizing their environment. When parents get this information they are less resistant to the integrated approach. The networks organize meetings for parents where staff concerned with health and nutrition attend and give a speech. Parents give monetary contribution every month. Those who cannot pay in cash contribute services like preparing lunch, fetching water and firewood. Older parents participate by passing on the community's culture through telling the children stories, singing to them traditional songs and giving the history of the community.

7. Community participation

The participation of the community is necessary to consolidate this approach. The local people are responsible for providing structures, play materials, equipment, learning materials and stationery for the community preschools. Women play a key role in the development of the nursery centres. They are mobilized to pass information to their husbands and older children. The prominence of their role in education of young children is great. They are today responsible for preparation of food, providing water, ensuring good health and hygiene as well as education of children. They often act as leaders in the families. They are seeking to be more involved in productive activities.

8. Achievements

The Islamic Republic of Mauritania has put in place networks for young children aged below 6 years. It is the first country in West and Central Africa which, had consultations with the civil society about the needs of children and their parents. The government incorporated a national strategy for young children in the education plan under the State's Secretariat for Women. The national strategy has four objectives:

- Promotion and protection of the rights of children in accordance with the Convention of the Rights of the child.

- Contribution and promotion of good conditions of health and hygiene for children.
- Offering favourable environment for the cognitive, psychosocial and motor development of children.
- Mobilizing public opinion on small children.

Source: UNESCO, *L'expérience des réseaux de la petite enfance en Mauritanie: une porte ouverte sur l'approche integrée du développement du jeune enfant*

M. Clos d'enfants

Clos d'enfants (children's learning groups) are an innovative way of providing early childhood care and education for young children in Mali. The pilot project was set up through a partnership between UNESCO and the F*édération Internationale des Centres d'Entrainements aux Methodes d'Education Active* (FICEMEA) to support the development of young children in French-speaking, Africa. This was the first project launched under the guidance of the *Reseau Africain Francophone Prime Enfance* (Early Childhood Francophone African Network) which was created at a regional seminar held in Ougadougou, Burkina Faso in September, 1996. As a result of the recommendation made at this seminar, UNESCO and FICEMEA initiated the first pilot clos d'enfants.

1. What a *clos d'enfants* is

Clos d'enfants are an integral part of the women's association. They target children in a village or neighbourhood, especially the disadvantaged and those at risk. They provide education, health and nutrition to children and educate parents to ensure the well-being of children. They usually cater for children 3-6 years. The *clos d'enfants* is run by a group of 15 women who are selected in every village. The women organize a roster so that every day there is a group of three women who organize learning activities and prepare food for the children. The centre also serves as a training centre for parents. The volunteer mothers undergo one week initial training. The supervisors monitor them on a regular basis and organize a follow-up meeting for them once a week.

2. Why the project was initiated

- Only a few children in Francophone countries were benefiting from organized early education and girls were particularly marginalized.
- The existing kindergartens and other early childhood institutions were expensive and mainly located in urban areas.
- Governments were becoming more interested in organized experiences for children before the start of primary school.
- The early childhood professionals were willing to work to create awareness among parents to support the establishment of low cost services to meeting education, health and care needs of young children and the needs of working parents, particularly mothers.

3. Learning activities and other services

The curriculum and learning activities are based on traditional practices. Efforts are made to pass on the people's values and culture to the children. Older mothers tell stories to the children and teach them traditional games.

4. Guidelines and principles for *clos d'enfants*

The *clos d'enfants* is an innovative education project based on a number of principles including:

- Each *clos d'enfants* caters for a small number of children, about 15, between the ages of three and six years. Cooperation is encouraged between children so that children

learn by interacting. The small size of the centre facilitates cooperation between the centre, parents and the community and simplifies the management.

- Volunteers. Children are cared for by volunteer mothers who are trained and empowered to run the centres. The volunteers are coordinated by an organizer who is selected by the women's associations.
- Supervision. There is a supervisory group, external to the women's association that links the centre to the local and national authorities and other agencies. The supervisors also bring an external insight to the centre.
- Integration of health, nutrition, food production, income generation and parent education. These services are provided in an integrated way to meet the holistic needs of children and the parents.
- Interactive teaching/learning methods. These help the child to build knowledge and skills in a way that is adapted to the local environment and efficient living.

5. Achievements

The *clos* pilot project has set a good example and there are plans to expand the project within Mali and to other French-speaking countries such as Burkina Faso, Chad, Gabon, Guinea, Senegal, Togo and other members of the *Reseau Africain Francophone Prime Enfance*. The project can be adapted to different situations since it is low cost, based on local culture and is able to meet the holistic needs of children and their families.

Source: UNESCO 2003

Appendix 5: Assessing quality in ECD programs

1. Addressing the issue of quality

Ample research exists to demonstrate there is a baseline of universal needs that children have which must be addressed in any quality service for children. A quality environment for children is one that supports the child's whole development. However, what it means to support the child's whole development is embedded within the culture, within the specific historical and economic context, within the goals and values of the people designing and providing the child's care.

The process of defining quality, when it includes all the stakeholders in a child's life, should in fact be the first step in assuring that quality services will exist. Thus, the process of addressing quality includes the following:

- Articulating values,
- Examining the children's cultures- quality is embedded in culture;
- Including all stakeholders in an active process;
- Grounding the discussion of quality in program goals;
- Treating quality definition as an ongoing process.

1.1 Articulate values

The primary difficulty in defining universal standards of quality is that quality is relative, based on the values, beliefs and knowledge of those who are attempting to define quality. As Pence and Moss (1994) note, 'quality in early childhood services is a constructed concept, subjective in nature and based on values, beliefs and interest, rather than an objective and universal reality' (page 172) this is true even when we allow experts to do a definition of quality. Thus, even among professionals there is bound to be very different sets of expectations in terms of what constitutes a quality program, given different values and beliefs.

While quality is relative to one's position and space. Woodhead makes the point that quality is not 'arbitrary' (1996, page 8). That is an extremely important point. If all that could be said about quality was that it was based on beliefs and values and was therefore relative to the situation, then little more could be said to help reach an understanding of quality. But if quality is not 'arbitrary', then it must be based on dimensions that are possible to explore and take into consideration when addressing the issue.

1.2 Examine the children's cultures: embedded in cultures

Values and beliefs about quality can be personal, familial, communal and cultural. Thus viewing quality within a 'cultural paradigm' includes the realization that more than one culture needs to be taken into consideration. There are at least four kinds of culture that have an impact on the process:

- local and family cultures within which the child is living,
- the culture of early childhood programs as they exist in the world today,
- the emerging global culture, and
- the culture(s) of the future.

Each of these has a 'claim' within the process of defining quality services for young children.

1.3 The child's culture of origin

Programs tend to be more fully accepted by parents and children if they are firmly grounded in local childbearing beliefs and practices *(Coordinators' Notebook Issue 16)*. In many cases this means building on two cultures, when for example, a child might belong to a religious or ethnic minority within a community that has another set of dominant practices.

However, building on the local culture should not be seen as the panacea in early childhood programming. It is not always an easy task to address quality issues through a cultural paradigm. As stated by Gertsch (1995), "The cultural paradigm strikes me as a double-edged sword, potentially able to reveal some new insights but equally able to obscure issues or lead some in problematic directions." (page 3)

In the development of culturally-based programs, there is a weighing of values, a sharing of alternatives. The starting point may be to begin with the children's culture(s) of origin, but it may be necessary to build from there, taking into account national, global and developmental realities, which may not be reflected in traditional local practice. Myers (1996) suggests that in this changing and multi-faceted world a 'goal would be to provide children with roots in their own culture and wings to take them on to the new and unknown.'

1.4 The culture of early childhood programming

One of the sources of 'new and unknown' experience comes from the culture of ECCD programming itself. As diverse efforts and experiments have been carried out around the planet, practitioners and values have emerged that can also contribute to the creation of quality services for young children. There are some models of child-care and education which have been validated by longitudinal research, there are others that offer insights into the relationships between inputs and outcomes. This 'culture' of ECCD means that a country, region or local community setting out to create a high quality program for its children does not necessarily need to start from scratch.

Elements that define quality and have been associated with effectiveness in early education programs include the following:

Program approach/aims and objectives Clear aims and objectives set and shared by teachers and parents, understood by children, and subject to modification through a process involving all interested parties. The process on the aims and objectives may be more important than the outcomes.

Staff/caregivers/education agents The continuous presence of sensitive, healthy, committed, loving, and responsible adults who, as a result of experience and training, are knowledgeable about how children develop and who interact with children in a consistent, respectful, supportive, and unthreatening way.

Services/curriculum A proven curriculum that takes a holistic view of a child's development, provides a variety of relevant, stimulating, and enjoyable learning experiences for both setting roots and learning to fly, encourages children to play, explore, and initiate their own learning activities, and that respects and attends to individual differences. A quality curriculum integrates education and care, attending to children's physical, social, and emotional needs, as well as to their cognitive and

intellectual needs. And it fosters sound relationships of the child with self, with others, and with the environment.

Equipment/furniture: Play equipment, toys for inside and outside, learning materials, consumables (paper, paint, etc.)

Facilities and their surroundings/physical environment: A clean, ventilated, stimulating, secure, and healthy environment providing enough space for children to play.

Evaluation Use of systematic and validated evaluation methods by education agents and parents to adjust teaching to children's needs.

Ratio of children to adults: A ratio low enough to permit frequent interaction and personal attention when needed.

Training and supervision: Meaningful training on the job and supervisory support fostering continued professional and personal growth.

Management/program leadership: Strong leadership that devotes much time to coordinating and managing yet stays close to the daily process of educating and socializing children.

Partners/parental and community participation: Real involvement and participation of families and communities as partners in the program, helping the program to set appropriate standards, to function well, and to adjust to local conditions and needs at the same time that they learn to improve their attention to young children.

Finance/resources: A consistent and permanent financial and material resource base sufficient to support working in an appropriate way with children and to sustain educational activities so that education agents need not be distracted from their immediate task of educating children.

Source: Ball 1994; Moss and Pence 1995; Schweinhart 1995; NAEYC 1986; Basil 1994.

These principles, however, need to be interpreted and defined in terms of the local culture and conditions. What happens all too often is that rather than drawing principles and lessons learned from the culture of ECCD, people seeking to define quality in terms of accumulated wisdom get overly focused on the details and forms of successful ventures in other places. This is most evident in the tendency to think that preschool is the 'best' or 'primary' model for early childhood programming. This prejudice in favour of the preschool, with its often expensive equipment and facilities, can deflect developing (and developed) countries from addressing the question of quality care provision for all their children.

Program planners need to understand both the benefits and the shortcomings of the centre-based preschool model. They need help in seeing the alternative models—whether they are community-based and financed programs, family day care, full-day childcare, parent education—as valid options. Parents too, tend to believe that preschools are higher quality programs than other models. Unfortunately it is generally the 'static' dimensions that have an appeal-the physical structure and the materials that are most evident to an observer. In building on the culture of ECCD it is important to articulate and take into account the greater importance of the 'dynamic' dimensions-the quality of interactions, the understanding of how children learn, the ways that scheduling, tasks, and materials can be used to support children's development-that can be offered in a wide variety of settings.

1.5 The global culture

Communities and ethnic groups no longer operate in isolated cocoons. They are influenced and profoundly affected by cultures that surround them. They are subject to the economic realities of the country and region; they are exposed to the stresses and gifts of the 'modern' technologically based culture. Movements of people and resources that often require new skills of them and new childbearing techniques as well affect them. Thus the definition of quality programming includes an element of helping children to respond to, adapt to, prepare for, and take their place in a larger global culture.

In recent years, global initiatives such as the Convention on the Rights of the Child and the Education for All initiative have spelled out certain expectations the global community holds for all children. In addition, some countries have articulated Early Childhood Policies and Basic Education goals for their children. Where these exist, programs need to take them into account, in order to understand the opportunities, constraints, and obligations they impose. One key influence on early childhood programming (and the definitions about what constitutes quality early care) is the formal primary school. That is the immediate future for most children who are served by early childhood programs. For many decision-makers and caregivers, an indication of quality of the ECCD program is how well children do in primary school-school readiness becomes the key measure of quality. Thus an ECCD programs' ability to prepare children for school is generally included in any assessment of quality.

1.6 The culture(s) of the future

Children of the future will need the ability to respond to new demands. With the rapid pace of change it is hard to imagine the children of today, as they become adults. The change in technology, media and transportation bring the cultures of the world face to face with one another in ways not previously possible. This has brought better health to some parts of the world; it has led to the breakdown of traditional cultures in other parts of the world. The goals for future adults will determine current objectives for ECCD programs. These in turn will play a part in the current definitions of quality.

In terms of the inputs, or what is required in quality programming, the following list provides a summary of the kinds of inputs that are generally associated with quality programs. It is important to note that these are done in very abstract terms, turning these into concrete inputs (operationalising them) would have to be done in relation to local conditions and resources. In brief:

- Quality indicators should be linked to goals;
- Quality indicators should be inclusive of what is known about children's development, inputs that research has demonstrated are related to outputs, the realities of people's lives in terms of what is required of children, within the culture and wider world.
- Quality indicators should be viewed as dynamic, and a process should be created for making changes. The process should include the various stakeholders.
- Quality indicators should include an understanding of the following:
    - Inputs/ provision (the primary static dimensions of programs)
    - Process /practice (the dynamic dimensions of programs)
    - Desired outcomes/ product.

Prakash (1983) summarizes the situation by stating; 'What is important is that each country work out for itself structures which are essentially rooted in the culture of its people, and which respond more directly to the educational and cultural needs of its children against the overall national goals chosen by the people.' In multi-cultural societies the process of defining quality services for young children and their families may need to happen on micro-level in relation to specific populations, as well as at the national level. In all settings the effort to define quality needs to be an integral, ongoing part of the programming process, and needs to include all stakeholders in young children's lives".

2. A set of possible indicators

The sections below represent a synthesis of current thinking of (a) what quality is and (b) how it can be measured. The Consultative Group discussions came up with a set of indicators to be used for monitoring ECCD at a national level with advocacy and planning in mind. The sixteen possible indicators are organized under the following categories:

- Coverage, access, use
- Program quality
- Political will: policy and financing
- Costs and expenditures
- Status of or effects on children and parents

2.1 Coverage, access, and use

- **Gross Enrolment: enrolment in early childhood programs, expressed as a percentage of the relevant age group in a given year.**

The gross enrolment ratio indicates the degree to which a society is providing ECCD services for its young children. In theory, the closer coverage is to 100%, the better. This interpretation must be qualified because not all children at all ages will necessarily need or profit from an ECCD program (Coordinators' Notebook No.25 2001). Some ECCD programs will be of such poor quality that they may even be harmful to the children in them. It is imperative, therefore, that this quantitative indicator be supplemented by indicators of quality.

The distribution of ECCD services will be uneven in a society, typically favoring urban areas, dominant social groups, and richer families. Use of services may also be gender biased. By disaggregating data and looking at indicators for sub-populations it should be possible to uncover these biases, thereby supporting advocacy efforts as well as generating a search for proposed actions to help to balance the distribution.

If the coverage indicator is followed over time (particularly for sub-populations disaggregated by age and perhaps by other characteristics), it is possible to determine where society is putting its greatest effort, into what kinds of ECCD programs, and directed to whom.

If data can be disaggregated by age, indicators can be compared across countries. When such enrolment indicators are related to contextual indicators such as

GDP per capita, it is possible to see if a particular country is making an effort to provide services at the level that might be expected of it given its resource base.

- **Parental education. The number of young children whose parents participate in ECCD education programs, expressed as a percentage of the relevant population group.**

Parental education programs complement services that attend directly to children and can be very effective in improving child development and learning. For policy, planning, and advocacy, it is instructive to see how a society prioritizes in terms of parental education or service delivery, and how these different strategies evolve over time. There is currently a tendency in some countries to expand parental education rapidly, allowing government to take credit for ECCD actions over a broad front while at the same time neglecting service delivery (Coordinators' Notebook No.25 2001). For instance, in Mexico, coverage for parental education programs, directed to children less than four years of age, has expanded ninety-five percent during the last five years vs. an expansion of twelve percent for center-based programs.

The criteria for parental education need to be examined. They can include the viewership of ECD spots on TV or the numbers undergoing pre-marriage parental counseling.

The indicator is expressed in terms of the number of children whose parents or caregivers are enrolled in a program rather than in terms of the number of parents or caregivers enrolled in a program. In order to arrive at the number of young children potentially affected by parental education, it will probably be necessary to estimate (or to determine from census data) the number of children who are indirectly covered by taking the number of adults enrolled in the program and multiplying by the average number of children under age six in a family. A typical family with young children, for instance, might have one or two young children. Example: if a program has 400,000 parents and caregivers enrolled and the average number of young children in a family is 1.3, the total number of children would be 520,000.

Another reason for emphasizing children rather than adults in this indicator is that deciding how to define the 'relevant population group' for adults is not straightforward. For instance, parental education may be directed to teenagers who do not yet have children (but may have childcare responsibilities in the future). Programs may also include grandparents or other family members who do not now have young children but who are responsible for the care and education of young children in the extended family.

By focusing on children and assuming that each person in a parental education program has a childcare responsibility, then the total number of young children in the population is the base, just as was done for the first indicator (GER).

However, parental education programs are often "targeted" and the expectation is not that all children in society would be affected by such programs; rather, the expectation is that children and families in a certain category (rural or poor or other) are the target. In this case, for policy relevance, the relevant population would seem to be the particular set of children in families with those characteristics.

2.2 Program quality

- **Number of children per teacher/caregiver**

Most countries establish norms for the number of children teachers and caregivers can reasonably attend to. Usually these norms differ according to age group. It is assumed that fewer children per teacher/caregiver is usually preferred because it allows the adult to pay more individual attention to the child, which, in turn, is assumed to promote better learning and development. A very large number of children per teacher tend to restrict one-on-one activities by requiring much more attention to group control and management instead of promoting learning through exploration and attention to individual needs.

Note: This indicator may work well for evaluating specific programs, but in order for it to be meaningful at a system level there is need to be able to disaggregate by the age of children being attended to and/or by the type of program because norms vary by age, ranging from one adult for every four or five one-year-olds, to one adult for every twenty-five five-year-olds. If all ages are lumped together and are then related to the number of adults, the resulting average figure is difficult to interpret. This will less often be the case if the number of students can be classified according to type of program, while distinguishing preschool programs that are direct to children ages four to five, from programs directed primarily to children who are under four.

a) The number of children being attended to in ECCD programs. Ideally, the number of children should be classified by age. This will probably be difficult to do in a way that the resulting number can be related directly and in a meaningful way to the number of adults with responsibility for those particular children. However, in some locations where periodic surveys of individual centres are carried out, it may be possible to generate this information by going to original data. An alternative may be to classify children by type of program, attempting to distinguish preschool programs catering to children in the immediate preschool years (usually ages four and five) from children in other programs that emphasize attention to younger children.

b) The number of teachers/caregivers attending children within each age group. Taking from the EFA Technical Guidelines: "Teachers are persons who, in their professional capacity, guide and direct pupils' learning experiences in gaining the knowledge, attitudes and skills that are stipulated in a defined curriculum program." If this definition is applied, all teachers who do not have professional qualifications would be excluded and all centres that do not follow a defined curriculum program would be excluded. It is not clear whether teacher's aides would be included. These decisions need to be made in order to arrive at the total number of teachers/caregivers. Presumably, custodial and administrative personnel would not be included (unless they also serve a dual role as teacher).

- **Teacher qualification. The percentage of teachers/caregivers who are 'qualified'.**

It is commonly assumed that more highly qualified teachers or caregivers will provide better attention to young children. Systems typically pride themselves on having a high percentage of qualified teachers. This indicator is suggested as one way of taking a reading on how qualified the staffs of programs is, with implications for what sort of additional preparation may be needed.

Warning: However, 'better qualified' is often defined in terms of a paper qualification, usually referring to a degree that indicates the completion of a particular set of early education courses or the achievement of a certificate indicating that a set of criteria have been met. Although this may be true at a very general level, we know that formal qualifications do not necessarily make a good teacher; lack of experience, poor motivation, discontent related to low remuneration, and lack of self confidence, among others, can prevent paper qualifications from being converted into sound practice. In addition, we know that many uncertified teachers and caregivers throughout the world bring basic knowledge, experience, and motivation to ECCD, having a greater impact on the lives of children than many certified or titled teachers. Finally, it is possible to provide quality care by combining highly qualified and experienced personnel with aides or assistants who are competent but are not formally qualified and are learning on the job.

For this reason, using teacher qualification is at best only a very rough indicator of quality and, in some settings may not be particularly valid or useful unless the definition of qualification goes well beyond formal paper qualifications to include experience and training courses that are outside the standard certification process.

- **Physical environment**

A wide variety of instruments exist for rating physical environments, based on such factors as the amount of space available per child, safety precautions taken, the presence of functional and clean sanitary facilities, availability of potable water, etc. The main source of information for this indicator will probably come from periodic surveys of ECCD centers carried out by the responsible administrative entities. However, a special survey may need to be created.

- **Curriculum or Interaction**

Probably the best indicator of the quality of ECCD programs would be an indicator, which captures the quality of interactions between adults and children in childcare and early education settings. To do this, systematic observations would be required in a sample of different program settings. One example of a study that is providing such data is the IEA pre-primary study, which has applied an observation schedule within childcare and early education settings in 15 countries . In addition to measuring the percentage of time children are interacting with adults or with other children, the study generates information about such curricular dimensions as: a) The variety of types of activities in which children participate and the group structure proposed by the teacher, b) Who proposes the activity in which a child is engaged (child or teacher); and c) The percentage of observations in which teachers are listening to children's responses or comments.

Although such observations are somewhat costly and time consuming, they may be judged to be worth the effort.

2.3 Political will: policy and financing

- **Policy: Presence of a national ECCD policy and/or plan.**

It has become standard practice to ask whether countries have an explicit policy pertaining to Child Rights and whether the country has established a National Plan of Action based on that policy, with goals, activities, and expected outcomes. The assumption is that making child rights policy explicit and establishing a plan will not only provide a basis for action but also for the monitoring of those actions. The mere presence or absence of a policy and a plan becomes a basis for judging political will.

Note: Whereas this indicator might be useful for making a crude comparison across countries, it is probably not as useful as at a national level. Within national settings, it might be more useful to look within policies and plans to see whether, in some sense, such plans are integrated and whether they are intended to reach the poorest members of society as well as the middle class or the rich. Moreover, all countries follow some sort of ECCD policy, but that policy may not be explicit and may actually be one of inaction. In others, an explicit policy may exist but may be ignored. All countries have an education policy. Some countries have policies that relate childcare to women's work (or to work by family members). Some countries incorporate parental education into education and/or health plans of action. Some countries have a policy and plan related to nutrition and feeding. Rarely do these elements come together in one policy and plan applied specifically to young children. Accordingly, it may be difficult to develop a meaningful indicator that captures political will in a general way with respect to ECCD policy and plans.

- **Budget allocation. The percentage of the educational budget allocated, to or spent on ECCD programs**

When the major part of ECCD programming is provided under the auspices of the educational sector, this indicator may be very useful, if attention is spread out over many agencies it may not be as relevant. If this indicator were deemed appropriate and useful, it would be preferable to work with information about expenditures rather than budgets. Budgets sometimes represent more a political statement than a reality, with significant shifting occurring among budget categories during the course of a year. However, if expenditures are used, the disadvantage is that figures will probably not be up-to-date.

2.4 Cost/expenditure

- **Costs (or average expenditure) by government per child on ECCD**

Presumably, the higher the level of per student expenditure (taking inflation and/or purchasing power into account), the greater the government commitment to ECCD. Also, it is sometimes suggested that higher expenditure will indicate that a system is of higher quality. It is possible, however, to imagine that higher expenditures will not really result in improvements in quality. For that reason, it is important also to have data on the effects of spending as well as on actual expenditures.

- **Costs (or average expenditure) by government per child on ECCD programs as a percentage of Gross National Product per inhabitant**

If the purpose is to see how well a country is doing relative to other countries, expenditures will need to be put into context before comparisons can have meaning. One way of doing that is to relate expenditures per child to GNP per inhabitant. In this way it is possible to see whether a country is putting the same relative effort into its ECCD programs.

- **Average expenditure per child by family on ECCD for children under six as a percentage of minimum salary (or of family income)**

It is one thing to judge government financial commitment to ECCD programs and another to determine at what level families are committing their resources to ECCD. If the philosophy of a government is to provide universal services to families at little or no cost, this indicator will have less meaning than if the philosophy of a government is to provide incentives for families to invest in their children. This indicator,

if related to (disaggregated by) level of family income will also tell a great deal about inequalities with respect to ECCD. In order to create this indicator, it will be necessary to have access to household surveys that collect information about expenditures for education and childcare.

2.5 Effects (the status of child and parent)

Some idea of program effects is needed to complement measures of coverage and of quality as measured by program inputs or processes. More is not always better. A curriculum change may or may not bring about a change in the status of participating children.

- **Child Development**

A major purpose of ECCD programs is or should be to have positive effects on children's development, so it is logical to turn to a measure of the developmental status of children. Optimal child development refers to the child's ability to acquire culturally relevant skills and behaviours, which allow the child to function effectively in his/her current context changes, and/or to bring about changes. The fact that the use of an indicator of the level of a child's development is rising in a country may or may not be related to an increase in the extension or quality of ECCD programs. Improvements may be related to changes in economic conditions or to improved levels of parental education, for instance. If the purpose is to see whether programs have had an impact, this indicator might be created for regions in which a program is functioning and for regions in which is not, so a comparison can be made.

A variety of possible tests, scales, and observational information might be used to establish an indicator of child development. Each country will have to determine what it thinks is the most appropriate indicator for child development, and it must determine at what ages that information should be collected. There are literally hundreds of tests and scales that purport to measure child development. The problem in any particular national setting may be to obtain agreement on what specific measures should be used, both generally and with respect to various dimensions at different ages. The problem may be more political than technical. Among the reasons that agreement is difficult to obtain are due to the following:

- Different theoretical and ideological posture are reflected in instruments,
- Questions about the degree to which instruments have been adjusted to the culture (for both imported instruments that have been adjusted in some way and for instruments that have been created locally),
- Questions about the reliability and validity of instruments,
- Disagreement about the basic purpose that the measure and instrument should serve (for instance, some feel that it is much more beneficial to use instruments for developmental screening than to measure the general development status of children or to demonstrate a child's 'readiness' for school), and
- Personal squabbling among those who create different scales, about which are culturally appropriate, reliable, and valid.

- **School readiness**

One of the rationales for establishing ECCD programs is that children who participate in them will be better prepared for school. This will subsequently result in better progress and performance of children in school, thereby lowering repletion and dropout rates to the benefit of both children and school systems (these might be taken as longer-term indicators of the outcomes of ECCD programs, but the more immediate

effect or outcomes is a change in the status of children that prepares them to move into a primary school).

There is a tendency to define school readiness in narrow terms of cognitive development status, language, and sometimes in terms of the ability of children to know their alphabet and even to read before entering primary school. Accordingly, many child development experts object to the idea of measuring 'school readiness'. A measure of the cognitive status of children, at the point of entry into school and perhaps at earlier ages as well, could be an extremely useful indicator for countries.

However, a better assessment of school readiness would include indicators of the emotional and physical development of children. If this is the case, it is possible to think that a measure of school readiness would be very similar to a measure of child development. It also leads one to think in terms of a set of indicators that describe different aspects of child development or of school readiness, keeping in mind that development is holistic and integral. In that vein, the following nutritional and health indicators should be considered also as possible indicators of the effects of ECCD programs.

- **Nutritional status**

A range of indicators of nutritional status of children are being used internationally that include: weight for age, height for age, height for weight, arm circumference, and, levels of various micronutrients. The task here is to discover what indicators are deemed useful in a particular setting and to see how these indicators move over time, if possible in relation to particular groups and areas and programs.

- **Health status**

Health indicators are usually well established as well, and, as with nutrition, the challenge will not be to create new indicators, but rather to incorporate existing indicators into a broad developmental status (including physical development) of children.

- **Parental knowledge and expectation**

Parents are and will continue to be the people primarily responsible for the care and education of children. If parents are better informed about child development and about possible actions they can take to improve development, then the status of children should improve. In order to establish this indicator it is necessary to define what parents 'should know'. This can be a tricky business when childrearing practices of a particular culture do not correspond with the practices that 'science' or another dominant culture suggests should be the norm. Nevertheless, it may be possible to agree upon some basic knowledge that all parents should have that may improve their capacity to assist their developing child.

8. BIBLIOGRAPHY

ADEA. 2002. The Foundation First: Priority to Early Childhood. ADEA Newsletter, vol. 14 No. 2: April, 2002.

Argawal, S. 1995. Ghana: Coordinators' notebook No. 17, 1995. Consultative Group on ECD.

Associacao Crianca, Familia e Desenvolvimento and Wona Sanana. 2002. AIDS in rural Mozambique: A case study of Incaia and Matuba; Maputo.

Ball, C. 1994. Start Right: The Importance of Early Learning. London. The Royal Society For Encouragement of Arts, Manufactures and Commerce.

Barnett, W.S. 1998. Long-term effects on cognitive development and school success. In Early Care and Education for Children in Poverty, Promises, Programs and Long-term Results. W.S. Barnett and S.S. Boocock, Albany, State University of New York Press.

Basili, F. 1994. '*Critorios de Calidad de los Servicios para Ninos y Ninas Menores de 6 Anos, ' Un trabajo preparado por el 11 Simposio Lationoamericano, Participatiocion Familiar y Communiteria para la Atencion Intergral del Nino Menor de Seis Anos'*, Lima, UNICEF.

Bassant, V.D., and M. Moti. 2000. A case study on early childhood development policy in Mauritius, ADEA WGECD Policy Studies Project.

Begley, S. 1996. "Your Child's Brain." *Newsweek.* February 19: 55-61.

Bennell P., B. Chilisa, K. Hyde, A. Makgothi, E. Molobe and L. Mpotokwane. 2001. The impact of HIV/AIDS on primary and secondary education in Botswana: Developing a comprehensive strategic response. Education Paper No. 45. Department for International Development.

Bernard van Leer Foundation. 1994. *Building on Peoples' Strengths: Early Childhood in Africa.* The Hague (Netherlands): Bernard van Leer Foundation.

Boakye and others. 2001. A case study on ECD policy development in Ghana, Accra.

Bouma, J. 2000. Kenya in the enclosure, Early Childhood Matters, No. 95, Bernard van Leer Foundation.

Brock, F. 1998. *Motivating in challenging contexts, Early childhood matters*, October 1998, No. 90, Bernard van Leer Foundation.

Carnegie Corporation. 1994. *Carnegie Task Force on Meeting the Needs of Young Child. Starting Points.* New York. Carnegie Corporation.

Christian Children's Fund. 2002. *When AIDS hits homes: Community-based approaches to a global epidemic,* Christian Children's Fund, Richmond.

Colleta N. J. and A. J. Reinhold. 1997. *Review of early childhood policy and programs in Sub-Saharan Africa*, World Bank.

Colleta, N.J, J. Balachander, and X. Liang. 1996. *The condition of young children in Sub-Saharan Africa*, World Bank.

Consultative Group on Early Childhood Care and Development. 1999. 'In Search of Early Childhood Care and Development (ECCD) Indicators: A Contribution to the EFA Year 2000 Assessment: Technical Guidance for Country Studies'. Toronto, Canada. (Mimeo) page 5.

Coombes, B. 2003. Early Childhood Policy Formulation at the global level: some issues and challenges, UNESCO, Paris.

Department of Education (South Africa). 1996. Interim policy for early childhood development.

Deutsch, R. 1998. Does Child Care Pay? Labor Force Participation and Earnings Effects of Access to Child Care in the Favelas of Rio de Janeiro (unpublished).

Duncan, G.J., J. Brooks-Gunn, W. Jean Young and J.R. Smith. 1998. How much does Childhood Poverty Affect the Life Chances of Children? *American Sociological Review* 63:406-23.

ECDNA. 1998. Policy and Programming in Early Childhood Development in Africa: A report of a Workshop held in Cape Town, December 1997. Nairobi.

Engle, P.L. 2002. UNICEF's commitment ECD, a speech read at the 2nd International Conference ECD, Asmara, October 2002.

Etude de la paix en charge de la petite enfance en Guinee.

Evans, J. L. 1998. Inclusive ECCD: A fair start for all children. Coordinators' notebook No. 22. 1998. Consultative Group on ECD.

_____. 1996. Children as zones of peace: Working with young children affected by armed violence. Coordinators' notebook No. 19. 1996 Consultative Group on ECD.

_____. 1995. Quality in ECCD: Everyone's Concern. Coordinators' Notebook No. 18, 1996. Consultative Group on ECD.

Evans, J.L., Myers, R.G. and Ilfed, E.M., 2000. Early Childhood, A programming guide on early childhood care and development. The World Bank.

Ewing, D. 2002. Bernard van Leer Foundation Partner Consultation on Children and HIV/AIDS; Draft report, Durban, October 2002, Bernard van Leer Foundation.

Felsman, K. 1998. Young children in complex emergencies, early childhood matters, 1998 No. 89, Bernard van Leer Foundation.

Floud, R., K. Wachter, and A. Gregory. 1990. Height, Health and History: Nutritional Status in the United Kingdom, 1750-1980. Cambridge: Cambridge University Press.

Gauthier, C., S. Bissonnette, M. Richard and F. Djibo. 2003. Pédagogies et écoles efficaces dans les pays développés et en développement. Une revue de literature. Commissioned by ADEA.

Gertsch, L. 1995. 'Following the Yellow Brick Road (or Where Do We Go From Here)'. The Environment of the Child and Program Development. The Hague: Bernard van Leer Foundation.

Haddad L. 2002. *An integrated approach to early childhood education and care*, Early Childhood and Family Policy Series No. 3, UNESCO, Paris.

Halpern, R. and R. Myers. 1985. Effects of Early Childhood Intervention on Primary School Progress and Performance in the Developing Countries.

Heckman, J.J. 1999. *Policies to Foster Human Capital, NBER Working Paper Series No. 7288*. Cambridge, Mass.: National Bureau of Economic Research.

Hyde, K. A. L. 1998. "Expanding Educational Opportunities at the Primary Level: Are Community Schools the Answer". Paper presented at the Oxford International Conference on Education and Development, 1999.

_____. 2001. *EFA 2000 Assessment Thematic Studies: Girls' Education*. UNESCO, Paris.

Irvine, M. and N. Ngobeni. 1999. The pillars of South African ECD policy: Building on the foundation of young children's rights. A paper presented at the International Conference on Early Childhood Care and Development held in Kampala in September, 1999. Vol. 2. Conference papers.

Jacobs J., 1999. Foundation for Community Work (FCW), Family in focus program. A paper presented at the International Conference on Early Childhood Care and Development, vol. 2 Conferences papers.

Jaramillo, A. and K. Tietjen. 2001. *Can We Do More for Less? A Look at the Impact and Implications of Preschools in Cape Verde and Guinea.* The World Bank.

Jaramillo, A. and A. Mingat. 2003. Early Childhood Care and Education in Sub-Saharan Africa: What would it take to meet the Dakar goal? Draft. The World Bank: Africa Region.

Juel, C. 1991. *'Beginning Reading',* Handbook of Reading Research**,** vol. 2, ch. 27, Longman.

Kere, M. 1999. Developing a new phase of action in early childhood development: An integrated project in Burkina Faso. A paper presented at the International Conference on Early Childhood Care and Development Kampala, September 1999.

Kirpal, S. 2002. *Communities can make a difference: Five cases across continents in Young* M., (Ed) (2002), From Early Child Development to Human development, The World Bank.

L'experience des reseaux de la petit enfance en Mauritanie: Une porte ouvert sur l'approache integree du developpment du jeune enfant.

Lanyasunya, A.R. et al, 2001. *The El-barta child and family project*, Bernard van Leer Foundation. The Hague.

Le Roux, W., 2002. *The challenges of change: A tracer study of San preschool children in Botswana*, Bernard van Leer Foundation. The Hague.

Lenaiyasa, S. and E, Kimathi. 2002. Samburu Community-based Project. A paper presented at the Early Childhood Development Regional Conference held in Mombasa, Kenya, February 2002.

Les *Bisongo*s au Burkina Faso: Espace d'entraide communitaire pour une approach integree du development du jeune enfant.

Lokshin, M., E. Glinskaya, and M. Garcia. 2000. The Effects of Early Childhood Development Programs on Women's Labour Force Participation and Older Children's Schooling in Kenya. Working Paper, Washington, D.C: World Bank.

Mapako, M. 1999. Developing alternative methods of care. A paper presented at the International Conference on Early Childhood Care and Development, Kampala, September 1999.

Masse, N. L., and S. Barnett. 2002. A Benefit Cost Analysis of the Abecedarian Early Childhood Intervention**,** website: [www.nieer.org].

Maudho, R. 2002. Early childhood development Mauritius: challenges of innovation, a paper presented at the 2nd International Conference on ECD, Asmara, October, 2002.

Ministry of Education, Kenya. 1997. ECD Project Implementation Manual, Nairobi, Kenya.

Ministry of Education, Zanzibar. 1999. Prospective, Stocktaking review of education in Africa: The Zanzibar case study, Zanzibar.

Mwana Mwende Child Development Centre, 2000. Phase I Project Report, Nairobi.

Mwaura, P. 2002. A Synopsis of Research Activities and Findings. Madrasa Regional Research Program.

Myers, R. G. and J. L. Evans. 1995. Childrearing Practices. Article prepared for the section *"Marriage and the Family" of the Encyclopaedia of Third World Women,* Ed. Nelly P. Stromquist.

Myers, R.G. 2001. In Search of Childhood Indicators, Coordinators Notebook No. 25.

_____. 2001. *EFA 2000 Assessment Thematic Studies: Early Childhood Care and Development.* UNESCO, Paris.

National Association for the Education of Young Children (NAEYC). 1986. 'Position Statement on Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Ages 8'.

NACECE. 1995. Who Cares for the Under Threes? Nairobi.

Njenga, A. and M. N. Kabiru. 2001. In the web of cultural transition: A tracer study of children in Embu District, Kenya. Bernard van Leer Foundation.

Otaala, B. 1999a. Children's participation for research and programming in education, health and community development: Selected experience in developing countries in Africa. A paper presented at International Conference on Early Childhood Care and Development, Kampala, September 1999.

_____. 1999b. Challenges to partnership, collaboration and networking for the cause of the African child: A voice from a third world country, opening presentation at the International Conference on early childhood care and development, Kampala, September 1999.

Pence, A and P. Moss. 1994. 'Towards an Inclusionary Approach in Defining Quality', in P. Moss & A. Pence (Eds), *Valuing Quality in Early Childhood services: New Approaches to Defining Quality*. New York, Teachers College Press, pages 76-91.

Prakash, V. 1983. Battling Costs of Quality and Quantity: Emerging Response in Early Childhood Care and Education. *Notes, Comments … (Child Family Community), Digest No. 11.* Paris: UNESCO/UNICEF, page 63.

Ramey, C.T., F.A. Campbell, M. Burchinal, M.L. Skinner, D.M. Gardner, and S.L. Ramey. 2000. Persistent Effects of Early Intervention on High Risk Children and Their Mothers. *Applied Development Science* 4:2-14.

Rangala Child and Family Development Program, 2002. An Overview of Programs; Rangala.

Rayna, S. 2002. Implementation of the integrated early childhood development policy in Senegal, Case Study no. 2, UNESCO.

Rutter Michael, and Marjorie, 1993. *Developing Minds: Challenge and Continuity Across the Life Span*. New York, NY. Harper Collins.

Sang, D.K.A, et al, 2002. Kenya country paper on integrated early childhood interventions. A paper presented at the second international conference on early childhood development, Asmara, October 2002.

Schweinhart, L.J. 1995. Elements of Early Childhood Program Quality in Developing Countries. Washington D.C.: World Bank.

Schweinhart, L. J., H.V. Barnes, and D.P. Weikart. 1993. Significant benefits. The High/Scope Perry Preschool Study Through Age 27. Ypsilanti, MI: High/Scope Press.

Swadener, B.B. and others. 2000. *Does the village still raise the child?* State University of New York, Press, Albany.

Torkington, K. 2001. WGECD Policy Project: A synthesis report.

UNESCO (United Nations Educational, Scientific, and Cultural Organization). 2003a. Cross-sectoral coordination in early childhood: some lessons to learn, UNESCO Policy Briefs on Early Childhood No. 9, January 2003.

UNESCO, 2003b. [http://portal.unesco.org/uis/ev.php]

UNESCO, L'experience des Reseaux de la petite Enfance en Mauritanie: Une Porte Ouverte

UNICEF (United Nations Children's Fund) 2001. *The state of the world's children 2001.* UNICEF, New York.

______. 2003 *The state of the world's children 2003*. UNICEF, New York.

Van der Gaag, J. and J-P Tan. 1998. *The Benefits of Early Child Development Programs: An Economic Analysis.* Washington, D.C.: World Bank.

Wamahiu, S. P. 1995. The Impact of the Integrated Madrassah-Nursery Intervention Program on the Later School Success of Muslim Children in Mombasa: The Tracer Study Continued. Nairobi, Aga Khan Foundation.

Weisner, T.S., et al, 1997. *African families and the crisis of change.* Bergin & Carvey, Westport Connecticut.

Wessells, M.G, 1996. Assisting Angolan Children impacted by war: Blending western and traditional approaches to healing. Coordinators' notebook No. 19, 1996, Consultative Group on ECD.

WGECD, 2001. Namibia country case study: A review of Namibia's early childhood development policy and its implementation.

Woodhead, M. 1996. In Search of The rainbow. *Pathways to Quality in Large Scale Programs for Young Disadvantaged Children*. Final Report to Bernard van Leer Foundation, The Hague, Netherlands.

Young, M.E. 2002a. Early Child Development: A Stepping Stone to Success in School and Lifelong Learning. Draft.

_____. 2002b. From early child development to human development, The World Bank.