PART III.
Early childhood care and education

Chapter 8

A kindergarten teacher holds children’s attention in Toubab Dialao, Senegal, a fishing village where most inhabitants live below the poverty line.
Fostering strong ECCE policies

Although countries still face many difficulties in expanding and improving their ECCE programmes, a more favourable policy environment is emerging. Governments can help shape this environment by ensuring that there are adequate resources, including public funding. They also play an important role by designing strong national policies, fostering coordination among sectors and stakeholders, regulating and monitoring quality, and making a concerted effort to reach disadvantaged children and others with limited access to ECCE. This chapter draws on examples from national experience to highlight promising policy practices in the areas of governance, quality and financing. Because of competing demands on public resources, it is especially important to set clear targets and priorities.
Why the need for national ECCE policies?

Existing policy and legislative action

A national ECCE policy embodies a country’s commitment to young children. To date, however, national governments have accorded limited policy attention to ECCE relative to other EFA goals: universal access to primary education and gender parity. A review of major policy documents (UNESCO-IIEP, 2006) reveals that, although all education plans give some attention to early childhood, most do not take the holistic approach to ECCE promoted by the Dakar Framework for Action. UNESCO, UNICEF, the Association for the Development of Education in Africa (ADEA) and various early childhood networks have encouraged countries to develop holistic ECCE policies that address every aspect of care, education, health and nutrition for all children under 8. In practice, however, most countries focus mainly on pre-primary education, from age 3 until the start of primary school, and pay much less attention to the non-education aspects of ECCE or the needs of children under 3. While health and education sector plans and Poverty Reduction Strategy Papers (PRSPs) may cover immunization, maternal health and pre-school, they are often fragmented and tend not address the child’s well-being and development as part of an integrated whole (Aidoo, 2005).

Yet, there are signs that the holistic approach is gaining ground. To create links among different policy areas affecting the lives of young children, several governments, often in partnership with UNICEF, have begun recently to elaborate national early childhood policies that cover health, nutrition, education, water, hygiene, sanitation and legal protection for young children. Comprehensive early childhood policies provide governments with the authority and guidance needed to implement programmes for young children. The development of an explicit early childhood policy is not without risks: it can isolate ECCE from related sectors, including health and education; and it can result in insufficient funding or attention to implementation. An explicit ECCE policy may be ineffective, therefore, unless accompanied by a broader strategy engaging other sectors with responsibility related to early childhood. Drawing up a national vision statement of goals can help countries address the rights and needs of young children. This vision should clarify the work of the education, health and social sectors, and require the relevant ministries or agencies to make the needed funding allocations within their current budget.3

Also useful is legislation that defines what must be done to enact the early childhood policies. At least eighty countries have legislation covering some aspect of ECCE. Many of these countries refer to ECCE as the first stage of the education system, thus recognizing, at least rhetorically, its place within broader education policy (UNESCO-IBE, 2006). Thirty countries have at least one year of compulsory pre-primary education; in two-thirds of these the legislation was enacted since 1990 (Table 6.8). In 2002, for example, Mexico made three years of compulsory pre-school a constitutional right, with provision to be completed by 2008 (UNESCO-IBE, 2006). Even where legislation confers entitlement to several years of ECCE, though, enrolment tends to concentrate on the year or two prior to primary education (UNESCO-OREALC, 2004b). Nine transition countries have legislated a year of free pre-primary education, usually as a means of rebuilding the extensive systems that existed during the communist era (Agranovitch, 2005). Enrolment of younger children remains low.

Many of these policies and supporting legislation are more declarations of intent than realities: national legislation enshrining provisions of international law on children is too seldom backed by strong enforcement (Vargas-Barón, 2005). Similarly, formal national commitments, made through declarations and policies, are often not matched by detailed strategies and adequate public funding. Certain conditions can facilitate or hinder successful policy development for young children, however, and these are explored below.

Building a supportive policy environment

For governments to develop strong policies for young children, the political, social and economic conditions need to be supportive. Several developments over the past ten years indicate movement in this direction:

- Research showing the benefits of ECCE.
  A growing body of research underlines the benefits of good-quality ECCE, especially for the disadvantaged. Although the bulk of the research comes from OECD countries, the number of studies from Asia, Africa and Latin America is increasing [see Chapter 5]. This evidence has informed policy-makers’ decisions and can help build the political will to support ECCE.

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1. Chapter 3 describes the methodology of the review.
2. Countries with early childhood policy documents include Burkin Faso, Cambodia, Chile, Djibouti, the Gambia, Ghana, Guinea, Indonesia, Jamaica, Jordan, Malawi, Mauritania, Mongolia, Papua New Guinea, the Philippines, Senegal, Syrian Arab Republic, Thailand and Viet Nam. Cameroon, Cape Verde, Chad and the Niger are developing such documents (Diawara, 2006; Pressoir, 2006; UNESCO-IBE, 2006).
3. The issue of integrated approach vs separate focus has a parallel in early work on gender. Some countries at first created a Ministry of Gender or Women’s Affairs, but without enough funding to be effective. Other sectors would drop gender issues since a separate policy and ministry were devoted to them. Gender would end up being marginalized as a government priority. The focus has now shifted to assessing gender within all the relevant sectors so as to keep the issue on the agenda.
**Labour market trends.** The rising participation of mothers with young children in the labour force, coupled with the decline of traditional family child care (see Chapter 6), has made some governments more receptive to policies to expand and improve ECCE.

**Emerging attention to ECCE in national development reforms.** Though the evidence is limited, attention to ECCE within instruments such as EFA plans, education and health sector plans, PRSPs and legislation appears to be on the rise.

**International support.** Aid agencies, United Nations organizations, foundations and international NGOs have supported capacity building and funded ECCE projects that could be taken to scale. UNESCO, for instance, has supported national ECCE policy development through country reviews, policy briefs on current issues and regional, field-based capacity-building seminars.

**Strong ECCE networks.** At grassroots level, representatives of international agencies, NGOs, researchers and providers of services for children and families have formed networks to share information and experiences within and across borders (Box 8.1). These partners can use their expertise in programme development, capacity-building, training, research and evaluation to support national policy and planning efforts.

Despite these positive factors, a review of country experiences suggests that the following barriers need to be addressed to foster a policy environment to expand and improve ECCE:

- **Ambivalence about the role of government in the lives of families.** The boundaries between the public and private spheres are often unclear. Public policy tends to be limited for children under 3 except as regards extreme abuse and neglect, even though public investment has strong potential to promote long-term benefits (and cost savings).
- **Insufficient public awareness of the benefits of ECCE.** Increased public recognition of the potential contribution of ECCE to EFA and the Millennium Development Goals could foster greater national commitment to young children. Research findings need to be disseminated to key stakeholders – especially parents, who are potential advocates for increasing public policy attention to ECCE.
- **Limited financial and human resources.** Most governments allocate the bulk of their education funding to compulsory schooling and most bilateral donors focus heavily on tertiary education (see Chapter 4). A lack of trained early childhood staff, linked to low pay and status, also impedes the expansion of good-quality ECCE. Even when national ECCE policies exist, successful implementation depends greatly on the capacity of local officials and partners.
- **Competing policy priorities.** In low-income countries, policy choices have immediate consequences for child survival. Much attention, understandably, is directed to HIV/AIDS, malaria and other diseases. Within education, governments face tough choices whether, for example, to expand education systems from primary down to ECCE or up towards lower-secondary education.

### Supporting the policy development process

ECCE is well established in the developed countries and a more favourable policy climate is emerging in the developing world despite the many barriers. To help countries build on this

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**Box 8.1: Consultative Group on Early Childhood Care and Development**

Founded in 1984, the Consultative Group on Early Childhood Care and Development (CGECCD) is a global network of international agencies, foundations, researchers and service providers interested in early childhood issues in more than 100 countries. The group regularly produces the *Coordinators’ Notebook*, which includes a lead article analysing key early childhood issues (e.g. quality, children and HIV/AIDS, transitions and links, children in emergencies and 0-3s) and case studies of initiatives in developing countries. The publication reaches about 3,000 individuals, networks and organizations. The CGECCD has also produced a programming manual, *Early Childhood Counts* (Evans, Myers and Ilfeld, 2000) for use by development professionals, programme planners, trainers, policy-makers and child advocates. At annual meetings, members exchange information and discuss issues related to early childhood development and children’s rights. The group’s secretariat maintains an active electronic mailing list and a website. The CGECCD acts as an advocate globally and locally for more attention to EFA goal 1 and serves as a resource to UNESCO and other international agencies committed to EFA.


In low-income countries, policy choices have immediate consequences for child survival

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4. Among the many examples are the ADEA Working Group on Early Childhood Development, the International Step by Step Association (and the related Open Society Network) and networks involving groups such as UNICEF, UNESCO, Plan International, the Aga Khan Foundation and the Bernard van Leer Foundation.
momentum, it is useful to learn from those that have managed to generate the political will and develop national ECCE policies. Although policy strategies must necessarily be tailored to the relevant cultural, political and economic contexts, there are several key elements they seem to share:

High-level political endorsement can put ECCE on the agenda. Abdoulaye Wade, now president of Senegal, has made early childhood a priority since the 1980s, long before his election in 2000, viewing it as a lever for improving the environment and conditions in which children live as well as for developing a highly skilled and educated population (Hyde and Kabiru, 2006). As president he introduced les cases des tous petits – flexible, community-based centres for 0- to 6-year-olds that integrate health, education and nutrition – as an alternative to the more expensive and less culturally appropriate French pre-schools (Kamerman, 2005, Rayna, 2002). Chile, to take another example, has a long tradition of ECCE that has also benefited recently from political support at the highest level. Since her election in early 2006, President Michelle Bachelet has made a series of commitments to strengthen ECCE: to start a pre-school voucher programme for children from birth to age 3 from the poorest 40% of households, to increase enrolment in kindergarten to 60% and to expand coverage of child care centres to support women’s employment (Umayahara, 2006).5

Broad stakeholder involvement helps promote public support. Efforts to include stakeholders increase the potential for successful implementation and bring children’s issues to the fore of public debates (Addison, 2006). Engaging parents as advocates is a particularly effective way to promote sustainable programmes. Such consultations can draw out the policy development process: in Ghana, for example, it took more than ten years to develop and pass a national early childhood policy. The lengthy consultations ensured that the process of policy development was as participatory as possible.

Partnerships with international organizations or aid agencies can generate seed money for projects that can then be taken to scale, and also provide technical assistance for national planning. A decade of investment and technical support (1972-1982) from the Bernard van Leer Foundation led to Kenya’s Preschool Education Project, which focused on quality issues and

5. President Bachelet set up a technical advisory council made up of fourteen experts from various fields, along with an interministerial committee representing seven ministries, to develop a proposal for reforming Chile’s ECCE policies (Chile Presidency, 2006).

6. Each component has objectives, along with activities aimed at meeting them. Each activity is linked to main and cooperating implementing partners, indicators, sources of verification for the indicators, costs and time frame.
What ages does ECCE cover?
What organization is responsible for policy-making, coordination and oversight of ECCE? Do separate organizations deal with 0- to 2-year-olds and 3- to 6-year-olds?
What are the powers and responsibilities of each level of government regarding ECCE?
What groups are authorized to provide ECCE programmes (e.g. government, public schools, private schools, parents, registered or accredited NGOs, religious groups)?
What do activities in the programmes address (e.g. care, education, nutrition and health)? To what extent do the activities differ by age?

Quality
Which programmes are subject to quality regulations and control?
What are the standards regarding child/staff ratios and group sizes; physical space per child; services such as water and sanitation; feeding programmes; staff qualifications and training; and programme length?
Are these standards set at national or local level?
What early learning and development outcomes are expected of children?
Is there a national curriculum framework? What themes and content does it address?
Which pedagogical approaches are encouraged?
Is quality assurance based on inspections or accreditation?
What are the strategies to link ECCE and primary school?

Financing
What are the short- and longer-term targets for expanding coverage of ECCE overall, for children under 3 and for older children?
Which services are compulsory [e.g. vaccinations] and which are voluntary [e.g. pre-school]?
What are the appropriate shares of public and private [household] funding?
How will parent fees be determined?
What is the target for the share of ECCE within total public expenditure on education?
How is public funding allocated among government levels [block grants, categorical funding], providers [contracts, subsidies] and/or parents [vouchers, tax breaks]?
Who is eligible for public services that are not yet universal?

Which children are deemed vulnerable and disadvantaged?
To what extent are children with special needs mainstreamed into regular ECCE?
How are targeted programmes administered?
Is international aid to be sought for ECCE programmes and, if so, within what framework?

These questions, at a minimum, need to be resolved to develop strong national policies on ECCE. Table 8.1 illustrates how six developing countries with well-developed ECCE policies approached many of the questions. The following sections discuss ECCE governance, quality and financing (including targeting the disadvantaged and the role of aid). To some extent these are the public policy dimensions of the programme characteristics discussed in Chapter 7.

Institutionalizing good governance

Governance – the allocation of responsibility within and across levels of government and between public and non-public actors – can determine whether ECCE services meet quality standards, are affordable, meet local demand, promote cost-effectiveness and achieve equity goals (Hodgkin and Newell, 1996; Kagan and Cohen, 1997). Countries tend to vary on three dimensions of governance (Kamerman, 2000a; Neuman, 2005):

administrative organization – the agencies responsible for ECCE at national level, and the extent to which care and education are integrated;
decentralization – the extent to which the authority for ECCE is vested in subnational levels of government;
role of private actors – the extent to which early childhood policy-making and service delivery are shared with non-public actors. This section discusses these dimensions, with special attention to the challenges of intersectoral and intergovernmental coordination.

Administrative organization: who should take the lead?

By definition, ECCE involves multiple sectors, programmes and actors. At national level, in most countries, ECCE policies and programmes are divided between two or more administrative departments or ministries. Most countries – but
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<th>Country</th>
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<td>Chile</td>
<td>ECCE dates from early 1970s. High coverage for 4- to 6-year-olds, low coverage for under-4s. 199% education reform: pedagogical improvement, innovation through curricular reform and professional development. Policies since 2001 include: 1) expanded coverage, particularly for children from the poorest households; 2) improved quality and use of work with children, families, communities and educators; 3) strengthened management system. President created Technical Advisory Council in 2006 to guide early childhood policies.</td>
<td>Ministry of Education (MoE) is responsible for policy, planning, supervision, coordination and evaluation. Focuses on 4- to 6-year-olds. Municipalities finance and administer public and subsidized private centres. National Board of Kindergartens (JUNIJ), an autonomous public body responsible for kindergartens for poor children, supervises fee-charging private centres. INTEGRA, a non-profit private foundation, also serves poor children (mostly under age 4). In 1999, a National Commission for Early Childhood was set up to improve coordination among institutions serving children under 6.</td>
<td>About 93% of 5-year-olds; 51% of 4-year-olds, 26% of 3-year-olds and 18% of 2-year-olds participate in ECCE. JUNIJ has set up kindergartens in poverty-stricken areas. Presidential commitments in 2006 for immediate action: pre-school vouchers for children 0 to 3 years old from the poorest 40% of households, expansion of kindergartens for 20,000 4- and 5-year-olds, and 800 new day care centres for 20,000 children.</td>
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<td>Ghana</td>
<td>Despite rapid expansion in ECCE and preschool services, quality is inadequate. Relatively few children benefit from ECCE. ECCE policy document (2004), developed through extensive consultation, addresses access and quality. The document is now being disseminated via district multisectoral teams. National policy guidelines on HIV/AIDS and other vulnerable children exist since 2005.</td>
<td>Department of Social Welfare is responsible for registration and standards in crèches and other centres for children aged 0 to 2. Ghana Education Service implements MoE policies for curriculum development for 3- to 5-year-olds. Difficulties in coordinating these two agencies have occurred. The National Commission on Children, under the Ministry of Women’s and Children’s Affairs, is now in charge of coordinating ECCE.</td>
<td>About 40% of 5-year-olds and 35% of 4-year-olds participate in ECCE. A Recent white paper on education stated that kindergarten should become part of universal, free compulsory basic education. The government’s goal by the end of 2010 is to achieve 100% EGR and gender equity in basic education, including kindergarten in the most deprived districts.</td>
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<td>Jamaica</td>
<td>ECCE dates to the 1970s, when Jamaica adopted and expanded a successful Bernard van Leer Foundation project. Recent policy efforts focus on integrated approach and improved staff quality for 0- to 6-year-olds.</td>
<td>The Ministry of Education, Youth &amp; Culture (MoEYC) assumed responsibility for the Day Care Unit (formerly part of Ministry of Health) in addition to its own Early Childhood Unit in 1998. After a strategic review, the Early Childhood Commission was set up in 2002 to coordinate and monitor ECCE services.</td>
<td>About 60% of 3-year-olds and more than 95% of 4- and 5-year-olds participate in ECCE. Better access needed for under 4s, those from the poorest families and those living in the most rural areas.</td>
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<td>Jordan</td>
<td>National team of public/private stakeholders developed the National Strategy for Early Childhood Development, from pregnancy to early elementary school. The Strategy calls for the holistic development of the child and expanding the kindergarten sector. The National Plan of Action for Children, includes early childhood and builds on the above strategy.</td>
<td>Ministry of Social Development is responsible for parenting education programmes and supervises centre-based child care programmes. The Ministry of Heath is a partner. The MoE supervises all pre-schools and provides kindergartens.</td>
<td>Goals: to increase enrolment of 4-year-olds from 28% to 35% by 2008 and to 50% by 2013; and of 5-year-olds from 47% to 52% by 2008 and to 70% by 2013. MoE policy focuses on opening kindergartens in remote and disadvantaged areas. Plans call for fifty new kindergarten classes annually, and a daily meal and warm clothes for disadvantaged children.</td>
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<td>Thailand</td>
<td>Strong tradition of parent education, high participation and expanded access to ECCE. 1997 Constitution states that government must provide basic services, including care and development, for young children and families. National Policy and Strategy for Early Childhood Development 2006-2008 includes parents, carers, communities, and local and national enterprises. Inadequate supply of ECCE programmes. Local communities and rural areas have limited resources to establish quality programmes. Public information campaign needed on the importance of the early years.</td>
<td>In 1999, MoE transferred responsibility for pre-school to subsidize administrative organizations and local communities. Department of Local Administration supports subdistricts in extending access to quality ECCE in rural and urban settings. Department of Health, Ministry of Public Health and Ministry of Social Development and Human Security are also partners. Draft national policy and strategy propose a coordination committee of government and private sector stakeholders.</td>
<td>Almost 100% of 5-year-olds, about 90% of 4-year-olds and 22% of 3-year-olds participate in ECCE: pre-schools, kindergartens and child care centres. Current trend is to expand one-year pre-school classes to two-year kindergartens nationwide. In recent years, Office of National Primary Education Commission (ONPEC) of MoE has expanded access for children in rural areas, establishing 67,200 pre-school classes in 29,410 rural primary schools for more than 1.4 million children each year.</td>
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<td>Viet Nam</td>
<td>Targeted at 3- to 5-year-olds but inadequate in rural areas, among the poor and for under-3s. Access and quality vary dramatically between urban and rural areas. Prime Minister decided in 2002 to increase investment, expand crèches and kindergartens, give priority to the disadvantaged and disseminate child care information to families. National Project on ECCE (2006-13) builds on this earlier decision.</td>
<td>Since 1999, Ministry of Education and Training responsible for programmes for 0- to 6-year-olds. Ministry of Health and Committee of Population, Family and Children are partners. 2005 Education Law defines early childhood education as part of national education system. Decentralized delivery with nurseries for children aged 3 months to 3 years and kindergartens for 3- to 6-year-olds.</td>
<td>About 92% of 5-year-olds, 63% of 3- and 4-year-olds, and 16% of under-3s participate in ECCE. National Project on ECCE (2006-15) prioritizes the construction of kindergartens in poor and minority areas. Current policies: increase supply and coverage rate in kindergarten to between 70% and 80%, develop family day care for under 3s, and stimulate both public and private investment.</td>
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1. Also see Chapter 6 for a review of parental leave policies in developing countries.

Sources: de los Angeles-Bautista (2004); Charles and Williams (2006); Umayahara (2006); UNESCO-IBE (2006); UNESCO-OREALC (2004).
### Curriculum:
- Basic curriculum framework for 0- to 6-year-olds (2001) defines expected multidimensional learning outcomes and provides pedagogical orientation to indigenous children or those with special education needs.
- Undergraduate and graduate courses for early childhood educators created in mid-1990s. Requires five-year university degree in education.
- ECCE staff are gradually being trained to use the curriculum with children.

### Standards:
- With UNICEF, government has created early development and learning standards.
- Covers psychosocial skills, language and literacy, mathematics, environmental studies, creative activities, health, nutrition and safety.
- Emphasizes learning through play, encourages use of local languages.

### Teacher training:
- National Association of Teachers offers workshops to promote the professional status of ECCE educators and improve awareness among policy-makers.

### Assessment:
- Readiness Inventory of the National Assessment Programme to inform policy-makers.

### Quality
- Government funding for ECCE is long-standing priority.
- Total pre-primary expenditure per student is higher than in other countries in Latin America, although much of this is private expenditure.
- To diversify provision and reach children in poor and rural areas, MoE, JUNJ and INTEGRA support non-formal programmes. ‘Know Your Child’ trains mothers and other community members as educators.
- Birth registration has increased to 65% due to advertising and training of 1,000 health nurses from ten regions.

### Financing
- Over 80% of pre-schoolers attend community-operated basic schools; about 20% are in public infant departments and private centres receiving government subsidies for teacher salaries, class materials and school meals. Parents pay fees for teachers’ salaries and school maintenance.
- Government has pledged to allocate sufficient human and financial resources to achieve its objectives and seek extra funds needed.
- Recent survey revealed gaps in parents’ child-rearing knowledge. Jordan developed and adopted an ECCE/parenting programme that provides parents and carers with skills and information to support the development of children aged 0 to 8. More than 200 centres reach 70,000 families.

### Focus on under-3s
- Government committed to supporting the expansion of kindergartens by district assemblies, NGOs, faith-based organizations and communities.
- Department of Health runs the Parenting Education Project, the Safe Delivery Ward Project, the Nutrition Department of Health runs the Healthy Child Development Programme, the Parenting Education Project, the Safe Delivery Ward Project, the Nutrition Department of Health runs the Healthy Child Development Programme, the Parenting Education Project, the Safe Delivery Ward Project, the Nutrition Department of Health runs the Healthy Child Development Programme.
- Government has tried to create demand through parent education programmes and media campaigns.

### Curriculum:
- Eclectic approach focusing on affective, psychomotor and cognitive domains.
- MoEYC places one trained teacher in each basic school with enrolment of 100+. The Child Focus project and the National Council on Technical and Vocational Education and Training developed ECCE certification standards.

### Teacher training:
- MoE has organized workshops to train ECCE technical leaders.
- Continuing support is given to test and promote innovative practices.

### Assessment:
- Has applied the Early Years Evaluation instrument to measure children’s school readiness.

### Standards:
- Participates in the UNICEF standards project.

### Curriculum:
- ONPEC has prepared the core early childhood curriculum and disseminated it to all Educational Service Area Offices to give to parents and teachers so they can work together to improve quality.
- Demonstration kindergartens in every province are ‘learning laboratories for ECCE’.
- Continuing support is given to test and promote innovative practices.
- MoE has organized workshops to train ECCE technical leaders.

### Curriculum:
- Revised national curriculum being piloted to help children develop physically, emotionally, intellectually and artistically, and prepare them for grade 1.
- Teacher income and living standards improved. More than 70% of non-formal teachers now have social welfare and health insurance.
- Proportion of teachers and managers with at least minimum training doubled since 2000.
- Shortage of teachers in remote areas remains a challenge.

### Curriculum:
- ONPEC pre-primary classes are financed with US$9.41 million annual budget.
- Government-supported public school kindergartens are more affordable and accessible than private ones for most families.

### Curriculum:
- Revised national curriculum being piloted to help children develop physically, emotionally, intellectually and artistically, and prepare them for grade 1.

### Curriculum:
- Government of Education Reform for the Knowledge Economy Project (2003-2008) helps MoE expand and improve early childhood services, in partnership with international and local funding organizations, NGOs and the private sector.
- MOEY has recruited 1,000 health nurses from ten regions.

### Curriculum:
- Since 2002, government requires 10% of education budgets to be allocated for ECCE; only 18 out of 64 provinces and cities have done so; however, 17 provinces provide 5% to 7% and many do not finance ECCE at all.
- Programmes are overwhelmingly public or publicly subsidized; only 1% are private.
- Reduced fees for poor children are still too high. New effort made to increase private sector involvement.

### Curriculum:
- Department of Health runs the Parenting Education Project, the Safe Delivery Ward Project, the Nutrition and Mental Development Corner, and the Healthy Child Development Corner.
- Parents of each newborn receive a gift box containing a guide to breastfeeding, toys, books and a colourful blanket.
especially in Europe and Latin America – offer one or two years of pre-primary within the education system to help prepare children for the transition to primary school. Other forms of ECCE (especially for children under age 3) fall under the auspices of ministries of health, social welfare or children and women’s affairs (Kamerman, 2005). This multisectoral distribution of responsibility is positive in that it can bring together agencies with differing areas of expertise (health, nutrition, education) and help pool resources. In other ways, however, this form of organization is problematic, as it can lead to conflict between ministries or departments. On the ground, fragmented responsibility may lead to disparities in access and quality. Generally, services within education systems tend to be more universally accessible, are often free and open part of the day, whereas ECCE services within the social or health sector tend to have stricter eligibility requirements (e.g. working parents, vulnerable and disadvantaged), are less widespread and often charge fees.

If multiple ministries are involved, responsibilities need to be clearly delineated. In the United States, where nine federal agencies have responsibility at national level, overlap, duplication and inefficient allocation of resources are common (US General Accounting Office, 2000). In some countries, no one administrative body has the principal responsibility and in such cases the government may neglect ECCE. For example, when the Romanian Ministry of Health relinquished responsibility for funding and overseeing nurseries during the transition to a market economy in the 1990s, the public child care system basically collapsed (McLean, 2006). Recognizing these challenges, a small but growing number of countries have consolidated responsibility for all forms of ECCE under one ministry to increase policy coherence. The Nordic countries pioneered this ‘educare’ approach in the 1970s when their systems were expanding in response to rising maternal employment. In Denmark, for example, the Ministry of Social Affairs takes the lead on ECCE for children under 6, and in Finland it is the Ministry of Social Affairs and Health. (In both countries, a pre-primary year is the responsibility of the Ministry of Education). In the Nordic countries and several others that have consolidated responsibility, quality standards such as child/staff ratios and teacher training requirements tend to be uniform throughout ECCE (OECD, 2001). Since the late 1980s the trend has been towards designating education as the lead ministry for children from birth. Countries taking this approach include Brazil, Jamaica, Kenya, New Zealand, South Africa, Spain, Sweden and, most recently, Norway. In Viet Nam, where the Ministry of Education and Training has been responsible for early childhood since 1986, officials have found that having a single lead ministry makes it easier to develop and implement policies and monitor progress, while reducing the time spent on coordinating initiatives in different sectors (Choi, 2005). Sweden shifted responsibility for ECCE from the Ministry of Social Affairs to the Ministry of Education in 1996 to promote lifelong learning from ages 1 to 18. The government later introduced an early childhood curriculum that builds on the core principles guiding primary and secondary school, and expanded free part-time pre-school to all 4- and 5-year-olds (Lenz Taguchi and Munkammar, 2003).

Selecting education as the lead ministry tends to increase attention to children’s learning as well as to the transition to primary school. As in the case of Sweden, once early education becomes part of the school system, it is more likely to be seen as a public good – which can lead to increased resources and greater access. Greater involvement of the education sector in the early childhood years carries risks, however. As it is not usually compulsory, ECCE often struggles for attention and resources within the education bureaucracy. Another concern, based on recent experiences in Belgium, France and Sweden, is that ECCE will be under pressure from primary education to become more formal and school-like (OECD, 2001; Lenz Taguchi and Munkammar, 2003).

Regardless of which agency takes the lead, coordination is needed across all institutions and sectors involved in early childhood and family issues. Experiences in several countries suggest that an interministerial body can help promote national coordination of policies and actions (Box 8.2). In South Africa, for example, the Ministry of Education houses a National Coordinating Committee composed of representatives from the ministries of health, education, welfare and population development; other government departments; resource and training institutions; universities; and NGOs. The committee was instrumental in creating the pre-primary Grade R for 5- and 6-year-olds (Hyde and Kabiru, 2006).

 Fragmented responsibility may lead to disparities in access and quality

7. In Ghana, for example, both the Ministry of Education and Sports and that of Manpower Development, Youth and Employment sought the national coordination responsibility for ECCE. As a compromise, the National Commission on Children, under the Ministry of Women’s and Children’s Affairs, was given the coordinating role, but interagency tension persists.

8. In Africa, such mechanisms exist in Kenya, Mali, Namibia, Senegal and South Africa (Hyde and Kabiru, 2006).
In general, coordinating bodies (often called councils, committees or commissions) provide a forum in which stakeholders can contribute their knowledge and perspectives to achieve a common vision – that of providing resources and developing standards, regulations, training and staffing for an integrated early childhood system. In sub-Saharan Africa, such bodies have achieved some success in coordinating pilot projects, formulating policy or conducting situational analyses. Yet, existing African structures face several challenges: they often have limited or undertrained staff, are more advisory than decision-making bodies and often fail to engage all stakeholders (Hyde and Kabiru, 2006).

In Chile, Colombia, Costa Rica, Cuba and Mexico, intersectoral coordinating bodies have improved public awareness of ECCE, increased coverage of comprehensive ECCE and developed both a shared vision of comprehensive ECCE and a collective process of policy formulation. What were the elements that made these mechanisms successful? Among them were:

- recognition of children’s rights, needs and potential;
- a shared vision of comprehensive ECCE;
- sustained political will and technical leadership;
- conscious and joint national decision-making;
- full civil society participation and involvement of families and communities (UNESCO-OREALC, 2004b).

The effectiveness of intersectoral collaboration is also determined by which ministry takes the lead and whether the coordinating body has decision-making power. The lead ministry needs to be perceived by the others involved as having the authority to convene and to act. Other ministries and departments tend to respond when, for example, the finance ministry or prime minister’s office takes the lead. The efforts of advisory-only commissions are unlikely to move the agenda for young children forward, while those with authority to make decisions about expenditure, for example, tend to have much more active and effective participation.

Decentralization – an approach to be used with caution

Decentralization of ECCE is often adopted as a strategy to increase local transparency and adapt services and resources to community needs and circumstances. Yet with ECCE as with other public services, decentralization can lead to broader inequalities in access and quality if implementation of national policies is uneven or central governments relinquish their former responsibilities. Justifications for decentralization in transition countries, for example, often concealed cutbacks in central government spending on ECCE in general, and the financial and administrative abandonment of state responsibility for pre-schools in particular (McLean, 2006).

Indeed, during the 1990s, decentralization in transition countries led to rapid deterioration in the quality, access, supply and coverage of kindergartens and nurseries. The number of facilities decreased as some merged, others shut down and still others began operating seasonally or for shorter hours as funding and enrolment dropped (see Chapter 6). Absence of monitoring by regional authorities, loss of pedagogical assistance and shortages of teaching materials exacerbated these problems and contributed to rising numbers of children deemed unprepared for school in Armenia, Kyrgyzstan, Ukraine and other countries (McLean, 2006).

If central funds do not accompany the transfer of power to lower levels of government, poorer municipalities often cannot maintain the supply of good-quality ECCE. The loss of good teachers, inadequate in-service teacher training and lack of maintenance capacity can exacerbate the

### Box 8.2: Streamlining ECCE policy in Jamaica

Jamaica’s approach to creating a long-term vision for comprehensive, integrated delivery of early childhood programmes and services is instructive. First, in 1998 the Ministry of Education, Youth and Culture assumed responsibility for the Day Care Unit from the Ministry of Health in addition to its own Early Childhood Unit. An interagency group representing health, education, community development, planning, NGOs, service clubs and the University of the West Indies was formed to guide the integration process. In 2002, legislation established the Early Childhood Commission, which brings together all policies, standards and regulations pertaining to day care and early childhood development under one institutional umbrella. Comprehensive regulations now cover health, safety and nutritional requirements, and there are guidelines for fostering both children’s social development and a positive learning climate. Overall, Jamaica’s integrated approach maximizes limited resources by reducing duplication and fragmentation.


During the 1990s, decentralization in transition countries led to rapid deterioration of kindergartens and nurseries.

9. Decentralization of responsibilities such as administration, regulation, quality assurance and provision in ECCE, from higher to lower levels of government, falls on a continuum from devolution (high) to delegation (low) to deconcentration (medium). Privatization – shifting responsibility from the public to the private sector – can also be considered a form of decentralization; it is discussed in the next section.
To offset adverse effects of deregulation, Sweden introduced quality guidelines

Difficulties in achieving equity within decentralized structures have led to greater central government attention to ECCE (McLean, 2006). In Slovakia, local education authorities were responsible for ECCE in 1990–96, then regional and district authorities took over (UNESCO-IBE, 2006). In Sweden, after deregulation in the 1990s led to widespread disparities in fees and quality standards, the government introduced a maximum fee for all pre-schools and a curriculum framework to establish quality guidelines (Skolverket, 2004). These examples suggest better coordination is often needed not only horizontally, among ministries, but also vertically, among levels of government.

Private actors as potential partners

Community-based organizations, NGOs, religious groups and for-profit entities – the whole range of non-public actors – can support government efforts to expand, improve and coordinate ECCE provision. As Chapter 6 showed, the private sector plays a large role in many countries. In parts of Europe, North America and Latin America, religious institutions continue to provide ECCE and often allow others to use their buildings for this purpose. The private sector is particularly prominent in sub-Saharan Africa, the Arab States, the Caribbean and East Asia. Muslim communities in the Gambia, Indonesia, Kenya, Morocco, Tunisia, Uganda and the United Republic of Tanzania have created pre-schools in recent years to ensure that children learn the national curriculum within a context that supports Islamic faith, values and practices. In some countries, religious providers contribute dramatically to the availability of ECCE. In Zanzibar (United Republic of Tanzania), the pre-school GER is 87% overall, but only 9% when Koranic schools are not included. To promote quality and sustainability of religious-based provision, the Aga Khan Foundation has established Madrasa Resource Centres (Box 8.3) (Hyde and Kabiru, 2006; Issa, 2006).

In many countries in transition, private providers (both non-profit and for-profit) have flourished in a situation of decreased government support, financial constraints and decentralization. The diversification of providers has both encouraged innovative practices and increased inequalities in access. Whereas the government system had mostly been closed to non-professionals, some private providers encourage parent and community involvement. Families often welcome the alternatives to traditional public-sector pedagogy that non-public ECCE programmes offer. The Step by Step programme established by the Open Society Institute, for example, has influenced curricular reform throughout Central and Eastern Europe and Central Asia by encouraging a child-centred approach that can be adapted to children’s diverse learning styles (see Chapter 7). At the same time, the entrance requirements and, especially, high fees imposed by many non-public providers in the transition countries have excluded many vulnerable and disadvantaged children (McLean, 2006).

The role of the for-profit sector, in particular, is somewhat controversial. As with other levels of education, proponents of for-profit ECCE argue that market-based approaches encourage competition, increase efficiency and promote parental choice. The Netherlands’ 2005 child care law, for instance, transformed the previously supply-driven system to a demand-side approach. Instead of directly subsidizing providers, the government grants families subsidies to purchase market-provided services. In such cases, however, if these vouchers do not cover the full cost of good-quality ECCE, low-income parents’ choices can be limited to less adequate provision. In 2002, Morocco separated pre-school for 4- and 5-year-olds from the national education system and left it in the hands of the private sector, without regulating fees. The government now focuses on regulations, training and pedagogical innovations (e.g. the curriculum). Families with fewer resources are excluded from more expensive services (Choi, 2004). Another concern is the distribution of services: when demand-side approaches predominate, service gaps tend to occur in rural and low-income areas, which are less profitable and more challenging for providers (OECD, 2001).
In sum, countries vary with regard to the extent to which the state regulates private providers, a fact with important implications for access and quality. Private providers operating outside the public system often are free to determine eligibility requirements, quality standards and fees. There is a risk of a two-track system developing, with children from more advantaged families attending more expensive and higher quality private programmes and less fortunate families resorting to low-cost, lower-quality public alternatives. To promote equity, governments should ensure that regulations exist and are applied equally to public and private settings, and, where possible, that the system does not segregate children by socio-economic background (McLean, 2006; Corter et al., 2006; Taratukhina et al., 2006).

**Improving quality: regulation, accountability and staffing**

The issue of quality is not explicitly noted in EFA goal 1, but the Dakar Framework for Action (Expanded Commentary, para. 30) underlines the ‘positive impact’ that ‘good quality early childhood care and education, both in families and in more structured programmes, have … on the survival, growth, development and learning potential of children’. A consistent research finding is that the quality of children’s early experiences is related to virtually every facet of their development (OECD-CERI, 1999; Shonkoff and Phillips, 2000). Young children who receive good care, attention and stimulation in their first three years are likely to demonstrate better cognitive and language abilities, and experience more positive social interaction than children who have experienced lower-quality arrangements (National Institute of Child Health and Human Development, 2001). The benefits of well-designed, intensive forms of ECCE are less likely to ‘fade out’ than those of more custodial programmes (Barnett, 1995).

Some scholars reject a normative approach to defining and monitoring quality, arguing that quality is socially constructed and cannot be measured by ‘objective’ criteria such as standardized scales or child/staff ratios (Dahlberg et al., 1999). Although quality is relative to one’s perspective, this does not mean that quality is arbitrary or that ‘anything goes’ (Woodhead, 1996). Rather, the critique of normative definitions of quality has encouraged researchers and some policy-makers to favour a more participatory approach to quality assurance within early childhood settings, whereby administrators, staff, parents and sometimes children jointly determine what their goals are and how to achieve them. Indeed, Myers (2006) urges early childhood stakeholders to accommodate multiple perspectives.

**Regulating programme quality**

Most governments regulate ECCE programmes in order to monitor the quality of the environment and the practices that promote children’s development and learning. Regulations usually focus on easy-to-measure indicators of structural quality, such as class size, child/staff ratios, availability of materials and staff training. Equally important, if not more so, are indicators of process quality, which include warm, interactive relationships between carers and children, inclusion of families, and responsiveness to cultural diversity and children with special needs. Indeed, some research indicates that interaction
Given the diverse nature of ECCE programmes, international comparability is particularly difficult

between adults and children is associated more strongly with enhanced well-being of children than are structural features (see Chapter 7) (Love et al., 1996). The importance of adult–child dynamics is an encouraging finding for those working in situations where resource constraints make many structural features hard to address (Arnold et al., 2006).

Among developing countries, five in Latin America (Chile, Colombia, Costa Rica, Ecuador and Mexico) have developed national quality standards for ECCE programmes, and seven Caribbean countries have assessed programme quality using a standardized instrument. Various quality assessment projects have also been conducted in India, Kenya, Pakistan, Singapore and Viet Nam (Myers, 2006). Many of these national instruments have been developed with the assistance of multilateral organizations, NGOs and foundations, often to provide a basis for evaluating externally funded ECCE programmes. This was the case, for instance, in Bangladesh and Viet Nam (Plan International), Kenya (Aga Khan Foundation), Pakistan (USAID and Aga Khan Foundation), Ecuador (World Bank), and parts of Latin America (Christian Children’s Fund) and Eastern Europe (International Step by Step Association).

In recent years various international (Table 8.2) and national instruments have been developed to assess process quality in ECCE programmes. Their aims differ, but both often involve evaluating the quality of the environment in which child care and/or learning activities are provided, the quality of adult–child interactions and the extent of parental participation. Given the diverse nature of ECCE programmes, international comparability is particularly difficult. Nevertheless, the instruments are useful for assessing programme quality within a particular country over time.

An important policy decision is the extent to which various forms of provision are to be subject to regulation. In most countries, for instance, publicly funded services are required to follow programme quality standards, whereas informal care by family, friends and neighbours is not. As has been noted, private provision is often exempt from regulation except when publicly subsidized. The rationale for these exemptions is to limit government intervention in private spheres such as the family. From an equity perspective, however, it is harder to justify selectively monitoring the quality of some forms of ECCE but not others.

Governments need to enforce, not just develop, regulations that promote quality. Yet, many countries do not have the resources to assure sufficient inspection and monitoring. An alternative approach, accreditation, is used in some countries, including Australia, the United Kingdom, and the United States. Accreditation encourages programme staff to reflect on their practice and to address any limitations before having their work validated by an external expert. In Australia the National Childcare Accreditation Council has established a quality evaluation system for accreditation, self-evaluation and programme improvement. Public funding of programmes is contingent on their participation (Press and Hayes, 2000).

Moving towards a stronger focus on child outcomes

In a trend encouraged by some international organizations, governments increasingly have been assessing programme quality by focusing on child outcomes – agreed standards or expectations of children’s performance and behaviour (Box 8.4). An outcomes approach focuses on children’s learning and development rather than on the features of the early childhood programme. The process encourages stakeholders at national and subnational level to identify early learning standards in various domains, usually related to school readiness, broadly defined. These standards are based on direct observation of children. They can be used to report on children’s competence at a given time, and they are often used to guide pedagogy and instruction, to help families understand and support children’s development, and to inform teacher training. Recently efforts have been made to align early learning standards with the curriculum and with child-focused assessments, as part of a broader strategy of holding providers accountable to policy-makers (Kagan and Britto, 2005).12

The standards-based approach is not without risks. One concern is that ‘global’ standards impose a Western view on the rest of the world and do not take cultural, linguistic and other forms of diversity into account. ECCE outcomes need to be viewed in context, especially in relation to the values set forth in national texts and curricula. Further, it is difficult to develop standards that reflect children’s differing rates and approaches to learning. In addition,
standards have the potential for misuse. While the intent is to support learning and identify any difficulties, standards might be used to stigmatize children, labelling them as ‘failures’. Standards are sometimes inappropriately used to screen children to determine whether they can start school. Furthermore, ‘quality’ has little meaning if used to characterize an ECCE programme that achieves the desired outcomes through undesirable methods [e.g. fear or punishment] (Myers, 2006).

### Table 8.2: International instruments for assessing ECCE quality

<table>
<thead>
<tr>
<th>Name of assessment tool</th>
<th>Major categories (number of indicators)</th>
<th>Purpose</th>
<th>Countries/regions participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Association for Childhood Education International Self-Assessment Tool</td>
<td>Environment and physical space (17) Curriculum content and pedagogy (39) Educators and caregivers (13) Young children with special needs (24) Partnership with families and communities (5)</td>
<td>Self-assessment by centres</td>
<td>26 countries helped construct this tool, including Botswana, Chile, China, Ecuador, Japan, Kenya, Mexico, Nigeria, United States</td>
</tr>
<tr>
<td>IEA Pre-Primary Project</td>
<td>Observation system focuses on process using three dimensions: Management of time (e.g. time in three categories of proposed activities, group structure, pacing of activities) Child activities (e.g. children’s verbalization, child-child interaction, adult-child interaction, children’s non-active engagement, time on task) Adult behaviour (e.g. behaviour in major categories, directive teaching, degree of involvement, listening behaviour, child management)</td>
<td>Research</td>
<td>17 countries/territories: Belgium [French-speaking], China, Finland, Germany [former Federal Republic], Greece, Hong Kong [Chinal, Indonesia, Ireland, Italy, Nigeria, Poland, Portugal, Romania, Slovenia, Spain, Thailand, United States</td>
</tr>
<tr>
<td>Assessment scale proposed by Save the Children, United Kingdom</td>
<td>Professional practice (clear aims, protection policy, good practice, referral, care plan, periodic review, continuum of care) (7) Personal care (health and nutrition, recreation, privacy, informed choices, respect, + relationships, sense of identity, control and sanctions, voice opinions, education according to needs) (12) Caregivers (4) Resources (accessible/adequate; promotes health/development) (2) Administration (records, confidentiality, accountability) (3)</td>
<td>Planning and improvement tool (staff development, assessment, monitoring) Advocacy and policy development</td>
<td>7 countries: Ethiopia, Kenya, Democratic Republic of the Congo, Rwanda, Somalia, Sudan (northern part), United Republic of Tanzania</td>
</tr>
<tr>
<td>Early Childhood Environment Rating Scale, Revised Edition, developed in United States. Similar instruments exist for infant/toddler programmes and family day care.</td>
<td>Space and furnishings (8) Personal care routines (6) Language-reasoning (4) Activities (10) Interaction (5) Programme structure (4) Parent and staff (6)</td>
<td>Research and programme improvement. Now used as qualification criteria for some programmes.</td>
<td>7 Caribbean countries: Bahamas, Dominica, Grenada, Jamaica, Montserrat, Saint Lucia, Saint Vincent and Grenadines</td>
</tr>
</tbody>
</table>

Note: In addition to these instruments, based on international projects and studies, some countries have developed national assessments of quality, discussed in Appendix 1 of the source document. Source: Myers (2006), Appendix 1.

### Promoting quality through staffing policy

Given the importance of positive staff-child interaction for early childhood experiences, several recent staffing trends and issues are notable. The first involves the move, already discussed, towards an integrated system of ECCE provision and regulation from birth to school entry. This trend, so far mostly in developed countries, has encouraged countries to restructure staff qualification requirements and training. It has also led them to bridge the divide...
Since 2003, the Going Global project, a partnership of UNICEF and Columbia and Yale universities, has helped countries prepare national early learning and development standards in domains including language and literacy development, social and emotional development, motor development, logic and reasoning, and approaches to learning. Table 8.3 gives an example. Going Global supports a participatory process involving countries’ early childhood development experts, policy-makers, planners, parents and children in shaping early learning standards that reflect local cultural and social concepts of what children of a given age should know and be able to do. The standards are based on research and scientific knowledge on early learning, taking into consideration cultural, linguistic and socio-economic differences, as well as children with special needs. After pilot projects in Brazil, Ghana, Jordan, Paraguay, the Philippines and South Africa, Going Global is expanding to other countries in Latin America and the Caribbean, East Asia and Central Europe. Countries have used the standards to revise pre-school curricula, teacher-training models and national monitoring.

Table 8.3: A sample standard from the Going Global project: language and literacy development

<table>
<thead>
<tr>
<th>Indicator</th>
<th>How to measure/benchmark</th>
<th>Preparatory learning activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child can follow directions that involve a two- or three-step sequence of actions.</td>
<td>Ask the child to get an article of clothing; put it on/wear it; and proceed to a certain location, like the entrance to the room (if outdoors, to a tree).</td>
<td>Give oral directions and play a game like ‘carer says’. Make the children give simple directions to each other.</td>
</tr>
<tr>
<td>Child demonstrates an understanding of the message in a conversation.</td>
<td>Sing a nursery rhyme to the child that entails doing activities, like pointing to body parts. Ask the child to respond to your rhyme by acting/doing the activities.</td>
<td>Guide the child to listen for specific information in conversations with others. While listening to the radio, discuss the content with child.</td>
</tr>
<tr>
<td>Child demonstrates a gain in information by listening.</td>
<td>Engage the child in a conversation. See if the child is able to extend an idea expressed by you.</td>
<td>While telling a story or reading a book, guide the child through the development of the idea of the story.</td>
</tr>
</tbody>
</table>


between the education and care components. In Singapore, for example, all child care and pre-school personnel now undergo the same training and accreditation, which has increased the pool of trained staff (Choo, 2004). In the United Kingdom, where child care staff used to be paid less than early education personnel, the government introduced a national minimum wage for ECCE employment.

Second, some countries are making the entry routes into higher education and teacher training more flexible so as to attract more candidates (Oberhuemer and Ulich, 1997). For example, in Grenada, Jamaica, and Saint Vincent and the Grenadines, credit is given for competency-based skills (Charles and Williams, 2006). In India and the Syrian Arab Republic, students can take early childhood training courses over the Internet (Faour, 2006; NIPCCD, 2006). The Early Child Development Virtual University (Box 8.5) promotes ECCE leadership development and builds capacity through both online and in-person training. In Pakistan, the Teachers Resource Centre has partnered with the Ministry of Education to expand the trained workforce by creating the Early Childhood Education Certificate Programme, the country’s first teacher-training and classroom support programme for pre-primary teachers, and by offering in-service training workshops (Teachers Resource Centre Online, 2006a, 2006b).

Third, to ease children’s transition from ECCE to primary schooling, several countries have implemented strategies for professional continuity. For example:

- France, Ireland, Jamaica and the United Kingdom have joint training of ECCE and primary teachers, with graduates qualified to work in pre-primary and primary schools with children aged from 2 to 12.

- China provides general child-friendly, active learning approaches to all teachers, with particular attention to those working in the first grades of primary school (Box 8.6).

- In the madrasa early childhood programme, early grade primary school teachers communicate with teachers from their feeder pre-schools. In Guyana, ECCE and primary school teachers work together in school, home visits and other after-school programmes. Such strategies encourage connections and coherence in teaching styles between two normally distinct levels.

- In Portugal, early childhood specialists are trained separately from primary school teachers but receive the same level of training, qualifications and professional status. Despite these positive trends, around the world several areas require further attention in relation to both initial training and ongoing professional development. They include engaging parents and other carers more actively in children’s development and learning; adopting inclusive practices for children with disabilities and other special education needs; working with linguistically and culturally diverse children; and meeting the needs of orphans and vulnerable children (particularly those affected by HIV/AIDS) and of children in emergency and crisis situations.
**Costing and financing ECCE programmes**

Previous chapters have described how ECCE programmes vary within and across countries, are offered by a broad mix of public and private providers, and are financed to varying degrees by households, governments and others. The complexity of the situation makes it difficult to calculate total national expenditure on ECCE, or even the costs of specific programmes, and harder still to make cross-national comparisons. As a result, not only is there no quantitative target for EFA goal 1, but it is not possible even to estimate the global cost of ‘expanding and improving comprehensive ECCE’. This section, therefore, presents cross-country data on total public expenditure on pre-primary education, the only component of ECCE for which some comparisons are possible, and provides some country examples of programmes’ unit costs. It also discusses various sources of and approaches to financing for ECCE, including the issue of targeting and the role of external donors.

**Public expenditure on pre-primary education**

In general, countries accord relatively low priority to pre-primary education in their public spending. Less than 10% of total public education expenditure was allocated to it in sixty-five of the seventy-nine countries with data available (Figure 8.1). Over half allocated less than 5%. Most of the fourteen countries allocating more than 10% are in Europe. As a share of GNP, public expenditure on pre-primary education was greatest in Central and Eastern Europe, at 0.5%, compared with 0.4% in North America and Western Europe and 0.2% in Latin America (see annex, Statistical Table 11). Data on these shares over time are available for only a few countries. No strong trends are observable. There is some indication that the share has fallen (from relatively high levels) in Central and Eastern Europe since 1999.

Not surprisingly, the same regional patterns hold when comparing public spending on pre-primary education with that on primary education. In Central and Eastern Europe, for the equivalent of every US$100 spent on primary education, US$67 was spent on pre-primary programmes, and some countries, including the Republic of Moldova, spent the same on each of the two levels. For North America and Western Europe, US$67 was spent on pre-primary programmes, and some countries, including the Republic of Moldova, spent the same on each of the two levels. For North America and Western Europe,
The average public expenditure per pre-primary child is 85% of that at primary level.

by contrast, expenditure on pre-primary programmes is equivalent to about 26% of that on primary education, though the share is as high as 60% in France and Germany. In Latin America and the Caribbean, the average expenditure on pre-primary equals 14% of that on primary, but the variation by country is wide, ranging from 1% in Bolivia to 37% in Guyana. In the few countries with data in sub-Saharan Africa, South and West Asia, and the Arab States, spending on pre-primary education is very low as a percentage of that for primary (see annex, Statistical Table 11).

The costs of ECCE programmes

The small share of total public education spending allocated to pre-primary education reflects low enrolment ratios rather than low spending per child. The average public expenditure per child for all countries with data is 85% of that at primary level (see annex, Statistical Table 11). Indeed, when the state meets the full costs of pre-primary education, as tends to be the case still in the former socialist countries of Central and Eastern Europe, unit costs are almost 25% higher in pre-primary than in primary education, mainly because of the lower pupil/staff ratios (see Chapter 6). In North America and Western Europe, and in Latin America and the Caribbean, public expenditure per child in pre-primary education averages closer to 70% of that in primary education, though the share reaches about 90% in France, Germany and Greece (see annex, Statistical Table 11).

Per-pupil expenditure in pre-primary education referred to above is arrived at by dividing total public expenditure on pre-primary by the number of children at that level in government schools. Another approach to costing is to focus on the programmes themselves. In principle, this is straightforward: programmes are identified, the inputs for each listed and costed, total and unit costs estimated, and the contributions to the costs from government, households, employers and others.
separated out. In practice, however, there are several data-related problems, such as the great variety of ECCE programme types and the difficulty of obtaining information about spending on private programmes.

While it is difficult to generalize about the costs of ECCE programmes, it is possible to indicate their most important determinants and to clarify the areas where choices affecting costs can be made. Determining factors for per-pupil cost include:
- the nature and range of the service being provided (e.g. pre-school; pre-school and basic health care; pre-school, basic health care and feeding programmes);
- facilities (e.g. purpose-built structure, community building, provider’s home);
- length of sessions (e.g. full day, half day, number of days per year);
- child/staff ratios;
- staff qualifications and salary levels.

The total cost depends on the number of children participating, which in turn is influenced by the demographic composition of the population, by parental demand, and by the public and private availability of programmes.

While it is not possible to provide a realistic estimate of the global cost of meeting the ECCE goal, a few country-specific exercises have been carried out, using a range of assumptions about coverage and content. For instance, the budgetary requirements for five scenarios have been estimated for Burkina Faso (Mingat, 2006), a country characterized by very low coverage of children from birth to age 6 (1.2% in 2005). Existing facilities are mainly private and concentrated in two urban centres, with parents and communities bearing most of the costs. The five alternatives differ in terms of quality and coverage. The most ambitious scenario covers 40% of children aged 0 to 6 by 2015 through parenting and centre-based programmes, and includes provision of nutritional support and educational materials. Three-quarters of the 4- to 6-year-olds are assumed to attend community-based facilities and the rest more formal preschools. It is estimated that the resources needed to realize this scenario exceed those expected to be available by 2015 by almost 60%. This type of exercise is useful for clarifying the financial implications of specific choices and for exploring trade-offs between, for instance, increasing coverage, reducing quality and increasing or decreasing household payments.

Key issues in financing ECCE programmes

Four key issues need to be considered when financing ECCE programmes: the sources available, the channels to be used to raise and allocate funds, the extent of targeting, and ways to partner with international aid agencies and NGOs.

Public and private funding

The relative shares of public and private funding of ECCE vary considerably by country. Among OECD countries, for instance, the parents’ share runs as high as 60% of the total in the United States but closer to 20% in France and Sweden. Among developing countries the variation is even greater. In Indonesia, ECCE is mainly regarded as a family responsibility and public funding represents no more than 5% of the total, usually as subsidies to privately operated urban child care centres. In Cuba, by contrast, the provision and funding of ECCE services are entirely up to the government. Private funding often supplements public funding to expand the level of services; for instance, families may pay for more hours or longer days than are publicly funded. Other private sources may also be available to fund ECCE programmes, including religious institutions, charities, NGOs and companies.

Public funds are often provided by more than one level of government, either directly or though subventions from one level to another. In France, the national government finances teacher salaries while local governments provide the facilities, administration and other services for the écoles maternelles for children from ages 3 to 5 (Neuman and Peer, 2002). For child care centres (crèches), public funding is shared among the national government (36%), départements (47%) and local governments (17%). In Sweden, public funding for ECCE is primarily the responsibility of the municipality (60%) and is funded through local income taxes. Local authorities receive block and equalization grants from the national government to cover the remainder (Gunnarsson et al., 1999). In the United States, the federal government provides around 60% of the public funding for ECCE programmes, and state and local governments contribute the rest (Belfield, 2006).

Financing mechanisms

Higher-level governments (national, regional, state) may either finance and provide ECCE...
programmes directly or they may allocate grants to local authorities for these programmes. The contribution of matching grants may be a condition for receiving this support. In turn, local governments may raise funds directly from the local community through donations by interest groups or social clubs.

An alternative to funding the provision of ECCE programmes directly is for governments to provide resources to parents to enable them to purchase services from a variety of providers. In Taiwan (China), for instance, child care vouchers are distributed to families and can be used to pay the fees at any eligible pre-school (Ho, 2006). In the United States, states have the option of distributing federal subsidies for child care to eligible families in the form of vouchers. Families may also receive subsidies to provide home-based care (Waiser, 1999), or be compensated after purchasing private care. In France, for instance, employed parents benefit from a range of direct subsidies and tax reductions to offset the costs of centre-based and home-based forms of child care. In addition, businesses are required to finance the system through compulsory payments into the Caisse nationale des allocations familiales (Family Allowance Fund) (Belfield, 2006).

In Colombia 3% of total private and public payroll is used for ECCE.

In addition to the variety of direct mechanisms for funding ECCE activities, government policies affect households’ expenditure on ECCE through eligibility rules for publicly provided ECCE, through the level of fees and charges for public programmes and through the structuring of parental leave policies (Waldfogel, 2001). Corporations and other employers may contribute to the provision of ECCE, either directly by financing a company ECCE centre, or indirectly by including child care in employees’ wage and benefits package and allowing parents paid leave for child care. Governments can encourage employers to contribute in this way by offering tax incentives. In Colombia, for instance, for over thirty years all private and public employers have had to deposit the equivalent of 3% of their total payroll into an earmarked account that allows the semi-autonomous Institute for Family Welfare to provide direct services and to contract with NGOs and others to provide services, including community child care, parent education, nutritional supplements, school meals and child protection. This financing strategy has given access to children’s services to 21% of the population (Vargas-Barón, Forthcoming).

Other options that may be appropriate where public funds are insufficient to offer the required level of formal ECCE include microenterprise loans to child carers to establish home-based day care (Blumberg, 2006) and the bundling of day care with services such as primary schooling or health centres. Figure 8.2 summarizes the main sources and financing mechanisms for ECCE.

**Targeting the disadvantaged**

The ECCE goal focuses on vulnerable and disadvantaged young children. When resources are limited, how should they be allocated to those most in need? Two types of targeting are common: geographical and by income. Some governments also target particular groups such as the disabled and those in emergency situations, or they may promote inclusion by using non-financial instruments such as the provision and encouragement of multilingual education (Chapter 7).

India offers an example of geographical targeting. Its Integrated Child Development Services concentrates on urban slums, tribal areas and remote rural regions (Box 8.7). Since 2002, Viet Nam has targeted spending on disadvantaged, remote and mountainous areas, teacher training for children with special needs.
and school meal programmes, arguing that state investment is necessary for the equity issue to be efficiently addressed (Choi, 2005). Income targeting is more common and can include restricting eligibility, subsidizing the enrolment of the poor and providing vouchers.

With ECCE, as with other public services, targeting carries some risks. Targeted approaches may not attract enough political support, particularly among middle-class voters, to ensure that all eligible children are served in good-quality programmes. Targeting can segregate children, leading to a concentration of disadvantage in certain programmes, which may have a negative effect on children’s learning. Finally, precise targeting is difficult.

European countries tend to combine universal coverage with additional, more intensive support to vulnerable and disadvantaged children. Belgium, France and the Netherlands, for example, fund pre-school programmes serving all children, but also provide extra resources to communities with the highest concentration of disadvantage (OECD, 2001). This approach is less applicable in many developing countries, where most children are excluded from ECCE anyway. A phase-in approach may be most feasible, whereby countries develop a national ECCE policy that is applicable to all children and settings, but begin by focusing public resources on the most disadvantaged.

**International partnerships**

Limits to the resources available to many developing countries for ECCE programmes have led to partnerships with international NGOs and development agencies, which may provide both funding and technical advice (Hyde and Kabiru, 2006). This support can play an important role in establishing ECCE pilot projects that can later be taken to scale, and in technical assistance and capacity-building. A survey for this Report of sixty-eight bilateral donors and multilateral agencies, to which only seventeen responded, as well as analysis of aid data reported by donors to the OECD Development Assistance Committee (DAC), show, however, that ECCE is not high on the international education development agenda.

**Agencies prioritize aid to centre-based preschools**

The results of the donor survey suggest that few agencies have identified ECCE as a specific component of their overall aid strategy (four of the respondents had done so), though seven include ECCE as a component of their education strategy and eight identify it within their health strategy. As part of these broader strategies, international support for ECCE tends to be targeted for particular groups of marginalized and vulnerable children, including those with special educational needs, those most affected by hunger and poverty, those disadvantaged by gender or social status and those most affected by the HIV/AIDS pandemic.

Bilateral donors tend to give priority to centre-based ECCE programmes covering children from age 3 to primary school age. They provide less support to home-based ECCE arrangements and generally limit this to programmes serving children from age 3.

**Box 8.7: Packaging of services to aid India’s vulnerable children**

In 1975, the Government of India launched Integrated Child Development Services (ICDS) to provide a package of supplementary nutrition, immunization, health check-up and referral services, early childhood education and community participation services to vulnerable children under 6 and to pregnant and nursing mothers in city slums, tribal areas and remote rural regions. Women from the local community deliver the services through anganwadi, the term for informal childcare centres in the courtyards of village houses. ICDS now covers 23 million children (nearly 15% of all children of pre-school age) at an average annual cost of US$10-$22 per child, and 4.8 million expectant and nursing mothers.

The federal government has recently renewed its commitment to universalize ICDS and expand equality of opportunity to all children, in light of its positive, if uneven, impact on children’s survival, growth and development. ICDS has contributed to reducing infant mortality and severe malnutrition, improving immunization rates, increasing school enrolment and reducing school drop out. In rural Tamil Nadu, Andhra Pradesh and Karnataka, for instance, ICDS has led to improved psychosocial development in both boys and girls. Indeed, even undernourished ICDS children attained higher developmental scores than well-nourished non-ICDS children.

Despite this success, the incidence of premature birth, low birth weight, neonatal and infant mortality, and maternal and child undernutrition remain of concern in the ICDS areas. Several reforms could enhance ICDS’s impact: more emphasis on children under 3; better targeting (e.g., girls and children from poorer households and lower castes); more promotion of behaviour change in child care nutrition practices; and more funding for the poorest states and those with the highest levels of undernutrition.

**Sources:** Chandrasekhar and Ghosh (2005); Gragnolati et al. (2005); Kamerman (2005): National Institute of Public Cooperation and Child Development (2006)

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20. More detailed discussion of the survey methodology and findings can be found at www.efareport.unesco.org.

21. Health strategies cover HIV/AIDS, reproductive health, primary health care, women’s empowerment in health-related activities, orphans and other vulnerable children, young child survival and development, nutrition, micronutrient support, deworming and malaria prevention.
Such funding priorities do not necessarily match country needs; less formal and less costly arrangements than centres can often help reach more young children of all ages, including those under 3. United Nations agencies, such as the World Food Programme, WHO, UNICEF and UNESCO, are more likely than bilateral donors to focus on children under 3 and to support informal programmes.

Low-income countries tend to receive less aid for ECCE than middle-income countries

Low-income countries tend to receive less funding for ECCE than middle-income countries. For example, of the sixty-three countries that received less than US$100,000 annually for early childhood education between 1999 and 2004, thirty-seven were low-income. Of the thirty-two countries that received more than this, fifteen were low-income and seventeen were middle-income. Since the volume of aid for early childhood education is determined partly by developing countries’ demand, this is consistent with the fact that demand for early childhood education is mainly in countries that have a reasonably developed level of primary schooling (see Chapter 6).

Low-income countries tend to receive less aid for ECCE than middle-income countries.

Much less aid for ECCE than for other levels of education

The amount of aid to ECCE is difficult to estimate from the main international aid database, the OECD-DAC’s Creditor Reporting System (CRS). Not all donors report early childhood education separately from basic education. Components of ECCE may also be reported in other sectors, such as health, social security and rural affairs. The data presented in this section are limited to the education dimension of ECCE and hence seriously underestimate the total aid for ECCE. Donors have very different priorities in their allocations of education aid to early childhood education (Figure 8.3). Some, like Greece, focus support on middle-income countries, while others, such as Australia, the Netherlands and UNICEF, tend to target low-income countries.

Table 8.4 highlights the relatively low priority given to early childhood education (ECE). Nineteen of the twenty-two donors with data have allocated to pre-primary education less than 10% of what they make available for the primary level – a majority allocate less than 2%. As a share of total aid to education, the majority allocate less than 0.5%.

What next? Increasing funding and aid coordination for ECCE

What would persuade aid agencies to allocate more resources to ECCE? According to responses to the donor survey, the key would be
evidence of increased commitment to ECCE by developing country governments: demonstrating financial support, making ECCE an integral part of national sector plans, developing strategies for ECCE involving all key players in the country (including the private sector and civil society) and coordinating efforts for young children across sectors. International political support from the OECD-DAC, the EFA High-Level Group and similar forums, along with more research showing the benefits of ECCE, would help increase awareness of and commitment to ECCE issues among multilateral and bilateral agencies. Aid to ECCE needs to be considered within the broader aid coordination mechanisms for education and health. To focus attention on support for young children, it may be helpful to establish country-level, thematic working groups of donors involved in ECCE.

Planning, participation, targeting and leadership

To ensure access to and participation in early childhood programmes of good quality, a favourable policy environment needs to be created. An early childhood policy or an early childhood policy framework helps to ensure that young children’s rights are guaranteed and that their needs are met by the various sectors whose work has an impact on young children. A lead ministry helps create policy coherence, but it is important for ECCE not to become too narrowly affiliated with one sector. Legislation and a detailed action plan are other important supports for implementation, as is capacity-building for those charged with putting policies into practice. Involvement of a broad group of stakeholders is critical to ensuring that policy development meets diverse needs and to facilitating its implementation. Early childhood issues that are endorsed by high-level politicians or other leaders can raise the visibility of ECCE and ease policy development.

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Source: CRS online database (OECD-DAC, 2006c), Table 1.

To promote children’s healthy development, it is important to establish regulations for quality and monitoring that cover the full range of public and private settings. Governments can pursue multiple revenue sources and financing strategies, but each involves a trade-off among access, quality and equity. Equity, in particular, implies the need for more initial targeting of public ECCE resources at vulnerable and disadvantaged children, within more universal policy frameworks. Finally, international aid agencies need to accord higher priority to ECCE. Countries that align ECCE policies with education and health sector plans and poverty-reduction strategies stand a better chance of attracting additional support from donors.