



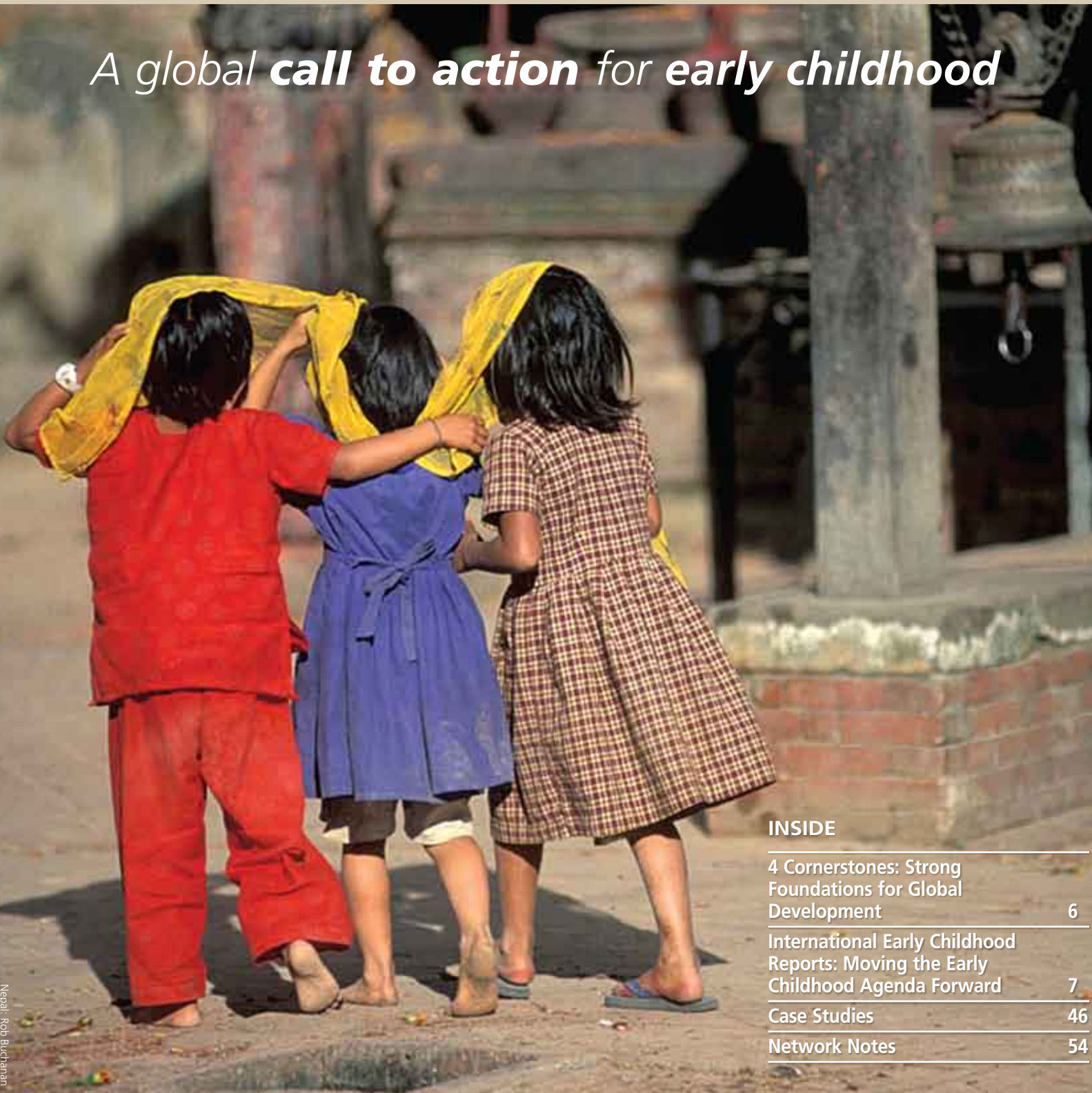
THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

Coordinators' Notebook

No. 29, 2007

AN INTERNATIONAL RESOURCE FOR EARLY CHILDHOOD

*A global **call to action** for early childhood*



INSIDE

4 Cornerstones: Strong Foundations for Global Development	6
International Early Childhood Reports: Moving the Early Childhood Agenda Forward	7
Case Studies	46
Network Notes	54

Contents

Coordinators' Notebook
No. 29, 2007

Articles

2007 Global Monitoring Report: Strong Foundations	7
The Lancet: Early Childhood Development Series	22
WHO Commission on the Social Determinants of Health Report — ECD: <i>A Powerful Equalizer</i>	29
General Comment 7: Implementing Child Rights in Early Childhood	35
UN Convention on the Rights of Persons with Disabilities: Implications for Early Childhood	38

Case Studies

Turkey - National Early Childhood Education Advocacy Campaign	46
Brazil - Engaging the Private and Public sectors in Brazil: A Multisectoral Approach to ECCE	50

Activities of the CG Secretariat

Regional Reports

Strengthening Regional Capacity in the Caribbean	56
Latin America	57
Central Asia/Eastern Europe and the Commonwealth of Independent States	59
Association for the Development of Education in Africa, Working Group on ECD	62
Advocacy in the Arab Region	64
Asia-Pacific Regional Network for Early Childhood	66

International Early Childhood Resources

Early Childhood Calendar	70
Credits	71

Investing in early childhood: Meeting the challenge

A declaration and global call to action from The Consultative Group on Early Childhood Care and Development

In recent months, four international publications have presented strong scientific, social, economic, and moral evidence to argue for increasing investment in programmes intended to improve the development and well-being of young children.

1. The prestigious health journal *The Lancet* published a rigorous review of research by an interdisciplinary group of internationally renowned scientists that:

- Estimates that at least 200 million children under the age of 5 worldwide are unable to realise their potential.
- Identifies risk factors in development.
- Provides evidence that programme actions can significantly moderate risks, promote protective factors, and positively affect child developmental outcomes, as well as reducing mortality, disease, and undernutrition during the early years.

2. An extensive review by the committee charged with monitoring the global Education for All (EFA) initiative—*Strong Foundations*, Global Monitoring Report, 2007:

- Presents strong arguments for investing in early childhood, including the contribution of early development to reaching other EFA goals and the Millennium Development Goals.
- Notes that early child development and education are given relatively low priority in the budgets of governments and donor agencies.
- Summarises what programmes work, as well as what needs to be done.

3. A review carried out for the World Health Organisation titled “Early Child Development: *A Powerful Equaliser*”:

- Argues that early childhood development (defined in terms of physical, social-emotional, and language and cognitive development) increases economic participation throughout life, improves literacy and numeracy, and reduces criminality while also reducing stunting, heart disease, and mental illness. In so doing, ECD contributes to social and gender equity.
- Examines how elements of nurturing environments affect brain development (and therefore the life course) through the quality of stimulation, relationships, and language during the earliest years.
- Proposes ways that governments and civil society actors, from local to international, can work in concert with families to provide equitable access to strong nurturant environments.

4. “A Guide to General Comment 7: Implementing Child Rights in Early Childhood” is based on the UN Committee on the Rights of the Child’s (UNCRC) General Comment No. 7 (GC7) which was drafted and adopted in 2004 in response to the UNCRC’s observation that young children were almost entirely overlooked in States parties’ reports on their progress towards implementing the Convention on the Rights of the Child (CRC). GC7:

- Broadly considers the realisation of child rights for, and on behalf of young children, beyond child mortality and basic health and welfare.

- Embraces the notion of the young child no longer powerless, voiceless, or invisible but as a positive, participating social actor, actively participating in their development and in the social life of family and neighbourhood in the “here and now”, rather than solely as “becoming” for the future.

In addition, the new Convention on the Rights of Persons with Disabilities (CRPD) recently adopted by the UN General Assembly, signed by 121 countries and ratified by 14 countries:

- Makes a major shift away from the medical to the social model of disability.
- Offers a renewed opportunity for every country, community, and organisation to “re-energise” and/or reexamine existing legislation, policies, budgets, and programmes.
- Promotes coordinated efforts to ensure that all persons with disabilities are guaranteed the same rights as others.

These works, which are summarised in this issue of the *Coordinators’ Notebook* beginning on page 7, are buttressed by the work of noted economists who hail Early Childhood as the best investment to improve the health and nutrition of young children, prepare them for elementary schooling, guarantee that

their rights are respected, and reduce inequality, especially for the most disadvantaged children. As Nobel Prize-winning economist James Heckman observed in the *Wall Street Journal* (January 10, 2006), “It is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large. Investing in disadvantaged young children is such a policy.”

National governments and international organisations are failing to meet the challenge by providing the policies, programmes, and resources that are needed, despite an accumulation of work that shows the alarming magnitude of the problem; offers evidence about risks, protective factors, and benefits; and suggests ways to improve child development.

If this impressive outpouring of evidence goes unheeded, intellectual, social, and economic potential will continue to be lost, and the rights of children will continue to be violated. The Consultative Group on Early Childhood Care and Development (CGECCD) calls for immediate and urgent action in all realms, including policy, advocacy, finance, aid, administration, and monitoring.

Key advocacy messages:

4 Cornerstones to Secure a Strong Foundation for Young Children

The global attention to the critical need for improved early childhood policies resulting from the above publications has presented the CGECCD with new opportunities for advocacy. Taking advantage of the launch of the 2007 Global Monitoring Report in New York in October 2006, the Consultative Group convened a special session at the CG’s 2006 annual consultation to answer the question “What programmes and policies should be in place to help assure the early development of children?”

Participants from all regions of the world contributed to the development of the following 4 Cornerstones, or key messages about early childhood (see page 6):

- Start at the Beginning
- Get Ready for Success
- Improve Primary School Quality
- Include Early Childhood in Policies

Since we know that no magic age or programme exists, the 4 Cornerstones are meant to reflect the developmental spectrum of early childhood from prenatal through to the early primary grades. Moreover, given that investments in early childhood vary tremendously across regions, the Cornerstones are meant to be adapted to the particular needs and issues emerging at country and community levels.

In June 2007, the Cornerstones were discussed and revised at a meeting of Consultative Group partners and others that was held at UNESCO in Paris. International organisations and regional networks were asked to share these key messages and provide ongoing feedback so that the 4 Cornerstones can remain a living document. The regional reports in this issue of the *Coordinators’ Notebook* (see page 56)



Aga Khan Foundation/Jean-Luc Ray

Governments and civil societies need to intervene earlier and invest intensively in high quality Early Childhood services and programmes that combine family support, health, nutrition, stimulation and learning opportunities for young children.

are framed around the 4 Cornerstones and were presented at the CG's Annual Consultation in October 2007 in Santiago, Chile.

Naturally, using these key messages raises a number of questions, particularly when developing a specific policy agenda:

- What do these statements mean for our community, country, or region?
- In what areas are we doing well? Where do we need the most improvements?
- How can we use the 4 Cornerstones to raise public awareness and gain consensus around a policy agenda? Where would we start? Which area needs the most attention?
- Given our particular needs, what messages are missing? What other goals are important?

- How can we use these messages to help build capacity in the field of Early Childhood to take action on behalf of young children?

- How can we use these messages with policymakers? Media? Other new champions for young children?

- What special events can be planned throughout the year that can highlight promising initiatives around each message?

As the importance of the early years gains recognition, we will come under increasing pressure to define what we want policymakers to do. These messages are only a beginning. You can make them come alive when discussing them in the context of your community and country. Please continue to let us know how you use these Cornerstones. What works? What needs further revision?

Developing an advocacy strategy for early childhood

Recognising the strengths of the CGECCD as a global coalition that facilitates influential knowledge-networking and advocacy processes aimed at influencing decision makers and development partners working in Majority and Minority World contexts, the CG proposes a framework for advocacy, based on the 4 Cornerstones, to move our work forward globally and on a regional/national level. This framework includes:

- Raising public awareness about the importance of Early Childhood.
- Developing consensus on specific policy goals and monitoring.
- Building capacity within the Early Childhood community to advocate for change.
- Reaching out to new champions who have influence on policymakers.
- Targeting specific events throughout the year.

PRINCIPLES AND GUIDELINES

In creating policy and when planning and implementing early childhood programmes, several principles and guidelines should be kept in mind. These include the following:

- Development begins before birth. Therefore attention to children's developmental needs and risks should begin with pre- and post-natal interventions.
- Development occurs continuously as a changing child interacts with a changing environment. Therefore, interventions can focus on changing the child and/or on changing environments, including family, community, service delivery, and broader social and economic environments.
- Development is multifaceted and integral. Therefore, it is essential to integrate health, nutrition, and stimulation/learning in programme elements.
- Children develop along many paths as risk conditions are reduced and as they play, use all their senses, imitate, and interact socially with others. Therefore, a range of programme options are available to facilitate development.
- Children develop when adults provide a healthy environment, are emotionally and socially responsive and involved, talk to children, provide appropriate and varied play materials, etc. Therefore, interventions should include attention to adults as well as to children.
- While recognising the importance of universal approaches, it is important for equity reasons (and perhaps for financial reasons) to focus interventions on those who are most vulnerable, attempting to reach the largest possible number of children who live in conditions that put them at risk.
- It is important to build on what caregivers know and do well, including traditional knowledge and practices. This may require flexibility in programmes that are sensitive to cultural differences, but it also requires awareness of the general framework provided by the CRC.
- Programmes should be cost-effective and efficient.
- To be effective, early childhood interventions and programmes must assure adequate quality.

The challenge and call to action

It is against this background that the CGECCD offers the following challenge and call to action.

1. We respectfully request that our own participating organisations:

- Maintain and strengthen their attention to Early Childhood with financial resources, human resources, programmes, and technical support.
- Integrate Early Childhood into ongoing or new programmes, including those focused on:
 - Health
 - Nutrition
 - Education
 - Social protection
 - Conditional cash transfers
 - HIV/AIDS
 - Emergencies
 - Women's work
 - Community development

In particular, we call on UNICEF, with its worldwide reach and prestige, to play the important role that it can play to improve early childhood.

We also call on the World Bank and others to continue to incorporate early childhood into the Fast Track Initiative. To do so would be consistent with the 1990 Jomtien Declaration on Education for All and the subsequent recommendations in Dakar (2000) which clearly state that "learning begins at birth." It would respond as well to the target set forth in the EFA Framework for Action, which recommends "expansion of early childhood care and education activities, including family and community interventions, especially for poor, disadvantaged, and disabled children."

2. We urge the World Health Organisation's Commission on Social Determinants of Health to incorporate



Promotion and support of cost-effective early childhood programmes must be a priority for global development.

Early Childhood into its programming. This action would:

- Be consistent with the WHO Constitution that says: "Health is a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity."
- Recognise that the health, nutrition, and early stimulation and learning components in an intervention programme directed to young children can operate synergistically to increase the effectiveness of all components, enhancing physical and psychosocial well-being.
- Help to mobilise the technical and political power and resources of the health community, without which ECCD will improve slowly, at best, and without respecting the holistic nature of child development.

We know what needs to be done to move the Early Childhood agenda forward. We need to rethink the conventional wisdom on education

interventions. Learning begins at birth—it does not wait until kindergarten or primary school. We need to intervene earlier and invest intensively in programmes that combine health, nutrition, and stimulation for young children ages 0-8. Early Childhood Care and Development is the first step towards achieving Education for All and the Millennium Development Goals. The Fast Track Initiative cannot succeed unless we focus on children's early years.

Promotion and support of cost-effective early childhood programmes must be a priority for global development. Young children are a wise investment—perhaps the most productive investment a society can make. By investing in young children, we can help to guarantee a more equitable and prosperous future for all.

**Louise Zimanyi, Director
With input from CG Partners
Robert Myers and Joan Lombardi**



UNICEF/Mark Shaw

4 CORNERSTONES

To secure a strong foundation for young children

Early childhood programmes provide a strong foundation for good health, growth, and success in education and life.

Investing in young children saves money and pays off in the long run.



UNICEF/Mark Shaw

CORNERSTONE 1: Start at the beginning

Integrate early stimulation, child development, and parenting information into prenatal, early health, nutrition, and education services by:

- Providing access to parenting programmes that address holistic child development, particularly for the most vulnerable families;
- Improving services for young children and families including early stimulation, health, nutrition, and child care.



Age Foundation/Mark Goodnight

CORNERSTONE 2: Get ready for success

Ensure access to at least two years of quality early childhood programmes prior to formal school entry, beginning with the most vulnerable and disadvantaged children.

CORNERSTONE 3: Improve primary school quality

Increase investments and improve the transition from home or preschool to primary school and the quality of learning in grades 1-3 by:

- Providing teachers with knowledge about early childhood, learning environments and styles, and methods for teaching early literacy and numeracy during pre/in-service teacher training;
- Giving children adequate learning materials; and
- Ensuring smaller classes.



FAH International

CORNERSTONE 4: Include early childhood in policies

Address early childhood in all national policies and plans across sectors, including Poverty Reduction Strategy Papers (PRSPs), Common Country Assessments (CCAs), UN Development Assistance Framework (UNDAF), One UN Plan documents, Education for All Plans (EFA), and Fast Track Initiative (FTI) Plans. Assure adequate resources and multi sectoral coordination by ensuring that Early Childhood is integral to development and macroeconomic planning and budgeting.



THE CONSULTATIVE GROUP ON EARLY
CHILDHOOD CARE AND DEVELOPMENT
www.ecdgroup.com

Strong foundations: Early childhood care and education

EFA Global Monitoring Report Team, with **Michelle Neuman**, special advisor on early childhood care and education for the 2007 edition

Learning begins well before a child walks through the classroom door for the first time. The paramount importance of the child's early years is expressed in the first of the six Education for All (EFA) goals adopted by 164 countries in Dakar in 2000. They are years of extreme vulnerability and tremendous potential, during which adequate protection, care, and stimulation are essential to provide the foundations for the child's well-being and development.

The fifth edition of the EFA Global Monitoring Report, launched in October 2006, assesses progress towards the first EFA goal, which calls on governments to expand and improve "comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children"—those who have the least access to such opportunities and who stand to benefit most from them.

Comprehensive programmes refer to a holistic approach that encompasses both care and education for children from birth to age 8. Such programmes focus on a range of needs, from health and nutrition to cognitive, social, and emotional development. Holistic early childhood programmes have a leading role to play in any strategy to attain basic education for all and to reduce poverty, the overarching objective of the Millennium Development Goals. Programmes of good quality improve health and nutrition, combat HIV/AIDS, and prepare children for a smooth transition to primary school.

Commitment to early childhood has increased in recent years. The 1989 UN

Convention on the Rights of the Child, now endorsed by 192 nations, is a unique instrument to protect children's rights to survival, development, and protection. Rapid economic and social change is increasing the need

for more early childhood policies and programmes. Access to good early childhood programmes is not widespread in developing countries. In contrast, most children in developed countries have access to at least

BOX 1

The 2007 EFA Global Monitoring Report was formally launched in New York on October 26, 2006 in the presence of UNESCO Director-General Koïchiro Matsuura and UNICEF Executive Director Ann M. Veneman. Education ministers from Chile, Ghana, and Jamaica, World Health Organisation Assistant Director-General Joy Phumaphi, UN Committee on the Rights of the Child member Lothar Krappmann, and eminent Indian educator Inderjit Khurana each brought their own voice of support to the urgent cause of early childhood care and education. In a video message, President Michelle Bachelet of Chile reiterated her government's priority to early childhood protection "because we understand that the first few years are crucial for development throughout a person's life."

Early childhood care and education was a central feature of the United Nations Girls' Initiative meeting and the High Level Group on Education for All in Cairo (November 2006). The report was also presented and discussed at a press conference with Egypt's Minister of Education. Since then, the report has been presented in 37 countries in all regions, very often involving ministers of education, government officials responsible for ECCE, NGOs, and bilateral and multilateral representatives. In several cases, policy workshops have provided opportunities to discuss the report's recommendations. In Dakar, representatives from 13 sub-Saharan African countries (including seven ministers) spent three days discussing ways to strengthen ECCE policies. In the Mekong region, officials from several countries called for better training and capacity building for policy makers and knowledge sharing across the subregion.

Beyond the six UN languages, the report summary has been translated into a number of others, including Bangla, Hindi, Japanese, Khmer, Portuguese, and Vietnamese.

The report is sparking policy discussion of ECCE. In several sub-Saharan African countries, work is underway with key partners on developing comprehensive Early Childhood policies. Donors, including Sweden and Norway, have recognised that Early Childhood should feature more prominently in their aid policies. Monitoring of EFA goal 1 is featured in the report released December 5, 2007. Continued advocacy and capacity building over the long term will be crucial for sustaining and increasing commitment to quality ECCE.

two years of free preschool before beginning primary school.

After setting out the rationale for strengthening early childhood care and education (ECCE) programmes, this article evaluates countries' provision of such services, especially for children from disadvantaged or vulnerable groups. Serving children from birth to age 8 in diverse settings with different purposes, programmes are by nature extremely varied, yet many features of good practice can be singled out. Key aspects of national strategies for expanding provision are then analysed.

The 2007 EFA Global Monitoring Report's findings are based on cross-national education statistics, household surveys, consultations, literature reviews, and specially commissioned papers available on the UNESCO website (www.efareport.unesco.org), which also includes this summary as well as the full report, statistical tables, regional overviews, and over 100 country profiles on early childhood. The report and summary are available in multiple languages (see box 1).

The case for early childhood care and education

Very young children have rights

Several human rights instruments are specific to children. Although not legally binding, the 1959 United Nations Declaration on the Rights of the Child affirms some of the most basic principles of children's rights, including the provision of health care, housing, social security, education, and protection from neglect, cruelty, and exploitation. But the 1989 Convention on the Rights of the Child (CRC) ushered in a new era for children's rights. The CRC puts the best interests of the child at the forefront and is attentive to the voice and language of children. The most widely ratified human rights treaty in the world, the CRC commits countries to translate international standards into domestic law and national practice.

The CRC has few provisions specific to the youngest age group, but its monitoring committee, the UN Committee on the Rights of the Child, put early childhood on its agenda in 2005, noting in a General Comment that young children have a particular need for nurturing, care, and guidance. This working document, which defines early childhood as the period from birth to age 8, reminds parties to the CRC of their obligation to develop comprehensive policies covering health, care, and education for young children as well as assistance to parents and caregivers. Early childhood education, it says, should be directly linked to the rights of children to develop their personalities, talents, and mental and physical abilities from birth (see page 35).

Recognition that children have rights of their own establishes an international standard that is not always accepted by individual State parties. Provisions empowering the state to intervene on a child's behalf remain controversial. Still, the CRC, with its near-universal adoption, has a status that few other international treaties can match, and it has contributed greatly to shaping stronger policy agendas for childhood.

The impact of experiences in the early years

Early childhood is a highly sensitive period marked by rapid transformations in physical, cognitive, social, and emotional development. Undernutrition, deprivation of care, and poor treatment are particularly damaging to young children, with repercussions often felt into the adult years. Inadequate stimulation and exposure to toxic substances in the first years of life can have serious long-term effects. A child who receives extremely poor care or who rarely hears language (as in some orphanages) is likely to suffer developmental deficits that are difficult to redress later.



Cameroon, Emily Vargas-Baron

Quality Early Childhood programmes and services are an instrument to guarantee children's rights, open the way to all EFA goals, and contribute powerfully to reducing poverty, the overarching objective of the Millennium Development Goals.

Good programmes can significantly enhance young children's well-being in these formative years and complement the care received at home.

Adequate health and nutrition required for learning

More than 10 million children under age 5 die every year, with over half of that number dying from five transmittable diseases that can be prevented or treated. Worldwide, about 86 of every 1,000 children born in recent years will not reach age 5. Infant mortality rates are highest in Sub-Saharan Africa and South and West Asia (over 100 per 1,000 live births).

Poor nutrition has a negative impact on school participation and achievement. Stunted children (those short for their age) are less likely to enrol in school and more likely to enrol later and to drop out. A severe or chronic lack of essential nutrients in childhood impairs language, motor, and socioemotional development.

Extending the provision of safe drinking water and proper sanitation globally would reduce infant and child mortality dramatically. Access to treatment for HIV/AIDS is crucial for the survival and development of young children. The limited coverage of organised early childhood programmes in Sub-Saharan Africa makes it all the more difficult to detect and treat health problems linked to poor nutrition. In Latin America and the Caribbean, early childhood programmes have reduced the prevalence of malnutrition and stunting and contributed to children's well-being and school readiness.

Measures designed to reduce mortality and morbidity are a first step towards establishing comprehensive care and education programmes for young children. Four types of intervention have been found to have a large impact on cognitive outcomes

in malnourished children: iron supplements, extra food, deworming, and psychosocial stimulation. A more holistic view of child development is gaining ground, informed by the links between health and nutrition, on the one hand, and education on the other. In East Delhi, India, a programme providing deworming and iron supplements resulted in higher preschool attendance. Interventions combining nutrition and education are more likely to succeed than those focusing on nutrition alone. Studies in Guatemala and Vietnam found that nutrition packages had a longer-lasting impact when children also received sufficient cognitive stimulation. Education should be considered an integral dimension of programmes designed to address young children's health and nutrition problems.

Improving access to and progress in primary school

ECCE programmes enhance children's physical well-being, cognitive and language skills, and social and emotional development. The impact of such programmes on participation in primary education and beyond is well documented. Preschool experience in the United Kingdom, for example, was shown to result in improved intellectual development, independence, concentration, and sociability during the first three years of primary school.

Studies of programmes in several developing countries point to links between participation in early childhood programmes, primary school enrolment, and better results over at least three to four years, particularly for disadvantaged children. In a poor district of Nepal, 95% of children who attended an early childhood programme went on to primary school, as opposed to 75% who did not. Participants had significantly higher marks on exams at the end of grade 1.

The Turkish Early Enrichment Project, which provided preschool experience to children and support to mothers in low-income areas of Istanbul, resulted in 86% of the children still being in school after seven years, compared to 67% for non-participants. Controlling for GDP, the higher an African country's pre-primary enrolment ratio, the higher its primary school completion rate and the lower its primary repetition rate.

The economic case

Given their positive impact on health, nutrition, and education outcomes, early childhood programmes represent a good investment in human capital. Although research is limited, especially in developing countries, returns to investing in ECCE programmes are positive, and indeed generally higher than those to investing in other education interventions. Returns to ECCE investments are reaped over a longer period than those targeting older children, youth, or adults. Furthermore, the skills acquired in ECCE programmes are a foundation for all further learning.

The most widely cited evidence on early childhood programmes comes from the longitudinal High/Scope Perry Preschool Program in the United States. Between 1962 and 1967, the programme targeted low-income African-American children assessed to be at high risk of school failure. Participants and a control group were tracked annually from ages 3 to 11 and again several times until age 40. Participation led to increased IQ at age 5, higher rates of graduation from high school, and higher earnings at age 40. Detailed cost-benefit analysis suggests that the programme yielded a 17:1 benefit/cost ratio.

Evidence from developing countries is slowly accumulating. A preschool health programme in Delhi increased average school participation by 7.7

percentage points for girls and 3.2 points for boys. The same programme would increase the net present value of lifetime wages by US\$29 per child while costing only US\$1.70. In Bolivia, a home-based programme had benefit/cost ratios between 2.4:1 and 3.1:1, with higher ratios for at-risk children; analyses in Colombia and Egypt find similar ratios. In all cases, the impact of ECCE is stronger for children from poor families than for more advantaged children; participation results in lower dropout and repetition rates in primary school.

Reducing social inequality

Advocates of programmes for young children have long argued that they can reduce social inequality. Recent research confirms that ECCE programmes can compensate for disadvantage, regardless of underlying factors such as poverty, gender, ethnicity, caste, or religion. Head Start, a public project launched in the United States in 1964 as part of the “War on Poverty,” was driven by the assumption that targeted interventions could compensate for less favourable family and community backgrounds. The High/Scope Perry programme helped level the playing field for disadvantaged children. Research in such diverse places as Cape Verde, Egypt, Guinea, Jamaica, and Nepal consistently finds that the most disadvantaged children are the ones who draw the greatest benefit from ECCE programmes.

Early childhood programmes can also reduce gender inequality. Girls who participate in such programmes are more likely to begin school at the right age and to complete the primary cycle. ECCE participation also tends to have a larger impact on girls’ health than on boys’.

The provision of quality early childhood care and support is essential for all children, but particularly important

for the poor and vulnerable, to compensate for disadvantage. As the Nobel Laureate James Heckman observes (Wall Street Journal, January 10, 2006), “It is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large. Investing in disadvantaged young children is such a policy.”

Early childhood care and education: The scale of provision

The rise of support to working mothers and organised child care

Formal arrangements to care for young children date back to the eighteenth century. In Europe, a great variety of early childhood institutions took root in the nineteenth century, some founded by educators well known today, such as Fröbel and Montessori. Some addressed the needs of poor working mothers or neglected children, while others provided an enriched preschool education for middle-class children. After the Second World War, the growing numbers of women in the labour force began to demand decent-quality and affordable care for their young children. By the end of the twentieth century, the state nursery school predominated throughout Europe.

The formalisation of early childhood provision in developing countries is more recent and shows considerable regional variation. The traditional roles of women in agriculture and the informal sector meant greater reliance on kin and informal community arrangements for children’s care and upbringing. The massive entry of women into the labour market in

developing countries since the 1950s, however, has changed the situation. In 2005 women’s labour force participation rates were over 55% in East Asia, South-East Asia, and Sub-Saharan Africa and about 50% in Latin America and the Caribbean. They were considerably lower in South Asia (35%) and the Arab States (28%), but still up significantly over previous decades. In general, the greater women’s relative control over household earnings and spending, the more likely it is that children’s welfare will be considered a priority in household decisions and that boys and girls will benefit equally from early childhood provision.

In more developed countries, women’s work in the industrial and service sector is strongly associated with higher enrolment in preschool programmes. The link between employment patterns and pre-primary education is weak in developing countries. But migration, urbanisation, and the HIV/AIDS pandemic are weakening ties between extended and nuclear families and creating child care needs that current arrangements do not meet. The number of single-parent households, especially those headed by women and particularly in European Union countries and Latin America, also has implications for child care.

Public policies supporting infant care date back to the late nineteenth century. By the 1970s, almost all Organisation for Economic Cooperation and Development (OECD) countries offered paid maternity leave, and some (particularly among the Nordic countries) have parental leave, allowing the mother or father or, in rare cases, both to take time off work. About 100 developing countries report having established some form of maternity leave, albeit frequently limited to workers in certain sectors and with often lax enforcement.

Monitoring progress towards EFA goal 1

Some 738 million children—11% of the total world population—are in the 0 to 5 age group. Their number is expected to reach 776 million by 2020, driven by growth in Sub-Saharan Africa and the Arab States.

The wide diversity of provision, organisation, and funding of ECCE programmes presents formidable challenges for monitoring. Moreover, the early childhood goal contains no quantitative target by which to gauge progress. Data problems include a lack of systematic data on programmes for children under 3; limited information on the extent to which programmes address health, physical development, learning, and support to parents; and pre-primary enrolment data reported by education ministries that may undercount children's participation

in programmes funded by other ministries, private groups, or local communities. Enrolment patterns can also vary significantly within the 3 to 5 or 3 to 6 age group that most countries use when calculating participation in early childhood programmes.

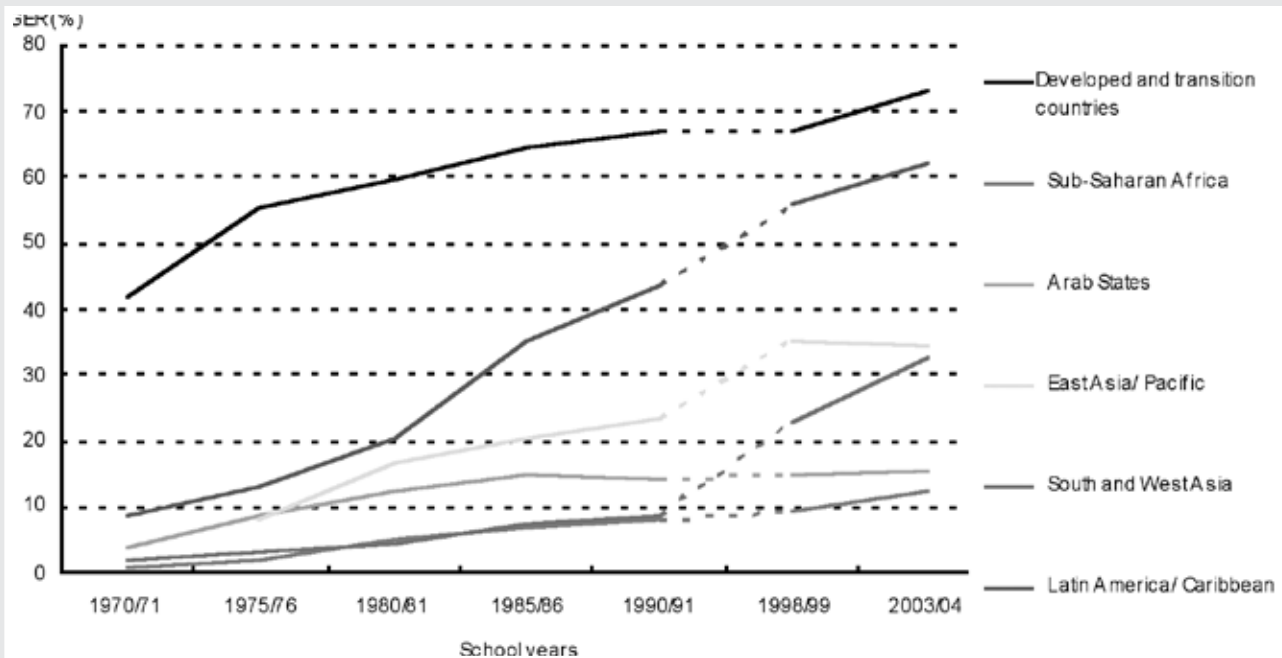
The education of under-3s in developing countries is widely regarded as the responsibility of parents, private associations, or non-government agencies. One or more programmes for these very young children can be identified in just over half the world's countries. They typically provide part-time organised custodial care for young children and, in some cases, health services and educational activities. Much more information is needed about programmes for children under 3 if comprehensive monitoring of ECCE is to take place.

Pre-primary education: sharp enrolment increases

The International Standard Classification of Education defines pre-primary education (ISCED level 0) as including all programmes that, in addition to providing children with care, offer a structured and purposeful set of learning activities, either in a formal institution or in a non-formal setting. Governments play a more active role in the provision of programmes for children aged 3 or older, and a relatively limited one for the under-3 group. Age 3 is the official starting age of pre-primary education in 70% of countries.

The number of children enrolled in pre-primary education worldwide has tripled in the past three decades, rising from 44 million in the mid-1970s to about 124 million by 2004. Pre-primary gross enrolment ratios (GERs) express total enrolment, regardless of

FIGURE 1



Note: Data for East Asia and the Pacific are for developing countries only; Australia, Japan, and New Zealand are included under developed and transition countries. The dotted line signifies a break in the data series due to a new classification.

age, as a percentage of the population of the official age group in each country (typically 3 to 5). Between 1975 and 2004, the global GER more than doubled, from about 17% to 37%. Among developed and transition countries, the ratio was about 40% in 1970, increasing to 73% in 2004. Among developing countries, the coverage of pre-primary education was and remains considerably lower. In 1975, on average, less than 1 child in 10 was enrolled in pre-primary institutions; by 2004, coverage had increased to about 1 child in 3 (32%). Over the period 1991-2004, coverage in pre-primary education increased in four fifths of the eighty-one countries with comparable data for both years.

There are marked regional differences in trends dating back to the 1970s. In Latin America and the Caribbean, which has witnessed the strongest increase, three quarters of countries now have pre-primary GERs above 75%, while in Sub-Saharan Africa, despite a steady increase since the 1970s, half the countries have ratios lower than 10%. In the Arab States, coverage has been fairly stagnant since the 1980s. GERs have expanded noticeably across Asia. In South and West Asia most countries now enrol between one third and one half of their children in pre-primary education (see figure 1).

Since 1999, pre-primary enrolment increases have been particularly pronounced in Sub-Saharan Africa (where the number enrolled rose by 43.5%), the Caribbean (43.4%) and South and West Asia (40.5%). Although the number of children enrolled in pre-primary education rose sharply in Sub-Saharan Africa, the average GER for the region did not, due to continuing high population growth.

The average GER rose moderately (by four percentage points) from 1999

to 2004 for developed countries and the same amount for developing countries, while the increase was more pronounced for the transition countries (eighteen percentage points). The number of young children enrolled in pre-primary education declined in East Asia by almost 10%, mainly due to trends in China following a period of impressive expansion (enrolment increased from 6.2 million in 1976 to 24 million in 1999 before dropping to the 2004 level of 20 million as the 0 to 5 population decreased). Forty-eight percent of the world's pre-primary enrolments are girls, a proportion unchanged since 1999.

Considerable disparities exist between countries in the same region; these differences are generally related to national development levels (e.g., in Sub-Saharan Africa, with a regional average of only 10%, Mauritius and Seychelles have GERs close to 100%;

in Asia, the GER is below 10% in Cambodia, while the Republic of Korea, Malaysia, and Thailand register nearly universal enrolment). In Central Asia, despite some recovery from the decline of the 1990s, no country enrolls more than half its children. In North America and Western Europe, virtually all countries have GERs above 60%; in half of them the ratio is 100%.

Most of the fifty-two countries with GERs of less than 30% are in Sub-Saharan Africa and the Arab States. In general, their recent progress has been slow (typically less than five percentage points). Of the eighty-six countries with GERs above 30% in 2004, the ratio had increased since 1999 in sixty-six of them. Rapid progress (more than ten percentage points) was reported in Brazil, Cuba, Ecuador, Mexico, and Jamaica; most of the transition countries also recovered losses.



Jean Luc Ray

The lack of available data in many countries affected by recent or current armed conflict suggests that the EFA situation is unlikely to be improving.

Although goal 1 has no quantitative target, many countries have set their own—at least for children over 3—in national plans for 2010 or 2015. Countries with relatively high pre-primary GERs have tended to set universal preschool enrolment by 2015 as the objective. Chile and Mexico, with current GERs above 50%, have done so, for instance, as have Paraguay, Kazakhstan, and India, all with GERs below 40%. Given past growth rates, meeting these national targets may not be feasible without significant additional efforts.

Most regions are moving towards gender parity in pre-primary education—the overall ratio between the female and male GERs is 0.97. Considerable progress has occurred in regions with high disparities, notably the Arab States, where the gender parity index (GPI) was 0.87 in 2004 compared to 0.76 in 1999. South and West Asia also moved towards parity between 1999 and 2004. Countries in the Caribbean and several Pacific island states show a slight disparity in favour of girls. Many of these countries also have gender disparities favouring girls at the primary and secondary levels. The countries with the lowest GPIs are Afghanistan, Morocco, Pakistan, and Yemen.

Household surveys highlight groups with limited access to ECCE

Household surveys, based on direct interviews, provide a more detailed picture of early childhood provision than the administrative data on preschool reported so far. In most of the fifty-three countries for which survey data are available, the gender gap is relatively small (less than 10%). By contrast, urban-rural differences are much larger and, except in Jamaica, always to rural children's disadvantage. In many countries, the proportion of rural children with access to early childhood provision is ten to thirty percentage points

lower than that of urban children. Barring a few exceptions, children in richer households have higher ECCE attendance rates than those from poorer families. A mother with secondary education substantially increases the likelihood of children attending ECCE programmes. Children without birth certificates and, to a lesser extent, vaccination records have lower attendance in ECCE programmes. Those suffering from stunting have lower ECCE participation rates than other children.

The ECCE workforce

Entry qualifications for pre-primary teachers are highly variable in developing countries and range from lower secondary to tertiary level qualifications. In four out of twenty-three developing countries for which relevant data are available, pre-primary teachers need only a lower-secondary qualification. In eight countries, completion of regular upper-secondary studies is required. In the remaining eleven countries, a post-secondary or tertiary qualification is required. Formal entry requirements are often not respected. Pre-primary school teachers receive little training—almost always less than their primary school counterparts. Some countries, including Lesotho and Uganda, have recently developed training courses for pre-primary teachers.

In most industrialised countries, entry qualifications usually require tertiary education and specific training. The care and education components of early childhood provision are generally separate, leading to distinct staffing policies. Highly trained educators or qualified pedagogues work alongside untrained child care workers, many of them part-time or volunteers.

Almost all pre-primary school teachers are women, reflecting perceptions of ECCE as an extension of the traditional mothering role. In OECD countries,

more than 20% of pre-primary teachers are above the age of 50. In low- and middle-income countries, the recent expansion of pre-primary education translates into a higher proportion of younger teachers than at the primary level.

In most countries with data available (mainly middle-income), pre-primary and primary teachers' salaries are generally the same. Pay disparities exist between pre-primary teachers and other staff, and between those in the formal system and those working in less formal programmes, often with the youngest children. Some countries, the United Kingdom among them, are moving to close the gap between education and care workers by introducing a national minimum wage in ECCE.

Many countries are developing, revising, or improving the training programmes through which pre-primary teachers become qualified. Some countries are expanding the availability of ECCE programme opportunities at general universities and vocational institutions (e.g., New Zealand). Several universities in Egypt have developed pre- and in-service training programmes for kindergarten teachers. Other countries have recently developed their first programmes for preschool teachers. Many are also strengthening in-service training and enhancing it with research-based evidence concerning child growth and development. Each Moroccan province has a preschool resource centre providing continuing education and pedagogical methods to teachers. The SERVOL Training Centre in Trinidad and Tobago organises in-service training for other Caribbean islands.

Many European countries (e.g., Denmark, Finland, Italy, and Norway) are trying to reconcile primary and pre-primary qualifications so that teachers attain the same basic qualification levels.

Designing quality programmes for young children

Designing programmes for young children is especially complex. Programmes need to integrate educational activities with health, nutrition, and social services to assure holistic development. Pedagogy must be adapted to the needs of young children from diverse backgrounds. And, in the child's earliest years, it is helpful to provide support to parents, too. No single model of early childhood provision can be applied uniformly in all countries. For a start, parenting practices differ around the world. It is important for early childhood programmes to recognise the differences and ensure that programmes are relevant to the country context and the groups for which they are designed.

Parenting programmes: starting in the home

Parents (or other custodial caregivers) are the child's first educators, and for the youngest age group the home is the prime area of care. The home environment has a major impact on cognitive development and socioemotional well-being. The availability of reading materials and drawing and art supplies is a predictor of cognitive outcomes such as attention, memory, and planning. The best way to support home environments is to work directly with parents.

Parenting programmes are diverse and hence difficult to monitor. Often they are offered through the health sector. But as ministries of education increasingly take on responsibility for education from birth onwards, they are also exploring how best to work with parents. Home visiting programmes provide one-on-one support for individual parents. The

model is expensive, and so best used as a targeted intervention with at-risk families. Target groups for the Community Mothers Programme in Dublin, for instance, include single and/or teenage parents, refugees, asylum-seekers, and people living in disadvantaged areas. Community Mothers—volunteers trained by nurses—visit parents once a month and use a specially designed child development programme focusing on health care, nutrition, and overall development. Evaluations show significant beneficial effects for both mothers and children in terms of self-esteem, interaction, and support for the child's learning experiences.

Local communities also play a key role in supporting young children and their families through home- or community-based child care. In Colombia, for example, the Hogares Comunitarios programme has become a major welfare initiative, catering for more than a million children from birth to age 6. Initially designed to improve nutrition in poor households, it now includes child care as well. Eligible households elect a 'community mother' who opens her home to up to fifteen children. The programme reaches the poorest children and boosts their physical growth by providing daily meals. Children aged 13 to 17 who once participated in the programme were more likely to be in school and to have advanced to the next grade than those who did not.

Pedagogy and curriculum: setting the groundwork for learning

The most common form of ECCE, particularly for the 3 to 6 age group, is centre-based provision. It is crucial to make this experience a positive one by ensuring that practices are suited to the child's age and cultural environment. Learning is more effective in the mother tongue. At

the same time, this first exposure to organised learning is an opportunity to challenge traditional gender roles. Finally, programmes should be inclusive and take into account circumstances such as armed conflict.

Research in both developed and developing countries highlights a consistently positive relationship between measures of various aspects of quality and virtually every facet of a child's development. While structural features, such as class size and staff-child ratios, are important elements of a good early childhood environment, research shows that interactions between the staff and the child are the most important predictors of children's enhanced well-being.

The IEA Pre-primary Project looked at how experience at age 4 affected children's development at age 7 in seventeen countries. It found, for example, that when 4-year-olds had participated in programmes where unstructured activities, driven by the child's interests, predominated, they achieved higher language scores at age 7 than counterparts who had experienced more activities aimed at developing skills such as literacy and numeracy. The frequency of child interaction, adult participation in children's activities, and the teacher's education level were all positively related to later language performance as well.

Gender: challenging stereotypes

Perceptions of what is masculine and what is feminine take hold in early childhood. Curricula for this age group often are not gender-neutral. Books tend to draw marked distinctions between male and female characters. When playing games, children are often encouraged to follow stereotypes. Teachers tend to respond differently to boys and girls in listening, asking questions, and interacting.

Early childhood programmes can be adapted to challenge gender roles. Pedagogy as well as teaching and play materials can promote egalitarian values. Sweden formed a delegation to encourage debate on ways to promote gender equality in preschools and channel funding to preschool staff wishing to develop alternative methods along these lines. Training should compel teachers to reflect on their own practice. Encouraging more men to work in early childhood programmes can also help to challenge assumptions of the woman as sole caregiver and encourage fathers to be more involved in their child's upbringing.

Supporting early language development

Research consistently shows the importance of early literacy experiences (e.g., reading books to children, the number of books in the home) for language development, reading outcomes, and school success. In the United Kingdom, the most important influence on children's success in learning to read in primary school was exposure to written materials during the preschool years. Poverty also affects language development. In the United States, the number of words heard by age 4 differed enormously among welfare, working-class, and professional families. At age 3, the professional's child had a larger vocabulary than the parent of the welfare child. This research underlines the importance of exposing children, especially from lower socioeconomic backgrounds, to language-rich settings at an early age.

Although many children grow up in multilingual societies, learning in the official language is generally the norm in preschools and primary schools around the world. Yet children who learn in their mother tongue for six to eight years from preschool through the early primary grades perform better than those who start in the official language.

Bilingual models remain few and far between, however. Some claim they are expensive and difficult to implement or that they risk fostering social and political divisions. But countries including Cambodia, Malaysia, Myanmar, Papua New Guinea, and Vietnam have developed effective bilingual early childhood programmes that have influenced practices in the first years of primary education. In Papua New Guinea, the world's most linguistically diverse nation, parents worked with local government and NGOs in the 1970s to create two-year vernacular-language preschools. In 1995, the government encouraged the formal school system to use vernacular languages in the first three years of primary school, followed by gradual transition to English. Today over 350 languages are used in the country's education system.

Bilingual storytelling and activities can also help children develop literacy skills that can be transferred from one language to another. Recruiting multilingual staff is another promising strategy. Several European countries employ bilingual assistants to work in preschool settings with new immigrant students and their parents. Parents from language minority backgrounds need to be informed about opportunities for their children to attend early childhood programmes and the value of preserving their home language and culture.

Inclusive approaches: special needs and emergency situations

As many as 85% of all children with special needs live in developing countries, where the incidence of sensory problems such as childhood blindness and hearing impairment is disproportionately high. Adequate screening for sensory and non-sensory disabilities can lead to effective interventions for young children with special needs. Early childhood programmes can also foster transition

for certain children into mainstream schools. Chile has an inclusive approach to early childhood education in which training courses for nursery school staff, monthly bulletins for teachers, and funds for wheelchairs and hearing aids have improved care for young children with special needs in mainstream centres. Most OECD countries also encourage inclusive approaches in line with international commitments to children's rights.

Facilitating transition to primary school

Good quality ECCE is not just an end in itself. It is also, as the EFA goals recognise, an important foundation for subsequent education. Thus it is vital not only for children to be made ready for primary school, in terms of physical, social, and cognitive development, but also for primary schools themselves to provide decent learning conditions. One route is to integrate ECCE more closely with primary education.

Such integration is motivated by a desire to overcome fragmentation and facilitate transition for children. This trend is most evident in Europe, but is observed in a few other countries including Brazil, Kazakhstan, South Africa, and Vietnam. The approach involves forging stronger links among the health, care, and education components of ECCE, and often making one administrative structure, usually the ministry of education, responsible for ECCE and primary education. While such efforts can increase continuity for children, they entail a risk of excessive focus on academic goals in preschool instead of a broader, holistic approach that incorporates welfare, health, and care.

A second goal of integrating ECCE and primary schooling is to assure curricular continuity. Some countries have an integrated preschool and primary curriculum. In the Step by Step curriculum followed in thirty countries of Central and Eastern Europe, no

grades exist for the first four years of primary education so that children can progress at their own pace. Jamaica's Pre-Primary to Primary Transitions follows the same principle. In India's Bodh Shiksha Samiti and Colombia's Escuela Nueva, multigrade classrooms use an active curriculum and lesson plans that respond to students' differing abilities and interests.

Continuity can also be fostered by getting parents more engaged. In Pakistan, parents in poor rural communities help teach local songs and stories. In France, community mediators work with parents in low-income neighbourhoods to improve dialogue with teachers. Where children lack access to preschool, transition can be eased through, for example, visits to primary schools to familiarise children with their future environment, or structured and free play activities for small groups of children in the months leading up to school entry. In Kazakhstan, pre-primary education classes prepare 5- or 6-year-olds who have never attended preschool for formal schooling through a 32-week course. In Guatemala, the Centros de Aprendizaje Comunitario en Educación Preescolar prepare children from various ethnic backgrounds without access to preschool for entry to primary school.

The lack of a national Early Childhood policy represents a truly missed opportunity to create a national vision and strategies, expand investments, and improve intersectoral coordination for all young children, but especially those most vulnerable and disadvantaged.

Fostering strong ECCE policies

If children are to benefit from quality care and learning opportunities in their early years, governments, in partnership with other stakeholders, must develop and implement sound policies for them. Three key areas deserve attention: governance; quality and financing—including targeting the disadvantaged; and partnerships with international aid agencies.

The governments of developing countries have generally given limited policy attention to early childhood, among the EFA goals, relative to that given to primary education and gender parity. A review of policy documents for forty-five countries reveals that few adopt a holistic approach encompassing education, health, and nutrition for children 8 and under. For disadvantaged, vulnerable, and disabled children, the lack of a national ECCE policy represents a truly missed opportunity. Where ECCE does get attention, it is usually for age 3 and up, so that opportunities for younger children are also missed.

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

- The growing body of research on the benefits of ECCE, especially for the disadvantaged and as a crucial first stage of the education system, can help build the political will to support ECCE.
- The rising labour force participation of mothers with young children, coupled with the decline of traditional family child care, has made some governments more receptive to expanding and improving ECCE.

- Though the evidence is limited, attention to ECCE within EFA plans, education and health sector plans, Poverty Reduction Strategy Papers (PRSPs), and legislation appears to be on the rise.

- Aid agencies, UN organisations, foundations, and international NGOs are supporting capacity building and funding ECCE projects that could be taken to scale. Strong international ECCE networks are informing national policy and planning efforts and encouraging information sharing.

Despite these positive factors, country experiences suggest that several barriers need to be addressed:

- Ambivalence about the role of government in the lives of families—public policy tends to be limited for children under 3, and the boundaries between the public and private spheres are often unclear.
- Insufficient public awareness of the benefits of ECCE, especially as a contribution to EFA and Millennium Development Goals.
- Limited financial and human resources—most governments allocate the bulk of education funding to compulsory schooling and most bilateral donors focus heavily on tertiary education.
- Competing policy priorities—in low-income countries, policy choices have immediate consequences for child survival. Within education, governments face tough choices whether, for example, to expand education systems from primary down to ECCE or up towards lower secondary education.

How does ECCE gain political clout?

Despite these barriers, governments are increasingly beginning to elaborate explicit and comprehensive national ECCE policies covering health,

nutrition, education, water, hygiene, sanitation, and legal protection for young children. Although policy strategies must be tailored to relevant cultural, political, and economic contexts, effective strategies share several key elements:

- High-level political endorsement can get ECCE on the agenda. President Wade of Senegal made early childhood a priority from the 1980s, long before his first election in 2000. As president he introduced *les cases des tous petits*—flexible community-based centres for children from birth to age 6 that integrate health, education, and nutrition as an alternative to the more expensive preschools. Chile has a long tradition of ECCE that has benefited recently from political support at the highest level. Since her election in 2006, President Michelle Bachelet has made a series of commitments to strengthen ECCE.
- Broad stakeholder involvement helps promote ownership and consensus (e.g., in Ghana). Engaging parents can encourage local community support for ECCE programmes.
- Government partnerships with international organisations, donor agencies, and NGOs can generate significant seed money and technical assistance for projects that can then be scaled up.
- Aligning ECCE policies with other national and sectoral development policies is a strategic way to leverage resources and promote ECCE integration. Ghana, Uganda, and Zambia are integrating early childhood development into their PRSPs.
- Detailed action plans facilitate ECCE policy implementation by describing the division of responsibilities and allocation of resources and by setting a time frame. Jordan's National Plan of Action for Children (2004-13) focuses on five components: securing a healthy life; developing and strengthening

capabilities of children; protecting children in difficult circumstances; expanding the role of the media; and monitoring and evaluation.

- Media campaigns can draw attention to ECCE, in the process raising awareness of child care practices, for example, by disseminating knowledge about newborns, the importance of breastfeeding and reading to children, and the role of fathers.

Governance issues

Who takes the lead?

ECCE involves multiple sectors, programmes, and actors, making coordination a frequent challenge. Most countries, especially in Europe and Latin America, offer one or two years of pre-primary within the education system, but other forms of ECCE, especially for children under 3, fall under the auspices of ministries in charge of health, social welfare, children and women's affairs, etc. The involvement of multiple players can bring together agencies with different areas of expertise. It can also lead to conflict between ministries. In some countries, no single administrative body bears the main responsibility for ECCE, making neglect more likely.

In about 60% of the 172 countries with available information, ministries—generally the education ministry—oversee or coordinate programmes targeting children over 3. In 30% of the countries, this function is shared with another official body, such as a national institute or subnational authorities. In the remaining 10%, non-government bodies are the sole supervisors of early childhood programmes.

Although in a majority of countries administrative responsibility for early childhood is divided by age group, since the late 1980s a growing number of countries (including Brazil, Chile, Jamaica, Kazakhstan, New Zealand,

South Africa, Spain, and Vietnam) have designated education as the lead ministry for children from birth. Placing early childhood under the ministry of education can make it easier to increase attention to young children's learning and their transition to primary school. But since early childhood education is often not compulsory, it may struggle for attention and resources within the education bureaucracy. Another concern is that ECCE will be under pressure to become more formal and school-like.

Regardless of who takes the lead, coordination is needed among the institutions and sectors involved. Coordination mechanisms provide a forum for potentially achieving a common vision encompassing resources, standards, regulations, training, and staffing. Too often, coordinating bodies tend to be short-staffed and advisory only, limiting their ability to move the agenda for young children forward. South Africa is unusual in that its National Coordinating Committee includes representatives from several ministries, training institutions, universities, and NGOs; it was instrumental in creating pre-primary programmes for all 5- and 6-year-olds. In Jamaica, the Early Childhood Commission established in 2002 brings together all policies, standards, and regulations pertaining to day care and early childhood development under one institutional umbrella.

Arguments for decentralising ECCE are often made, to the effect that services and resources can thus be better adapted to community needs and circumstances. In practice, though, decentralisation can result in uneven policy implementation, access, and quality. In many transition countries, decentralisation in the 1990s aggravated inequality between wealthy urban and poor rural communities and led to deterioration in the quality and coverage of kindergartens.

It has since increasingly been recognised that decentralisation must be accompanied by effective central government oversight and regulation. Sweden, for example, introduced a maximum fee for preschools and a new curriculum framework after deregulation of fees in the 1990s led to widespread disparities.

Private actors as potential partners

Non-government actors—community-based groups, NGOs, faith-based organisations, and for-profit entities—play a large role in ECCE in many countries. Faith-based groups are active in parts of Europe, North America, Latin America, and the Arab States.

In about half of the 154 countries with data, enrolment in private institutions is less than one third of the total; in one third of countries, the private sector accounts for two thirds or more of enrolment. The private sector is particularly prominent in Sub-Saharan Africa, the Arab States, the Caribbean, and East Asia, while public provision has been integral to ECCE development in most European countries. In many transition countries, private providers stepped in where the state pulled out, leading to innovative practices but also to inequalities of access.

The role of for-profit actors is particularly controversial. Proponents of for-profit service provision say it increases competition and parental choice. Critics note that private providers operating outside the public system often exclude poor children via high fees and entrance requirements. There is a risk of a two-track system, with low-income parents obliged to opt for lower-cost, poorer-quality public alternatives. To avoid this inequality, governments need to take a more proactive role and develop a commonly agreed framework

for regulation, quality assurance, monitoring, and promotion of equity.

Improving quality

Governments need to ensure that minimum acceptable standards are met for all children. Such regulations should apply to all providers, public or private. Most governments regulate ECCE programmes, using easy-to-measure structural indicators of quality such as class size, staff-child ratios, availability of materials, and staff training. Equally important, if not more so, are caregiver-child relationships, inclusion of families, and responsiveness both to cultural diversity and to children with special needs.

Five Latin American countries have developed national quality standards for ECCE, and seven Caribbean countries have assessed programme quality using a common instrument to evaluate the learning environment and caregiver-child interactions. Quality assessment projects have also been developed in Bangladesh, Vietnam, and Pakistan with assistance from multilateral organisations, NGOs, and foundations. A few countries have early learning and development standards, that is, national

The quality of interaction between carer/teacher and child is the single most important determinant of programme success.

expectations of what children should know and be able to do. Standards must be established with care, and used with care, however. When set at national level, they may not take into account cultural, linguistic, and other forms of diversity; misused, they can

stigmatise children, labelling them as “failures” or “not ready” to begin school.

Since 2003, the Going Global Project, a partnership of UNICEF and Columbia and Yale Universities in the USA, has helped countries to prepare national early learning and development standards in a range of domains. The project is participatory, with standards based on scientific knowledge and research on early learning that takes into consideration cultural, linguistic, and socioeconomic differences. After six pilot projects, 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 preschool curricula and teacher training models, as well as for national monitoring.

Governments need to enforce, not just develop, regulations that promote quality. Yet many countries do not have the resources to do this. An alternative approach used in some countries (Australia, the UK, and the USA) is accreditation, which encourages programme staff to reflect on their practice and to address any limitations before having their work validated by an external expert.

Promoting quality through staffing policies

How children interact with their caregivers and teachers largely determines the quality of learning. Several industrialised countries are moving toward an integrated system of ECCE provision from birth to school entry that has involved restructuring staff qualifications and training, bridging the divide between the education and care components of ECCE. In Singapore, for example, all child care and preschool personnel now undergo the same training and accreditation.

A key issue is how to recruit and retain large numbers of trained ECCE personnel. To draw more candidates to the field, some countries are developing flexible entry routes into higher education and teacher training. Several Caribbean islands give competency-based credit. Modern technology is also being harnessed in several countries. Pakistan has created an Early Childhood Education Certificate Programme that includes in-service training workshops. The Early Childhood Development Virtual University (ECDVU) is a training and capacity-building initiative to help meet the need for leadership and development in this field in Africa and the Middle East. Students, who are in-service early childhood staff, are taught by faculty members from around the world and work with mentors in their own country or region.

To ease the transition from early childhood programmes to primary school, several countries are introducing measures to assure professional continuity between the two levels. These measures include joint training (offered in France, Ireland, Jamaica, and the UK), emphasis on active learning approaches, and equal professional status between ECCE and primary school teachers.

Despite these positive trends, several areas require further attention in relation to training: engaging parents and other caregivers more actively; 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.

Assuring adequate financing

Expanding and improving ECCE will require raising additional public and private funds and allocating them through more efficient financing mechanisms. Given the variety of situations involved, country-specific estimates of the costs of expanding and improving ECCE are of greater policy relevance than a global estimate. Sixty-five of the seventy-nine countries with data allocated less than 10% of education spending to ECCE in 2004. Over half of those sixty-five countries allocated less than 5%. Of the fourteen countries allocating more than 10%, most were in Europe.

As a share of GNP, public expenditure on pre-primary education is greatest in Central and Eastern Europe (0.5%), compared to 0.4% in North America and Western Europe and 0.2% in Latin America. For North America and Western Europe as a whole, expenditure on pre-primary programmes is around 26% of the total for primary education, though the share rises to around 60% in France and Germany. In Latin America and the Caribbean, expenditure on pre-primary education averages 14% of that on primary, with large variations across countries.

The small share of total public education spending allocated to pre-primary education reflects low enrolment ratios rather than low spending per child. For all countries with data, average public expenditure per child is 85% of that at primary level. Indeed, when the full costs of pre-primary education are met by the state, 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 pupil-staff ratios are lower. 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 (though reaching about 90% in France, Germany, and Greece). In the few countries with data in Sub-Saharan Africa, South and West Asia, and the Arab States, spending on pre-primary is very low as a percentage of that for primary.

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. Five scenarios have been estimated for Burkina Faso, for example, which is a country characterised by very low coverage of children from birth to age 6 (1.2% in 2005). Such exercises can clarify the financial implications of specific choices (coverage, nature of service, child/staff ratios, staff qualifications, facilities) and explore the trade-offs, such as choosing to invest in providing more coverage as opposed to putting more money into staff qualifications.

Overall, funding of ECCE is both public and private, with public funds often provided by more than one level of government. The relative shares of public and private funding vary considerably. 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 Sweden and France. Among developing countries the variations are 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, the government covers 100%.

An alternative to funding ECCE programmes directly is for governments to provide resources

(vouchers) enabling parents to purchase services from one of a variety of providers, an approach taken in Chile, the United States, and Taiwan (China). In France, the fiscal and social security systems help offset families' child care costs. Since 2002, the government of Vietnam requires 10% of the education budget to be allocated to early childhood.

Corporations and other employers may contribute to the provision of ECCE, either directly or indirectly. In Colombia, for instance, all private and public employers must 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. Other options include microenterprise loans to child caregivers to establish home-based day care and the bundling of day care with services such as primary schooling or health centres.

Targeting vulnerable and disadvantaged children

ECCE programmes' greatest potential is among vulnerable and disadvantaged children, but these are precisely the children least likely to have access. When countries have limited resources, how can they be allocated to reach those most in need? Two types of targeting are used: geographical, and by income. In addition, inclusion policies often involve targeting particular groups, such as the disabled and linguistic or ethnic minorities.

Geographical targeting is the approach of India's Integrated Child Development Services, which concentrates on remote rural regions, urban slums, and tribal areas, reaching over 23 million children. Its integrated

package of nutrition, immunisation, health check-ups and referral services, and education for children under 6 and for pregnant and nursing mothers has a positive impact on the survival, growth, and development of young children. Vietnam targets remote and mountainous areas. Kenya targets children from pastoralist communities (see box 2). Targeting by income, the more common option, can include restricting eligibility, subsidising enrolment of the poor, and provision of vouchers.

With ECCE, as with other public services, there are risks that targeted approaches may not attract enough political support. Targeting can segregate children, leading to a concentration of the disadvantaged in programmes. Precise targeting is also very difficult. Many developed countries have publicly funded preschool programmes that serve all children but also target extra resources to the most disadvantaged communities. This approach is less applicable in many developing countries, where most children are excluded from ECCE. A phase-in approach may be most feasible, where countries develop a national ECCE

policy for all children and settings, but begin by focusing public resources on the most disadvantaged.

Aid policies for early childhood

ECCE is not a priority for development aid. In a survey of sixty-eight donors, only four of the seventeen agencies responding identified ECCE as a specific component of their overall aid strategy; the others include early childhood within the education or health sector strategy. Donors give priority to centre-based ECCE programmes covering children from 3 to primary school age, and, to a lesser extent, to support for parents and caregivers. UNICEF and USAID were the only respondents supporting informal ECCE programmes. While not necessarily representative of all donors, these funding priorities may not match country needs. Less formal and less costly arrangements than centres can help reach more children.

It is difficult to separate early childhood from basic education in the main international aid database. In addition, some components of ECCE are included in other sectors, such as health. Low-income countries

BOX 2

Child care in Kenya's pastoralist communities

Kenya's national policy of universal free primary education has put pastoralist communities in the north under pressure to become more settled. Loipi—"shade" in the local language—are enclosed places where grandmothers once looked after children, passing on oral traditions and skills. Since 1997, several pastoralist peoples have pooled resources to care for children aged 2 to 5, with professional guidance and financial support. Now reaching over 5,200 children, the Loipi programme is rooted in traditional approaches to childrearing while offering access to health and nutrition services, income generation, and information on harmful practices such as female genital mutilation. Enclosures and play materials are made by the community. Results include improved access to vaccination programmes, better nutrition, and, according to preschool teachers, a positive influence on children's transition to primary school.

tend to receive less funding for ECCE than middle-income ones. Apart from Australia, Greece, and Spain, donors allocate to the pre-primary level less than 10% of what they give to primary education; a majority allocate less than 2%. ECCE's share of total aid to education is less than 0.5% for a majority of donors.

Stronger international political support, increased commitment from developing countries, and more extensive dissemination of research on the benefits of ECCE would help to increase donor agencies' commitment to ECCE issues. So would improved alignment of ECCE policies with education and health sector plans and poverty reduction strategies.

Conclusion

The EFA goals represent a comprehensive approach to education, but governments are not taking sufficient public responsibility for literacy and ECCE.

There is a very strong case for ECCE. All too often it is the missing link in the education system. Giving children strong foundations through holistic, quality early childhood programmes carries enormous benefits, especially for the most disadvantaged and vulnerable. Such programmes not only improve the child's overall development at an age of huge potential, they contribute to better achievement in primary school, thereby improving the efficiency of education systems.

High-level political endorsement, recognising ECCE as essential to children's present welfare and future development, is key. Countries need to develop national policy frameworks on ECCE for children from birth to age 8 with a clearly designated lead ministry or agency that works with all related sectors. They need to upgrade the

ECCE workforce. Effective partnerships with the private sector—a major ECCE actor in many countries—should be developed and the sector regulated to safeguard against inequities in access and quality.

Although national policy should encompass all young children, public resources in certain contexts may be best targeted initially to vulnerable and disadvantaged children. It is essential to include ECCE in key documents on public resource allocation (national budgets, sector plans, PRSPs). Other donors need to follow UNICEF's lead in prioritising early childhood issues.

Technical expertise should be brought to countries to assist in collecting more detailed information on ECCE, especially with regard to programmes for children under 3, ECCE personnel other than pre-primary teachers,

quality measures, and national expenditure on pre-primary education.

EFA means education for all, not just education for some. It means all six goals, not just those related to primary school. It means paying particular attention to the early years, when effective steps to offset disadvantage can be taken at lowest cost, and when strong foundations are most easily laid. Failing the youngest generation today not only violates their rights, it also sows the seeds of deeper poverty and inequalities tomorrow.

For more information, contact:
Cynthia Guttman,
Communications Officer
E-mail: c.guttman@unesco.org

For the full report, as well as for regional/translated reports, see <http://www.efareport.unesco.org>



Colombia: UNESCO Alejandra Vega Jaramillo

By neglecting the connections between early childhood, primary and secondary education and adult literacy, countries are missing opportunities to improve basic education and in the process, the prospects of children, youth and adults everywhere.

Our global responsibility: The developmental potential of over 200 million young children

The Lancet Early Child Development Series

Patrice Engle

“Finally I have data to convince my Minister of Finance to invest in early child development,” reported Malawi’s Minister of Women and Child Development at University College London’s Institute of Child Health in January 2007.

The Minister was responding to the launch of *The Lancet* Series on Early Child Development in Developing Countries. Since January 2007, launches, meetings, and press all over the world have responded to the four main messages of *The Lancet* Series’ three papers:

- Over 200 million children under 5 years of age worldwide are not developing to their potential due to poverty, poor health and nutrition, and lack of stimulation.
- The best-documented immediate risk factors include stunting, iron and iodine deficiency, and lack of a stimulating and nurturing environment.
- Interventions exist at scale that can reduce the loss of human potential during early childhood, particularly for the most disadvantaged. These include parenting interventions, home visits, health-related services, and comprehensive programmes that combine learning opportunities, nurturing environments, nutrition and health, and environmental improvement.
- Although effective interventions are available, coverage is far too low, political will is lacking, and opportunities are being lost.

Sir Richard Jolly, development economist and Honorary Professor

at the Institute of Development Studies, UK, has been a senior UN and UNICEF official for over twenty years, including during the UNICEF Child Survival Revolution. Jolly compared the significance of *The Lancet* Series findings to the development of immunisation and oral rehydration therapy, which dramatically reduced child deaths in the 1980s and 1990s. These papers, if taken seriously, Jolly stated, “could have an impact hardly less dramatic. The problem is not the lack of knowledge about what to do but the lack of professional and political commitment to mobilise action on the scale required—and for poorer communities in countries throughout the world” (Jolly, 2007, pg. 8).

The Lancet’s Early Child Development Series is the culmination of a one-and-a-half-year research project led by Patrice Engle, of California Polytechnic State University and UNICEF, and Sally McGregor of the University of London, with a core team (International Child Development Steering Committee) comprised of Maureen Black, University of Maryland; Ted Wachs, Purdue University; Betsy Lozoff, University of Michigan; Julie Meeks-Gardner, Caribbean Child Development Centre; and Susan Walker, University of the West Indies. Twenty-one authors from organisations and universities around the world and representatives from the World Bank, World Health Organisation, and UNICEF contributed to the project and the series.

Young children living in poverty in developing countries are exposed to a variety of biomedical risks, such as malnutrition and exposure to

infectious diseases and environmental contaminants that threaten their survival. Not surprisingly, policy makers, governments, and non-governmental organisations are concerned with strategies to promote child survival. However, there is far less emphasis, either at a policy or an intervention level, on the cognitive and social development of the millions of surviving children living in poverty in developing countries. Although policy makers and government ministries recognise that poverty is related to poor health and increased child mortality, there is little recognition of the negative impact that social conditions related to living in poverty have on children’s cognitive or social-emotional development.

The risks associated with living in poverty, when suffered early, are particularly harmful to children’s long-term success. They affect the architecture of the developing brain, which is so critical to learning, health, and behaviour.

This lack of emphasis on children’s early development is particularly worrying given that one of the major United Nations 2000 Millennium Development Goals is to ensure that all children complete primary schooling.

The Lancet Series of three papers shows that almost half of the children—89 million—not developing their potential live in South Asia, and that ten countries account for 145 million (66%) of the 219 million disadvantaged young children in the developing world. These ten countries are India, Nigeria, China,

Bangladesh, Ethiopia, Indonesia, Pakistan, Democratic Republic of Congo, Uganda, and Tanzania. In eleven countries (Angola, Zambia, Malawi, Tanzania, Uganda, Ethiopia, Niger, Mali, Nigeria, Burkina Faso, Nepal), over 60% of children are not reaching their potential. These disadvantaged children are likely to do poorly in school and subsequently have low incomes, high fertility, and provide poor care for their children, thus contributing to the intergenerational transmission of poverty (Grantham-McGregor et al. 2007). The loss in productivity is estimated to be more than 20% of yearly adult income for the 219 million disadvantaged children when they become adults.

Paper 1. Developmental Potential in the First 5 Years for Children in Developing Countries (Grantham-McGregor et al., 2007)

Over 200 million children in developing countries fail to reach their developmental potential in the first five years of life. How do we come to this conclusion? The first paper in *The Lancet Series* uses international data on poverty and chronic malnutrition to estimate the number of children around the world who do not reach their developmental potential and who are at risk for educational failure. These data are proxies of poor child development because in developing countries, poverty and associated problems of poor health and undernutrition undermine children's development early in life when brain growth is rapid. As a result, millions of young children from developing countries living in poverty are likely to be exposed to multiple biological and psychosocial risks that can detrimentally affect their cognitive, motor, and social-emotional development.

The early years affect school progress and eventual productivity. The paper presents evidence from developing

countries showing that children's cognitive and social-emotional development prior to school enrolment influences their subsequent progress in school. Fewer years of schooling and less learning per year in school have long-term economic consequences for adult income and economic productivity. The review of educational progress in developing countries indicates that over 20% of children enrolled in school fail to complete primary school and that many children have lower achievement levels than children from developed countries at the same grade level.

To derive an estimate of the number of young children from developing countries who are at risk for deficits in early development through the first five years of life and for subsequent school failure, ideally a global indicator of child development would be used. However, since no such indicator

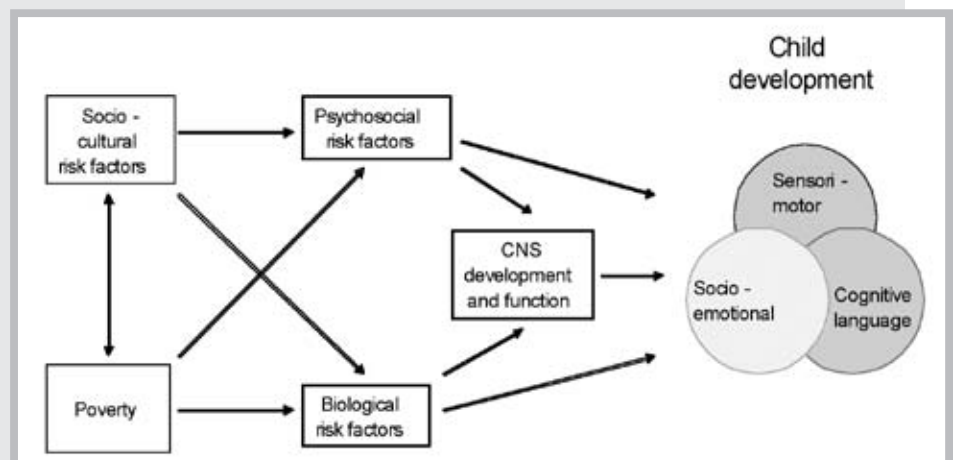
exists, the paper utilised existing country-level databases to assess the extent of early childhood chronic growth retardation (stunting, defined as length-for-age less than -2 standard deviations [SD]) as well as to establish the number of young children living in absolute poverty (income of less than US\$1 per day).

Both poverty and stunting are strongly associated with poor development, with low scores on cognitive tests prior to school entry, and with poor achievement while the child is in school. The paper therefore used the prevalence of early childhood stunting and living in absolute poverty as indicators of the numbers of children from low-income countries who are at risk for delayed development and for not achieving their developmental potential. To avoid double-counting children who are both stunted and living in poverty, the authors estimated

FIGURE 1

Pathways from poverty to poor child development

Sociocultural risk factors include gender inequity, low maternal education, and reduced access to services. Biological risks include pre- and postnatal growth, nutrient deficiencies, infectious diseases, and environmental toxins. Psychosocial risks include parenting factors, maternal depression, and exposure to violence. Although not shown in this figure, the consequences of impairments in child development are likely to be intergenerational. Poorly developing children are likely to remain in poverty as adults, thus continuing the pathways shown for their offspring. Reproduced from Walker et al., 2007.



the prevalence of stunting among children in poverty and calculated the number of stunted children plus the number of non-stunted children living in poverty.

The analysis indicated that there are 559 million children under 5 in developing countries, including 156 million who are stunted and 63 million who are not stunted but are living in poverty, for a total of over 219 million children under 5 years of age who are not fulfilling their developmental potential. Most of these children live in South Asia and Sub-Saharan Africa. Regression analyses reveal that both poverty and stunting predict the proportion of children who do not reach the final grade in primary school.

Much of the research and intervention has been done in industrialised countries, however, it is worth noting that only 11% of the world's young children live in those countries, and only 3% live in the USA.

Paper 2. Child Development: Risk Factors for Adverse Outcomes in Developing Countries (Walker et al., 2007)

The second paper in *The Lancet Series* identifies biological and psychosocial risks for children's development that have been well documented, can be modified, and are of high prevalence in the developing world. These risk factors, outlined in figure 1, affect children's school readiness on school entry, which is predictive of later school progress. School readiness is affected by cognitive ability, social-emotional competence, and sensorimotor development. It is important to recognise that school readiness is not just a function of mastering academic skills like letter recognition, but also involves many social skills, such as understanding how to work in a group.

Poverty, and the sociocultural conditions that accompany it, often occurs along with the biological

and psychosocial risks that affect development through changes in brain structure and function. Children growing up in poverty are frequently exposed to multiple and cumulative risks. Research clearly indicates that the greater the number of risks, the more a child's development is compromised. For example, in Guatemala there was a linear decrease in adolescents' school achievement and cognition when a greater number of risk factors were experienced by children in the first three years of their lives.

Paper 2 identifies four key risk factors that are causally and consistently linked to development, affect large numbers of infants and young children from developing countries, and can be modified. The four risk factors that fit these criteria are:

- malnutrition that is chronic and severe enough to cause stunting
- inadequate cognitive stimulation or learning opportunities

FIGURE 2

DQ/IQ scores of stunted and non-stunted Jamaican children from age 9-24 months through 17-18 years

The data show long-term deficits associated with stunting and the sustained benefits to stunted children who received a home-visiting programme providing early childhood stimulation. Reproduced from Walker et al., 2007.

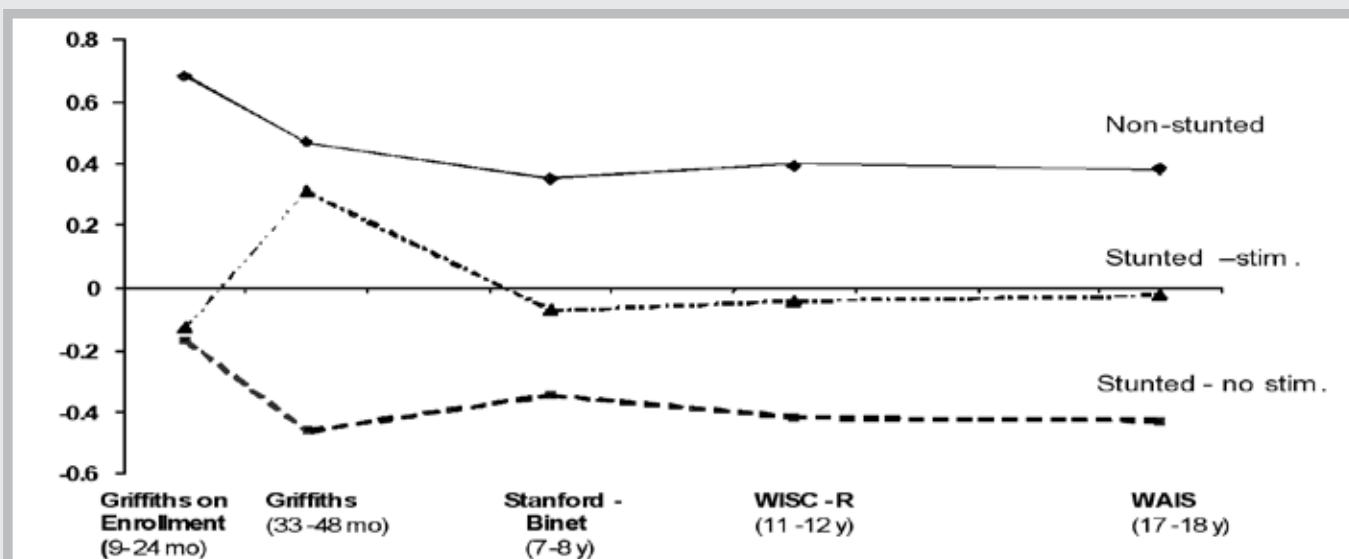


TABLE 1

Risk factors for poor development

RISK	PREVALENCE	EFFECTS ON CHILDREN	STRENGTH OF EVIDENCE
Stunting	25-30%	6-13 DQ points, (0.4-0.8 SD), social and emotional effects	Strong
Iodine deficiency	35%	9-13 IQ points (1 SD)	Strong
Iron deficiency anaemia	20-30%	1.73 IQ/10 g/L Hb; some supplementation trials show benefits to motor, social-emotional and cognitive development of 0.3-0.4 SD	Strong
Lack of child stimulation and learning opportunities	60-90% of parents do not stimulate	Provision of stimulation/learning opportunities has benefits of 0.5-1.0 SD in IQ	Strong
Maternal depression	17%, rates may be higher	0.5 to 1.0 SD in cognitive development scores	Correlations clear; need for treatment approaches
Exposure to violence	Major armed conflict in 27-38% of countries from 1990-2003, affects 20 million children	Behaviour problems, post-traumatic stress disorder	Urgent need for research, particularly on interventions
Intrauterine growth retardation	11%	0.25 to 0.5 SD compared to non-low birth weight	Associated with developmental deficits to age 3y; need for longitudinal studies
Malaria	40% of pop. in 90 countries, 300-600 million	Significant cognitive impairments associated with severe malaria or cerebral malaria, or number of episodes of malaria	Negative associations clear; needs further study
Lead levels	40%	2-5 IQ points	Correlational studies in developed and developing countries
Lack of breastfeeding	40-50%	Small effects on cognition (2-5 IQ pts), may affect bonding	Consistent but small to moderate effects; hard to design good studies
Parental loss	Over 43 million orphans in Sub-Saharan Africa, 16% below age 6 (7 million) in 2003	Descriptive studies show higher rates of mortality, some behaviour problems, sense of vulnerability, depression, improves over time	Need for interventions and intervention research
Lack of maternal responsivity	Unknown	Associated with less secure attachment, lower cognitive ability and more behaviour problems	Need for more intervention studies
Zinc deficiency	33%	Cognitive development and activity	Mixed results
Intestinal helminths	33%	Cognitive development	Inconsistent results
HIV infection	2%	Can be severe; developmental delays, language delays	Evidence for risk is strong
Diarrhoea	Common	Some associations with cognitive development found	Suggestive; needs further study
Arsenic	High in areas such as Bangladesh	Lowered IQ	Correlational data; only investigated in older children
Manganese, pesticides	Depends on area	Lowered IQ	Some data but need for more

- iodine deficiency
- iron-deficiency anaemia

These risks are shown in table 1. Based on available evidence, there is also an urgent need for further investigation of other potentially important risk factors, such as inadequate breastfeeding, zinc deficiency, maternal responsiveness and depression, exposure to violence, malaria, diarrhoea prevalence, and parental loss. Table 1 summarises 18 known and potential biological and psychosocial risk factors that affect substantial numbers of children from developing countries and that have epidemiological, if not causal evidence linking them to impairments in young children's cognitive or social-emotional development. For each, the effects on children are shown, along with the strength of our knowledge about their potential effect on children's development.

Stunting, or low height for age, often beginning with low birth weight, has been associated with cognitive

as well as social and emotional effects, including apathy, less positive affect, less play, and more insecure attachment than well nourished children. Where reported, gains during intervention range from 6-13 developmental quotient (DQ) points compared with controls. The data from a study in Jamaica over 18 years illustrates this effect on IQ (see figure 2). A long-term follow-up—through to age 30—in Guatemala showed the effects of early supplementation. Stunting affects approximately 25-30% of young children in the developing world.

Iodine deficiency can cause irreversible mental retardation, making it the most common preventable cause of mental retardation. Severe iodine deficiency causes cretinism, but even modest levels of iodine deficiency have been shown to have an effect on cognitive functioning. Two meta-analyses of studies in 1994 and 2005 reported deficits in IQ in iodine-deficient children of up

to 13 IQ points (almost 1 standard deviation) and improvements of 9 IQ points with supplementation. One longitudinal study showed that the greatest impact on child IQ occurred if supplementation began in the first and second trimester of pregnancy. Worldwide, 35% of people have insufficient iodine intake.

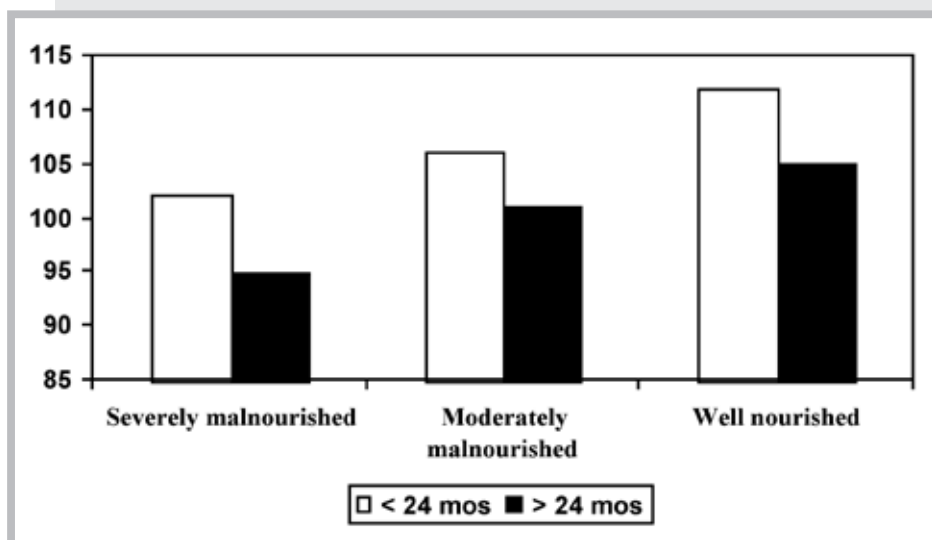
Anaemia, of which half is iron-deficiency anaemia, affects between 45 and 65% of children under 4 years. Evidence is conclusive that infants with iron-deficiency anaemia are developmentally at risk in the short term, and consistent evidence shows that they continue to be at risk in the long term, despite iron therapy. Children with iron deficiency have been shown to have poorer mental and motor functioning (1.73 IQ points for each 10 g/L decrease in haemoglobin levels), social problems, anxiety or depression, and inattention through adolescence. Supplementation with iron during the preschool years has been shown to have an impact in the short term, but as yet there have been no long-term trials.

All but one of 16 studies in developing countries showed that improving children's cognitive stimulation or child learning opportunities resulted in improvements in children's cognitive development of between one half and one standard deviation. The evidence strongly supports the importance of early cognitive stimulation for young children's cognitive abilities. Follow-up studies in Turkey, South Africa, and Jamaica show lasting benefits for cognition with some maintained up to age 17 (figure 2). Four of five studies also report benefits for social-emotional development in areas such as social behaviour, self confidence, and positive affect. One mechanism may be increases in maternal sensitivity and responsiveness. Results from two small studies indicate that when caregivers

FIGURE 3

IQ scores among female Korean orphans at age 10

Subjects varied by history of malnutrition and by age of adoption into middle-class homes (indicating length of time in a more stimulating environment).



are aware of their children's abilities, they are more responsive and their children do better in the short term.

Risk factors often co-occur or cumulate. Exposure to multiple risks has a much larger impact on children's development than exposure to single risks. These cumulative risks contribute to a developmental trajectory that includes poor health, immature behaviour, lack of readiness for school, poor academic performance, limited preparation for economic opportunities, and perpetuation of the intergenerational cycle of poverty. Because many young children from developing countries experience multiple risks, integrated interventions that address several of these identified risk factors are the most effective. Such interventions are discussed below.

Paper 3. Strategies to Avoid the Loss of Developmental Potential in more than 200 Million Children in the Developing World (Engle et al., 2007)

Based on the conclusions from the previous papers in the series, paper 3 evaluates programmes that promote child development and either prevent or ameliorate the effects on child development of stunting, iodine deficiency, iron-deficiency anaemia, and inadequate stimulation.

The evidence from industrialised countries is clear that there are short- and long-term effects of quality programmes to improve disadvantaged young children's cognitive and social-emotional functioning; these effects have been shown to last through to age 40, and cost-effectiveness has been demonstrated. However, the applicability of these findings to a developing country context has been questioned. For this reason, paper 3 reviewed evaluations of programmes to improve children's cognitive and social-emotional development

exclusively from developing countries, representing all regions.

There has been increasing interest in early child development (ECD) from both the health and educational sectors within developing countries. For example, by 2005, the World Bank had financed loans to fifty-two developing countries for ECD programmes, for a total of 1.6 billion dollars. In addition, at least thirty-four developing countries had policies on ECD, and UNICEF was supporting parenting programmes in sixty countries. However, there have been relatively few systematic evaluations of ECD programmes.

Through an extensive search, we identified twenty ECD programmes that have been implemented in developing countries that had an adequate comparison group, measured children's outcomes, and occurred prior to age 6. The programmes fall into three groups: (1) centre-based early learning; (2) parenting or parent-child interventions; and (3) community-based interventions. All include health and nutrition interventions. As noted in the earlier papers, strong evidence exists of an additive or synergistic effect of stimulation and improved nutrition on a child's development. This is illustrated by studies showing the combined effect of initial malnutrition and improved

environment on the outcomes of children adopted into middle-class homes (see figure 3).

All of the eight evaluations of centre-based programmes find a significant effect on children's cognitive development, either through preschools or treatment centres for malnourished children. These programmes also demonstrate non-cognitive gains such as social skills, self-confidence, willingness to talk to adults, and motivation. Evaluations that follow children into school report improvements in the number of children entering school, age of entry, retention, and performance.

Of the six parenting interventions using home visiting that were evaluated, four found positive effects on child development. The remaining two parenting programmes used group sessions with mothers. In one, mothers practice skills to play with their children, with demonstrated short- and long-term effects on child development. In the other programme, sessions include information, but no activities. The mothers' knowledge increased, but no impact on child development was demonstrated. Effective parenting programmes need to be designed to help parents improve their skills with children. One approach is to emphasise skill-based activities involving children.

Five of the six community-based programmes illustrate the beneficial effects of integrating ECD programmes into existing community-based systems. The remaining programme shows how reduced gains occur when child development interventions are not delivered with a sufficient level of intensity.

The size of the effect ranged from one third to almost two standard deviations (effect sizes). Given these effect sizes, if there were coverage of 90% of disadvantaged children

The challenge is clear.

The size and nature of the problem is defined, along with the seriousness of its long-term consequences. What remains open is only the world's response, and our own.

Richard Jolly, *The Lancet* 2007

with an early child development programme, the result would be a net increase of a year of school per child. Preschool enrollment would contribute to increases of about 5-10% in lifetime labour income.

Effective ECD programmes have the following characteristics:

- They are targeted towards disadvantaged children.
- They provide services for younger children (children under 3).
- They continue throughout early childhood.
- They are of high quality, as defined by structure (e.g., child-staff ratio, staff training) and processes (e.g., responsive interactions, variety of activities).
- They provide direct services to children and parents.
- They are integrated into existing health, nutrition, or educational systems.

Despite convincing evidence, programme coverage is low. Barriers include a lack of awareness of children's loss of developmental potential, and its cost; lack of globally accepted indicators for child development to monitor progress or ensure accountability; difficulty of making long-term investments; multiple stakeholders for young children; and the lack of a single strategy or "package" of interventions for ECD. Efforts are underway to address some of these concerns, such as the lack of a global indicator, and systems for calculating costs are improving. But more work is urgently needed to determine what kinds of interventions are most effective in which contexts.

To achieve the Millennium Development Goals of reducing poverty and ensuring primary school

completion for girls and boys, governments and civil society should expand high-quality, cost-effective ECD programmes. Other policy recommendations include making child development promotion a goal in developing countries and including indicators to track progress in child cognitive and social-emotional development.

Where do we go from here?

Since these articles appeared in January 2007, launches and presentations have been held in Bangladesh, London, and Washington, D.C. to organisations that include the Paediatric Academic Society, the Society for Research in Child Development, and the Interamerican Development Bank; other events are planned.

At the London launch in January 2007, many organisations made statements of commitment to investing in ECD, or discussed their emerging plans to work in ECD. These organisations include the UK Department of International Development (DFID), WHO, UNICEF, World Bank and UNESCO; foundations such as Bernard van Leer and Aga Khan Foundations; and NGOs including CARE, Save the Children, and Plan International.

In the coming year, the International Child Development Steering Group will join with the Consultative Group to advocate for ECD programmes. Several activities are planned. With support from the Rockefeller Foundation, the International Child Development Group met with other researchers and policy advocates at the Bellagio Study and Conference Centre in October 2007 to address three goals: supporting the effort to define indicators for child development and coverage; establishing priorities for research; and evaluating components of successful programming. In two

years, we hope to be able to report on the global progress made in reducing the number of young children who are not achieving their potential. The Care for Development Module of Integrated Management of Childhood Illness (IMCI) will also be revised and prepared for launching.

The opportunity is here—and we need to work together now to be sure that each child not only survives, but thrives.

For more information, contact:
Dr. Patrice Engle, Professor
Department of Psychology and
Child Development, California
Polytechnic State University
E-mail: pengle@calpoly.edu

References

- Engle, P. L., Black, M. M., Behrman, J. R., Cabral de Mello, M., Gertler, P. J., Kapiri, L., et al. (2007). Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world. *The Lancet*, 369, 229-42.
- Grantham-McGregor, S., Cheung, Y. B., Cueto, S., Glewwe, P., Richter, L., Strupp, B., et al. (2007). Developmental potential in the first 5 years for children in developing countries. *The Lancet*, 369, 60-70.
- Jolly, R. (2007). Early childhood development: The global challenge. *The Lancet*, 369, 8-9.
- Jones, G., Steketee, R. W., Black, R. E., Bhutta, Z. A., Morris, S. S., & The Bellagio Child Survival Study Group. (2003). How many deaths can we prevent this year? *The Lancet*, 362, 65-71.
- Walker, S. P., Wachs, T. D., Gardner, J. M., Lozoff, B., Wasserman, G. A., Pollitt, E., et al. (2007). Child development: Risk factors for adverse outcomes in developing countries. *The Lancet*, 369, 145-57.

Early child development: *A powerful equaliser*

Lori G. Irwin, Arjumand Siddiqi, Clyde Hertzman

The World Health Organisation set up a global Commission on Social Determinants of Health (CSDH) in March 2005 to promote better health and greater health equity for all. The CSDH is intended to draw society's attention to the social determinants of health that are known to be among the leading causes of poor health and inequalities between and within countries. The CSDH is structured around specific themes that underpin actions on social determinants of health in a global context. The arms of the CSDH involve country work, civil society, and nine knowledge networks: Early Child Development (ECD); Measurement and Evidence; Women and Gender; Priority Public Health Conditions; Employment Conditions; Globalisation; Social Exclusion; Urban Settings; and Health Systems. These networks constitute the Commission's primary mechanism for organising and synthesising knowledge, strengthening country practice, and supporting leadership. Twenty Commissioners who are global and national leaders from political, government, civil society, and academic fields will communicate the key messages and recommendations of the Commission in policy arenas and draw political attention to social factors that lead to ill health.

The Knowledge Network on Early Child Development (KN-ECD) has informed the CSDH of opportunities towards fostering leadership, policy, action, advocacy, and the intersectoral collaboration needed to create positive change for children in a range of country contexts through two main documents: an evidence synthesis titled *The Total Environment Assessment Model for ECD*; and a summary of its findings and recommendations titled *Early Child Development: A Powerful Equaliser*. The following excerpt summarises the KN-ECD's Final Report and the discussion and recommendations that have resulted from the work of evidence synthesis.¹

Executive Summary

The principal strategic insight of the KN-ECD's Final Report for the CSDH is that the nurturant qualities of the environments where children grow up, live, and learn matter the most for their development, yet parents cannot provide strong nurturant environments without help from local, regional, national, and international agencies. Therefore, this report proposes ways in which government and civil society actors, from local to international, can work in concert with families to provide equitable access to strong nurturant environments for all children

globally. Given the powerful impact of ECD on adult life, it is imperative that governments recognise that disparities in the nurturant environments required for healthy child development will affect nations and societies differently. In some societies, inequities in ECD translate into vastly different life chances for children; in others, disparities in ECD reach a critical point where they become a threat to peace and sustainable development.

As is well known, the early years are marked by the most rapid development, especially of the central nervous system. The environmental conditions to which children are exposed in the earliest years "sculpt" the developing brain. The environments that are responsible for fostering nurturant conditions for children range from the intimate realm of the family to the broader socioeconomic context shaped by governments, international agencies, and civil society. These environments and their characteristics are the determinants of ECD; in turn, ECD is a determinant of health, well-being, and learning skills across the balance of the life course.

Economists now argue on the basis of the available evidence that investment in early childhood is the most powerful

¹ This work was made possible through funding provided by the Public Health Agency of Canada and undertaken as work for the Early Child Development Knowledge Network established as part of the WHO Commission on the Social Determinants of Health (CSDH). The views presented in this report are those of the authors and do not necessarily represent the decisions, policy, or views of WHO, the CSDH Commissioners, or the Consultative Group on Early Childhood Care and Development.

investment a country can make, with returns over the life course many times the size of the original investment.

The scope of the report is fourfold:

1. To demonstrate which environments matter most for children. This includes environments from the most intimate (family) to the most remote (global).
2. To review which environmental configurations are optimal for ECD, including aspects of environments that are economic, social, and physical in nature.
3. To determine the “contingency relationships” that connect the broader socioeconomic context of society to the quality of nurturing in intimate environments such as families and communities.

4. To highlight opportunities to foster nurturant conditions for children at multiple levels of society (from family-level action to national and global governmental action) and by multiple means (i.e., through programmatic implementation and through child-centred social and economic policy development).

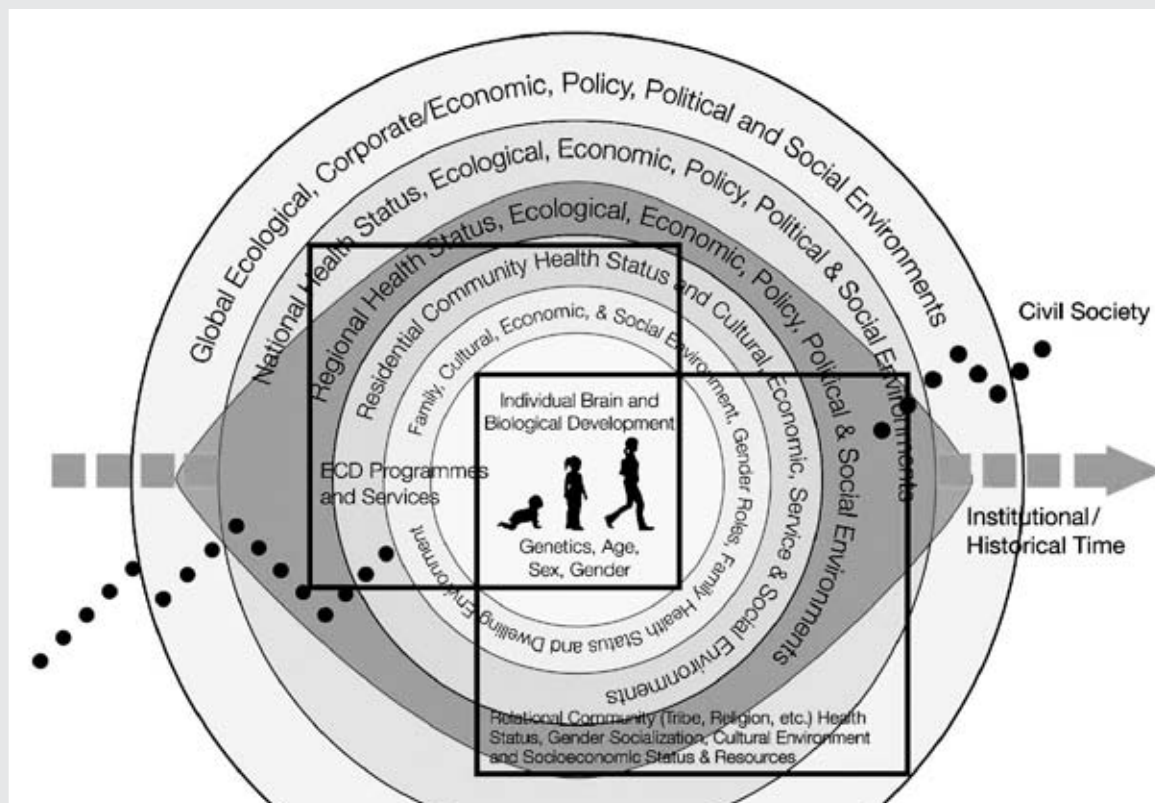
In keeping with international policy standards, early childhood is defined as the period from prenatal development to 8 years of age. The evidentiary base, as well as interpretation of the body of evidence, is derived from three primary sources: (1) peer-reviewed scientific literature; (2) reports from governments, international agencies, and civil society groups; and (3) international experts in the field of ECD. This evidence-based, multiple-

sourced approach ensures that the conclusions and recommendations of this report are borne out of the perspectives of a diverse array of stakeholders and are thus broadly applicable to societies throughout the world.

One guiding principle is an equity-based approach to providing nurturant environments for children everywhere. Multiple perspectives—from the provisions of human and child rights declarations to the realities reflected by research evidence—make clear the importance of equity. Programmes and policies must create marked improvements in the circumstances of societies’ most disadvantaged children, not just in absolute terms, but in comparison to the most advantaged children as well.

FIGURE 1

Total environment assessment model for early child development



Source: Siddiqi, Irwin & Hertzman, 2007. Total Environment Assessment Model for Early Child Development Report for the Commission on Social Determinants of Health.

In this report we provide a framework (see figure 1) for understanding the environments that play a significant role in providing nurturant conditions to all children in an equitable manner. The framework acts as a guide to understanding the relationships between these environments, putting the child at the centre of her or his surroundings. The environments are not hierarchical, but rather are truly interconnected. At the most intimate level is the family environment. At a broader level are residential communities (such as neighbourhoods), relational communities (such as those based on religious or other social bonds), and the ECD service environment. Each of these environments (where the child actually grows up, lives, and learns) is situated in a broad socioeconomic context that is shaped by factors at the regional, national, and global level.

The framework affirms the importance of a life course perspective in decision making regarding ECD. Actions taken at any of these environmental levels will affect children not only in the present day, but also throughout their lives. The framework also suggests that historical time is critically influential for children: large institutional and structural aspects of societies (e.g., government policy-clusters, programmes, and the like) matter for ECD, and these are built or dismantled over long periods of time.

While genetic predispositions and biophysical characteristics partially explain how environment and experience shape ECD, the best evidence leads us to consider the child as a social actor who shapes and is in turn shaped by his or her environment. This is known as the “transactional model,” which emphasises that the principal driving force of child development is relationships. Because strong nurturant relationships can make for healthy ECD, socioeconomic

circumstances, despite their importance, are not fate.

The family environment is the primary source of experience for a child, both because family members (or other primary caregivers) provide the largest share of human contact with children and because families mediate a child’s contact with the broader environment. Perhaps the most salient features of the family environment are its social and economic resources. The gradient effect of family resources on ECD is the most powerful explanation for differences in children’s well-being across societies.

Children and their families are also shaped by the residential community (where the child and family live) and the relational communities (family social ties to those with a common identity) in which they are embedded. Residential and relational communities offer families multiple forms of support, from tangible goods and services that assist with child rearing to emotional connections with others that are instrumental in the well-being of children and their caregivers.

“Relational community” refers to the adults and other children who help form a child’s social identity (tribal, ethnic, religious, language/cultural). Often, this is not a geographically clustered community. Relational communities provide social networks and collective efficacy, including instrumental, informational, and emotional forms of support. However, discrimination, social exclusion, and other forms of subjugation are often directed at groups defined by relational communities. The consequences of these forms of discrimination (e.g., fewer economic resources) can result in discernable inequities. Moreover, relational communities can be sources of gender socialisation, both equitable and non-equitable. Relational communities are also embedded in the

larger sociopolitical contexts of society; as such, reciprocal engagement with other relational groups, civil society organisations, and governmental bodies is a means of addressing the interests and resource needs of their members.

The availability of ECD programmes and services to support children’s development during the early years is a crucial component of an overall strategy for success in childhood. ECD services may address one or more of the key developmental domains (i.e., language-cognitive, socio-emotional, and physical development). The quality and appropriateness of services is a central consideration in determining whether existing ECD programmes improve outcomes for children. Some principles of ECD programmes and services are readily transferable between places; however, many programme features require tailoring to the social, economic, and cultural contexts in which they are found. Health care systems (HCSs) are key to providing many important ECD services. The HCS is in a unique position to contribute to ECD, since HCSs provide facilities and services that are more widely accessible in many societies than any other form of human service, are already concerned with the health of individuals and communities, employ trained professionals, and are a primary point of contact for child-bearing mothers.

The influence of the regional and national environments is fundamental in determining the quality and accessibility of services and resources to families and communities. These environments are also salient for understanding the levels of social organisation at which inequalities in opportunity and outcome may be manifest, and the levels of organisation at which action can be taken to ameliorate inequities.

Many interrelated aspects of regional environments are significant for ECD, including physical (e.g., the degree of urbanisation, the health status of the population), social, political, and economic factors. These aspects of the regional environment affect ECD through their influence on the family and neighbourhood as well as on ECD services. In contrast to more intimate environments, such as the family, the significance of large environments, such as the region, is that they affect large numbers of children. Thus, changing the environment at this level can influence the lives of many children. Much more research and accumulation of knowledge is required regarding how regional characteristics can be modified to positively influence ECD.

The most salient feature of the national environment is its capacity to affect multiple determinants of ECD through wealth creation, public spending, child- and family-friendly policies, social protection, and protection of basic rights. At the level of the national environment, comprehensive, intersectoral approaches to policy and decision making work best for ECD. Although ECD outcomes tend to be more favourable in wealthy countries than in poor ones, this is not always the case. It is clear that a commitment of 1.5 to 2.0% of GDP to an effective mix of policies and programmes in the public sector can effectively support children's early development. Those nations with less economic and political power are less free to determine their internal policy agendas, and they are more influenced by the interests of the international community, including other nations and multilateral organisations. Notwithstanding this reality, most of the recommendations in this report are within the capabilities of any national government that meets the international criteria for a competent authority.

The global environment can influence ECD through its effects on the policies of nations as well as through the direct actions of a range of relevant actors, including multilateral economic organisations, industry, multilateral development agencies, non-governmental development agencies, and civil society groups. A major feature of the global environment in relation to children's well-being is the element of power in economic, social, and political terms. Power differentials between types of actors, particularly between nations, have many consequences, including the ability of some nations (mainly resource-rich ones) to influence the policies of other nations (mainly resource-poor ones) to suit their own interests. Although power differentials may have invidious effects on ECD, they can be exploited for the benefit of children, too. Requiring a minimum level of government spending on ECD and compliance with the Rights in Early Childhood provisions of the Convention on the Rights of the Child as preconditions for international developmental assistance are two mechanisms that can be used. Analogous mechanisms have been used effectively in other areas of international development in the past.

Civil society groups are conceptualised as being organised at, and acting on, all levels of social organisation, from local through global. The ability of civil society to act on behalf of children is a function of the extent of social capital, or connectedness of citizens, and the support of political institutions in promoting expressions of civil organisation. When civil society is enabled, it can engage on behalf of children through many avenues. Civil society groups can initiate government, NGO, and community action on social determinants of ECD.

Recommendations

To assist key stakeholders in their pursuit of creating the conditions that support early child development, the evidence leads us to make the following recommendations.

Creation of a global alliance for early child development

1. While governments can do much to change the circumstances of the world's children and families, this review has also demonstrated the need for global collaboration in the area of ECD. We propose an expanded global interagency collaboration—the Global Alliance for Early Child Development (GA-ECD)—that will build upon existing informal networks of agencies currently working on ECD internationally, such as UNICEF, UNESCO, the Consultative Group on ECCD, World Bank, Bernard van Leer Foundation, Soros Foundation, Aga Khan Foundation and WHO. This alliance should work towards linking ECD to the Millennium Development Goals, especially to poverty reduction, education, gender equality, and child survival.

World Health Organisation's unique contribution for ECD

2. WHO has a critical role to play in advocacy for ECD as a key social determinant of health that must be addressed beyond the Commission on Social Determinants of Health.
3. In their commitment to ECD and to equity, WHO should recognise, by subsuming its child survival and health programmes globally under the developmental perspective articulated in this report, that ECD is a key social determinant of health playing a critical role for achieving the Millennium Development Goals.
4. WHO should be responsible for provision of technical support for the inclusion of ECD policies within

national development policies and in the national development frameworks/instruments (SWAPs, PRSPs, Fast Track Initiatives, etc.).

5. WHO should provide technical support to regions, countries, and partners for the integration of simple ECD interventions such as the IMCI Care for Development intervention in health services and in community health initiatives.

6. Assessing the costs and benefits of programmes remains a challenge, but WHO should take responsibility for gathering data on the effectiveness of interventions, especially those that are connected to the health care system.

7. WHO should commit to overseeing an interagency collaboration for scaling up ECD programmes through district health systems in several countries to develop models and to disseminate these findings to all countries.

Generating the necessary commitment at multiple levels of society

8. Local, regional, and national governments should incorporate the “science of early child development” into policy.

9. To achieve a global consensus on the importance of ECD, there is a need to foster a broader and more profound

understanding of what is involved in ECD, and to convey it to a much wider audience than in the past. This effort should take shape as a social marketing campaign that expands to include audiences not traditionally thought of as ECD stakeholders, for example, finance and planning departments of government, the economic sector, the corporate world, and media.

10. The Consultative Group on ECCD (a consortium that includes WHO, UNICEF, UNESCO, the World Bank and key INGOs) should continue to focus on broad dissemination of the science of ECD in conjunction with a social marketing campaign.

11. Governments, by ratifying the Convention on the Rights of the Child, have committed themselves to realising rights in early childhood. Implementation pilots, like those in Jamaica, are designed to raise consciousness among families, communities, service providers, and policy makers about rights in early childhood, and should be a model of how to conduct such campaigns in other countries.

12. There must be a fully funded global capacity-building strategy to assist countries in incorporating the science of early child development into policy and implementing and

monitoring rights in early childhood under the UN Convention on the Rights of the Child.

Structural requirements for implementation

13. Governments should create an interministerial policy framework for ECD that clearly articulates the roles and responsibilities of each sector and how they will collaborate. Governments should also integrate ECD policy elements into the agendas of each sector to ensure that they are considered routinely in sectoral decision making. Governments will need to reallocate resources to decrease inequities in access to high-quality ECD programmes and services; to facilitate this reallocation, our review has identified evidence that can be used as a benchmark for judging the quality of ECD programmes and services.

14. Children benefit most when national governments adopt child- and family-friendly policies that guarantee adequate income for all, maternity benefits, and financial support for the ultra-poor. Governments should take up the challenge of creating policies that allow parents and caregivers to balance their home and work lives by putting systems in place to ensure that quality out-of-home community-based child care relevant to local culture and



Cambodia: Jim Holmes

context is available for the children of working mothers.

15. In order to have the appropriate capacity/infrastructure to tackle issues related to ECD, governments, in association with international agencies, should create interdisciplinary opportunities for professional training and research in ECD in resource-poor countries. This could be achieved through regional centres of excellence, such as that emerging at the Aga Khan University in Karachi, and/or successful distance education models such as the ECD Virtual University.

16. Community involvement is an important component of successful ECD programming, therefore, governments should involve local communities in developing, implementing, monitoring, and reviewing ECD policies, programmes, and services. Community involvement does not absolve governments from their responsibilities but ensures stronger relationships between government and the local communities where service delivery occurs.

Strategies for implementation

17. Given the overlap in underlying determinants, governments should be building upon established child survival and health programmes to make ECD programmes accessible through existing platforms. The health care system is often the most cost-effective platform and the most universal point of contact.

18. Governments need to develop strategies for scaling up effective programmes from the local to the national, without sacrificing the characteristics of the programme that made it effective. Implementation, integrity, and accountability at the local level must be sustained, even when programmes are scaled to the national level.

19. Governments should ensure that children are enrolled in school, that

gender inequities in years of schooling are eliminated, and that schooling is free and compulsory.

20. A common formula needs to be created for calculating national expenditures on ECD, as well as per capita investment in children. Such a formula could be created by the proposed GA-ECD in collaboration with UNICEF. An economic analysis that indicates the return on their investment that society can anticipate from different types of ECD programmes and services should be created and disseminated.

Monitoring processes and outcomes related to ECD

21. There is an immediate need to expand the evidence base related to ECD programmes, services, policy, and evaluations in resource-poor countries where systems are stressed, resources are low, and challenges of basic living are high. It is not acceptable for inferences made from research conducted in resource-rich countries to be applied to resource-poor countries. Essential in this evidence base are economic analyses of the effectiveness of ECD programmes and services as they occur in resource-poor countries.

22. An essential precondition for ECD is the child's basic right to a name and a nationality; thus, national governments have an essential predisposing role to play in ensuring that all children are registered at birth, through maintaining a functioning, comprehensive birth registry without financial costs to families for registration.

23. We now understand that the transactional nature of young children's relationships is far more important for their growth and development than traditionally has been recognised. Children do not just grow up according to internal laws of biology; they grow and develop through the interplay of human

relationships in the environments where they live. To provide nurturant environments for their children, all families need support from community and government. The quality of support received by families should be monitored by local NGOs, including community groups and parents' committees, as part of the reporting under the CRC. The goal is universal access to a range of ECD services, including parenting and caregiver support, quality child care, nutrition, social protection, primary healthcare, and basic education—preschool through school-age. To be effective, these services need to be coordinated at the regional level and delivered at the local level in a way that puts the child at the centre.

24. National governments and international agencies should be responsible for funding independent monitoring of ECD programmes and services for quality and effectiveness. This should include an assessment of barriers to and opportunities for access, with a particular focus on decreasing inequity in ECD. Mechanisms need to be developed and implemented to insure that communities and central agencies work together to collect reliable data on outcomes.

This report's principal contribution is to propose ways in which government and civil society actors, from local to international, can work in concert with families to provide equitable access to strong nurturant environments for all children globally. Now is the time to build on the global momentum of the Child Survival, Child Health, Education for All, Gender Equity and Child Rights agendas towards better health for all.

For more information, contact:
Lori G. Irwin, Associate Director,
Human Early Learning Partnership
Telephone: (604) 827-5395
E-mail: lori.irwin@ubc.ca

General Comment No. 7: Implementing child rights in early childhood

Alan Kikuchi White,
External Relations Officer, Bernard van Leer Foundation

The Convention on the Rights of the Child (CRC) reminds us that children, while retaining their entitlement to the full range of human rights, are often marginalised or excluded, and thus represent a special case requiring additional safeguards. Within the constituency of children, particular groups remain vulnerable to further risk factors that require additional measures for State ratification. One method of addressing these risk factors is through the development of a General Comment, a statement of some ten to twenty pages based on the expertise and experience of the UN Committee on the Rights of the Child (UNCRC), a body composed of independent experts elected by countries that have ratified the Convention.

Since the CRC's development, the UNCRC has adopted ten General Comments (see General Comments at <http://www.ohchr.org/english/bodies/crc/comments.htm>) guiding States on specific issues such as HIV/AIDS, the aims of education, violence against children, and, in 2005, General Comment 7 (GC7) on implementing child rights in early childhood.

GC7 explains how the CRC should be interpreted when it comes to young children. It was drafted and adopted in response to the UNCRC's observation that young children were almost entirely overlooked in States parties' reports on their progress towards implementing the CRC. Where present, references were limited to child mortality and basic health and welfare; they neglected broader considerations of the realisation of

child rights for, and on behalf of, young children. The implication of such inadequate awareness of young children's rights by States parties was that the States parties ignored their obligations towards young children, or treated children as objects of care but not as subjects actively participating in their development and in the social life of family and neighbourhood.

Early childhood specialists informed the deliberations of the UNCRC (in 2004) that went into the drafting of GC7 (in 2005). In collaboration with UNICEF and the Committee, the Bernard van Leer Foundation published *A Guide to General Comment 7: Implementing Child Rights in Early Childhood*, which contains extracts from the papers the Committee considered when drafting GC7.

The purpose of GC7 is to recognise the rights of all young children as outlined in the CRC, as well as to emphasise early childhood as a vital period in acknowledging these rights. The Comment provides a definition of the term "early childhood" and identifies characteristics and features specific to this developmental period. In addition, GC7 examines research, general principles, and rights in early childhood. The Comment also explores policies and programmes, capacity building, and the responsibilities of parents and States parties for early childhood.

GC7: Young children as active social participants

GC7 recognises that in implementing the CRC, States parties have often

overlooked young children as rights holders (GC7 para.3). The Comment seeks to redress this oversight by clarifying State obligations for CRC implementation with respect to all children "below the age of 8" (GC7 para.4). In the introduction, the Committee declares: "This general comment arises out of the Committee's experiences of reviewing States parties' reports. In many cases, very little information has been offered about early childhood, with comments limited mainly to child mortality, birth registration and health care" (GC7 para.1).

In contrast to the emphasis on this limited set of "usual suspects" in State reports, GC7 presents an ecological and holistic view of young children as competent social actors actively participating in families, peer groups, communities, and society (GC7 para.5). Young children are regarded as active meaning-makers with "evolving capacities" (CRC Art.5) requiring age-appropriate guidance and support and whom, both as individuals and as a constituency, have a voice that must be given due consideration. Parents/caregivers and States are reminded to balance control and guidance with respect to the evolving capacities of the young child, as well as to keep in mind the obligation to facilitate genuine participation of young children in the processes affecting their development.

To further consider GC7, we make reference to the CRC's four fundamental principles:

- Non-discrimination (Art.2)

- The “best interests of the child” (Art.3)
- Life, survival, and development (Art.6)
- The right to express an opinion and to have those opinions considered (Art.12)

Fundamental principles

The four fundamental principles, as with all of the CRC articles, are to be regarded as universal, interdependent, and indivisible. We cannot, for example, consider genuine participation in isolation when to ignore views and voice is discriminatory (when adults decide, without appropriate or even any consultation, what is best for the child) and to deny agency inhibits full personal development. GC7 recognises that young children are, by virtue of their age, discriminated against, marginalised, and excluded. GC7 reinforces the non-discriminatory language of the CRC (Art.2), identifying young girls as particularly vulnerable, but referring also to discrimination in relation to disability, HIV/AIDS, ethnic and social caste, refugee and asylum status, birth out of wedlock, and being affected by multiple dimensions of discrimination (GC7 para.11).

Secondly, with respect to the best interests of the child, GC7 emphasises the CRC (Art.3) obligation to consider those best interests in relation to all decisions and actions which affect child development. At an individual level, GC7 reinforces the issue of participation in decisions relating to the care, education, and health of the young child. However, GC7 also reminds States that young children, as a specific constituency, must be considered more widely in policy making with respect to the indirect impacts of environmental, transport, and housing policy (GC7 para.13).

Thirdly, with respect to CRC (Art.6) and life and development, GC7 acknowledges early childhood as a time of particular vulnerabilities. The Comment identifies specific threats to positive development, from the physical effects of preventable malnutrition and disease to the detrimental psychosocial impacts of neglect and abuse. Measures to address these vulnerabilities (e.g., in relation to improving perinatal care, reducing infant mortality, and general steps to improve child well-being) are called for. The question of well-being is considered holistically, encompassing both the physical and psychosocial development of the child. GC7 again emphasises the interdependence of rights in relation to well-being and development through the implementation of the rights to health, to education and play, and to social security (GC7 para.10).

Lastly, we consider specifically the right to express a view and to have those views given serious consideration. GC7 reinforces this principle and identifies the young child as “an active participant in the promotion, protection, and monitoring of their rights” (GC7 para.14). Discriminatory views of young children that deny them voice and agency on the basis of age and immaturity, or that view them as empty vessels passively subject to socialisation processes or as incompetent, undeveloped, and in need of training, are rejected. The Comment also points to the multiple languages or paths of communication that are available to children and to adults either willing or able to listen. It is argued, therefore, that young children are able to communicate many thoughts, feelings, and wishes long before verbal or written forms of language are available to them. In facilitating that communication, GC7 calls on States to develop policy that allows for appropriate consultation

with young children, encourages families and caregivers to anchor the child’s view in their activities, and trains parents, professionals, and other authorities in facilitating that participation.

The conflict between adult attitudes and childhood capabilities is addressed in GC7 with respect to the notion of the “evolving capacities” of the child as identified in the CRC (Art.5). Evolving capacities are referred to as “the process of maturation and learning whereby children progressively acquire knowledge, competencies and understanding.” GC7 is very clear on the interpretation of this article in relation to young children. Evolving capacities is an enabling principle that requires parents, caregivers, and professionals, with appropriate State support, to adjust levels of direction, guidance, and control with respect to the child’s emerging interests, wishes, and capacity for autonomous decision making. Evolving capacities are not an endorsement of authoritarian practices which restrict autonomy and self-expression, justified by appeals to the incompetence and immaturity of children or the need for socialisation (GC7 para.17).

In essence, GC7 embraces the notion of the young child no longer powerless, voiceless, or invisible but as a positive, participating social actor, actively “being” in the here and now, rather than solely as “becoming” for the future (GC7 para.14).

Implementation

With regard to the care and protection of young children, GC7 focuses on parental/caregiver responsibilities and the State’s obligation to support those caring environments. In this regard, the Comment restates the CRC definition of family as the “fundamental group” and the “natural environment” for growth and well-being, but recognises that the concept of family extends

well beyond the “nuclear” model. Parents and caregivers are identified as principal actors in the construction of identity and the development of skills, knowledge, and behaviours and as duty-bearers in the realisation of the young child’s rights (GC7 para.15). States are therefore reminded of their obligation to support these caregiving environments and their facilitation of child participation.

On health, in addition to provisions such as sanitation, immunisation, and clean drinking water, GC7 calls for age-appropriate health education for young children that allows them to participate actively in healthy lifestyles and, ultimately, in the realisation of their right to health (GC7 para.27). With respect to social security, GC7 (para.26) refers to CRC (Art.27) and the entitlement to a standard of living that is adequate for the “physical, mental, spiritual, moral and social development” of the child.

On education, GC7 reiterates the aims of education expressed in General Comment 1 (GC1), to “empower the child by developing his or her skills, learning and other capacities, human dignity, self-esteem and self-confidence” (GC1 para.2). Human rights education is called for that facilitates the young child’s practice of rights and responsibilities, making them active participants in the realisation of their rights (GC7 para.28).

In meeting these obligations, GC7 calls on States to implement properly resourced, human-rights-based, coordinated strategies and training which set professional standards for age-appropriate practice.

Summary

GC7 has been drafted to reflect the concept of child participation as a cross-cutting issue. As such, the

emerging vision, which runs like a golden thread through the whole document, is one of an actively participating and socially competent young child. This young child is ecologically situated within family and caregiving environments, in relationships with peers, as part of a community, and as a member of society. This young child is to be considered holistically as a being whose emotional, social, physical, and cognitive capacities are evolving in various social and cultural settings. GC7 presents a vision of the young child that embraces holistic and ecological considerations and requires us to reconsider young, active, participant children in the broadest possible sense, both as individuals and as a constituency.

GC7 Working Group

Information is limited on the use of the General Comment by States parties. Often Comments are not distributed and are thus not known. If they are read, they tend to be regarded as theoretical in nature because they address a problem in general. Obviously they require operationalisation to facilitate States parties’ implementation efforts and reporting.

The convening of a GC7 Working Group comprised of experts in the area of early child development and child indicators, child rights experts, and legal experts is an attempt to address these issues based on GC7. It is the first of its kind.

Because of the various collective interests of the GC7 Working Group in the matter of young children’s rights, and because of the UNCRC’s identified need to raise the profile of General Comments through dissemination and operationalisation, the GC7 Working Group met with the UNCRC

in September 2006. An operational framework of indicators was proposed to assist States parties in the analysis of young children’s enjoyment of their rights and hence encourage more appropriate reporting by States parties. As a result of that meeting, former UNCRC Chair Professor Jaap Doek invited the interested ECD and early childhood rights stakeholders to prepare and propose a suitable framework of early childhood rights indicators.

Framework development process for GC7 indicators

A proposed framework for child rights indicators is currently being developed by the GC7 Working Group, which includes representatives of UNCRC, UNICEF, WHO, Bernard van Leer Foundation (BvLF), Human Early Learning Partnership (HELP), the Consultative Group on Early Childhood Care and Development (CGECCD), and the World Bank, in consultation with others.

GC7’s content and structure has provided the foundation for decisions about which indicators to include in the framework; the UNCRC Reporting Guidelines are the primary source for the cluster structure of the framework. In addition, the GC7 Working Group is building upon the previous work of UNICEF’s Multiple Indicator Cluster Survey (MICS)/household survey studies by adapting some of their indicators to include, or more explicitly represent, young children. A final framework will be presented to the CRC committee in early 2008.

For more information, contact:
Alan Kikuchi White
E-mail: alangrahamwhite@gmail.com
Website: <http://www.bvleerf.nl>
Also available in Spanish and French.

The new UN Convention on the Rights of Persons with Disabilities: Initial thoughts on implications for ECCD

Garren Lumpkin,

former UNICEF Regional Adviser for Education,
The Americas and Caribbean Regional Office

Brief Overview of CRPD, linked to the World Fit for Children (WFFC) commitments and action plan

In December 2006 the UN General Assembly adopted the Convention on the Rights of Persons with Disabilities (CRPD). This new Convention, signed by an impressive eighty-one countries on the first session day (March 30, 2007), “opened a new era in securing the presently unmet rights of the majority of children with disabilities and their families.”¹ By the end of 2007, 121 countries had signed the CRPD and sixty-eight the Optional Protocol, while during this same time period, fourteen ratified the Convention and seven the Protocol.² With the Millennium Development Goals Agenda (MDG) and other international initiatives (especially those framed within the Education for All Declaration and Plan of Action) a “re-energised force” has been generated to mobilise and/or strengthen national government and civil society organisations to design and implement—in a collective effort—more sustainable and scaled-up strategies and programmes to guarantee established rights and to promote the inclusion and participation of the most excluded individuals.

For the young child, the CRPD builds on other child and adolescent related rights frameworks, one being the Declaration of Heads of State and Government and the Plan of Action adopted by the United Nations General Assembly following the May 2002

Special Session on Children. Two of the established principles and objectives highlighted in the above-mentioned declaration give emphasis to the rights of all children and the importance to “start early” and address in an integral manner the multiple elements that guarantee the “best possible start in life” (see box 1).³

Within the corresponding Plan of Action for “Creating a World Fit for Children,” specific mention and commitments were made to guarantee the rights of some of the most excluded children—those with a disability and with other special needs. For example:

“We will take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs, to ensure the recognition of their dignity, to promote their self reliance, and to

facilitate their active participation in the community.”⁴

“It is vital that national goals for children include targets for reducing disparities, in particular, those which arise from discrimination on the basis of race, between girls and boys, rural and urban children, wealthy and poor children, and those with and without disabilities.”⁵

Importance of the early years—for all young children

In recent times, the importance of focusing on the critical early years of life and what it means for the child’s long-term development has gained significant recognition within the scientific and educational world, combined with an emerging understanding by other key members/sectors of society. Research and specific country-level experiences and results confirm the importance and the multiple benefits of increasing financial and human investments for integrated

BOX 1

Two general principles of WFFC Declaration

- Leave no child behind: “Each girl and boy is born free and equal in dignity and rights; therefore, all forms of discrimination affecting children must end.”
- Care for every child: “Children must get the best possible start in life. Their survival, protection, growth and development in good health and with proper nutrition is the essential foundation of human development. We will make concerted efforts to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.”

ECCD programmes and family-based services and support.

Since for all children the first years are critical, support to immediate and extended family members is essential to create the required caring and stimulating environment. But the reality for many children with a disability and/or having special health needs is that they are often fated to a “poor start in life” and denied timely and critical learning opportunities and protective mechanisms to help them develop to their full potential. Their families in many cases do not receive the needed support to provide this environment. Children with disabilities then face barriers not only within their families and communities, but all too often they are also denied sustainable access to all forms and levels of quality education and health care, especially during the early years. In addition, recognition should be given to the challenges of children whose parents have disabilities, and interventions to address their needs and rights (as expressed in the CRPD) should be guaranteed.

Because experiences and support during the early years influence the child’s lifelong learning and inclusion, family and community efforts to create a healthy, safe, and stimulating environment are critical for all children. More important, for those children living in poverty and violent situations and/or faced with specific developmental delays and/or disabilities, more systematic interventions and quality support are required for them and their extended family. Box 2 outlines the findings from research on the importance of the early years for infants and young children with developmental delays and/or disabilities.^{6/7} Research clearly demonstrates the importance of prevention of or early intervention for a number of disabilities in order to help children develop to their full potential.

Potential implications of the new UN Convention on the lives of young children

The new UN Convention (CRPD) offers a renewed opportunity for every country, community, and organisation to “re-energise” and/or reexamine existing legislation, policies, budgets, and programmes and to promote coordinated efforts to ensure that all persons with disabilities are guaranteed the same rights as others. But, the CRPD should not be seen in isolation from other International Human Rights standards and specific development commitments, such as the Convention

on the Rights of the Child, the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, and the Education for All Declaration (see Annex 2). “All point the way towards overcoming discrimination and recognizing the right to full participation of children and adolescents with disabilities—in the home and community, in school and health services, during recreation activities and in all other aspects of life.”⁸ Governments and civil society are now challenged to take advantage of the complementary role of each standard and commitment.

BOX 2

Highlights on critical issues (based on research and experience)

- The years 0-3 are critical in the formation of intelligence, personality, and social behaviour, and the effects of neglect are cumulative.
- Research has demonstrated that at least 80% of the brain’s capacity is developed before the age of three.
- Brain development is much more vulnerable to environmental influences than suspected. This includes not only nutrition but also the quality of interaction, care, and stimulation.
- There are proven ‘windows of opportunity’ for learning during the first years of a child’s life. If these windows are not opened at the critical time period, it will be difficult, if not impossible, for a particular type of learning to occur at a later date.
- For almost all impairments, the timing for intervention is critical and becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness.
- It is not uncommon for some disabilities to go unnoticed unless parents are aware of what to look for. For example, many children are not identified as being deaf or hearing impaired until the age of two or more. Since hearing is connected to every other aspect of development, however, it is important to make an early identification.
- Developmental delays should be prevented or reversed during this early period of rapid brain growth. It becomes increasingly difficult to reverse delays after age three.

Source: One-in-Ten RII/UNICEF publication “Early Intervention for Children with Disabilities” and Consultative Group Draft Handout—Cornerstone 1: Pregnancy to Age Three (2007)

What must be considered as a critical aspect of the CRPD? The new Convention makes a major shift away from the medical to the social model of disability, which recognises that “obstacles to participation in society and its institutions reside in the environment rather than in the individual, and that such barriers can and must be prevented, reduced or eliminated.” Also family and societal attitudes play a critical role (especially in the early years), often projecting “widespread underestimation of the abilities and potential of children with disabilities, which creates a vicious cycle of under-expectation, under-achievement and low priority in the allocation of resources.”

Without a doubt, the CRPD provides an additional “spark” to guarantee the rights of young children with disabilities and special needs. A brief review and analysis of the CRPD Preamble section and specific articles will assist to reveal some important elements to advocate for and act upon, in relation to the rights of and required actions for children and their families (see Annex 1 for an overview of specific sections supporting families and young children with special needs).

A specific call to action

With all the excitement and movement for the new CRPD, we must ask ourselves some difficult questions if we truly want to take advantage of this opportunity to make a long-lasting impact on the lives of young children with disabilities and their families, and advance towards achieving stated goals:

- Why, with all the knowledge we have accumulated, combined with years of experience and recognising the existence of and approval by a high percentage of countries’ legal frameworks and international commitments, are we still attempting

to explore ways to place disability and ECCD issues on the public agenda (“discussion table”), to “make visible” the rights and needs of some of the most vulnerable and excluded young children, and to design and implement specific programmes and interventions with a priority on the early years and families?

- Why, with all the intense effort to promote and advocate for the rights and participation of children, adolescents and women with and without a disability and special needs, are the youngest children with disabilities and their families not fully considered, even by the same adult disability movement and/or those organisations and agencies involved with and promoting ECCD policies and specific initiatives?

Productive efforts to achieve stated CRPD objectives and results for all children and adolescents—especially for those young children with established disabilities or special health needs who are experiencing delays in their development—will depend on the capacity and commitment of all sectors of society to undertake and sustain collective initiatives, recognising

10% (200 million) of the world's children and young people are born with or develop a sensory, intellectual or mental health impairment

World Health Organisation

that disabilities and existing attitudes on rights cannot be seen in isolation and the impact of such conditions and negative attitudes crosses all aspects and stages of a child’s life. Existing poverty situations—targeted for reduction by international agencies and national governments—are affecting

the lives of a significant portion of the world’s population and impacting more on those already excluded.

“Poverty is a pervasive barrier to rights achievement and participation and is both a cause and a consequence of disability. Families living in poverty are much more vulnerable to sickness and infection, especially in infancy and early childhood. They are also less likely to receive adequate health care or to be able to pay for basic medicines or school fees. The costs of caring for a child with a disability create further hardship for a family, particularly for mothers who are often prevented from working and contributing to family income.”¹⁰ It is also well known that having a disability or a family member with a disability makes it more likely that one will live in poverty or descend into poverty.

As we attempt to achieve the MDG and EFA goals, especially in those components related to young children and their families, we have an excellent opportunity to combine (integrate) strategies and promote timely initiatives leading to multiple results. We must recognize that MDG and EFA goals will not be achieved if children, adolescents, and adults with disabilities and special health needs, and their families, are left out of the picture (considering WHO estimates that around 10% of the world’s children and young people have a sensory, intellectual, or mental health impairment).

The new Convention, with its fifty Articles and Optional Protocol, provides us with an important and renewed platform for action. We, as a concerned community, must make visible and alive those critical aspects related to the early years that are not presently emphasised. As a first step and in line with emerging CGECCD priorities, we must expand our vision and efforts in the upcoming ECCD advocacy, social mobilisation, and

communication initiatives (based on the 4 Cornerstones), to make the present invisible topic of young children with developmental delays, disabilities, and/or special health needs and their families more public and a concern of all.

Please note: a more detailed article will be prepared with specific references to other international commitments (EFA, etc.) and will include more in-depth discussions on: (1) the importance of early intervention and family involvement for children with

disabilities and (2) how the CG's 4 Cornerstones can be expanded to include more specific elements related to children with special needs.

ANNEX 1

UN Convention on the Rights of Persons with Disabilities

(Overview of specific sections supporting families and young children with special needs)

Preamble The States parties to the present Convention:

- (d)** Recalling the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.
- (e)** Recognising that disability is an evolving concept and that disability results from the interaction between persons with impairments and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.
- (g)** Emphasising the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development.
- (r)** Recognising that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States parties to the Convention on the Rights of the Child.
- (x)** Convinced that the family is the natural and fundamental group unit of society and is entitled to protection by society and the State, and that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to contribute towards the full and equal enjoyment of the rights of persons with disabilities.

Article 1: Purpose

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

Article 3: General principles

The principles of the present Convention shall be:

- (h)** Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 4: General obligations

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States parties shall closely

consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations.

Article 6: Women with disabilities

1. States parties recognize that women and girls with disabilities are subject to many kinds of discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

Article 7: Children with disabilities (*entire section is relevant*)

1. States parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Article 8: Awareness-raising

1. States parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities.

2. Measures to this end include:

(b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities.

Article 16: Freedom from exploitation, violence and abuse

2. States parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognise and report instances of exploitation, violence and abuse. States parties shall ensure that protection services are age-, gender- and disability-sensitive.

5. States parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 18: Liberty of movement and nationality

2. Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.

Article 23: Respect for home and the family

1. States parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:

(a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognised.

(b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognised, and the means necessary to enable them to exercise these rights are provided.

3. States parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realising these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

Article 24: Education

1. States parties recognize the right of persons with disabilities to education. With a view to realising this right without discrimination and on the basis of equal opportunity, States parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

- (a)** The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity.
- (b)** The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential.
- (c)** Enabling persons with disabilities to participate effectively in a free society.

2. In realising this right, States parties shall ensure that:

- (a)** Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability.
- (b)** Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live.
- (d)** Persons with disabilities receive the support required, within the general education system, to facilitate their effective education.
- (e)** Effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion.

Article 25: Health

1. States parties recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health-related rehabilitation. In particular, States parties shall:

- (b)** Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimise and prevent further disabilities, including among children and older persons.

Article 26 : Habilitation and rehabilitation

1. States parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

- (a)** Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths.
- (b)** Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

Article 28: Adequate standard of living and social protection

1. States parties recognise the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realisation of this right without discrimination on the basis of disability.
2. States parties recognise the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realisation of this right, including measures:
 - (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.
 - (b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.
 - (c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care.

Article 30: Participation in cultural life, recreation, leisure and sport

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States parties shall take appropriate measures:
 - (d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system.

ANNEX 2**Human rights instruments and high-level decisions reinforcing the rights of persons with disabilities**

Complementing the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child, the following texts and international events specifically address the rights of persons with disabilities:

1971	Declaration on the Rights of Mentally Retarded Persons stipulates that a person with an intellectual impairment is accorded the same rights as any other person
1975	Declaration on the Rights of Disabled Persons proclaims the equal civil and political rights of all disabled persons and sets standards for equal treatment and access to services
1981	International Year of Disabled Persons (United Nations)
1982	World Programme of Action concerning Disabled Persons
1983–1992	International Decade of Disabled Persons (United Nations)
1990	World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs adopted at the World Conference on Education for All in Jomtien, Thailand in March 1990, promotes “equal access to education to every category of disabled persons as an integral part of the education system”
1993	United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities provide detailed guidelines for policy development and implementation
1993–2002	Asian and Pacific Decade of Disabled Persons

1994	Salamanca Statement and the Framework for Action on Special Needs Education. Adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994. Adopted by 92 governments and over 25 international organizations, putting the principle of inclusion on the educational agenda worldwide
1995	World Summit for Social Development, Copenhagen Declaration and Programme of Action calls upon governments to ensure equal educational opportunities at all levels for disabled children, youth and adults, in integrated settings
1998	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 1998/31
2000	World Education Forum, Dakar, Statement and Framework for Action established attainable and affordable educational goals, including the goals of ensuring that by 2015 all children of primary age have better access to complete free schooling of an acceptable quality, that gender disparities in schooling are eliminated and that all aspects of educational quality are improved
2000	Human Rights of Persons with Disabilities, Commission on Human Rights Resolution 2000/51
2001–2009	African Decade of Disabled Persons
2002	UN General Assembly Resolution on The Rights of the Child, following the World Summit on Children, calls upon States to take all necessary measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms by children with disabilities, and to develop and enforce legislation against their discrimination, so as to ensure dignity, promote self-reliance and facilitate the child's active participation in the community, including effective access to educational and health services
2002	'A World Fit for Children,' outcome document of the UN General Assembly Special Session on Children, makes clear reference to the rights of children with disabilities, especially regarding protection from discrimination, full access to services, and access to proper treatment and care, as well as the promotion of family-based care and appropriate support systems for families
2003–2012	Second Asian and Pacific Decade of Disabled Persons
2004–2013	Arab Decade of Disabled Persons
2006	UN Convention on the Rights of Persons with Disabilities
2006–2016	Inter-American Decade of Disabled Persons

References

¹ UNICEF – Innocenti Research Centre, "Promoting the Rights of Children with Disabilities," Innocenti Digest No. 13, 2007.

² United Nations website (United Nations Enable Rights and Dignity of Persons with Disabilities), 8 January 2008, <http://www.un.org/disabilities>.

³ Declaration of the World Fit for Children, adopted by the UN General Assembly at the 27th special session, 10 May, 2002.

⁴ World Fit for Children – Plan of Action, Section A; Creating a World Fit for Children, adopted by the UN General Assembly at the 27th special session, 10 May, 2002.

⁵ World Fit for Children – Plan of Action, Section A; Creating a World Fit for Children, adopted by the UN General Assembly at the 27th special session, 10 May, 2002.

⁶ Rehabilitation International – UNICEF, One-in-Ten RI/UNICEF publication, "Early Intervention for Children with Disabilities," Volume 20, 1999.

⁷ Consultative Group on Early Childhood Care and Development (CGECCD), Draft Handout – Cornerstone 1: Pregnancy to Age Three (Section – "Why invest in the beginning of life?"), 2007.

⁸ UNICEF – Innocenti Research Centre, "Promoting the Rights of Children with Disabilities," Innocenti Digest No. 13, 2007.

⁹ UNICEF – Innocenti Research Centre, "Promoting the Rights of Children with Disabilities," Innocenti Digest No. 13, 2007.

¹⁰ UNICEF – Innocenti Research Centre, "Promoting the Rights of Children with Disabilities," Innocenti Digest No. 13, 2007.

Planning for Success: Advocacy as process in Turkey's Mother Child Education Foundation (AÇEV)

Frank Smith and Ayla Goksel Gocer

Effective advocacy depends on more than a series of successful activities; it requires a carefully thought out process that includes analysis, planning and strategising, negotiation and consensus building, action, and evaluation. This process maximises limited resources and ensures that activities have the greatest chance to influence people who have the power to change a situation.

The Mother Child Education Foundation (AÇEV) was set up in 1993 to provide both early childhood and adult education. In its first ten years, the organisation helped 300,000 people across Turkey and abroad through its projects. The organisation's successful track record gained widespread recognition and, on its 10th anniversary, AÇEV won the prestigious Vehbi Koç Award from the Vehbi Koç Foundation for its work in and contribution to the field of education. Despite its success at the local field level, AÇEV's impact at the national policy level remained limited. The organisation responded by developing an advocacy campaign to address public perceptions and understanding of early childhood education (ECE), as well as to increase government response to the needs of young children.

Early Childhood Education in Turkey

Despite a number of limited statements recognising the importance of ECE, the Turkish government had not prioritised the issue. Government spending on ECE accounted for the smallest fraction of its education

budget, and no other Organisation for Economic Cooperation and Development (OECD) country spent a smaller portion of its education budget on ECE. Consequently, in 2003 only 360,000 children (15.7%) were enrolled in ECE services. Regional disparities in service provision meant that access was as low as 2% in some provinces. The vast majority of preschool children entered first grade with no education, a situation that would seriously affect their long-term educational success.

To address the situation and to meet its organisational objectives, AÇEV realised that it would need to engage at the national policy level. Moving into the area of national advocacy represented a departure from AÇEV's core work, which had been programme based. Staff therefore dedicated some time to understanding the principles and steps involved in advocacy. They then developed a detailed strategy that identified the key obstacles to the expansion of ECE, the means of overcoming them, and the support base that needed to be mobilised for this to happen.

AÇEV realised that neither the strength of the message alone nor the organisation's credibility as a successful implementer of ECE programmes were sufficient to persuade the government to change its policies and practice on ECE. They needed to develop a way to ensure that the right information reached decision makers at the right time—and in the right format to influence the policy process. Analysis and planning were seen as critical to the advocacy campaign. Without a

set of clear and attainable objectives, a plan on how to achieve them, and adequate resources, the advocacy effort would fail.

AÇEV's advocacy strategy

The strategy included three phases: (1) analysis and strategic planning; (2) implementation; and (3) monitoring and evaluation.

Phase 1: Analysis and strategic planning

Planning was key. Thus phase 1 involved:

- Analysis and research to identify the issues, problems, and possible solutions, as well as solid evidence to highlight the extent of the problem, its impact, and the viability of solutions. This analysis was the basis for the development of messages.
- A power analysis to identify key stakeholders, including audiences, targets, and opponents, and then analyse their understanding and attitudes toward the issue. This step included an analysis of how decisions are made, who makes them, and who influences them.
- Identification of human as well as financial resources, taking into consideration organisational credibility and access to decision makers.
- Definition of strategies and development of an action plan to set clear and realistic objectives, identify approaches to be taken, agree on actions with allies, and identify key dates and the timing of decisions made at the government level (to ensure that interventions were made in

a manner that linked in with political decision-making processes).

Phase 2: Implementation

AÇEV engaged in a series of activities with partners and allies that included media work, updating and disseminating research, lobbying, meetings and conferences, public mobilisation, and events.

Phase 3: Monitoring and evaluation

Monitoring was a constant process that occurred throughout the campaign, allowing the team to change course as needed and to remain relevant to changes in the outside world as the advocacy campaign progressed. Evaluations took place periodically, as well as at the end of the campaign, to review success and strategic direction.

A positive climate for an ECE advocacy campaign

An analysis of the environmental, political, and social factors in Turkey identified a positive climate for an advocacy campaign on ECE. This was due to a number of factors, including the following:

- The World Bank published a long-term impacts and cost-benefit analysis of ECE at the end of 2004.¹
- The government made a commitment to prioritise an education sector reform that included expansion, albeit limited, of preschool coverage.
- Political stability, with one party in power (rather than a coalition government) for the next three years, allowed greater possibility of policy reform.
- The country's economic stability presented an opportunity for policy reforms, advancing a social as well as an economic stabilisation agenda.

- Turkey's planned European Union accession produced a greater government desire to signal its willingness to undertake social reforms and engage civil society in governance.

- The planned 2007 election offered the opportunity to influence parties to include ECE in their manifestos.

Based on the analysis of the climate and an understanding of the nature of political opportunity open to the advocacy team, two main objectives were developed:

- To increase awareness of the importance of preschool education among decision makers, opinion leaders, and the general public.
- To influence a change in education policy and make preschool education (age 5-6) universal in Turkey within five years, utilising a variety of models and focusing on the most disadvantaged groups in society.

AÇEV took a three-phased approach to the advocacy campaign:

- Build and consolidate alliances.
- Raise awareness about the social, economic, and political importance of ECE through a coordinated media public awareness campaign targeting the general public, private sector interests, political players, and other key decision makers.
- Engage the government directly, using AÇEV's research and expertise to shape the debate.

The main arguments for an increased investment in ECE in Turkey were contained in a report commissioned by AÇEV for the Education Reform Initiative Consultative Forum of May 2003. The report, "Early Childhood Education: Current Situation and Recommendations," highlighted areas of reform in Turkey. AÇEV commissioned two further reports,

"Continuing Effects of Early Intervention in Adult Life" (Çiğdaem Kağıtçıbaşı, Sevda Bekman, Diane Sunar, Zeynep Cemalçılar, AÇEV 2004) and "A Cost-Benefit Analysis of Preschool Education" (Mehmet Kaytaç, AÇEV 2004). These reports highlighted the strengths and weaknesses of different ECE models (e.g., home-based versus ECE centres), demonstrated long-term effects of ECE in adulthood, and strengthened the arguments for the economic benefits of ECE. The advocacy campaign had three main messages:

- ECE is important and there is a scientific basis for considering it so.
- Parents can and should play an active role in supporting the development of children between the ages of 0 and 6 years.
- Politicians of all parties need to do more to address ECE.

Very soon after the campaign was launched, Turkey's most influential and powerful business association, TUSIAD (Turkish Businessmen and Industrialists Association), also commissioned and published a report on ECE. The press launch was conducted with the participation of the Minister of Education and put forward the costs and investments needed to increase ECE in the next five years. This made a watertight case for ECE and the need for increased government attention.

AÇEV updated its information regularly, thereby remaining topical on the issue, which is important for campaign and media credibility. A public awareness survey was also conducted to measure public attitudes and understanding of the issue. This allowed effective production and packaging of messages.

The key message of the campaign and the logo "7 is Too Late!" was based

¹ "Turkey—Education Sector Study: Programmatic Sector Study Concept Note." The World Bank Group, 2004.

FIGURE 1

Ads used in media and communications campaign.

The headings are "1 to 7!"; "2 years ahead!"; "More successful!"; and "Fair Chance for All!"



on the Consultative Group's "8 is Too Late!" message, ensuring a degree of consistency with the messages of other ECCD advocacy campaigns around the world.

Campaign activities

Many activities were carried out during the advocacy campaign, including numerous press conferences and television appearances, regular spots on a popular daytime women's television show, celebrity endorsement (from Cem Yılmaz, a popular Turkish stand-up comedian), and support from the private sector. A major national conference was held on ECE for Economic and Social Development and was attended by the First Lady and Queen Rania.

A media campaign was designed and implemented with major support

from agencies and media groups. Editors, journalists, and columnists were kept informed, and they became sympathetic to the campaign. A campaign website was set up (see www.7cokgec.org) and many other events were organised, including numerous lobbying activities. The timing of the events and the target audiences were carefully thought out to ensure that the events were more likely to have the desired impact.

The media campaign, which has now been suspended to allow AÇEV to focus on lobbying, produced 405 articles in newspapers and magazines, 127 television news interviews, 2,800 television advertisement spots, 205 advertisements in newspapers and magazines, 100 advertisement spots shown during movie screenings, and 400 outdoor billboards and

posters. This tremendous output was accompanied by an eight-week radio show on Acık Radyo. In addition, meetings were held at thirty-three universities. T-shirts, bracelets, and shawls that carried campaign messages were created by major designers and sold in chain stores. Six major companies now carry campaign logos on their products.

Measuring success

The advocacy campaign was very successful. Thirty million people (out of a population of 70 million) were exposed to the campaign's messages through the various television, radio, and print media. In the academic year 2004-5 when the campaign started, the preschool enrolment rate was 16.1%; in 2006-7 it increased to 25.1%. This translates to an astonishing increase of 56% in access

to preschool education among children aged 4 to 6. The campaign changed perceptions on ECE, as reflected in statements made by senior education officials, including the Minister of Education, on the importance of ECE. The Minister even used the campaign slogan in a number of speeches. Parliamentarians are also discussing the introduction of a compulsory kindergarten year. An attitudinal survey conducted by the advocacy team demonstrated a marked change in attitude and understanding of ECE among people in positions of power in society.

In the most recent phase, the campaign capitalised on the upcoming national elections and ran full-page advertisements in newspapers calling on all political parties and the public to promote ECE and to make universal preschool education an election issue. This was followed up by television and radio appearances by the political candidates.

It was gratifying to note that many of the political parties mentioned ECE in their election manifestos and put forward targets for increasing provision. However these fell short of the campaign's target of universal preschool education by 2010.

Lessons learned

Measured against its objectives, the advocacy campaign has been a success. However, the team learnt a number of lessons related to the planning and implementation of large-scale advocacy campaigns. AÇEV learned that:

- A five-year plan and budget is needed in order to realistically meet objectives.
- The plan should be rolled out consistently and systematically; any break in activities risks a loss of momentum.

- Advocacy is time-consuming in detail and follow-up; therefore adequate human resources are needed and an effective team needs to be built.

- The advocacy team can't do everything; expertise needs to be hired in, and it is important to trust their expert advice, in particular for the production of creative material to ensure that campaign products have a professional look and feel.

- Messages should target the people who are skeptical rather than the already-converted.

- Specific messages are needed to mobilise the public; be clear about what you want people to know and to do.

- Media headlines do not mean advocacy success. It is easy to get carried away with communications and neglect other activities that may need different strategies.

- Be clear about who the decision makers are (they are different from decision approvers and decision advisors).

- A mechanism needs to be established to ensure that funds can be collected by different organisations for specific pre-agreed advocacy activities. Failure to do this may lead to disagreement on how donations and funding are used.

- An organisation's own networks should be mobilised.

- The media lose attention quickly; they need to be fed with new stories and fresh events, not rehashed information.

- Awareness is not an end in itself; be clear about how you want people to translate knowledge into action.

- International consensus and pressure can greatly increase the impact of any national advocacy effort.

Next steps

The campaign has been successful in raising awareness on early childhood in Turkey. The challenge now remains for policy changes to take place. AÇEV has decided that it will focus its efforts for the next two years on lobbying for legislative change. Under current legislation, compulsory education begins at age 6. AÇEV is now pushing for a change in legislation to make compulsory education start a year before formal schooling, in kindergarten at age 5. AÇEV is also working with the Ministry of Education and the State Planning Organisation for further analysis on the costs and financing of preschool expansion.

Efforts on the international front to promote early childhood education and raise awareness among stakeholders and decision makers have always been very important for AÇEV's work. Even the campaign slogan "7 is Too Late!" was borrowed from the Consultative Group's "8 is Too Late!" advocacy initiative for the Jomtien Conference. AÇEV urges international actors such as the Consultative Group to increase their efforts to place early childhood on the global agenda, as this will aid the work of national and local actors.

Update at time of printing:

The government is making preschool education compulsory in 10 provinces (out of 81) in the new academic year. This piloting almost certainly means that it will be rolled out in other provinces in the next few years and the goal of the campaign—to ensure that all children in Turkey benefit from at least one year of preschool by 2011—will be a reality!

For more information, contact:

Ayla Goksel Göcer
 Anne Çocuk Eğitim Vakfı – Mother Child Education Foundation (AÇEV)
 Büyükdere Cad. No 85/2
 Mecidiyeköy 34387
 İstanbul, Turkey
 E-mail: aylag@acev.org
 Website: <http://www.acev.org>

Engaging the private and public sectors in Brazil: A multisectoral approach to ECCD

Alessandra Schneider, Leila Almeida, Maria da Graça Gomes Paiva and Frank Smith ¹

Coordinating the efforts of like-minded individuals and organisations is a key strategy for advocacy on behalf of young children. Other important strategies include garnering the support of potential champions for children and helping them to see how they might be allies; creating presentations and media products to inform, move, and persuade people; maximising opportunities to plant the seeds of belief and introducing those seeds to decision makers and their support staff; lobbying skilfully and personably; and positioning advocates strategically on committees, especially those who are willing to do the actual work of drafting policy documents to ensure that the belief is represented in its proper context and with sufficient weight (de los Angeles-Bautista, *Coordinators' Notebook* no. 27, 2003).

In this article we will focus on two ground-breaking ECCD programmes in Brazil—the Millennium Fund for Early Childhood and Primeira Infância Melhor (Better Early Child Development Programme; PIM)—that utilised these key advocacy strategies, among others. The two programmes complemented each other, drawing on the strengths of the private sector to mobilise resources and public opinion, and on those of the State to formulate the policies by which the programmes could be effectively and sustainably implemented.

Engaging and mobilising different institutions on ECCD within a particular sector greatly increases

the impact of advocacy work. Further, engaging and mobilising different institutions across multiple sectors can increase the overall impact of programmes and generate advocacy outcomes over and above those anticipated by an individual programme.

The Millennium Fund for Early Childhood, supported by the World Bank and two Brazilian private foundations, the Mauricio Sirotsky Sobrinho Foundation and the Gerdau Institute, aims to enhance the quality of early childhood centres in poor neighbourhoods by establishing “educational boards” to promote in-service teacher training. The pioneering public policy programme Primeira Infância Melhor (Better Early Child Development Programme; PIM) was implemented by the Rio Grande do Sul state government with the technical support of UNESCO and its partner the Centro de Referência Latinoamericano para la Educación Preescolar (Centre of Latin American Reference on Preschooling Education; CELEP).

Engaging the private sector: The Millennium Fund for Early Childhood

The concept of a Millennium Fund for Early Childhood was developed in 2002 at a meeting convened by the World Bank to address private sector investment in ECCD services. The idea was that a Millennium Fund could galvanise private sector participation

and increase the effort and investment in ECCD. The Brazilian Millennium Fund for Early Childhood was launched in December 2003 in the states of Rio Grande do Sul and Santa Catarina. The Fund had three primary sponsors: UNESCO, the World Bank, and the Mauricio Sirotsky Sobrinho Foundation (FMSS), which is part of the “Rede Brasil Sul de Comunicação-RBS,” a Brazilian multimedia communications network that operates in Southern Brazil. The latter’s participation has been particularly useful in engaging the media on ECCD and promoting the Fund.

The objectives of the Millennium Fund for Early Childhood are consistent with those of the global commitment of the Education for All (EFA) movement (for which UNESCO is the leading agency for both implementation and monitoring). UNESCO has been lobbying the private sector to invest in the Fund and to augment the initial seed money provided by the World Bank.

The Millennium Fund for Early Childhood aims to:

- Improve the quality of early childhood care and education (ECCE) provided by community-based, philanthropic, or public crèches and preschools by establishing Educational Boards ² to promote in-service training for ECCE teachers.
- Ensure that vulnerable children have better and healthier early childhoods by increasing their opportunities to

¹ Alessandra Schneider, Psychologist, is the Early Childhood Care and Education (ECCE) Programme Officer, UNESCO Brasilia Office; Leila Almeida, Social Worker, is the Better Early Child Development Programme Coordinator; Maria da Graça Gomes Paiva, PhD in Education, is a UNESCO consultant; Frank Smith is an advocacy consultant.

² Educational Boards are fully equipped resource centres that work with five local ECCE institutions, providing them with training and support.



Brasil: UNESCO

Launching of the Millennium Fund for Early Childhood with the presence of the State Governor, private sector leaders (Gerdau Group and RBS Chairmen, among others), and former UNESCO Brasília Office Director, Porto Alegre, September 2003.

play and learn, thereby broadening their cultural universe, increasing their capacity to socialise with others, and building positive values.

An important part of the Millennium Fund structure is its Advisory Council, a consultative body that holds quarterly meetings to oversee the implementation of the programme. Council members include UNESCO, the Mauricio Sirotsky Sobrinho Foundation, Gerdau Institute, and a number of state institutions.

Over the past three and a half years, the Millennium Fund for Early Childhood has established Educational

Boards in twelve cities in the southern states of Rio Grande do Sul and Santa Catarina. By the end of 2006, the programme had trained 1,010 educators from eighty-seven early childhood centres, benefiting 8,400 children from 0 to 6 years of age.

Impact to date

The Millennium Fund for Early Childhood has increased the effectiveness of ECCE institutions and their ability to act as an effective bridge to formal schooling. The media campaigns to enlist support for the programme have also contributed

to an increase in public awareness of the importance of ECCD and highlighted the positive impacts of effective ECCE provided by specially trained staff. As a result of the programme's work, one of the largest steel companies in the world, Gerdau Group, decided to become an official partner of the programme and is supporting its extension to other Brazilian states (four so far). In addition to their financial support, the Gerdau Group's participation has acted as a catalyst for other companies to become programme partners. A recent television campaign led by the

³ For example, M. N. McCain & J. M. Fraser, *The Early Years Study: Final Report*, Toronto: Canadian Institute for Advanced Research, 1999; Organisation for Economic Cooperation and Development (OECD), *Starting Strong: Early Childhood, Education and Care*. Paris, 2001 [Brazilian edition: UNESCO Brasil, OECD, and Ministério da Saúde, *Educação e Cuidado na Primeira Infância: Grandes Desafios*, Brasília: UNESCO, 2002]; UNESCO, *Early Childhood Services in Brazil: Some Considerations on Services for Crèches and Preschools and on Co-ordination of Public Policies for Early Childhood* [in Portuguese: *Os Serviços para a Criança de 0 a 6 Anos no Brasil: Algumas Considerações sobre o Atendimento em Creches e Pré-Escolas e sobre Articulação de Políticas*, Brasília: UNESCO, 2003]; UNICEF, *Situação da infância brasileira, 2001: Desenvolvimento Infantil, Relatório*, Brasília: UNICEF, 2001; World Bank, *Brazil – Early Child Development: A Focus on the Impact of Preschools, Report*, Washington, 2001.

Gerdau Group and the RBS Chairmen that aimed to mobilise private sector support for the Fund had a positive impact on the business community. So far ten companies have become partners, citing the Gerdau Group's participation as a key reason for their support of the programme.

Engaging the public sector: Primeira Infância Melhor

Though Rio Grande do Sul is one of Brazil's most prosperous states, only 264,225 of its children between the ages of 0 and 6 are regularly enrolled in early childhood centres; of these, 16.95% are in preschools (ages 4-6) and only 6.75% are in crèches (0-3). A staggering 1,064,214 children between the ages of 0 and 6 are not officially enrolled in the local educational systems (Censo Escolar 2006, State Secretariat of Education, in Rio Grande do Sul). UNESCO is currently working with the public authorities to address this gap in ECCE coverage.

In 2000 UNESCO, UNICEF, and the World Bank supported the federal government and a local NGO, the Instituto Zero a Três (Zero to Three Institute), to organise three scientific events where leading experts presented key findings on ECCD³ in Brasília (Federal District), Porto Alegre (Rio Grande do Sul) and Rio de Janeiro (Rio de Janeiro). Among those attending these events were members of the state government of Rio Grande do Sul. The presentations made such an impression on these members of government that, when they were in a position to do so, they decided to design and implement an ECCD pilot project called "Primeira Infância Melhor" (Better Early Child Development Programme; PIM). They did this with guidance and technical support from UNESCO. The pilot project was presented to the State Governor by Dr. Osmar Gasparini

Terra, the State Secretary of Health, who became a passionate advocate of ECCD and who spearheaded the initiative at the state level. Dr. Terra has since become the official Programme Coordinator.

The importance of solid research in influencing policy makers cannot be underestimated. It is the source of legitimacy for the advocacy initiative and a precondition for lobbying and public communications.

PIM aims to promote the holistic development of children from before birth (through prenatal care) and up to the age of 6, paying particular attention to children under the age of 3. The approach is based on an ECCD methodology developed by the Cuban programme "Educa Tu Hijo" (Teach Your Child). The programme provides culturally and socially relevant guidance and information to families to enable them to better care for and support their children's holistic development. PIM focuses on low-income families, many of whom have incomes of only about US\$65 a month, and whose children have no access to early childhood centres (crèches or preschool). It also aims to promote prenatal care for pregnant women. The programme is being implemented by 1,544 home visitors and currently benefits 57,900 children under the age of 6 from 38,600 low-income families, as well as 4,632 pregnant women.

The programme is a multisectoral initiative coordinated by the State Secretariat of Health in partnership with the State Secretariats of Education, of Culture, and of Justice and Social Development. Responsibility for its implementation lies with local governments. By July 2007, PIM had been implemented in 219 of the 496 municipalities in Rio Grande do Sul.

The state government has set up many initiatives to highlight the importance of ECCD, especially between the

ages of 0 and 3, including Baby's Day and Baby's Week, during which four international seminars have been organised to date. Senator Hillary Clinton was invited to the last seminar, in March 2006. Although she could not attend, she recorded and sent a three-minute welcome speech. These initiatives were made possible through cooperation between state government officials, UNESCO, and staff from the World Bank. To reach the whole community, the government also produced a media campaign that included a one-minute video and a song for the radio. The national Globo Television aired the video on its evening news bulletins.

Impact to date

Engaging the state has ensured that any obstacles at the policy level have been addressed to increase the overall effectiveness of the programme. The state legislature has passed a number of Decrees that have had a positive impact on the programme, including the following:

- Decree 42.199 of April 7, 2003 officially set up the State Committee for Early Child Holistic Development (CEDUPI).
- Decree 42.200 of April 7, 2003 officially announced a "Baby's Day" (November 23) and a "Baby's Week" in the state of Rio Grande do Sul, during which different activities and an International Convention on ECCD are held.
- Regulation 15/2003 of April 7, 2003 officially set up the programme and established financial incentives (allocated monthly) for each home visitor channelled through the municipalities. Two later Regulations have increased the incentive (to R\$400,000 or US\$208).

In July 2006, the State Governor tabled a law that was approved by all parliamentarians in the House of

Partnerships between private sector and local public authorities facilitated by international cooperation agencies contribute to sustainability and scaling up efforts

Representatives to officially adopt PIM as state policy (Law 12.544 backdated from July 4, 2006). Rio Grande do Sul is the first state in Brazil to pass such a law. PIM, as a pioneering and successful ECCD programme, has gained official interest from Brazil's federal government and from other states and municipalities, as well as from private institutions and foundations.

Coordinating approaches

The two programmes complement each other. The Millennium Fund for Early Childhood is focused on raising adequate resources for ECCD; PIM is aimed at developing a model programme and, in the process, developing a positive policy climate and institutional structures at the municipal and state levels to implement the programme. The overlap between these two programmes has enabled them to increase their impact at the national, state, and local levels. Although the initial focus of the programmes has been on the states of Rio Grande do Sul and Santa Catarina, their impact is now spreading to other states as well as coming to the attention of other countries. Many other states are now considering adopting the policies developed as a result of PIM as well as the concept of a Millennium Fund for Early Childhood.

By coordinating approaches across different sectors, both the state

government and the private sector have seen the benefits of their particular initiatives spread far beyond the specific areas they were engaging in, either through direct interventions or through mobilising resources and political will. The public awareness campaigns that formed an integral aspect of both programmes complemented each other and increased the momentum behind ECCD, leading to an increase in support from the private sector and to greater interest by the federal government and other states in Brazil.

Lessons learned

- The support provided by international multilateral agencies is vital when launching development and partnership programmes across different areas and sectors.
- Collaborative efforts to promote ECCD have proved to be more effective than individual ones. It is worth investing in new (coordinated) management approaches in the public sector, such as round-table decision making on an intersectoral basis, and in partnership with civil society and the private sector.
- Reciprocal exchange and learning between the state and municipal authorities challenges the traditional top-down relationship between state and local governments and increases organisational learning at both levels.
- The use of academic research in different areas (e.g., neuroscience, psychology, education, infant and maternal health) has proved to be an efficient source of information that legitimises the work and increases the support for ECCD.
- The partnership between the private sector and public authorities at the local level (which is facilitated by international cooperation agencies) provides the basis for assuring that

the ECCD initiatives and programmes are sustainable and can be scaled up regionally and nationally.

Next steps

- PIM is to be implemented in other municipalities in both Rio Grande do Sul and other states, in partnership with public authorities and with the support of private institutions and foundations.
- The development and implementation of a new programme, PIM-DIVERSITY, aims to evaluate, adapt, and design specific PIM activities and resources for Quilombo (Afro-Brazilian) and Indigenous communities.
- The Brazilian Millennium Fund for Early Childhood aims to expand its presence and activities to include other states and to increase its partnership base.

UNESCO has been formally working in Brazil since 1964. However, it was only in 1992 following the Jomtien Conference (Thailand, 1991) that UNESCO began to work more closely with Brazil's Ministry of Education. From then on, UNESCO consolidated its presence throughout the country, mobilising its technical competence to support projects on education and other issues (e.g., natural and social sciences, culture, communication, and information). UNESCO's Brasilia Office works to support the efforts of Brazilian authorities (federal, state, and municipal) to develop and implement effective programmes to address issues such as ECCD.

For more information, contact:
Alessandra Schneider
 Focal Point for ECCE – UNESCO
 Brasilia Office/Brazil
 Coordinator of UNESCO Antenna
 Office in Porto Alegre/RS/Brazil
 E-mail:
 alessandra.schneider@unesco

Activities of the CG Secretariat

The impacts of climate change on young children and implications for programming in early childhood

In addition to focusing on priority areas including Young Children and Emergencies, HIV/AIDS, Costing and Financing and Leadership, the CG has convened a new Working Group on the Impact of Climate Change on Young Children as result of the CG's 2007 Annual Consultation.

The theme of the Annual Meeting, 16th-18th October, hosted this year by UNICEF, UNESCO and the Government of Chile, was to identify the impacts of climate change on young children and the implications for ECCD programming. A day of presentations, discussion, and action planning was designed by Leon Charles¹, presented and led by Leonard Nurse², and facilitated by Sian Williams³. In the week preceding the meeting the award of the Nobel Peace Prize to the Inter-Governmental Panel on Climate Change provided additional gravitas both to the content and to the leadership by Leonard Nurse at the meeting.

The scientific evidence of the impacts of climate change was summarised as follows:

- Climate change is already occurring, and is accelerating.
- The impacts are already evident and will become even more evident within the next 10-40 years.
- Climate change can no longer be regarded simply as an "environmental

problem." It is a human development issue that threatens to undermine the global socioeconomic system.

- Children on all continents and in all nations, regions, communities, and groups will be affected, but some will be worse off than others.
- The changes we are witnessing are largely human-induced, and we can do something about them.
- Climate change is a global challenge that cannot be tackled successfully unless there is a commitment by all nations to participate in a manner that is consistent with their historic contribution to the problem and their respective capabilities to respond (access to financial resources and technology).

The cost of tackling climate change is affordable and will cost an average of 0.12% of annual global GDP in the period up to 2030 (IPCC). These costs are significantly lower than the cost of the damage that will result from unmitigated climate change (Stern Review of the Economics of Climate Change, 31 January 2006, Cambridge University Press, UK).

The presentations identified the key impacts, region by region, including the increased destructiveness, intensity and duration of natural disasters, water shortage, food insecurity, poor sanitation, and health and the major consequences of these impacts for

the acceleration of migration, conflict, poverty, and social and economic instability. Most sobering of all was the evidence that, even if greenhouse gas emissions were stabilised at current levels, climate change will continue for the next 100 years due to the level of emissions already present in the atmosphere.

Having considered the presentations made by Leonard Nurse on the scientific evidence for climate change and the impacts on children participants in the Annual Consultation discussed in break-out groups the implications for programming in four key areas: advocacy, networking, re-programming, and child participation.

The declaration (<http://www.ecdgroup.com/climatechange.asp>) drafted for comment and subsequently developed further in the last plenary session serves to clarify our commitment as CG partners raising awareness and to urging governments to take action.

In summary, five main areas emerged for strategic intervention in what we came to describe as a process of 're-programming,' by which we mean the adjustment—radical or otherwise—to what we currently do in ECCD programming that accompanies a paradigm shift, the awareness of a new dimension through which to

¹ Leon Charles is Chair, UN Framework Convention on Climate Change (UNFCCC), Ad Hoc Working Group on Further Commitments for Annex 1 parties to the Kyoto Protocol, 2007, and Development Consultant on Early Childhood Development in the Caribbean.

² Leonard Nurse is Member of the Inter-Governmental Panel on Climate Change (IPCC), a lead author on each of the four global assessments of the impact of climate change including the recent 2007 report, and Senior Lecturer on the Graduate Programme in Climate Change, Centre for Resource Management and Environmental Studies, University of the West Indies.

³ Sian Williams is Caribbean Early Childhood Development Adviser, UNICEF, and Member of the Executive Board of the Consultative Group on Early Childhood Care and Development, 2005-2007.

understand a changed reality. These five main areas are:

1. Children born today must participate and learn to act in their own interests as they grow into adulthood into a world impacted by climate change.

Children have a right to know what kind of world they are growing up in, what is changing it and how. They need the kind of conceptual skills, understandings and life skills to deal with the fast-changing reality and to act on it. Existing strategies to ensure learning-by-doing, to introduce practical skills and strategies and knowledge into the curriculum, must be accelerated based on the core principle that children must be enabled to participate.

2. Anticipation of climate change effects has become a critical driver in the way we think about programming and what we prioritise.

Re-programming across the work undertaken in support of health (also echoed in the Policy Statement of the Committee on Environmental Health of the American Academy of Pediatrics *Global Climate Change and Children's Health*, 29 October 2007), water and sanitation, education development, and disaster risk reduction and emergencies is needed to ensure that climate change effects are anticipated and that strategies are developed for coping, adjusting, and preventing further impacts.

3. Subregional programming is essential to build response and planning capacity across countries.

Climate change effects such as those caused by intense hurricanes can reduce in a matter of hours an emerging middle-income country into an aid-dependent country with a negative growth rate. We cannot predict which countries will be most affected and therefore we need to

sustain active cooperation agreements in all countries to strengthen intra-regional collaboration and mutual support.

4. Strategic inter-agency partnerships need to be forged with climate change scientists and environmental agencies.

Each country and subregion needs to work with the IPCC scientists, UNEP, and national agencies to project adaptation and mitigation measures required and to consider programming requirements. Furthermore, there needs to be a fundamental questioning leading to the exploration of different paradigms for the development of societies likely to be not only impacted but also changed in functioning by climate change.

5. Advocacy. Advocacy interventions with governments have to now address the need to respond to the causes and impacts of climate change as part of the process of improving the situation of children. This will entail highlighting the need for deep cuts in global greenhouse gas emissions and the need for climate change adaptation strategies to be included in national sustainable development and poverty reduction programming.

What kind of strategic interventions can we make in ECCD programming? Initial ideas include:

- **Dedicate technical expertise to develop guidelines** for the re-programming of existing programmes to reflect anticipation of climate change impacts and to programme for their consequences for very young children. The World Bank is already doing programme relevant climate sensitivity analysis across its entire development portfolio and it may be possible to learn from their experiences in this regard.

- **Integrate a climate change dimension to situational analyses**

to raise the fundamental questions that need to be addressed for individual countries and the options for addressing them. This is critical for focusing attention on the youngest children.

- **Provide leadership for an inter-agency report** on Climate Change Impacts and Consequences for Children Born in the Next 5 Years: What Needs to Be Done in collaboration with IPCC. This can build on the work set out in the UNDP Human Development Report 2007/8 on the impact of climate change (to be published 27 November 2007).

- **Advocate for urgent implementation of child-centered and child-participatory** learning strategies in early childhood to effect the attitudinal and behavioural changes needed to ensure the survival and development of the next generation.

- **Urge governments** to implement IMMEDIATELY relevant adaptation, mitigation, and reduction measures, consistent with each country's contribution to the threat of global warming and capacity to respond.

- **Establish mechanisms** for strengthening inter-country cooperation and mutual support, making young children visible in strategic planning and implementation.

- **BUILD AWARENESS. EDUCATE THE PUBLIC** and key stakeholders about the potential impact of climate change on young children and the kinds of responses that will be needed.

For more information on background, presentations by Leonard Nurse, and concrete action points, see <http://www.ecdgroupp.com/climatechange.asp>

Strengthening regional capacity: ECD in the **Caribbean Region**

In collaboration with UNESCO, and with support from UNICEF and the Inter-American and Caribbean Development Banks, the Caribbean Community and Common Market (CARICOM) Secretariat initiated a process to review progress in early childhood policy development in the region. Research in fourteen Caribbean countries for *Education for All: Global Monitoring Report on Early Childhood Care and Education* found:

- A lack of services for children, particularly for those under 3 years old
- Weak licensing, certification, and monitoring systems
- A preponderance of small, undercapitalised operators
- Low levels of training among caregivers
- Absence of national standards
- Varying standards of care and quality
- Absence of sector-wide governance at the national level, including national plans, policies, or regulatory mechanisms
- 87% of services in the region were provided by community organisations, churches, and private operators.

Caribbean forum on ECD

In March 2006, seventy participants from seventeen countries across the region and from nine regional and international organisations attended the Caribbean Early Childhood Development (ECD) Forum in Kingston. The Forum recommended key regional strategies to address ECD as a development priority in the effort to reduce poverty and crime and to promote integrated human and social development. These included a number of coordination mechanisms and partnerships. For example, the CARICOM Secretariat

chairs the Regional ECD Working Group to coordinate activity at the regional level. Twelve member organisations participate, including international development partners, regional NGOs, and research institutions. The Working Group meets twice a year to support ECD capacity building of the CARICOM Secretariat in advocacy, policy formulation, strategic planning, monitoring and evaluation, and community resource mobilisation. UNESCO and UNICEF are members of the group and support the participation of the regional NGOs and research institutions as required to ensure comprehensive and effective cooperation.

Key actions supported in 2006-08 by UNESCO and UNICEF include:

- Development of guidelines for quality ECD policy and standards
- Development of indicators to monitor the performance of the ECD sector

Development of guidelines

A regional workshop was held in Antigua in September 2006. The twenty participating countries reviewed existing ECD standards within the broader framework of policies and regulatory systems being established at national level. The workshop resulted in the drafting of guidelines to assist CARICOM states to develop comprehensive policy, minimum standards, and regulatory frameworks for ECD services. Consultation took place with member states, through intersectoral committees headed by ministries of education, on the acceptability and utility of the guidelines prior to their adoption by CARICOM. The guidelines will be published in 2008.

At the CG's 2007 Annual Consultation, the 4 Cornerstones provided a useful framework for regional updates and discussions.

Development of quality indicators

Access to data was identified as a critical constraint to providing a full profile of ECD at the national level. A project was prepared to assist countries to test and pilot data collection mechanisms on an agreed set of indicators to monitor the performance of the early childhood sector. A pilot project in three countries will test the feasibility and utility of the proposed indicators and identify and develop the modalities that will be required for effective implementation at the country level. Key actions for 2008 will include capacity building of early childhood coordinators in the analysis and use of data for reporting and decision making, policy development, and service improvement.

Next steps by the Regional ECD Working Group

Key issues to be addressed through technical assistance and through a series of guidelines for the CARICOM Secretariat and member states include:

- implementation of standards
- establishment of monitoring systems
- development of national financing mechanisms and investment strategies
- establishment of organisational structures for governance and support in ECD sectors.

Presented by UNICEF and UNESCO on behalf of CARICOM ECD Working Group initiatives in the Caribbean region.

For more information, contact:
Sian Williams, Caribbean ECD Advisor, UNICEF
E-mail: sgwilliams@unicef.org

Paolo Fontani, Education Specialist, UNESCO, Kingston Office, Caribbean
E-mail: p.fontani@unesco.org

Report: Latin American Network of The Consultative Group on ECCD

The Latin American Network of the Consultative Group on ECCD meets every three to four years to identify ECCD priorities in the region. The Fourth Meeting of the Network was held in Panama June 27-29, 2006.

At this meeting, representatives of international organisations, worldwide networks, universities, governmental and non-governmental organisations, and other ECCD stakeholders in Latin America gathered for three days of workshops that opened the possibility of collaborative actions to strengthen ECCD and affect public policy processes in Latin America. National and local experiences from Brazil, Nicaragua, Chile, Colombia, and Guatemala provided an overview of the situation of children and families in the region. The workshops were developed from four important components:

- Conditions for the formulation and high-priority development of ECCD policies.
- Main subjects regarding early childhood.
- Processes in the construction of public policies.
- Development of human resources.

The meeting allowed an interchange of experiences, knowledge acquisition, and encounters with actions that are happening in the region regarding public policy development.

When the Consultative Group developed/launched the 4 Cornerstones to Secure a Strong Foundation for Young Children in October 2006, the Technical Secretariat of the Centro Internacional de Educación y Desarrollo Humano

(CINDE) adapted the Latin American Network's working plan, developed at the Panama meeting, to reflect them. The working plan is even broader, however, and aims to strengthen links between education, health, nutrition, protection, and children's participation.

The framework defined at the Panama meeting is outlined below, and links to the 4 Cornerstones are highlighted.

The Latin American Network's Working Plan

The Network's highest priority until 2009, which relates to Cornerstone 4, is to support regional organisations and countries in Latin America in the design and implementation of national and subnational ECCD policies.

Cornerstone 4: Include early childhood in policies

Ongoing and/or planned activities include:

- Support to national stakeholders and regional organisations in Guatemala, the Dominican Republic, Honduras, Nicaragua, Colombia, Peru, and Brazil.
- Support for local (subnational/municipal) processes, including the Central American Mayors' Initiative, Honduras; rights and acts in Colombia (official budgetary monitoring); local experiences of preschool education in border regions with UNESCO Ecuador and Colombia; and programmes such as Primeira Infância Melhor (PIM) in Rio Grande do Sul.
- Promotion of and participation in regional events of the Network itself and of other organisations such as UNICEF, Organisation of American

States (OAS), and the Latin American Network for Children's Rights.

- Translation of key materials (e.g., *The Coordinators' Notebook* advocacy issue, no. 27, 2003, Emily Vargas-Barón's book *Planning Policies for Early Childhood Development: Guidelines for Action*).
- Publication of *Panorama Latinoamericano de la Primera Infancia* (Latin American ECCD Overview), an electronic publication of the network by country (Peru and Brazil have been published; the Dominican Republic, Honduras, Guatemala, and Cuba are in preparation).
- Publication of *Creciendo Unidos* (Growing Together) and *Conexión Niñez* (Children's Connection), both of which focus on advocacy.
- Networking with our regional partners, including the World Forum on ECCD, the World Organisation for Early Childhood Education/Organisation Mondiale pour L'Éducation Préscolaire (OMEP), the Latin American and Caribbean Network for Children's Rights, the Global Campaign, Brazil Zero to Three, and the ECCD group of MERCOSUR's education coordination body. (MERCOSUR is South America's leading trading bloc. Known as "the Common Market of the South," it aims to bring about the free movement of goods, capital, services, and people among its member states. It has been likened to the European Union, but with an area of 12 million square kilometres, it is four times as big.)
- Dissemination of quality research such as UNESCO reports and the evaluation of quality of services conducted in Mexico.

Cornerstone 3: Improve primary school quality

Ongoing and/or planned activities include:

- Promotion of and participation in the development of simulation software to estimate the cost of basic quality education (e.g., by Save the Children Foundation UK in Peru, Brazil, and Colombia).
- Helping to collect and consolidate existing and new data on public expenditures.
- Promoting and disseminating partners' experiences linking ECCD and basic education programmes across the region.
- Promoting and disseminating research on teacher training, such as the Chilean study of public and private training programmes.
- Promoting as part of the school readiness and transitioning programme the use of assessment/evaluation instruments to support students' transitioning to school.

Cornerstone 2: Get ready for success

Ongoing and/or planned activities include:

- Promoting programmes to strengthen parents' involvement and competencies.

- Promoting monitoring and evaluation of parents' competencies.
- Reviewing growth and development scales.

Strengthening links with health, nutrition, and protection specialists and organisations

Efforts were made at the Panama Network meeting to include the participation of health, nutrition, and social agency partners such as PAHO (Latin American Center for Perinatology), INCAP (Central-America and Panama Nutrition Centre), and FLACSO (Latin American Faculty of Social Sciences). Actions planned by the Network that relate to Cornerstone 1: Start at the Beginning, include the following:

- Translating materials such as the UNICEF Toolkit.
- Training Network members and their partners.
- Promoting the training of young ECCD researchers as well as provision of scholarship funds for research.
- Promoting special issues such as articulation and readiness, children's participation, and disabilities.
- Translating key publications and materials on ECCD, along with signing an agreement with the Centre de

Excellence of Montreal University to translate the ECCD Virtual Encyclopaedia into Spanish.

- Translating into English Latin American research reports and theoretical papers as part of the Encyclopaedia, as well as documents from practitioners in a new section, "Voices from the Field."
- Working with World Forum national representatives for Latin America to translate the ExchangeEveryDay into Spanish, Portuguese, and probably French.

Challenges ahead

- Continue advocating for reduction of the gaps between theory, public declarations, and practice.
- Promote health, nutrition, protection, and education links within and between ECCD programmes.
- Prioritise research and innovations to strengthen and expand 0-3 initiatives/programmes as part of the early life-cycle process (linked to preschool education).
- Expand the exchange of regional experiences and research on teachers' and caregivers' initial and ongoing training as well as technical assistance and monitoring systems.
- Strengthen the exchange of and support for cross-country experiences on financing, costing, and private sector involvement.
- Share experiences on national and local regulations, standards, indicators, and developmental scales.
- Share experiences on alternatives to organise institutional structures to develop policies and delivery systems in a decentralisation process.

For more information, contact:
Alejandro Acosta, Regional Director,
CINDE Technical Secretariat
E-mail: aacosta@cinde.org.co



Promoting programmes to strengthen parent involvement and competencies.

Recent developments in CEE/CIS: Early Childhood Programme of the **Open Society Institute**

The Open Society Institute's (OSI) Early Childhood Programme focuses on expanding access to quality early childhood development, with special attention to minorities, children with disabilities, and children living in poverty. OSI, a private operating and grantmaking foundation, aims to shape public policy to promote democratic governance, human rights, and economic, legal, and social reform. Working in thirty-four countries, the Early Childhood Programme supports OSI's mission through an agenda based on: (1) increasing human development potential through effective early interventions in the lives of the youngest and most vulnerable children and their families; (2) holding governments accountable for their commitments to young children and families; and (3) promoting the development of a vibrant civil society by fostering children's participation skills and critical thinking, engaging parents and communities to advocate on behalf of their children, and supporting a strong early childhood sector.

Our flagship initiative in Central Eastern Europe/ Commonwealth of Independent States (CEE/CIS): Step by Step

Our flagship initiative is the Step by Step Programme, which began in 1994 in the CEE/CIS region as a response to declining social supports for young children and their families. Designed for a region with a deep pedagogical history and a post-communist legacy of widespread teacher-centred preschools, the initiative aimed to introduce child-centredness and

community engagement into strongly entrenched national preschool and primary education systems. Over time it emphasised development of national NGOs and institutions, formal evaluation of pilot projects, and then concerted advocacy to reform early childhood policies. Programme models include centre-based services in crèches, preschools, and schools for children from birth to age 10, as well as parenting initiatives and training sessions that focus on inclusion and social justice. OSI continues to provide significant support to twenty-nine Step by Step NGOs and their regional network, the International Step by Step Association (ISSA).

Extending our activities to Asia, Africa, and the Middle East

While continuing to enhance our work in CEE/CIS, we are extending our activities to three regions: Asia, Africa, and the Middle East. Our holistic and interdisciplinary approach to support children from birth includes working with a wide group of education, social service, and health and welfare providers; communities; families; and children themselves. In expanding to new regions, we work with local partners to develop the most contextually appropriate solutions. In 2007, we began to work in Bangladesh and Liberia, as well as with Palestinian citizens of Israel. In Bangladesh, OSI and the Bangladesh Rural Advancement Committee (BRAC) University have developed a postgraduate programme in child development. In Liberia, OSI is partnering with the Ministry of Education to develop a

situation analysis that will inform ECD policy planning and programme development. Work with the Palestinian citizens of Israel will focus on the development of quality preschool standards. Plans for 2008 include an early literacy project for families living on the Thai border of Burma.

An agenda for advocacy, policy planning, and accountability

The Consultative Group's 4 Cornerstones provide an important organising framework for our advocacy efforts. OSI joins international networks of donors, practitioners, and researchers to advocate for:

- Increasing international investments in quality ECD.
- Extending the range of early childhood programme options available.
- Ensuring access for minority children to high quality ECD programmes that respect and reflect their cultural diversity.
- Supporting the rights of children with disabilities to inclusive education.

OSI's Early Childhood Programme engages in the development of national early childhood policies in accordance with its mission of extending quality services to children most at risk. This includes leveraging funding for ECD through the Education for All Fast Track Initiative (FTI) and other development bank mechanisms, capacity building of policymakers, preparation of policy recommendations, and policy planning. Advocacy is particularly important in

Central Asia and the Caucuses, where expanding access and diversifying programmes available is necessary both to reach more children and to meet local needs.

Our current work in Europe focuses on monitoring and accountability of groups that are often excluded from quality ECD, that is, migrants, minorities, and marginalised populations. We are working on

a policy analysis of ECD for Roma children and a review of the placement of children with disabilities into special education or mainstream education.

For more information, contact:

Sarah Klaus
Director, Early Childhood Programme
Open Society Foundation
sarah.klaus@osf-eu.org

Divya Lata
Senior Programme Officer,
Early Childhood Programme
Open Society Foundation
divya.lata@osf-eu.org

Michelle Neuman
Senior Programme Officer,
Early Childhood Programme
Open Society Foundation
michelle.neuman@osf-eu.org

REGIONAL REPORT: INTERNATIONAL STEP BY STEP ASSOCIATION

Report: International Step by Step Association

The International Step by Step Association (ISSA) is a membership organisation that connects professionals and organisations working in the field of early childhood development and education. ISSA promotes and emphasises equal access to quality education and care for all children, especially in the early years of their lives. Established in the Netherlands in 1999, ISSA's network now stretches across the globe from Central and Eastern Europe to Central Asia, Asia, and the Americas.

While ISSA offers general membership and information sharing to all interested individuals and organisations, its core members are the thirty NGOs, located primarily in Central Eastern Europe and the former Soviet Union, that implement the Step by Step Programme initiated by the Open Society Institute (OSI) in 1994. Within this network, ISSA supports a wide array of programmes that collectively provide a comprehensive set of educational services, as well as advocacy tools to positively influence policy reform for children and their families. ISSA receives generous financial support from OSI,

and over the years it has developed close cooperation with OSI in several programme areas.

As a partner of the Consultative Group on Early Childhood Care and Development, ISSA is committed to the Education for All and Millennium Development Goals. ISSA's own principles, based on democratic values, child-centred approaches to teaching, parental and community involvement in children's development and education, and a commitment to diversity and inclusion, are closely aligned with the Consultative Group's 4 Cornerstones to Secure a Strong Foundation for Young Children.

Cornerstone 1: Start at the beginning

ISSA'S Early Childhood Education (ECE) Programmes

ISSA is firmly committed to improving care and educational services for young children in its core membership countries. Activities are targeted and implemented both inside the formal educational sector, in schools and institutions, and outside the formal system in cooperation with local

communities. ISSA's member organisations provide training to caregivers, teachers, school administrators, parents, educational authorities, and other representatives of the community at local, regional, and national levels.

Quality Early Education Programme

Through its Quality Early Education Programme, ISSA provides professional development support to educators working in infant/toddler programmes, preschools, and kindergartens through training, mentoring, and the development of educational resources that stress developmentally appropriate practice, holistic child development, and active family participation. In recent years, ISSA Pedagogical Standards have been introduced. The Standards are a network-developed tool, based on principles of child-centred teaching, which define quality in teaching practices and the classroom environment. They offer a unique approach and an integrated set of materials to support teachers' self-assessment, mentoring, assessment, and certification within the network.

The Standards are available for adaptation and implementation in new contexts.

Disability and Education for Social Justice Programmes

ISSA programmes pay special attention to children from ethnic minorities, children with disabilities, and children living in remote areas or in poverty. To promote access to quality education, ISSA has developed its Education for Social Justice Programme, which provides training to a variety of target audiences in social justice, multicultural, and bilingual education. The Disability Programme, developed and managed in cooperation with OSI, focuses on the inclusion of children with disabilities into mainstream classrooms. The Disability Programme enhances teachers' professional capacity and advocates for the rights of children with disabilities and their families. Several ISSA projects on inclusion have received EU funding.

Parent and Community-Based Programmes

Recognising that many children are not involved in formal preschool education, ISSA, together with OSI, has developed the Parent and Community-Based ECD Programme. This programme offers user-friendly materials, activities for parents and children, and modules for facilitators from the local community to support families in their effort to promote their children's development and education. Uniquely, it integrates child development, early stimulation, and parenting information into prenatal, early health, and education services.

Cornerstone 2: Get ready for success

Supporting access to preschool education

Many ISSA network members have been active in providing access to and

advocating for preschool programmes for children from ethnic minorities (with an emphasis on the Romani minority), children with disabilities, and children living in remote areas or in poverty. As a result of ISSA members' participation in OSI's Roma Education Initiative, over two thousand Romani children, who otherwise would not have had the opportunity, gained access to preschool programmes. ISSA and OSI continue to work closely together on developing and implementing programmes that emphasise equal access for all.

ISSA, OSI, the UNICEF Regional Office (CEE/CIS), and the Institute of Education in London jointly organised a study tour to the UK in November 2007. Participants included governmental representatives, UNICEF education officers, and representatives of ISSA's core members. The tour was intended to strengthen country level capacity to advocate for, plan, and implement quality programmes for young children, especially those pertaining to children's readiness for entering primary school.

Cornerstone 3: Improve primary school quality

Promoting quality through pedagogical standards

ISSA and its members continue to build upon the success of OSI's Step by Step Programme in Central and Eastern Europe and the former Soviet Union. Professional development programmes and primary school level methodology have been recognised and included in the official list of services by several ministries of education in the region. As with the preschool/kindergarten programmes, in implementing the Step by Step primary school programme, ISSA is guided by the belief in child-centred, interactive pedagogy that promotes active participation, critical thinking, and life-long learning habits and skills from an

early age. ISSA Pedagogical Standards help ensure quality and focus on teachers' ability to implement well planned, developmentally appropriate, reflective practice; demonstrate respect for diversity; and promote meaningful family participation.

Cornerstone 4: Including early childhood in policies

ISSA'S advocacy agenda

ISSA campaigns for effective policies and forges links with government agencies and international organisations to ensure that successful approaches and programmes have policy impact or become mainstreamed. In October 2006, ISSA, the Roma Education Fund (REF), and the European Early Childhood Research Association (EECERA) jointly submitted an amicus brief to the European Court of Human Rights in Strasbourg in reference to the case D.H. and others v. the Czech Republic. This brief emphasised that appropriate and effective assessment practices need to include the use of multiple tests/pieces of evidence, contributions from multiple perspectives and disciplines, and the taking into account of children's developmental, ethnic, cultural, and linguistic diversity.

One of ISSA's main functions, building capacity among its members, including the capacity to effectively advocate for including early childhood in policies, has been realised through a partnership with the World Forum Foundation (WFF). ISSA supports the participation of eight representatives of its core members in the WFF's Global Leaders for Young Children Programme, which aims to improve life chances for young children by developing early childhood leaders.

ISSA uses its annual conference and other events to promote its advocacy agenda. ISSA hosted the 2007 EECERA Conference, "Exploring Vygotsky's

Ideas: Crossing Borders," in Prague from August 29 to September 1, 2007. The event provided a rare opportunity for researchers and practitioners from East and West to engage in a dialogue exploring convergences and divergences in the understanding and application of Vygotsky's work to policy, research, and practice today. The 2008 ISSA Conference, "Active

Citizenship: Democratic Practices in Education," organised jointly with the WFF, will explore the understanding of democracy in the early years and will underline the importance of advocacy for democratic practices in ECE. Panels will look at what the promotion of democracy means for practice and for advocacy/policy, highlighting global and regional advocacy priorities. The

2008 Conference is scheduled for October 9-12, 2008 in Budapest.

For more information, contact:
Liana Ghent
Executive Director
International Step by Step Association
E-mail: lghent@issa.nl
Website: <http://www.issa.nl>

REGIONAL REPORT: ADEA WORKING GROUP ON ECD

Report: ADEA Working Group on ECD

The Association for the Development of Education in Africa's Working Group on ECD (WGECD/ ADEA), established in 1993, has been operational as a network since 1997. Its aim is to influence policy around the development of the young child and thereby contribute to expanding and improving sustainable and appropriate ECD provision in Africa. Its overall objective is to work as a catalyst and facilitator in the Sub-Saharan Africa region to promote a coherent and coordinated response to the challenges facing ECD in that part of the world.

Much progress has been made overall in Africa since 1997. Several African countries have developed ECD policies and implemented a number of effective programmes with donor and international support. With the increasing realisation that cost-effective ECD interventions can reduce the long-term costs of not investing in ECD, there is a challenge to continue to work towards increasing access to quality ECD interventions, especially by the most vulnerable.

The 2007 Global Monitoring Report, *Strong Foundations: Early Childhood Care and Education* (summarised

in this issue of *The Coordinators' Notebook*), highlighted the fact that millions of children in Sub-Saharan Africa still lack access to the care programmes, basic immunisation, clean water, adequate food, and early stimulation that are needed for their survival, growth, and development.

In response, the WGECD/ADEA has developed, with its members and partners, a Regional Framework/Plan of Action for 2006-10. The Work Plan's main strategies include:

- Advocacy at the political level, including heads of state, regional political bodies in the US, Economic Community of West African States (ECOWAS), New Partnership for Africa's Development (NEPAD)
- A regional communication strategy
- Networking and partnership building
- Capacity building
- National policy support

In conjunction with this approach the 2008 Work Plan will be structured around the Consultative Group's 4 Cornerstones to Secure a Strong Foundation for Young Children:

(1) Start at the beginning; (2) Get ready for success; (3) Improve primary school quality; and (4) Include early childhood in policies. In the past few years, the Working Group has focused mainly on Cornerstone 4, supporting countries in the process of elaborating national policies and policy frameworks.¹ However, other work undertaken by the Working Group in past years can also be articulated in terms of the 4 Cornerstones.

Cornerstone 1: Start at the beginning

Cornerstone 1 calls for a focus on parenting programmes and integrated services. The Working Group's Regional Framework, Strategy 4.1 includes support for parental education and functional adult literacy programmes, "ensuring ECD contents and messages."

Cornerstone 2: Get ready for success

Cornerstone 2 calls for access to at least two years of ECD services prior to formal school entry for the most disadvantaged. In relation to the Sub-Saharan Africa context, this cornerstone is translated in the Regional Framework's Strategy 4.5

as “supporting scaling up for IECD programmes.”

Cornerstone 3: Improve primary school quality

Cornerstone 3 calls for increased investments and a focus on teacher training, whereas Strategy 4.2 of the Working Group’s Regional Framework is to support capacity building at the national level and to work with partners on initiatives such as the Early Childhood Virtual University (ECDVU.org), African Virtual University, and the UNESCO initiative of mapping universities that deliver ECD programmes by distance, as well as all African universities delivering ECD programmes.

Cornerstone 4: Include early childhood in policies

Three strategies of the Regional Framework are directly linked to Cornerstone 4: Strategy 1—advocacy for ECD at the political level; Strategy 2—a regional communication strategy directed at high-level decision makers (in collaboration with the Consultative Group); and Strategy 5—supporting multisectoral coordination for ECD. Strategy 5.1 specifically calls for “supporting the process of national ECD policy/policy framework, costing exercises, and planning.”

Future work of WGECD/ADEA will reinforce the assets and results of this joint work at national and regional levels.

Cross-cutting issues

Other strategies employed by the Working Group are cross cutting the ones described above. These include Strategy 3 of the Regional

Framework—networking and partnership building (in particular, strengthening the national networks, facilitating exchanges of information and experiences); Strategy 4.3—supporting a gender perspective in ECD objectives and implementation; and Strategy 4.4—supporting HIV/AIDS prevention and management in ECD programmes.

An African institutional base

The Working Group has been coordinated by the Chair of the WGECD from the Netherlands Ministry of Foreign Affairs, the lead agency for the WG since 1998. The Chair is currently located in Mozambique, assisted by a consultant based in Ghana. With the increasing responsibility of the Working Group as the lead catalyst for ECD in Africa, and with the expansion of ECD activities

2006-2010 Regional Framework/Plan of Action

- *Political Advocacy*
- *Development of a Regional Communication Strategy*
- *Networking and Partnership Building*
- *Capacity Building*
- *National Policy Support*

in the region in the last three years, it became necessary to engage a second consultant on a part-time basis. The team has constituted a “virtual Secretariat” since 2006.

Central in 2008 is the proposed transfer from the current set-up of the Working Group to an All Africa network for ECD with the establishment of an administrative base in Africa in an agency that deals with ECD issues and can take on administrative responsibilities (including dealing with funds). The Steering Committee has chosen Save The Children USA in Nairobi for this role. To strengthen the WG Steering Committee and ensure linkages with the political agenda, it is also proposed that the next Chair will be UNESCO Breda, based in Dakar. This would ensure the political leverage of the Working Group, as well as coverage of both East/Southern and West/Central Africa and the two major languages, French and English.

Next steps

The first National Focal Points meeting in summer 2008 will allow us to continue the work of the November 2007 WG Steering Committee meeting in adapting the Consultative Group’s 4 Cornerstones to the Sub-Saharan Africa context, based on national and regional expertise. This coordination with a global network will assist us in moving forward.

For more information, contact:

Ms. Stella Etse
WGECD Coordinator
 c/o UNICEF – United Nations
 Children’s Fund
 UNICEF House
 4 – 8 Rangoon Close
 P.O. Box AN 5051
 Accra North, Ghana
 E-mail: wgecdafrika@gmail.com
 Website: <http://www.ecdafrica.com>,
<http://www.adeanet.org>

¹ These activities include supporting a costing exercise for Burkina Faso and The Gambia in collaboration with the World Bank and Alain Mingat; organising a special session on ECD in the 2006 ADEA Biennale on Education in Africa; contributing to the preparation of the 2007 EFA Global Monitoring Report on ECD; supporting the regional (SSA) launch of the report; publishing a study “Investing in ECD: Benefits, Savings and Financing Options” (by K. Hyde); and disseminating the report of the Ghana African/International Conference in 2005.

Advocacy in the Arab Region

Arab Resource Collective (ARC) is a regional, independent, non-profit organisation founded in 1988. ARC works with partners in several Arab countries, including Lebanon, Palestine, Syria, Jordan, Yemen, Egypt, and Sudan.

ARC's mission is to build on the capacities of each person and on people's experience to develop knowledge and translate rights into reality. It takes a holistic and integrated approach to development, and practices collective work through consultation, networking, and partnerships.

ARC's objective is to produce resources, build capacities, and generally nurture the resource culture in Arab countries. Working with partners, ARC contributes to better childhood, health, education, communication, and community development by producing reference books (such as the Arabic edition of "Where There is No Doctor"), training manuals, newsletters, and other educational materials, as well as by convening workshops and training programmes to build human resources.

ARC's programmes cover:

- Early childhood care and development
- Children's rights
- The child-to-child approach
- Mental health for a new generation
- Youth and healthy living
- Disability, special needs, and inclusion
- Health for all through primary health care, women's health, and rational use of drugs
- Digital solidarity with deprived communities
- Information and communication technologies for development

- Training, learning, and communications.

The Early Childhood Care and Development (ECCD) programme is the largest single programme in ARC. Over the years it has developed an effective participatory approach to the development of human and material resources in several Arab countries. Outputs include a basket of awareness raising materials on the importance of ECCD, an acclaimed training manual (*Adults and Children Learning: A Holistic and Integrated Approach to Early Childhood Care and Development*), and a set of longer-term capacity-building processes with ECCD networks in three countries.

Advocacy

Advocacy for ECCD is not a common practice in the Arab region; it is an emerging field for civil society, NGOs, and ECCD professionals. As a regional networking NGO rather than a structured network, ARC does get involved, when appropriate, in advocacy initiatives, particularly at regional and international levels. However, the role it has chosen for itself has been to facilitate collective work among partner NGOs. The major focus of such work is on the production and dissemination of knowledge in the form of approaches and resources, and, more recently, on capacity building. This applies also to the field of advocacy for ECCD.

Though sociopolitical structures in the region are varied, they are generally characterised by distance between governments/states and citizens, or what could be broadly termed "civil society." A common feature is the existence of national Higher Councils for Motherhood and Childhood (HCMC). Created as a sort of public-private venture, they are generally

structures mandated to manage the focus on childhood and establish cooperation between the government structures and the NGO sector, where the latter exists in any significant way. In some contexts, these councils play a positive and synergic role; in others they operate as a neutralising factor for independent NGO initiatives.

International instruments have provided some leverage for NGOs to reclaim the advocacy ground. As an example, the Convention on the Rights of the Child (CRC), through its regular reporting system, encourages "alternative" contributions by civil society. NGOs in some contexts compile and present their own reports; in others, they join forces with ministries (namely under the umbrella of a HCMC) and often succeed in nurturing reports with a dose of professionalism, first-hand knowledge of the field, and accurate assessment. The Education for All (EFA) process, with its insistence on the elaboration of national policies, is another point of entry.

Another positive development generated partly by the dynamics of the CRC reporting system has been the emergence in certain countries of coalitions of NGOs for the rights of the child, which have been able to garner support for raising awareness and lobbying.

In certain contexts, the injection of substantial grants (e.g., by the World Bank in Egypt and Jordan) or the intervention of external actors (e.g., the Aga Khan Foundation in Syria) creates momentum and allows ECCD professionals in the country to participate in influencing and planning, as well as in various aspects of implementation.

In most of the above, the focus is on children in general, often from a rights

perspective. Within this context, the early childhood constituency has had to elbow its way to generate a specific focus on ECCD. Progress has been made, however. Following is a look at how programmes for young children in the Arab region relate to the Consultative Group's 4 Cornerstones to Secure a Strong Foundation for Young Children.

Cornerstone 1: Start at the beginning

The need for structured programmes focusing on child development from conception to age 3 has been identified as urgent for a number of years. However, such projects are still rare on the ground. Cooperation between ECCD and health professionals is only now emerging as a point of entry. One illustration would be one of the outcomes of the 2006 Early Childhood Development Virtual University (ECDVU.org) programme in Yemen; at the end of the seminar on leadership and programming, the participants in the course invited the Ministers of Social Affairs and Health and lobbied them to ensure integration from the early years.

Cornerstone 2: Get ready for success

Enrolment in kindergarten is a current focus of most governments and societies in the region, driven by a variety of factors (e.g., conviction, EFA requirements, external funding). Although the challenge is colossal (typically, the goal would be growth from 10% to 60% by 2015), momentum has been created. Advocacy has focused on such issues as generating resources at the local level and ensuring quality through capacity building and well designed curricula. An example is the project adopted by the current two World Forum Global Leaders in Egypt (from Save the Children US), who focused on mobilising resources and adopting appropriate approaches for increasing enrolment in one rural district.

It is also important to note that community initiatives have been emerging to provide some forms of structured programming to prepare children for the transition from home to basic education. An illustration of this type of community initiative is the project of a learner in the ECDVU course in Yemen, who implemented such a programme in her village during the summer break.

Cornerstone 3: Improve primary school quality

As in many regions, the problems linked to transition from ECCD programmes (where they exist) to primary schooling have been a great concern for ECCD professionals in Arab countries, because of the often abysmally low quality of the primary schooling afforded to the most deprived social sectors. Though the problem is talked about profusely, there is an overall sentiment that very little can be done about this challenge. However, initiatives can be pointed to as illustrative of possible ways forward. For example, ECCD actors within Palestinian refugee camps, which generally are NGOs in Lebanon and elsewhere, have developed highly successful ECCD provision. Cooperation has been gradually emerging with the schools run by United Nations Relief and Works Agency (UNRWA), which is the UN agency mandated to provide support services, including education, to Palestinian refugees, to design various strategies for working on transition, including training of UNRWA teachers.

Cornerstone 4: Include early childhood in policies

Work on national policies has received an active boost in many Arab countries in recent years, thanks to the external leverage mentioned above (i.e., EFA, CRC). For example, a national policy has been adopted in Jordan, and the process has been going on for some time in Egypt, Syria, and Yemen.

Though such processes have generally allowed for significant cooperation engaging the professional ECCD sector, including NGOs, it has also encountered significant obstacles and setbacks in all the contexts.

A State of Permanent Emergency

Although positive signs of movement are indicated on all of the above fronts, attention must be drawn to the growing scope and level of emergencies in the Arab region. Conflicts and upheavals have always existed in the region, but the situation is now one of permanent emergency in Palestine, Iraq, Lebanon, and Sudan, and the potential for a worsening of the situation is on everyone's minds. This state of emergency goes far beyond occasional suspension of normal services. On the one hand, it is producing a chronic degradation of the real progress made in years past. On the other, it requires the allocation of limited energies and resources to cope with the consequences, to the extent that we in ARC have started thinking of the need to introduce strategies to meet the needs of the young children and families affected (pretty much everyone in some contexts) as a key part of our mainline programming.

This poem by Toufic Zayyad, mayor of Nazareth in the 1970s, illustrates the reality of life in the region:

The roses had blossomed on the sill of my window.

And the vine had climbed the stairs draping them in green.

My house was leaning on a ray of sun, sunbathing.

And I was dreaming of bread in abundance to all people.

That was before they came in a tank splattered with blood.

For more information, contact:
Youssef Hajjar, Senior Coordinator
Arab Resource Collective
E-mail: arcyh@gn.apc.org
<http://www.mawared.org/>

Report: Asia-Pacific Regional Network for Early Childhood

Several mechanisms exist for coordination of Early Childhood (EC) professionals globally, including both the Consultative Group on ECCD and the World Forum. Professional societies in early childhood publish journals and hold annual conferences; several of these exist in Asia and the Pacific at the national level. Until now, however, there has yet to be established an official network of early childhood professionals in Asia.

During the EC Policy Review workshop held in Bangkok in July 2007, participants from nine Asian countries (Pakistan, Nepal, Mongolia, China, Philippines, Indonesia, Malaysia, Lao PDR, and Singapore) and representing government, NGOs, universities, institutes, and the UN, met to discuss the possibility of forming an Asian network of early childhood professionals. During the workshop, a self-selected group of participants met to discuss the preparation of a concept note to outline the formation of the Asia-Pacific Regional Network for Early Childhood (ARNEC). The Network recognises that vast economic imbalances exist between and within countries in the Asia-Pacific region, an area characterised by ethnic, cultural, linguistic, and topographical diversity. This diversity is reflected in wide variations in access to early childhood services and their quality. Yet, it is felt a need exists to share good policies and practices for the benefit of all countries in the region. This report summarises these discussions.

The main purpose of ARNEC is to build the capacity of ECD organisations and individuals through development of a shared vision, mutual cooperation,

sharing knowledge and experiences, and initiating joint efforts.

Objectives

Two main objectives have been identified:

- To share experiences, policies, good practices, and documentation between and among members of the regional network.
- To build capacity of EC professionals through regular communication and exchange, workshops and seminars, and through other activities.

In addition, as complementary to and in support of these core objectives, the Network will also:

- Support and/or disseminate studies and multicountry research efforts.
- Carry out advocacy and build common understanding among EC professionals, policy makers, and researchers.
- Build interpersonal and organisational linkages within the region.

Membership

Membership in ARNEC is not restricted to Asia, but is free and open for all interested individuals. For the time being, we will not be seeking to establish institutional or organisational memberships.

Members will receive regular news and updates, will be sent and/or have access to a journal or newsletter, and will be kept informed of events being organised in the region.

The target group for the Network is manyfold. First off, members will be direct beneficiaries of the Network.

As the Network evolves and matures and its membership increases, various committees and thematic groups will be formed around member interest, thereby attracting increased membership. In addition, government policy makers and key donors will be an important target group of the advocacy and research initiatives carried out through the Network. Capacity building will directly benefit EC professionals at various levels and, in the long run, children as well.

Role of Core Group

A Core Group of volunteers including members from PLAN International regional offices, UNICEF and UNESCO regional/national offices, NGOs and universities have agreed to work together through e-mail to carry out specific activities designed to get ARNEC up and running. Once the Steering Committee (SC) is established, the Core Group will cease functioning and can be dissolved. It is hoped, however, that the Core Group members will remain active in the EC Resource Network, either within the SC or as leaders and members of the various committees and thematic groups formed.

Role of Steering Committee

The SC will facilitate the smooth functioning of ARNEC. Its main tasks will be:

- Decision making on programme matters.
- Fund raising, including preparation of a work plan and budgetary planning decisions.
- Policy direction and focus.

- Prioritisation of work plan and activities.
- Oversight of the secretariat and its annual work plan.
- Assistance in managing and/or coordinating the various thematic groups and committees.

SC members will number approximately twelve and must be based in South or East Asia or the Pacific. Efforts will be made to ensure representation from all subregions, from various professional roles (e.g., policy maker, researcher, practitioner), and from various types of organisations (e.g., UN, NGO, government, university, institute). SC members will serve a two-year term.

Role of Secretariat

The Secretariat is considered essential to the smooth running of ARNEC. This is a lesson learned by other Networks, including the Consultative Group. The key roles of the Secretariat would include:

- Administration of the Network.
- Website maintenance and updates.
- Coordination between various committees, thematic groups, and initiatives.
- Overseeing of work plan implementation and follow-up.

Chemba Raghavan joined the Asia EC Resource Network Secretariat in October 2007 on a part-time basis to support coordination and communication of the Network. Chemba will assist with gathering ideas on potential member interests, including what they would like to contribute to and receive from the

The Network recognises that vast economic imbalances exist between and within countries in the Asia-Pacific region, an area characterised by ethnic, cultural, linguistic, and topographical diversity. This diversity is reflected in wide variations in access to early childhood services and their quality. Yet, it is felt a need exists to share good policies and practices for the benefit of all countries in the region.

Network; ensuring that SC members are identified and connected; initiating discussions on website design and compilation of relevant documents; and preparing for and supporting the ARNEC SC meeting in February 2008.

On January 7, 2008, Anna Smeby will join the ARNEC Secretariat team on a full-time basis. In particular, Anna will be responsible for administering ARNEC, including expanding membership; coordination of the SC, preparation of the Annual Workplan, and overseeing work plan implementation; website maintenance and updates; and supporting the preparations for and processes of the SC meeting, the Global Early Learning and Development Standards (ELDS) Validation workshop, and the EC Policy Review workshop, all held in Bangkok in February 2008.

Potential mechanism to house the Secretariat

In the beginning and over the short term, as the Network is being established and additional funds and interest raised, the Secretariat will be based in Bangkok in one of the offices of the initial funding agencies (UNICEF EAPRO, UNESCO Bangkok, or Plan International).

In the long term, a process will be instituted to select an official “house”—an institute or university where the Secretariat will be based. Proposals for hosting the Asia EC Resource Network Secretariat will be

reviewed by a special body set up by the SC.

Potential houses that have been identified include the University of Hong Kong, University of the South Pacific, Beijing University, East China Normal University, Regional Training and Resource Centre (RTRC)—Singapore, and the Korea Institute for Child Care and Education, among others. While the house location may rotate over time, it is felt that it should remain at least two to three years in one location.

Initial activities

While not a detailed work plan, the following activities were identified during the meeting as areas where the Core Group, followed by the SC and Secretariat, should put their energies over the following year:

- Finalise the Concept Note and make it an official document.
- Map key players in ECD/ECCE in Asia with whom the Concept Note can be shared—and through whom membership and interest can be generated.
- Prepare a memorandum of understanding between funding organisations willing to provide initial support to the Network (UNICEF, UNESCO, PLAN, SCF) for establishing the initial Secretariat in Bangkok.
- Initiate a coordinated review of ECCE sections of EFA Mid-Decade Assessment (MDA) National Reports,



with Core Group members supporting the role of the ECCE EFA MDA Technical Support Group.

- Complete formalisation of ARNEC, with Secretariat and SC terms of reference revised, with committees and thematic groups formed and their coordinators chosen, and with mechanisms in place for management and administration of the Network.
- Disseminate findings of the EC Policy Review.
- Establish a website for ARNEC. Prepare modes for exchanges, for keeping members informed of events and activities in the regions, for sharing reports and documents, and for building awareness among potential partners of ARNEC itself.
- Provide input and feedback to EFA MDA ECCE Progress Note for South and East Asia and the Pacific and

complete review of ECCE sections of EFA MDA National Reports.

- Initiate efforts to secure funding for the future, especially support costs related to shifting the Secretariat to the future house.

ARNEC will hold its first Steering Committee meeting in February 2008, bringing together all members to officially initiate the Network, to agree upon protocols and governance procedures, and to finalise the first annual work plan.

For more information, contact:

Cliff Meyers
UNICEF East Asia and Pacific
Regional Office
E-mail: cmeyers@unicef.org

Chemba Raghavan
E-mail: c.raghavan@unescobkk.org

Anna Smeby
E-mail: asmeby@unicef.org

CG Updates

For updated regional news and information on CG areas of focus and Working Groups including Emergencies, HIV/AIDS, Costing and Financing and Leadership, see <http://www.ecdgroup.com>

International Early Childhood Resources

New Journal—Child Health and Education

Available online. The current issue is a “Special Issue” focused specifically on ECD, an extension of *The Lancet* series on Child Development. The articles include some new examples of successful programs. See: www.childhealthandeducation.com/articles/current.htm

How to Avoid the Loss of Potential in Over 200 Million Young Children in the Developing World

Patrice Engle, Sally Grantham-McGregor, Maureen Black, Susan Walker, & Theodore Wachs

Risk Factors and the Development of Competence in Children from Low-Income Countries: The Importance of Social-Emotional Outcomes and Multiple Process Models

Theodore D. Wachs

Integrated Childhood Development Services in Nicaragua

Aimee Verdisco, Emma Näslund-Hadley, & Ferdinando Regalia

Early Intervention and Caregiving: Evidence from the Uganda Nutrition and Early Childhood Development Program

Pia Rebello Britto, Patrice Engle, and Harold Alderman

Africa's Future, Africa's Challenge: Early Childhood Care and Development in Sub-Saharan Africa

Garcia, M., Pence, A., & Evans, J. [Eds.], 2008

This book draws from views of authors and watchers of African trends. It presents the case for investment in ECD based on new findings from neuroscience. Trends in ECD from sociohistorical perspectives—including the new threats to early childhood such as HIV/AIDS, the challenges of caring for children under 3, and the role of African fathers—are presented to provide the context of how households, communities, and the public sector care for Africa's children.

Similarly, comparative studies on how various countries are addressing ECD policy indicate a variety of approaches including participatory ECD planning and community-based approaches that work. This book includes several results of evaluations on the impact of programs designed to promote children's care and development in various countries. As ways forward, this book also describes financing of early childhood programs and the approaches being taken toward capacity building and knowledge dissemination.

Right to Play: Early Child Play Resources

Targeted at children aged 2-5 years, Early Child Play promotes holistic development of the young child using parallel and cooperative play activities. Early Child Play concentrates on building confidence, physical dexterity, and cooperation. Using the same five coloured balls and areas of development as the Red Ball Child Play resource, this resource contains over 65 physical games and activities that concentrate primarily on physical development of the young child.

For more information, see: <http://www.righttoplay.com/>

Contact:

Teresa Gonzalez

Director of Program, Monitoring and Evaluation

Right To Play

65 Queen St West Thomson Building, Suite 1900

Toronto Ontario M5H 2M5 Canada
416 498-1922 ext 236

E-mail: tgonzalez@righttoplay.com



Copies of this book may be purchased through amazon.com. For orders of 10 or more copies of this book, please contact Alan Pence (apence@uvic.ca)



Early Childhood Calendar

See the CG's online Calendar of Events:

<http://www.ecdgroup.com/calendar1.asp>

for a list of events in 2008, including:

The Global Campaign for Education World Assembly

January 22-24, 2008

Sao Paulo, Brazil

ECD in Southern and Eastern Africa Conference

Feb 18-21, 2008

Arusha, Tanzania

Comparative International Education Society Annual Meeting

March 17-21, 2008

New York City, USA

Special Interest Group on Early Childhood

March 17-18, 2008

New York City, USA

'Action Now, Action How' International AIDS Conference Preconference Symposium

August 1-2, 2008

Mexico City, Mexico

XVII International AIDS Conference

August 3-7, 2008

Mexico City, Mexico

ADEA Working Group on ECD, National ECD Focal Points Meeting

September 2008

Nairobi, Kenya

World Forum Global Leaders Meeting

October 7-8, 2008

Budapest, Hungary

International Step by Step Association Annual Conference

October 9-12, 2008

Budapest, Hungary

CG Annual Consultation

October 13-15, 2008

hosted by ISSA

Budapest, Hungary



2008 CALENDAR

UNICEF/Amara

EARLY CHILDHOOD COUNTS: RIGHTS FROM THE START

THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT
www.ecdgroup.com

4 Cornerstones to secure a strong foundation for young children



AUGUST 2008

M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**8 is too late!
Invest early**

CORNERSTONE 3
IMPROVE PRIMARY SCHOOL QUALITY

THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT

The Consultative Group on Early Childhood Care and Development (CG)

is an international consortium dedicated to improving early childhood policy and practice focusing on young children (pre-birth to 8 years) in disadvantaged circumstances.

Launched in 1984, the CG works actively to identify gaps, critical issues, and emerging areas of need and interest related to ECCD for its work in awareness-raising, advocacy, and dissemination, and to seek out new partners. We believe it is critical to promote a more diverse and creative range of ECCD activities that link different sectors, are more inclusive, and better address children's needs and circumstances in the context of the family and/or community.



Coordinators' Notebook

No. 29, 2007

A publication of the Consultative Group on Early Childhood Care and Development, published annually.

Editors:

Leslie Prpich
Louise Zimanyi
Louise Curtis

Design/Production:

Joss MacLennan Design,
www.joss.to

Printing:

Thistle Printing

Photos:

provided by CG partners;
Jean-Luc Ray, Jim Holmes, and
Rob Buchanan

Key Objectives

• Knowledge Generation and Dissemination

Contribute to the development of a diverse global knowledge base on ECCD through the analysis, synthesis, and dissemination of information which is accessible and used by a wide range of actors and stakeholders.

• Communications and Advocacy

Facilitate a broad-based global understanding of the critical importance of ECCD to social development and poverty reduction and advocate for improved investments, policies, and actions to support the holistic development of young children.

• Strengthening Regional Capacity

Strengthen national and regional capacities to generate and disseminate knowledge, share information, and advocate for the support of children's overall development.

The CG includes a broad-based network of UN agencies, multi and bilateral organisations, international foundations and agencies, national and regional organisations and networks, and academic/educational institutions. See www.ecdgroup.com/participation.asp for an updated list. The CG operates through a Secretariat overseen by an elected Executive Board made up of current partners.

The CG, currently housed at Ryerson University in Toronto, Canada, is jointly supported by the Office of International Affairs and the Faculty of Community Services.

The *Coordinators' Notebook* is produced annually and is one of our networking tools. Each issue focuses

on a particular issue or topic, as well as offering network news. We try to provide information on the most appropriate research, field experiences, and practices to benefit individuals working with young children and their families. We encourage you to share this information with other networks you take part in. Feel free to copy portions of this *Notebook* and disseminate the information to those who could benefit from it. Please let us know about any programmes or efforts benefiting young children and their families in which you may be involved.



THE CONSULTATIVE GROUP ON EARLY CHILDHOOD CARE AND DEVELOPMENT

For more information, contact:

Louise Zimanyi, Director
The Consultative Group on
Early Childhood Care and
Development
c/o Ryerson University
350 Victoria Street
Faculty of Community Services
Toronto, Ontario M5B 2K3 Canada
Tel: (1) (416) 979-5000 ext. 4801
Fax: (1) (416) 979-5384
info@ecdgroup.com
www.ecdgroup.com

Office:

99 Gerrard Street East
Sally Horsfall Eaton Centre for
Studies in Community Health
(5th Floor, SHE 588)
Toronto, Ontario M5B 1G8 Canada



THE CONSULTATIVE GROUP
ON EARLY CHILDHOOD
CARE AND DEVELOPMENT

