

Early Childhood Matters

Advances in early childhood development

2016



Early Childhood Matters aims to elevate key issues, spread awareness of promising solutions to support holistic child development and explore the elements needed to take those solutions to scale. It is published annually by the Bernard van Leer Foundation. The views expressed in *Early Childhood Matters* are those of the authors and do not necessarily reflect those of the Bernard van Leer Foundation. Work featured is not necessarily funded by the Bernard van Leer Foundation.

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Cover: Home visiting session in a rural community. Region of Loreto, Peru.

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Gaining momentum: advancing early childhood development 2016

Joan Lombardi

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On 25 September 2015, countries around the world adopted a set of goals to end poverty, protect the planet and ensure prosperity for all as part of the new sustainable development agenda (United Nations, 2015). For young children and families this was a landmark moment, as the Sustainable Development Goals (SDGs) recognise the critical importance of assuring that all young children get off to a good start. For the Bernard van Leer Foundation, after more than 50 years of experience investing in early childhood development (ECD), this represents the dawn of a new era.

We are therefore relaunching this journal in a new format, on a new publication schedule and to serve a new purpose. *Early Childhood Matters: Advances in Early Childhood Development* will be published annually with the aim of elevating key issues, spreading awareness of promising solutions to support holistic child development and strong families, and exploring the elements needed to take those solutions to scale. It is our hope that by documenting the advances in these areas each year, we will be sharing the latest ideas, inspiring innovations and contributing to momentum on behalf of young children and families.

That momentum is growing around the world. More than ever before, the earliest years of life are being recognised as the foundation of human development and economic success. Propelled by a combination of science, economics, parental demand, new champions and common sense, we are witnessing a revolution in thinking about the importance of the period from pre-conception to the early primary grades.

One of the most exciting examples of this growing early childhood movement was the announcement by the World Bank and UNICEF, on 14 April this year, of a joint effort to urge greater investment in early childhood development:

The two organizations announced the establishment of a new alliance that aims to make ECD a global policy, programming and public spending priority, to give all young children access to quality services that improve their health, nutrition, learning ability and emotional well-being.
(World Bank and UNICEF, 2016)

From the emergence of early childhood in the Sustainable Development Goals, to increasing research, to the growing number of local, national and regional early childhood networks, there is a sense that early childhood has finally ‘come of age’ and is on the move.

Elevating the issues

We are honoured to launch this new annual series with leading authorities in the field. Anthony Lake (pages 12–15), Executive Director of UNICEF, starts us off with a strong call to apply the science to shape policies, practical action and public advocacy. He reminds us that the new Sustainable Development Goals reflect the growing recognition of early childhood and the need to come together across sectors – coordinating and integrating efforts in new ways.

We then move to three important voices representing health, education and child protection, all harmonising around a common science. Flavia Bustreo (pages 16–21), representing the World Health Organization, explains the importance of early childhood development to the Global Strategy for Women's, Children's and Adolescents' Health. Alice Albright, Karen Mundy and Sarah Beardmore (pages 22–25), from the Global Partnership for Education (GPE), provide insight into their new strategic plan, underscoring the role that early childhood plays as a prerequisite for accelerated progress to achieve the SDGs. Rounding out this trilogy, Susan Bissell (pages 26–32), representing the Global Partnership to End Violence Against Children, reinforces the importance of preventing all forms of violence and the ways that we can all become part of this global movement.

By sharing these important perspectives from leading authorities across sectors, we hope that readers will use them together as a catalyst for cross-sector collaboration and stepped-up action for young children and families.

Scaling up

One exciting aspect of the new era is the call to move from small-scale interventions to reach increasing numbers of children with better services at the community and country level. Yet scaling up creates a new set of challenges. How do we assure quality as we reach more children and families? In what creative ways can we effectively harness existing services? How do we build the system's capacity at all levels from public officials to those working with children and families at the grass roots level? And how do we continue to monitor progress in a way that leads to continuous improvement?

In this section we begin to address some of these challenges. Given the importance of monitoring and reporting the status of child development from the earliest years of life, we start the discussion of scaling with two articles on measurement. Dana Charles McCoy, Maureen Black, Bernadette Daelmans and Tarun Dua (pages 34–39) shine a light on the various efforts emerging to develop ways to measure the development of children from birth to age 3 at the population level. Magdalena Janus and Caroline Reid-Westoby (pages 40–45) then share the background and characteristics of the Early Development Instrument, an important tool for monitoring child development at school entry.



△ Photo: © iStock.com / Silvia Boratti

We turn next to a topic of growing interest and critical importance, the role of the early childhood workforce in assuring quality. Mihaela Ionescu, Kimberly Josephson and Michelle Neuman (pages 46–51) present what we know about the early childhood workforce and share the groundbreaking effort to launch the Early Childhood Workforce Initiative, bringing renewed attention, energy and understanding of the importance of those dedicated people around the world who work with young children and families every day.

No topic is more essential to the ability to scale early childhood services than financing. Vidya Putcha, Arjun Upadhyay and Nicholas Burnett (pages 52–57) review what we know about the issue and call for increased public financing. Emily Gustafsson-Wright and Sophie Gardiner (pages 58–63) then review the latest information on the emergence of impact bonds and their potential for use in early childhood interventions.

The next three articles illustrate both the challenges and potential of scaling two important services – parenting support and childcare. Jane Lucas (pages 64–68) chronicles the advances being made to promote responsive parenting by scaling Care for Child Development. Another essential service, often overlooked, is childcare for working families: Emma Samman, Elizabeth Presler-Marshall, Nicola Jones, Tanvi Bhatkal, Claire Melamed, Maria Stravropoulou and John Wallace (pages 69–73) present the findings of a landmark study on the global childcare crisis. Responding to this issue in India, Mridula Bajaj and Sonia Sharma (pages 74–79) discuss how early childhood centres for migrant construction workers are being taken to scale.

We round out this section on pages 80–84 by highlighting three recent reports on early childhood for readers interested in exploring further: Samuel Berlinski and Norbert Schady introduce their book for the Inter-American Development Bank, *The Early Years: Childhood Wellbeing and the Role of Public Policy*; Ankie Vandekerckhove and Jan Peeters share the work of the Transatlantic Forum on Inclusive Early Years; and Miho Taguma, Arno Engel and Maria Huerta discuss the role of monitoring programme quality, referencing the OECD *Starting Strong IV* report.

Finding new solutions

As communities and countries scale early childhood, they are confronted with new challenges which call for new solutions. We are inspired by the efforts going on around the world to find new and creative ways to solve problems and expand services for young children and families.

Addressing the needs of young refugees and their families must be at the top of the list. Maysoun Chehab (pages 86–89) highlights the important efforts taking place to provide education opportunities for Syria's youngest refugees. Susan Hibbard and Gerry Cobb (pages 90–93) provide an overview of an important initiative from the USA to improve the quality of early childhood programmes.

Sonja Giese (pages 93–99) presents stimulating ideas to transform early learning through social innovation in South Africa.

Continuing with promising country examples, Emily Vargas-Baron, Rusudan Bochorishvili and Hollie Hix-Small (pages 100–103) address the important topic of creating a national early intervention system in the Republic of Georgia. Yukhiko Amnon and Maniza Ntekim (pages 104–107) discuss efforts to build an early childhood development system from scratch in Liberia. And Mariela Solari Morales, Florencia Cerruti and Giorgina Garibotto (pages 108–110) present Uruguay's *programa de acompañamiento familiar*, a comprehensive protection system for young children focused on their integral development from a perspective of rights, equity and social justice.

We conclude this section, and this issue of the journal, with more suggestions for further reading. On page 111, we summarise *The Lancet's* recent report highlighting the importance of breastfeeding; on page 112, Anna Lucia D'Emilio and Clara Laire summarise a recent UNICEF report on Cuba's early childhood system; and Evelyn Santiago explains the documentation of 'noteworthy practices' by the Asia-Pacific Regional Network for Early Childhood (pages 113–114).

Throughout this issue of *Early Childhood Matters*, readers will be encouraged to see how the voices of important champions are singing in harmony, the challenges of scaling are starting to be addressed and creative solutions are emerging. The examples presented here are only a glimpse of the many inspiring initiatives taking place around the world. We hope they multiply, we hope they gain momentum and we hope you celebrate with us as the movement grows!

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Elevating the issues

Applying the science

How what we are learning about brain development should shape policies, practical action, and public advocacy

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Science is redefining how we think about brain development during early childhood. Now it must change how we act – investing in practical interventions, integrating our efforts across sectors, and engaging with communities and families to reach the children who are being left behind.

Early childhood development (ECD) was once regarded primarily as the domain of educators, premised on the belief that teaching young children the basics – colours and shapes, letters and numbers – strengthens brain development and increases long-term learning. This is certainly true, and critically important.

But as necessary as early education is, it is not sufficient to support the full, healthy development of children's brains – and thus to help them reach their full potential as adults. We must broaden the lens through which we view ECD, encompassing other critical areas such as nutrition, nurturing care, and protection from violence – all of which have a potentially life-changing impact for millions of disadvantaged and vulnerable children. Indeed, for *all* children.

We have already recognised how critical the first years of a child's life are to the healthy development of her brain. During these earliest years, almost 1000 brain cells connect every second, a pace never matched again. These connections are the building blocks of a child's life. They help determine her cognitive, emotional and social development. They help define her capacity to learn, her future success, even her future happiness.

But now we know considerably more, especially about how the experiences and conditions of a child's life affect the formation of these critical brain connections – together with the genetic blueprint she is born with. In fact, the two – nature and nurture, genetic and experiential – are inextricably linked.

So when we stimulate a young child's mind – *playing* with her, *talking* to her, *reading* to her – we are also stimulating her brain development and fostering her ability to learn. When we nourish her body with the proper *nutrition*, we are also feeding her brain and facilitating neural connections. And when we *protect her from violence and abuse*, we are also buffering her brain from the toxic stress that can break those critical connections and hamper healthy brain

¹ In the photo opposite, UNICEF Executive Director Anthony Lake (right) administers an oral polio vaccine to a baby at the Prang Government Primary School in Charsadda District, Khyber-Pakhtunkhwa Province while visiting UNICEF relief programmes for flood victims in the region.



△ Photo: © UNICEF/UNI93833/Ramonedá

development. When we provide her with nurturing care and loving attention, we are laying the foundation for better health and a fuller life.

The implications of our growing knowledge go well beyond individual children – encompassing families, communities, and societies. Children who are deprived of nutrition, or of stimulation, loving care or protection, may never reach their full potential. This is a tragedy for them and for their families. It is also an enormous loss to their societies, which are deprived of the full contribution they could have made, and a significant threat to long-term growth, stability, and even security.

This is of urgent importance in an increasingly fractured world. A world beset by violent conflicts. A world in which some 87 million children aged 7 and under – 1 in 11 children globally – have spent the most formative period of their brains' development growing up in countries affected by conflict. A world in which millions of families believe that physical punishment of their children is 'normal'. A world that is also increasingly affected by climate change – in which the health and well-being of millions of children are threatened by floods, droughts, and other emergencies. A world in which inequities in childhood

– deprivations and conditions that undermine healthy brain development – translate into diminished capacity to learn, to earn a decent living as an adult.

It need not be so. Important change can occur, by applying our evolving knowledge and making ECD – in its full complement of interventions, including early education and stimulation, nutrition, nurturing care, and protection from violence – a priority in policymaking, programming, and public spending.

The return on investment is considerable. Consider only one example. A 20-year study released in 2014 showed that children from disadvantaged households who received high-quality stimulation at a young age went on as adults to earn 25% more than those who did not receive these interventions – bringing their earnings in line with adults who grew up in wealthier households. This study contributes to the mounting evidence that shows how ECD programmes produce long-term economic gains – and fuel progress in human development.

The new global development agenda, embodied in the Sustainable Development Goals (SDGs) and adopted by governments around the world in September 2015, reflect this growing recognition of the role ECD plays in development, helping offset the effects of poverty and adversity. For the first time, ECD is explicitly included in the global development framework, with the specific aim of ‘increasing the percentage of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being’ (United Nations Economic and Social Council, 2015).

‘We need to turn up the volume and commitment around the issue of ECD within the SDGs – and move it from the “point-two” agenda, to the “number one” agenda.’

Although ECD is explicit in the SDGs for education – target 4.2 – it is implicit in others: target 2.2 for nutrition, target 3.2 for health, and target 16.2 for protection and peace. We need to turn up the volume and commitment around the issue of ECD within the SDGs – and move it from the ‘point-two’ agenda, to the ‘number one’ agenda.

To do that, we need to come together across all the sectors – coordinating and integrating our efforts in new ways for ECD. With so much at stake, and so much to be gained, we cannot afford to remain in separate silos. We need to link our efforts – sharing assets and resources and leveraging existing partnerships and networks – to give every young child an opportunity to benefit.

Recognising the urgent need for a more coordinated approach to ECD programmes, in April 2016 the World Bank and UNICEF announced a new partnership for ECD, and a call to action to all of us – in governments, development agencies, partners in academia, civil society, foundations and the private sector – to join forces for ECD.

Governments can invest specifically in nutrition, protection and stimulation and scale-up quality ECD services for every child, especially among the most disadvantaged and vulnerable.

NGOs, civil society organisations and businesses can work together to support local alliances to coordinate and deliver vital ECD services, and to fuel ECD awareness campaigns to inform, inspire and rally people around our common cause.

Academic partners can continue developing the evidence base, expanding our understanding of ECD and effective interventions while helping us develop indicators of brain development in the first 1000 days of life that can help measure progress and identify problems.

Parents and caregivers can learn more about what they can do to positively shape the young minds in their care – playing with and talking to their children, and giving them the active, nurturing care that every child needs and deserves.

ECD, in all its dimensions, is an opportunity and an investment. In today's children. In tomorrow's adults. In the health – physical, social and economic – of families, communities and nations.

The scientific knowledge is irrefutable. The moral argument is strong. The investment case is persuasive. Now we must act to make a lasting and positive difference for our children's most important treasure: their brains and their minds. For their sake. For *our* future.

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Early child development and the Global Strategy for Women's, Children's and Adolescents' Health

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Early childhood development is crucial to achieving the Sustainable Development Goals. Target 4.2 of Goal 4 addresses the subject directly, but more broadly meeting the goals will require young children not only to survive but also to thrive. In this article, the World Health Organization's Flavia Bustreo explains how the Global Strategy for Women's, Children's and Adolescents' Health links to the SDGs, providing a platform for governments and stakeholders to act together for young children.

Significant gains have been made in the past quarter of a century in reducing child mortality. There are an additional 48 million children alive today than would have been were the child mortality rate to have remained at its 1990 level (UNICEF, 2015). These gains are remarkable by any metric but as the global health community began considering the transition from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) it became increasingly clear that more than simply survival was at stake. We will not achieve the SDGs by only focusing on the survival agenda – of course, children need to survive, but they also need to be healthy and develop to their full potential in order to contribute meaningfully to the transformation needed to achieve the SDGs.

More than 200 million children globally will fail to reach their full physical, cognitive, psychological and/or socio-emotional potential due to poverty, poor health, insufficient care and stimulation, and other risk factors to early childhood development (Grantham-McGregor *et al.*, 2007). In addition, many other children do not reach their full potential due to lack of access to essential interventions or the lack of quality care. New health threats also impose a toll as currently demonstrated by the Zika virus outbreak. Not only do parents and caregivers want their children to survive, they want them to thrive and to become economically productive, emotionally stable and socially competent citizens (Chan, 2013).

Today, the evidence about the lifelong benefits of investing in early child development (ECD) is stronger than ever before and the cost of inaction is massive (Chan, 2013). In this context, ECD is now recognised as a domain of global importance that requires increased attention and funding and, to this



△ Photo: Flickr Creative Commons License/UNICEF Ethiopia/2012/Getachew

effect, specific targets and indicators have been included in the Sustainable Development Goal framework and the United Nations Secretary General's Global Strategy for Women's, Children's and Adolescents' Health (Chan, 2013; Lake and Chan, 2014).

Early child development and thriving

Recent advances in neuroscience and what has become known as the 'new science of child development' have provided evidence of the foundational importance of the period from pre-conception to the end of the third year of life. Significant brain development, socio-emotional development, and nutritional status all have their foundations laid during this period and in many cases – particularly in environments characterised by toxic stress – interventions to protect, promote and support child development have the potential to generate a massive dividend (Garner *et al.*, 2012; Shonkoff *et al.*, 2012). It is during the early years that the architecture of the brain is built, with the neural connections forming at the greatest speed, affecting the capacity to learn and engage in mutually reinforcing social interactions with others. In addition, young infants and children develop self-regulation skills essential for reducing aggression and improving social cooperation (Murray, 2014).

Nurturing care in the home, with caregivers who are sensitive and responsive to children's needs, is essential. Evidence increasingly shows how implementing early interventions that strengthen caregiver–child interactions, such as integrated early stimulation and nutrition interventions (Walker *et al.*, 1991) or home visiting by nurses or by paraprofessionals (Olds *et al.*, 2002; Cooper *et al.*, 2009), can improve academic attainment, reduce violence and crime (Reynolds *et al.*, 2001) and can reduce health inequities (Marmot *et al.*, 2008). Importantly, there is a burgeoning evidence base on how early interventions are cost-effective (Heckman, 2006), and lead to improvements in adult economic productivity (Campbell *et al.*, 2014), with estimated annual social rates of return between 7% and 10% (Heckman *et al.*, 2010) and an increase of 25% in the earnings in adulthood of people who received an early stimulation and nutrition intervention (Gertler *et al.*, 2014). While the scientific evidence is clear, the donor and policy neglect of ECD has been striking. There are many reasons for this, including the fact that programmes to support early child development require the inputs from multiple stakeholders across sectors such as health, education and social protection. Furthermore, differences around terminology and framing of ECD have prevented governments and development partners from taking authoritative action (Frameworks Institute, 2007).

Sustainable Development Goals and the Global Strategy

The launch of the Sustainable Development Goals has provided a new impetus to the early child development target (Target 4.2: *by 2030 ensure that all girls and boys have access to quality early childhood development*) (United Nations, 2015). Linked to the SDGs is the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) where one of the core objectives is to ensure that all women, children and adolescents have an equal chance to thrive (and not simply survive) (Every Woman, Every Child, 2015). Not only Target 4.2 but all 17 targets and nine action areas in the Global Strategy are in one way or another related to ECD. They provide a roadmap for countries to develop comprehensive national plans with effective interventions that optimise early child development, within the health sector and in other sectors that address critical determinants of health. Moreover, early child development is essential for attaining multiple SDGs and unless ECD is prioritised, so as to inform policy and programmatic implementation, it is unlikely that many of the SDG targets will be reached (Britto, 2015).

What needs to be done to help children to thrive?

Interventions are needed for children that ensure adequate nutrition, optimal physical and mental health, as well as the support and materials to enhance their cognitive, socio-emotional development. The health sector has a crucial role to play, given its reach to families and children in particular from conception, through pregnancy and through to the early years of a child's life. A promising intervention to improve responsive care and stimulation among

'All 17 targets and nine action areas in the Global Strategy for Women's Children's and Adolescents' Health (2016–2030) are in one way or another related to ECD.'

young children is the WHO/UNICEF Care for Child Development package (2012). Care for Child Development is an evidence-based package and is currently being implemented in countries in five continents: Africa, Asia, Australia and the Western Pacific, Europe, and Central and South America, including among refugee communities such as those in Lebanon. The intervention is uniquely well placed to be integrated within existing maternal and child health services and enhances the quality of care. It enables trained healthcare providers to assess caregiver–child interactions, counselling caregivers on appropriate childcare practices including child stimulation and opportunities for early learning, and offering help to solve problems. The intervention has also been effectively included in childcare services, preschool education, child protection services, and social protection schemes, with positive results (Yousafzai and Aboud, 2014).

This highlights the need for a life course approach, including pre-conception and mental health. Rates of depression and anxiety disorders across the perinatal period are of particular concern in many low- and middle-income countries and addressing them is a fundamental public health issue both for the mother or caregiver, and for the infant and child (Honikman *et al.*, 2012; Tsai and Tomlinson, 2015). The WHO's Thinking Healthy Programme is a low-intensity, evidence-based psychological intervention where community health workers are trained to reduce prenatal depression through cognitive behavioural techniques (Rahman *et al.*, 2008) and is currently being implemented in a host of countries. Cross-sectoral approaches with education and nutrition are essential – the health sector cannot do this alone. Leadership needs to be strengthened in order to ensure a coherent programme across the continuum of care rather than separate vertical interventions that address a single health concern (Tomlinson *et al.*, 2014).

Strong programmes are also essential because new risk factors for child development can arise at any time. Since the middle of 2015, thousands of infants have been born with microcephaly due to infection with Zika virus – the epicentre of the outbreak being in Brazil (Adibi *et al.*, 2016). The consequences of congenital Zika virus infection are lifelong and infants and children with microcephaly are likely to suffer from seizures, intellectual disability, feeding problems, developmental delay and hearing and vision problems (Miranda-Filho *et al.*, 2016). Developmental delay places a significant economic burden on societies, and children and adults with intellectual disabilities face discrimination and violations of their human rights and are vulnerable to experiencing extensive health inequalities (Ouellette-Kuntz, 2005). Mitigating the impact on affected women and caregivers is essential and countries must be helped to strengthen care for pregnant women and families of infants and children with microcephaly and other neurological complications (WHO, 2016)

'Cross-sectoral approaches with education and nutrition are essential – the health sector cannot do this alone.'

Looking forward

'We are now at a unique moment for governments and all relevant stakeholders to engage in concerted action for early childhood development.'

We are now at a unique moment in time as the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health provide the platform for governments and all relevant stakeholders to engage in concerted action for early child development. The goals and targets are clear and new financing opportunities, such as the Global Financing Facility, have been established (Desalegn *et al.*, 2015). The time is right for all stakeholders to make firm commitments and translate these into action. Countries such as Chile and South Africa, through their programmes of 'Crece Contigo' and First Grade respectively, have demonstrated that it is possible to establish broad-based government-led programmes in support of early child development and implement them at scale. The High-level Advisory Group and the Independent Accountability Panel established by the UN Secretary-General in support of women's, children's and adolescents' health are future channels to elevate the attention to ECD and monitor progress towards the relevant goals and targets (United Nations, 2015; Every Woman, Every Child, 2016). The evidence is clear: compromised early child development is a threat to human well-being and is central to national economic and social development, security and peace. We know enough to move from small projects to fully fledged national programmes. At the same time, we must continue to demonstrate, learn and enhance our knowledge of what works and how to reduce inequities in health and developmental outcomes of young children, thereby promoting human capital along the life course. The future of mankind depends on whether we succeed; the lives of current and future generations are hanging in the balance.

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The Global Partnership for Education 2016–2020: enhancing early childhood care and education

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The Global Partnership for Education (GPE) has developed a new Strategic Plan 2016–2020 which provides a road map showing how the partnership will help to deliver on Sustainable Development Goal 4 to ensure inclusive and equitable quality education and lifelong learning opportunities for all. This article explores how GPE will enhance countries' progress on early childhood care and education (ECCE) by locking together better sector planning, stronger partnership at the global and country levels, exchange of knowledge, best practices and innovation, and strategic financing.

The Global Partnership for Education is the world's only multilateral organisation focused solely on ensuring that children and young people in low-income and lower middle-income countries achieve their right to education. Its mission is:

to mobilize global and national efforts to contribute to the achievement of equitable, quality education and learning for all, through inclusive partnership, a focus on effective and efficient education systems and increased financing.

(GPE, 2016a)

GPE's support prioritises education for the poorest and most disadvantaged, including in circumstances of conflict and fragility, and it drives change by enabling countries to develop and lead their own robust national education sector plans through local education groups that cohere all development partners and stakeholders in support. It is a genuine partnership of developing countries, donor nations, international organisations, civil society, philanthropy, teachers and the private sector.

As the international community now pivots towards the vision set out in the new Sustainable Development Goals (SDGs) agenda, GPE has aligned its new Strategic Plan with SDG4:

To ensure inclusive and equitable quality education and lifelong learning opportunities for all.

While GPE has made considerable progress since its establishment in 2002 as a small multi-donor trust fund for the education Millennium Development Goals, its alignment with SDG4 poises it to significantly deepen and stretch its focus

on a comprehensive and holistic vision of education which aims at achieving three fundamental goals:

- 1 improved and more equitable learning outcomes
- 2 increased equity, gender equality and inclusion, and
- 3 effective and efficient systems.

(GPE, 2016a)

GPE's model relies on the tripartite interlocking of evidence-based sector planning, mutual accountability through policy dialogue, and effectively invested domestic and external financing. By bringing together all of its partners at the national level, GPE will help to align donors, citizens, philanthropies, the private sector and ministries of education behind a common agenda of education change to achieve SDG4.

GPE's grant financing will continue to focus on basic education – which is defined as including not only primary, lower-secondary education and second-chance learning opportunities – but also pre-primary education. The Sustainable Development Goals also include a specific global goal on early childhood care and quality education which goes even beyond pre-primary. SDG Target 4.2 in particular calls for scaled-up focus on early childhood to ensure all children are ready to learn:

By 2030, ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education so that they are ready for primary education.

(United Nations, 2015)

ECCE is foundational to GPE's goals, and a prerequisite for the kind of accelerated progress that will be required to achieve the SDGs – and ensure that no one is left behind. GPE will therefore also seek additional financing for equity-focused investments in the progressive realisation of the SDG vision of a world in which early childhood care and quality education are available to all. GPE will not only aspire to this vision, but will indeed measure its own progress with two of the results indicators in its Strategic Plan focusing on ECCE: Indicator no. 2 is SDG4.2, *Percentage of children under five (5) years of age who are developmentally on track in terms of health, learning, and psychosocial well-being*, and Indicator no. 6 looks at *Pre-primary gross enrolment ratios* (GPE, 2016b).

GPE has already made inroads into ECCE through its sector planning, policy dialogue and finance. Its support for comprehensive national education sector planning requires a whole-sector approach which looks at the entire cycle of education. For example, GPE's initial grants to partner developing countries fund a planning process based on robust needs analysis and strong technical support and in almost all education sector plans of GPE countries there is reference to Early Childhood Care and Education. Twenty-seven of 73 GPE programme implementation grants (ESPIGs) have an ECCE component (12 of these are in Africa). Good-quality planning is the essential foundation for improvement and here GPE's support can help to drive nationally owned

'GPE will seek additional financing for equity-focused investments in the progressive realisation of the SDG vision of a world in which early childhood care and quality education are available to all.'

ECCE priorities by investing in sector analyses, supporting education planning methodologies, linking knowledge exchange to good practice and financing national-scale reforms.

In several GPE partner developing countries we have seen what is possible when we resource government leadership to expand pre-primary education. In Cambodia, the Ministry of Education, Youth and Sports aims to reach 32,600 children aged 3–5 through the programmes reaching 56% enrolment by 2017, and GPE is financing intensive pre-service training for early education trainers, teacher training and ‘core-mother’ training for parental education. This new grant will also establish an additional 500 home-based preschools. In Mongolia, GPE has invested USD 10 million to expand access to preschool through the construction of mobile kindergartens in rural and remote areas – so children can access early care and education in the protection of yurts, which move with their nomadic communities.

Just as GPE has increased its focus on early learning, it is heartening that many others have also ramped up focus on ensuring that infants, toddlers and young children have what they need to survive and thrive. Since 2010, there have been more ECCE pilot interventions, more research and more evidence-based work by multilaterals like GPE and the World Bank than in the past 30 years combined.



△ Photo: GPE / Chantal Rigaud

The efforts of the Early Learning Partnership have helped to pick up the pace of progress by international development partners and governments alike. The Early Childhood Development Partnership being launched by UNICEF and the World Bank in 2016 also holds the tangible promise of a much-needed boost in advocacy, investments and monitoring of ECCE progress. So it is clear that ECCE is on an upward trajectory.

Unfortunately, there is a lot more to be done. Significant challenges remain. A particular focus of GPE's work is on reaching the children that are in regions with a high propensity for conflicts or in fragile countries, where progress may not be linear and setbacks are likely. Even in developed countries that are convinced of the value of early learning investments and where resources exist, reaching the most vulnerable is a challenge. No country in the developing world can boast of comprehensive programmes that reach all children, and unfortunately many fall far short. It will be vital to convince policymakers and high-level senior government officials to invest in ECCE: despite the vast amount of evidence for the benefits of quality ECCE, countries as well as donor agencies do not make the necessary investments to effect change in early learning. And most of all, it will be important to break down the silos that impede working together across sectors.

Alice Albright, CEO of GPE, was in a village in the Democratic Republic of Congo bordering the Central African Republic in 2015. A man came up to her with a letter inside an envelope. It said 'Thank you so much for the school you have built for us. When you come back next time can you build us a health clinic?'. By working in partnership across sectors, we can better harvest the benefits of a holistic approach to child development. Each child needs both health and education – and strong national systems are critical to universalising and sustaining essential services in health and education and improving their quality by strengthening their delivery and underlying institutions. GPE's new Strategic Plan 2016–2020 calls on all of its partners to focus on the common SDG goal of a world in which early childhood care and education are available to all – so that all children are supported to realise their potential.

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Ending violence against children and the new Global Partnership – a compelling platform for action

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Many of the Sustainable Development Goals are relevant to the aim of ending violence against young children. A new partnership, with a secretariat housed at UNICEF, is seeking to capitalise on this momentum – and on growing appreciation of the toxic effects of violence on the developing mind. This article explores current research and data, introduces the partnership and explains how people entities from around the world can get involved.

There are few, if any, studies specific to the experience of violence in the prenatal to 5 year old period of childhood. What we do know is that globally, according to a recent journal article in *Pediatrics*, one billion children between the ages of 2 and 17 have experienced violence in the past year (Hillis *et al.*, 2016). Clearly, a percentage of these are children under 5 years of age, and one suspects that an analysis, for example, of violent discipline would yield some disturbing findings for children in the under-5 category. A sub-set of that analysis would also show that a higher percentage of children living with disabilities than those without would experience violent discipline (UNICEF, 2014b).

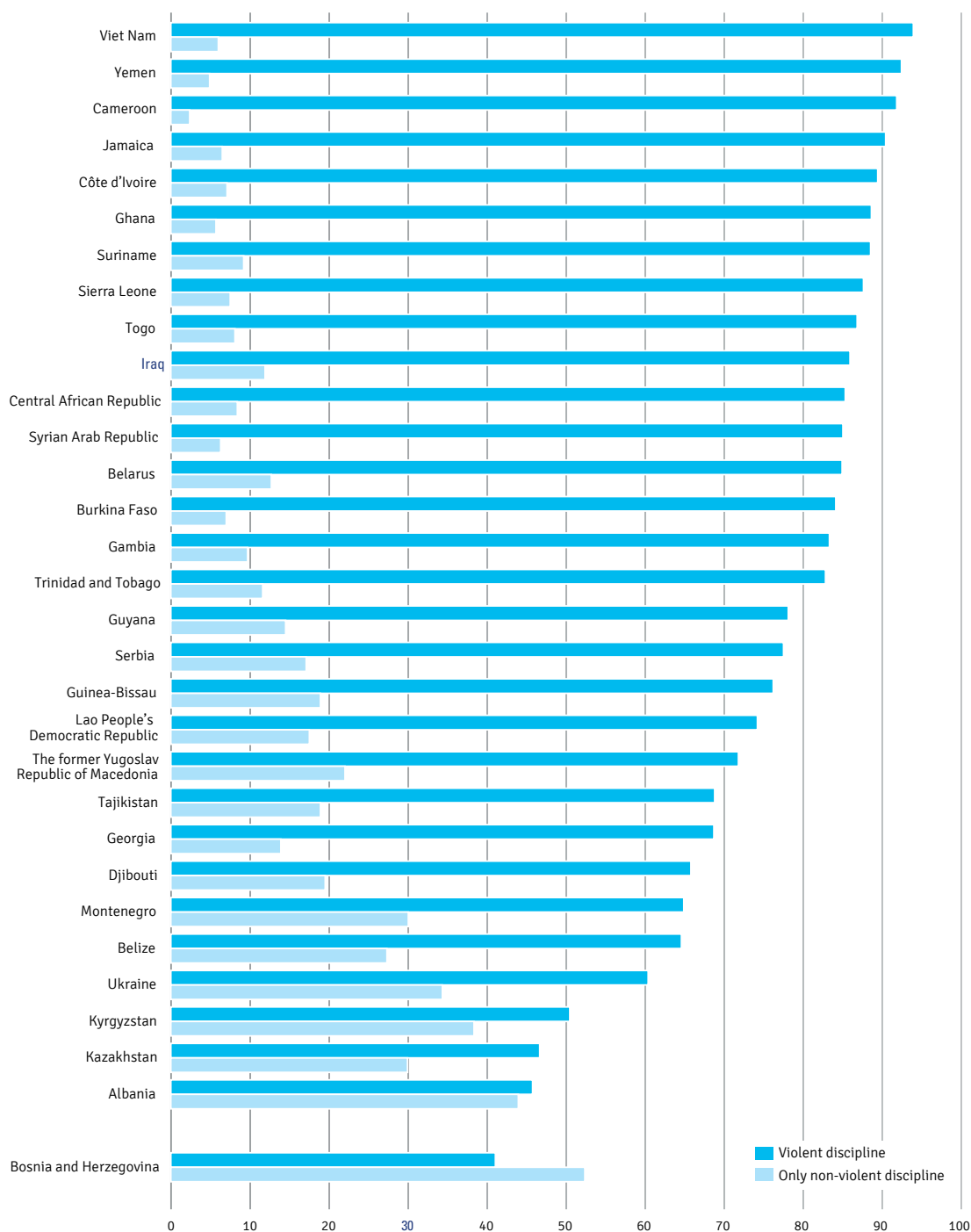
According to the Multiple Indicator Cluster Survey (MICS), violent forms of discipline are extremely common. In nearly all the countries surveyed more than half of 2 to 4 year olds are subjected to violent forms of discipline (UNICEF, 2012). The percentage ranges from 41% in Bosnia and Herzegovina to 94% in Vietnam. The MICS indicates that the number of young children experiencing violence in and across countries is alarming (see Figure 1).

Desmond Runyan, Executive Director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, has researched child abuse for over 30 years. His research has focused on the identification and consequences of child abuse and neglect, especially in babies and young children. For example, one of Runyan's studies concluded that neglect in the first two years of a child's life is significantly associated with later childhood aggression (Kotch *et al.*, 2008). There are other important pieces of research in this field, and much emerging work on the effects of toxic stress in early childhood, which directly affects brain architecture and leads to lifelong problems in 'learning, behavior, and both physical and mental health' (National Scientific Council on the Developing Child, 2007).

¹The author wishes to thank Naasha Javed for her support.

Figure 1 Violent forms of discipline are widespread

Source: UNICEF, 2012



Note: This analysis included 31 countries. Data for Kazakhstan refer to children 3–4 years old. When the direction of the association was not consistent with the expected pattern, the chart groups the countries accordingly. Source: MICS3.

The new Global Partnership

Against this backdrop, and mindful of the new Sustainable Development Goals (SDGs) that came into effect on 4 January 2016 (United Nations, 2015) – otherwise known as Agenda 2030 – a new Global Partnership to End Violence Against Children has been established. Several SDG targets specifically mention violence against children (Global Partnership to End Violence Against Children, 2015, p. 6), as shown in Figure 2.

Figure 2 Children and violence in the Sustainable Development Goals

End violence against children ...

- 16.2** End abuse, exploitation, trafficking, and all forms of violence against and torture of children
- 5.2** Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking, and sexual and other types of exploitation
- 5.3** Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation
- 8.7** Elimination of the worst forms of child labour, including slavery and human trafficking recruitment and use of child soldiers, and by 2025 end child labour in all its forms
- 4.a** Provide safe, non-violent, inclusive, and effective learning environments for all
- 4.7** Ensure that all learners acquire knowledge ... [for] promotion of a culture of peace and non-violence

... reduce the impact of violence in their families and communities ...

- 16.1** Significantly reduce all forms of violence and related death rates everywhere
- 11** Make cities and human settlements inclusive, safe, resilient and sustainable

... and ensure access to fair and effective institutions and to justice for all

- 16.3** Promote the rule of law at the national and international levels, and ensure equal access to justice for all
- 16.9** Provide legal identity for all, including birth registration
- 16.a** Strengthen relevant institutions ... to prevent violence

Source: Global Partnership to End Violence Against Children (2015, p. 6)



△ Photo: UNICEF

The Partnership has three specific objectives:

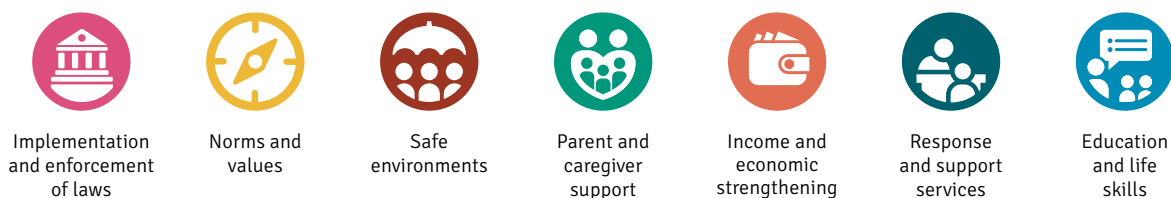
- 1 Build political will to end violence against children, to really place the issue at the centre of policy agendas.
- 2 Accelerate national action around a set of interventions that have proved to be effective in preventing violence and responding to victims.
- 3 Address violence transnationally, helping countries to work together, while igniting a movement to end violence.

Being rights-focused, inclusive and transparent, the Partnership intends to have a lifespan that accompanies Agenda 2030, and currently has a strategy to guide its first five years (Global Partnership to End Violence Against Children, 2015, p. 6).

Stakeholders in the Partnership include civil society organisations, foundations, the private sector, governments, academics and researchers, UN agencies, leaders of the faith-based community, and young people themselves. A Secretariat, housed in UNICEF Headquarters in New York, is staffed with secondments from civil society, government and UNICEF-supported experts, and consultant advisors on strategy, governance, and measurement. While the work of the Partnership is nascent, that it has generated considerable civil society, UN and governmental interest is suggestive of an overall ‘heightened awareness’ that violence against children is, indeed, a grave concern. It also suggests there is political will to achieve – and a demand for – real and sustainable change in societies the world over.

While it is difficult to note precisely what the potential impacts of the Partnership will be on the lives of children in the prenatal to 5 years age group, the set of strategies the Partnership will endorse and promote will most certainly have an effect on these children, and their families. The World Health Organization (WHO) is leading the development of this package of interventions, and they merit closer examination, thinking particularly about very young children. INSPIRE – Seven Strategies for Ending Violence Against Children, developed by the WHO and core partners, including UNICEF, will include seven building blocks (Figure 3). Notably, the WHO-led work builds on the THRIVES package of measures (Hillis *et al.*, 2015), the recommendations of the Special Representative of the Secretary-General on Violence against children (Office of the Special Representative of the Secretary-General on Violence Against Children, 2013), UNICEF’s (2014a) recommended six strategies, and the work of civil society organisations that are at the forefront of efforts to prevent violence against children and help victims.

Figure 3 INSPIRE – Seven Strategies for Ending Violence Against Children



Source: Global Partnership to End Violence Against Children

How people can get involved

At the global level, the Partnership will focus on building political will to end violence against children and make violence prevention a priority. It will also serve as a catalyst for expanding the movement to end violence, based on an understanding that there must be a change in the attitudes and social norms that tolerate violence. This can be done at all levels, but importantly the real ‘movement building’ will take place in communities all over the world, ideally with young people active and engaged. Civil society will be a key part of the movement we hope to ignite. That is a good way for everyone to get involved.

The Partnership has published its zero draft strategy, introducing the concept of ‘pathfinder’ countries. These are places where there is a demonstrated strong commitment to accelerating efforts to make children safe. In pathfinding countries, for example, partners will provide technical support to a whole-of-government approach to violence prevention. This will involve the development of a road map for implementation of the package of evidence-based solutions, and a national commitment to increased financing. The Partnership will create a platform for ‘live’ knowledge sharing across countries. Catalytic funding from an associated Trust Fund will be provided, where possible. Pathfinders – of all income levels and spread across the globe – will act as the bedrock of the Partnership. They will be demonstrating that violence can be prevented. Pathfinders will both innovate and scale-up interventions.

In 2017 – most likely in the fourth quarter – the Partnership will host a ‘solutions summit’. Pathfinders will share experiences of what is working, and what the challenges are. From that point the Partnership will continue to strengthen online and other knowledge-sharing means. New pathfinders may emerge. There have already been questions about regional bodies such as the Global Movement for Children in Latin America, and the South Asia Initiative to End Violence Against Children in South Asia, becoming pathfinders. Cities are asking about the possibility of pathfinder cities.

As a global platform for advocacy, the Partnership will use its convening power to help to expand the global movement against violence both within and between countries. There are many efforts in existence to protect children – Together for Girls, Girls Not Brides, the movement to end female genital mutilation/cutting, and the Global Alliance for Children, to name but a few. The Partnership will work with these, build on their strengths, and fortify an unstoppable force for change in the lives of millions of children the world over.

All governments, NGOs, foundations and other entities can be part of this Partnership in different ways. Supporting the ‘call to action’ that will take place in July 2016, endorsing the package of interventions, and embracing the principles of the Partnership are all ways to engage.

Agenda 2030 is for us all and the Partnership is a test case for its universality.

‘The Partnership will serve as a catalyst for expanding the movement to end violence, based on an understanding that there must be a change in the attitudes and social norms that tolerate violence.’

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Scaling up

Measuring development in children from birth to age 3 at population level

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As early childhood development (ECD) is identified as an important target of the global development agenda, valid and reliable population-based indicators of young children's development are needed. The aim of this article is to briefly summarise the current landscape of initiatives to develop cross-culturally valid and easy-to-use indicators that can be used for global monitoring and assess ECD among children from birth to 3 years of age at the population level.

The foundations of adult health and well-being are built prenatally and during early childhood, when the brain develops most rapidly and both positive and negative experiences are most impactful (Shonkoff *et al.*, 2009). Scientific advances have shown that the consequences of early adversities, such as nutritional deficiencies and excessive stress, can last throughout the lifespan and into the subsequent generation, increasing risk for chronic illness, socio-emotional challenges, and economic difficulty (Hanson *et al.*, 2015; Johnson *et al.*, 2016). Evidence has also demonstrated that early intervention can mitigate the effects of such adversities, enabling young children to develop resilience and experience positive developmental outcomes despite difficult circumstances (Luby *et al.*, 2013).

In response to rapidly growing evidence of the importance of ECD for health, productivity and social stability, interventions to protect, promote and support early child development are high on the political agenda in the post-2015 Sustainable Development Goal (SDG) era (Lake and Chan, 2015). Target 4.2 of the SDGs describes 'access to quality early childhood development' (United Nations, 2015), while the derived Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030) extends an emphasis on child survival to include children's ability to thrive (Every Woman, Every Child, 2015). To achieve the global target, population-level indicators are urgently needed to assess children's developmental status within and across countries. The aim is to enable policymakers and programme managers to make informed decisions regarding policies and resource allocation; to evaluate the effectiveness of ECD policies and intervention efforts; and to track progress in meeting global goals and targets (Raikes *et al.*, 2015). In this article, we outline methods that are available for the measurement of child development outcomes in young children from birth to 3 years of age individually, as well as three new approaches to developing population-level indicators for global monitoring of ECD in the same age group.



△ Photo: © istock.com / Halfpoint

Existing approaches and challenges

Historically, multiple approaches have been used to assess young children's developmental outcomes across diverse cultural contexts.

Individual-level assessments aim to quantify the developmental status of a particular child. The Bayley Scales of Infant and Toddler Development (BSID) (Bayley, 2006) and the Ages & Stages Questionnaire (Bricker *et al.*, 1999), for example, are two screening tools originally developed in the USA that have been widely used for research in low- and middle-income countries (LMICs) (for example, Kerstjens *et al.*, 2009; Sudfeld *et al.*, 2015). One of the major strengths of individual-level assessments is the precision with which they are able to quantify children's developmental status, as well as their ability to provide benchmarks for 'on-track' versus 'delayed' development. At the same time, individual-level assessments require a great deal of training and time to administer, are frequently subject to restrictive copyrights, and cannot be generalised outside of the cultural settings in which they were originally developed without careful adaptation (Fernald *et al.*, 2009; Peña, 2007; Sabanathan *et al.*, 2015). Even with the advent of scales designed specifically for LMIC settings, such as the Malawi Developmental Assessment Tool (Gladstone *et al.*, 2010) and the Kilifi Developmental Inventory (Abubakar *et al.*, 2008), the scalability of these assessments for use in global monitoring is limited.

'Indicators and measurement frameworks for population-level assessment are implemented at scale, and are therefore required to be easy to administer, while maintaining essential properties of reliability and validity.'

‘Historically, population-level metrics for assessing children’s development in the period from birth to age 3 have been extremely limited.’

Population-level assessments differ from individual-level assessment in that they are meant to measure the developmental status of a population (of a region or country, for example), rather than an individual child. Indicators and measurement frameworks for population-level assessment are implemented at scale, and are therefore required to be easy to administer, while maintaining essential properties of reliability and validity. Universal indicators (those to be implemented globally) must also be cross-culturally and cross-linguistically comparable. Historically, population-level metrics for assessing children’s development in the period from birth to age 3 have been extremely limited. As such, policymakers and researchers have largely relied on economic and health-related proxies such as poverty, mortality, stunting, and low birthweight to estimate the well-being of their children (Grantham-McGregor *et al.*, 2007). Although poverty and stunting meet many of the criteria for population-based indicators (Black *et al.*, 2016, forthcoming), they are distal to many developmental outcomes and minimally responsive to programmatic interventions.

Ongoing efforts in population-level measurement from birth to age 3

At least three initiatives are working with the aim to develop population-level indicators of child development in the birth to 3 years age range. Although all began with a conceptual framework and a goal to develop indicators that are both scientifically rigorous and practically useful, each initiative has taken a different – but complementary – approach to achieving this aim.

The **Saving Brains Early Childhood Development Scale** (SBECDS) project is led by academic researchers from Harvard University and funded by Grand Challenges Canada. The SBECDS initiative began by developing a conceptual framework based on the core ECD constructs identified to be most predictive of later-life outcomes, and then filling in this framework with a set of caregiver-report items that were either inspired by those tested in earlier individual-level assessments, or wholly original (McCoy *et al.*, 2016, forthcoming). The resulting set of motor, cognitive, language, and socio-emotional items was then tested using both qualitative and quantitative data collection in an iterative fashion across nine high-, middle-, and low-income countries, with revisions to the items conducted on a regular basis to improve precision and ensure conceptual rigour. Testing criteria include:

- 1 clarity and alignment with the conceptual framework
- 2 criterion validity relative to direct individual-level assessments (such as the BSID)
- 3 test–retest reliability
- 4 internal consistency and factor structure, and
- 5 metric invariance and cross-cultural validity.

After a final round of pilot testing, the most robust set of items will be selected for public dissemination based on the above criteria, the results of item response theory analysis, and relevance for policy and practice.

The World Health Organization (WHO) commissioned a systematic review and located 14 datasets from ten countries that used one or more of seven developmental tools, with more than 22,000 children from birth to 3 years old. Using matrix mapping done by expert consensus, individual items that measured seemingly related developmental constructs were identified across tools. A logistic regression analysis was carried out on all sets of related items to identify those that were most developmentally meaningful. All sets of logistic regression curves were examined by an expert panel for their discrimination between older and younger children, between-country agreement regarding age of milestone achievement, equivalence across methods of data collection (parent report and direct observation) and countries, as well as their representativeness of developmental constructs identified by the systematic review. The final prototype includes items that:

- 1 had good fit on logistic regression between countries and between data collection methods
- 2 had low variability on age range of attainment, and
- 3 were considered feasible to undertake by caregiver report.

The prototype covers fine motor skills and perception; gross motor skills; receptive and expressive language; and socio-emotional domains. Pilot testing has been initiated in three countries, to be followed by factor analysis to determine the best grouping of items per sub-scale. The project is being funded by Grand Challenges Canada and the Bernard van Leer Foundation.

The **Global Child Development Group** assembled data from over 16,000 children representing 15 cohorts from 11 LMICs with the objective of developing a Developmental ‘D-score’ Growth Chart. Items were harmonised across scales for children under 3 years old. Many cohorts include longitudinal data after age 5 years, thus facilitating measurement of predictive validity. The process of developing D-score trajectories is based on a two-stage estimation procedure that uses the Rasch model and calculates change scores to form a continuous latent variable (D-score) (van Buuren, 2014). Using item response theory (IRT), the trajectory of D-scores has interval scale properties that can be used globally to calculate differences within and across ages and countries (Jacobusse *et al.*, 2006), much as height-for-age growth charts are used to indicate rates of stunting. Additional steps include:

- 1 Remove or adjust items when necessary and test for differential item functioning to examine whether individual items are comparable across cohorts.
- 2 Examine the predictive validity of the D-score with longitudinal data.
- 3 Construct descriptive age-conditional reference charts of normal development using data from a South African birth cohort of approximately 3000 children.
- 4 Determine a cut-off point for ‘off-track’ development and age-related indicators (akin to the definitions for stunting and wasting) based on psychometric properties.

The project is funded by the Bill and Melinda Gates Foundation’s All Children Thriving initiative.

‘At least three initiatives (each with a different – but complementary – approach) are working with the aim to develop population-level indicators of child development in the birth to 3 years age range.’

Points of convergence and future directions

Although distinct in origin, the approaches used by the SBECDS team, the Global Child Development Group and the WHO have converged to suggest a common framework for assessing population-level development in the birth to 3 years age range (see box). Moving forward, these teams will build on these points of commonality and work together to develop a common set of conceptually and empirically rigorous indicators for public dissemination. By pooling not only the data collected as part of these individual initiatives, but also the collective expertise of multiple stakeholders and institutions, the goal of this joint effort is to produce a common set of items for assessing children's early development on a global scale. In doing so, this collaboration will provide a cohesive approach for ensuring the successful monitoring of global progress in the post-2015 international development agenda.

Points of consensus for population-level measurement of ECD

- 1 **Conceptual framework** Global monitoring efforts focus on multiple domains of ECD relevant to early and later functioning, including:
 - fine and gross motor skills
 - receptive and expressive language skills
 - cognition and problem-solving skills
 - social and emotional skills.
- 2 **Psychometrics** Tools for measuring population-level ECD show clear evidence for reliability and validity, including a particular emphasis on:
 - replication over time and setting (test-retest reliability)
 - correspondence between direct assessment and caregiver report formats (criterion validity)
 - sensitivity to maturation, biological and environmental inputs, and intervention
- 3 **Usability** Measures for global ECD monitoring show evidence for usability, including the ability to:
 - prediction of later-life outcomes (predictive validity)
 - correspondence in meaning and relevance across socio-economic, linguistic and cultural contexts (cross-cultural validity).
 - be easily and quickly implemented and analysed using standardised protocols, at low cost
 - align with other global measurement initiatives
 - show clear implications for policy and practice
 - be freely accessed and in the public domain.

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Monitoring the development of all children: the Early Development Instrument

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Developmental health at school entry is strongly associated with children's future school achievement and well-being. Understanding the developmental health of populations of children allows organisations and policymakers to make informed decisions about programmes that support children's greatest needs. This article discusses an important tool for monitoring children's developmental health at school entry: the Early Development Instrument. It reviews the tool's development, characteristics, psychometric properties, and uses thus far.

Since the 1990 World Summit on Children, the global community has made significant progress in recognising the need to nurture child development – but we remain far from ensuring that all children develop optimally and start school-based learning ready to benefit from it. (Indeed, worldwide, not all 5–6 year olds yet have a school to go to.) In the late 1990s, the science of epidemiology informed the idea that, to improve children's learning as they enter school, communities and governments should monitor the developmental status of all children, not just those at risk. Reliable monitoring, combined with sustainable measurement and reporting, creates the knowledge to shape universal measures while also targeting interventions to benefit specific groups of at-risk children (Offord *et al.*, 1998).

The Early Development Instrument (EDI) (Janus and Offord, 2007) was purposefully created for population-level monitoring. The EDI is completed by teachers (although a parent version is possible), which enables a near-population coverage, simplifies the process of training, and captures information about children's behaviours and skills in a social setting. Teachers' observations are a more feasible way than direct tests to acquire data in areas such as social and emotional development. Covering five major developmental areas ensures that the EDI's snapshot of the child's developmental status is holistic and comprehensive. As data are collected for all children enrolled in kindergarten, results can detect patterns and differences that could be obscured if specific samples were targeted for assessment.

The EDI was developed at the Offord Centre for Child Studies, at McMaster University in Hamilton, Ontario, in Canada in 1998. The goal was to create a feasible, acceptable, and psychometrically sound measurement instrument to assess the holistic developmental health of children in a school environment



△ Photo: Jim Holmes / Bernard van Leer Foundation

prior to entering Grade 1. Researchers, clinicians, educators, and community leaders contributed to the development and validation of the measure, setting the standard for subsequent adaptations in other countries. The name ‘Early Development Instrument: A Population-based Measure for Communities’ was chosen to emphasise its focus – early development – and the goal of monitoring all children in communities.

Characteristics of the EDI

The EDI (Janus and Offord, 2007) is a checklist of 103 items, completed by teachers and easy to administer, that measures children’s developmental health at school entry in five major domains of development: physical health and well-being; social competence; emotional maturity; language and cognitive development; and communication skills and general knowledge. The five domains are broken down into 16 sub-domains, representing specific skills and behaviours (see Table 1). An EDI guide, accompanying the instrument, was developed to facilitate interpretation of questions and shorten completion time. The EDI is also used to measure children’s readiness to learn at school: there is adequate evidence in the literature to suggest that each domain in the EDI has an important impact on children’s adjustment to school, as well as their short- or long-term school achievement. The questionnaire takes between 7 and 20 minutes to complete, generally in the second half of the kindergarten year, to give teachers the opportunity to get to know the children in their class.

Table 1 The five domains of the EDI with breakdown of the 16 sub-domains and sample items

EDI domain	Sub-domain	Sample item
Physical health and well-being	Physical readiness for the school day Physical independence Gross and fine motor skills	Arriving at school hungry Having well-coordinated movements Being able to manipulate objects
Social competence	Overall social competence Responsibility and respect Approaches to learning Readiness to explore new things	Ability to get along with other children Accepts responsibility for actions Working independently Eager to explore new items
Emotional maturity	Prosocial and helping behaviour Anxious and fearful behaviour Aggressive behaviour Hyperactivity and inattention	Helps other children in distress Appears unhappy or sad Gets into physical fights Is restless
Language and cognitive development	Basic literacy Interest in literacy/numeracy and memory Advanced literacy Basic numeracy	Able to write own name Interested in games involving numbers Able to read sentences Able to count to 20
Communication skills and general knowledge	Communication skills and general knowledge	Able to clearly communicate one's own needs and understand others Shows interest in general knowledge about the world

The EDI complies with all psychometric requirements to be reliable at an individual level, and can be used in project evaluation and research studies. Nevertheless, whether a questionnaire is completed for each individual child in a given class or in a selected sample, interpretation is intended to occur only at a group level, based on the analyses of all children and with reference to the distribution of all scores. In population-focused implementations, the scores are aggregated to the school, neighbourhood, region, or country level. In this way, once collected, the EDI data can be linked with other population and community data (for example, Cushon *et al.*, 2011; Brownell *et al.*, 2016) or presented graphically as maps.

The major advantage of the EDI is its combination of several domains of child development into one comprehensive instrument. Questions are based on behaviours and skills easily observable in a school setting, and responses are rated based on observed frequency of behaviours or presence of skills, rather than on the child's performance in relation to a specific group. The EDI's simplicity, ease of use, and low cost all facilitate community-wide

implementations, enabling a true picture of early child development and, especially in conjunction with other locally relevant data, allowing for useful recommendations and providing a baseline for future assessments of progress.

Testing of the EDI

The EDI's psychometric properties have been examined extensively over the years. For instance, the internal consistency of the EDI domains in the original Canadian sample varied from 0.84 to 0.94 (Janus and Offord, 2007). Since then, investigations of every international adaptation have generally found similar values: an international comparison of samples from Canada, Australia, Jamaica, and the USA ranged from 0.64 to 0.92 (Janus *et al.*, 2011). Test-retest reliabilities have also been studied, and found to range from 0.8 to 0.9 (Janus *et al.*, 2007). Teacher ratings on the EDI have been found to be associated with parent ratings, relevant direct assessments, assessments in later ages or grades, and family and neighbourhood socioeconomic status (Forget-Dubois *et al.*, 2007; Janus and Duku, 2007; Lloyd and Hertzman, 2009). Similar work has been carried out for international versions of the EDI adapted for use in Australia (Brinkman *et al.*, 2007), Hong Kong (Ip *et al.*, 2013), Scotland (Geddes *et al.*, 2014), Sweden (Hagquist and Hellstrom, 2014), Ireland (Curtin *et al.*, 2013), Brazil and Peru (Janus *et al.*, 2014), and Indonesia and the Philippines (Duku *et al.*, 2015). Cross-country investigations can add to our knowledge about which developmental patterns are universal versus context-dependent. The EDI has also undergone extensive evaluation in indigenous populations (for example, Brinkman *et al.*, 2009; Silburn *et al.*, 2009; Muhajarine *et al.*, 2011) and for language learners (for example, Guhn *et al.*, 2007; Tazi, 2015).

'The major advantage of the EDI is its combination of several domains of child development into one comprehensive instrument.'

The EDI's predictive validity has been explored in Canada and Australia, where it has been used the longest (Brinkman *et al.*, 2013; Davies *et al.*, 2016; Guhn *et al.*, 2016). In both countries, higher numbers of vulnerabilities across the five domains predicted greater probability of failure to achieve basic academic competencies by Grades 3, 4 and even later. The social and emotional domains of the EDI strongly predicted children's emotional well-being and peer relationships at age 10 (Guhn *et al.*, 2016).

Use of the EDI

As of 2015, the EDI has been completed for over 1,000,000 children across Canada. In some provinces it is completed regularly, with results informing governments' early childhood policies. In Ontario, for example, EDI results – collected once every three years – are among the 11 indicators used for the Poverty Reduction Strategy for 2014 to 2019 (Government of Ontario, 2014). Several provinces, such as British Columbia, Manitoba and Nova Scotia, use EDI data to allocate resources or shift the focus of support – often through mapping of results overlaid with data on available resources or sociodemographics. Some areas collect complementary data from parents to learn about children's preschool history and environment.

International use of the EDI started in 2002 in Australia, which also became the first country to implement it in a census-like manner, every three years, with federal funding. (In Canada, EDI implementation is led at a provincial level.) An infrastructure was created to support community use of the data with state-level coordinators. The *Innocenti Report Card 11* (UNICEF Office of Research, 2013) suggested (p. 39) that the Canadian and Australian approach to monitoring children's development with the EDI was, above all, a way to raise community awareness and mobilise community resources to support every child's development in the early years:

For the moment, they [EDI results] represent an important beginning in making available nationwide data on early years development. For local and national government, the results are a guide to policy and resource allocation. For the academic and research community, they provide data that can be linked to other social and economic variables in order to gain more understanding of the circumstances and determinants of early years development. Perhaps most important of all, they are a means of raising community awareness and mobilizing community resources in support of the early years development of all children.

The EDI has now been adapted for use in more than 20 countries including Ireland, the USA, Scotland, Jamaica, and Australia (English); Peru, Chile and Mexico (Spanish); Brazil and Mozambique (Portuguese); Vietnam (Vietnamese); Hong Kong and China (Mandarin); Sweden (Swedish); Estonia (Estonian); Kosovo (Albanian); Kyrgyzstan (Kyrgyz and Russian); Indonesia (Bahasa); Philippines (Tagalog); South Korea (Korean); and Jordan (Arabic), for purposes ranging from small-scale pilots to research studies to national monitoring. Further adaptations are ongoing. A standard protocol has been established for adaptation in each new setting to ascertain the reliability and validity of the adapted instrument and ensure comparability of results.

The most effective use of EDI child development data is in long-term evaluation of programmes or reforms in preschool/kindergarten provision. Repeated implementations for populations – rather than samples – of children ensure the opportunity for monitoring and correction of course, both at the policy level and at the community, school or neighbourhood level.

The EDI has proved to be a reliable instrument, suitable for many countries and cultures. Through its various implementations and adaptations, we have shown it is possible to meaningfully adapt, implement and use the results of a measurement of early development. Since the EDI was developed, a number of new worldwide initiatives have been established to address the measurement of children's development, most recently in the context of the new Sustainable Development Goals. We hope that the EDI's philosophy and conceptual framework are helping to translate the increasingly recognised need to monitor children's development into a widespread reality.

'The most effective use of EDI child development data is in long-term evaluation of programmes or reforms in preschool/kindergarten provision.'

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The Early Childhood Workforce – a powerful force for scaling-up quality services for young children and their families

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With growing interest in how to improve and scale-up systems that deliver services to families and young children, we need to understand more about the best ways to recruit, train, supervise and support the early childhood workforce. This article introduces the Early Childhood Workforce Initiative, a new global initiative coordinated by the International Step by Step Association (ISSA) and the Results for Development Institute (R4D).

While not enough is yet known about how to scale-up effective interventions in early childhood (Global Child Development Group, 2011), one thing is clear: the quality of early childhood services, and ultimately the outcomes for children and families, depend on a well-supported and empowered early childhood workforce. Children and families face growing challenges that require a comprehensive approach in designing and implementing programmes, with better integration of services and high professionalism of those working in them.

Appropriate training and support, good recognition and decent working conditions all have positive impacts on the capacity, motivation and practices of early childhood personnel (International Labour Organisation (ILO), 2013). Research shows that stimulating environments and high-quality pedagogy are fostered by better-qualified staff, and better-quality pedagogy leads to better learning outcomes (Litjens and Taguma, 2010). This applies not only to preschool teachers, but to home visitors, social workers, community health workers, and others providing broader services to young children and their families (UNESCO, 2015).

However, despite increased policy interest in the early years, greater efforts are still needed to strengthen the professional requirements, preparation and training, composition, recruitment, compensation, diversification, monitoring, and recognition and status of those working with young children and their families (Neuman *et al.*, 2015).

Where are the gaps?

According to the UNESCO Institute of Statistics (online), the number of pre-primary teachers has increased in all regions, to nearly 9 million in 2013. This growth, however, masks a number of challenges.

Data from nearly 80 low- and middle-income countries indicated that, in nearly one-quarter of countries, fewer than half of all pre-primary teachers were trained to national standards. Even in countries where the majority of pre-primary teachers are trained, national standards vary considerably (ILO, 2012). Early childhood personnel working with children under 3 years of age generally have lower qualifications and training requirements than those dealing with older children, especially in comparison to primary school teachers (Neuman *et al.*, 2015).

Teachers comprise just a fraction of the early childhood workforce. Decades of research have demonstrated that the services provided by home visitors can increase parental well-being and efficacy, and impact child maltreatment and child outcomes (Sethi *et al.*, 2013). Home visitors can reach significant numbers of families, may be viewed as trusted and authoritative, and present an opportune entry point to support parents and young children (Moore *et al.*, 2012). Others who work with young children and families (such as community health and child protection workers, childcare providers) and those who supervise and mentor frontline workers (such as trainers, coaches, programme managers) are also critical members of this workforce.

However, very little is known about those working with families and very young children. The lack of data reflects limited attention to the workforce, a challenge particularly acute for those working in home- and community-based services for children under 3. As shown by the examples in the box overleaf, the data we have suggest that countries around the world are experiencing a range of workforce-related challenges in early childhood.

The adoption of the Sustainable Development Goals (SDGs) in September 2015 underlined the need for a collaborative effort to empower the early childhood workforce, particularly given that target 4.2 calls for access to quality early childhood services for all by 2030¹. Many countries will need to substantially increase the size and quality of the early childhood workforce to reach this target, and there is a need to focus on cost-effective and contextually appropriate strategies to recruit, support, and retain qualified professionals and paraprofessionals to work with young children and families in a range of early childhood services.

The impetus that the SDGs generate for countries and global actors presents a unique opportunity to inform, support and promote the development of policies and programmes that strengthen and support the early childhood workforce.

The Early Childhood Workforce Initiative

A new global initiative, led by a growing partnership coordinated by the International Step by Step Association (ISSA) and Results for Development Institute (R4D)², seeks to support and empower those who work with families and children under age 8, as well as those who train, supervise and mentor practitioners. There are significant differences worldwide in how early

¹ 'By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education' (Global Goals, online). SDG Targets 3.c and 4.c also accord attention to the recruitment and training of the teaching and health workforce respectively.

² Information about ISSA and R4D is available on their websites, at www.issa.nl and www.r4d.org

Country experiences

In **Malawi**, both the Ministry of Health (MoH) and Ministry of Gender, Children, and Social Welfare (MoGCSW) employ community health workers. However, those employed by the MoH focus on health care and nutrition, while those working with the MoGCSW concentrate on child protection and development. Differences in population coverage and uncoordinated work schedules mean that these services – and associated messages about child development – are not delivered in an integrated way. (Phuka *et al.*, 2014)

In 2011, **Colombia** launched a national strategy – ‘De Cero a Siempre’ (‘From zero to forever’) – to provide integrated, high-quality early childhood services to children under 6. However, it would take an estimated 74,000 qualified professionals to cover all the country’s vulnerable children, while only around 7,500 professionals graduate in relevant fields each year. An additional 60,000 untrained mothers currently provide these services at the community level. (Bernal and Carnacho, 2012)

In **Slovenia**, there is a unitary early childhood education and care (ECEC) system, part of the education system. Each preschool class is led by a teacher and a teacher assistant (a position introduced in 1996). Although ECEC settings have been integrated with the education system, preschool teachers continue to have a lower level of education and somewhat lower pay compared with school teachers. Preschool teachers earn on average 3.28 times the minimum wage, while primary school teachers earn 3.4 times the minimum wage; assistants earn around twice the minimum wage. (OECD, 2012)

In **Kenya**, a 2010 mapping of the child protection system found that the public sector employed only 400 children’s officers – less than a third of those needed. Civil society organisations employ similar workers who may fill some of the gaps, but they are unevenly distributed and not always regulated by or even registered with the government. The government responded by recruiting volunteer workers, creating questions around the quality of the service. (McCaffery and Collins, 2013)

childhood services are conceptualised and delivered, how the early childhood workforce is comprised, prepared and supported, and how early childhood policies are developed and implemented (OECD, 2001, 2006, 2012; UNESCO, 2007; Oberhuemer *et al.*, 2010; Urban *et al.*, 2011). Therefore, the Early Childhood Workforce Initiative takes a holistic, multi-sectoral approach to bridge gaps in policy and practice and promote high-quality, equitable services in diverse contexts.

Overall, the Initiative works to strengthen four areas essential to workforce development at the level of country systems and policies:

1 Competences and standards

Competences and standards ensure that there are agreed requirements and expectations for what early childhood workers should know and be able to do as well as the core principles guiding their work with young children and their families. This also entails professional profiles of different roles within diverse early childhood services and defining competencies at individual, team, institutional, and systems levels.



△ Photo: Peter de Ruiter / Bernard van Leer Foundation

2 Training and professional development

The early childhood workforce is very diverse, and both pre-service and in-service training opportunities need to be up to date, evidence-based, and linked to practice in order to support a competent workforce. Given the diversity of the workforce, including many volunteers or staff without formal education, it is important to develop career pathways with diverse entry points/levels and a clear progression route.

3 Monitoring and mentoring

Creating systems for continuous feedback and coaching – including through peer-to-peer approaches – is important for ensuring workers receive information they can use to improve their practice on an ongoing basis, and is linked to pathways for career advancement. Data from these experiences should feed into ongoing monitoring efforts for quality assurance and improvement.

4 Recognition of the profession

The level of remuneration, working conditions, and status of the early childhood workforce are poor, even relative to primary teachers, nurses, social workers and other similar professions. Recruitment challenges, high turnover and low morale compromise the quality of provision. There is a need to explore ways to improve the attractiveness and perception of the profession and promote ways to give voice to practitioners in their daily work and in policy discussions, including through collective action.

Activities of the Initiative will include developing an online knowledge hub, conducting country-level studies and global landscape analyses, and coordinating joint learning activities that bring together country representatives and diverse, global experts to address shared challenges.

As countries around the world seek to scale-up early childhood development efforts, there is much for them to learn and share, both within and across regions, concerning the key role played by the workforce in ensuring quality and equity of services. The Early Childhood Workforce Initiative aims to support global and country-level action to support those working for children by establishing the size and scope of challenges facing the workforce; increasing visibility around these challenges and the importance of the workforce; and documenting and disseminating potential solutions for country uptake.

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A call for public financing: innovative finance is welcome, but not enough

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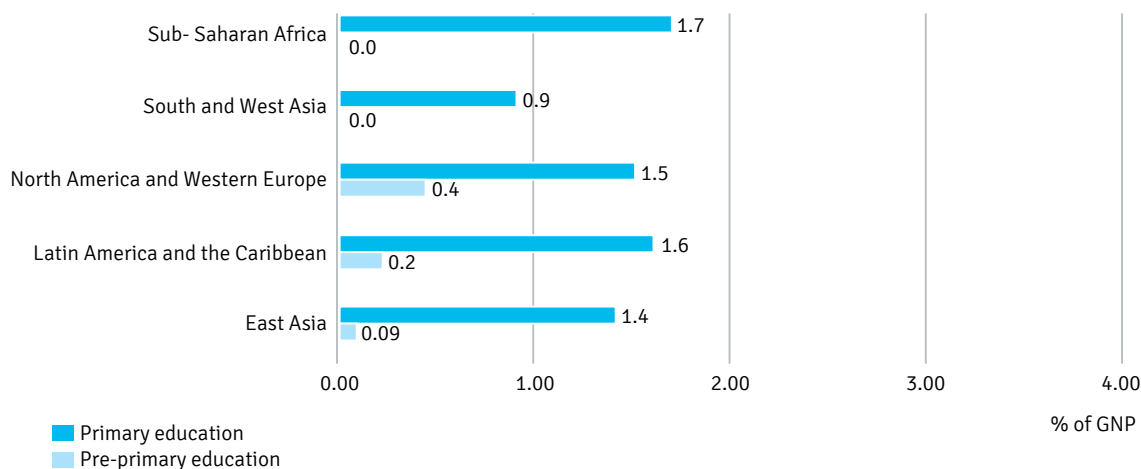
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Early childhood development, especially for the poor and disadvantaged, should be financed from public revenues, as are basic and secondary education. This article outlines the evidence that early childhood is currently underfinanced, and argues that innovative financing mechanisms should be seen as a useful supplement – and a way to stimulate more conventional financing – rather than becoming the main financing mechanism.

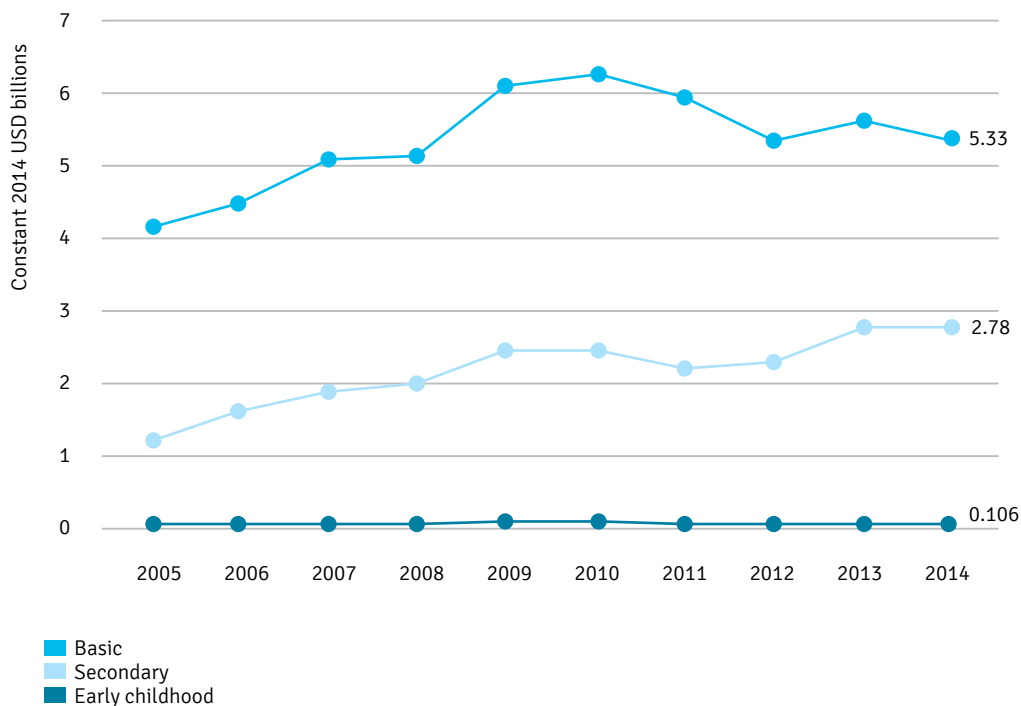
Financing for early childhood development (ECD) services has been inadequate to ensure access and quality for disadvantaged children who have the most to gain. Investments in pre-primary education in particular are startlingly low. In developing countries, on average, 0.07% of gross national product is spent on pre-primary education compared to 0.5% in developed countries (UNESCO, 2015a). However, across the board, countries, both developed and developing, spend markedly less on pre-primary education when compared to primary education, as demonstrated in Figure 1.

Figure 1 Public expenditure on pre-primary and primary education as a percentage of GNP by region, 2012



Source: UNESCO

Figure 2 Aid to education, gross disbursements



Donor financing for pre-primary education (Figure 2) does not present a better picture; estimates suggest that investments in early childhood education account for only 2% of aid to basic education¹.

While the adoption of target 4.2 of the Strategic Development Goals (SDGs) indicates global priority for early childhood development, estimates suggest that spending on one year of high-quality pre-primary education alone must increase annually from USD 4.8 billion in 2012 to USD 31.2 billion annually on average between 2015 and 2030 to reach this target (UNESCO, 2015b).

With growing recognition of both the importance of early childhood development services and the insufficiency of existing financial support – from domestic resources, bilateral donor countries and multilateral development agencies – to achieve the SDGs, it is clear that new thinking is needed. There has consequently been increasing enthusiasm for use of a variety of innovative financing sources and mechanisms in early childhood.

This interest is welcome. However, it also carries risks – of diverting attention from the need for mainstream public financing and of relegating early childhood into a ‘special financing’ category.

¹ Basic education includes early childhood education (based on OECD-DAC categorisation).

The limitations of innovative finance

Innovative finance can increase total volume through *innovative sources*, but can also improve the efficacy of those investments through the use of *innovative delivery mechanisms*.

- Innovative sources of finance can come in the form of new taxes with proceeds earmarked for early childhood programmes, corporate social responsibility, consumer donations, and impact investors. For example, in Colombia, a national payroll tax supports services run by the Colombian Family Welfare Institute (ICBF), which include health services, childcare, preschool education, and parent education. In the Philippines, a tax on gaming corporations supports National Child Development Centers (NCDCs) which provide integrated services for children from birth to 4 years old (Philippine Amusement and Gaming Corporation, online).
- Innovative delivery mechanisms – which include results-based aid, results-based financing, conditional cash transfers, and impact investing – can incentivise innovative thinking about how to increase the efficiency and effectiveness of early childhood services. For example, in South Africa, social impact bonds are being used to fund the testing of various models in the Western Cape Province; the provincial Departments of Social Development and Health have committed to paying for outcomes. Linking financing to outcomes can be especially appropriate for mixed public–private systems, as are typical in early childhood development. Another example comes from Peru, where a results-based financing approach has been used to support ‘Cuna Más,’ which provides childcare and home visiting services across the country (MIDIS, 2015).

‘Innovative delivery mechanisms can incentivise innovative thinking about how to increase the efficiency and effectiveness of early childhood services.’

However, these innovations have their limitations. On pages 58–63 of this issue of *Early Childhood Matters*, Emily Gustafsson-Wright and Sophie Gardiner discuss the current state of knowledge on impact bonds: while still at a nascent stage of development, they may ultimately not prove suitable for financing nationwide programming, especially where they require low- and middle-income countries to implement new and often complex legal frameworks. Likewise, the use of payroll tax revenue in Colombia has been challenged by weaknesses in the country’s overall tax collection system, while macroeconomic fluctuations have reduced the predictability of revenue (Vargas-Baron, 2006).

The more fundamental drawback of focusing too strongly on innovative financing is that it relegates ECD to a ‘special category’, and detracts attention from securing long-term, sustainable investments from governments. Ultimately, ECD should not solely be associated with innovative financing but should be able to benefit from those traditional sources of finance that support investments in older children and adults.



△ Photo: Jim Holmes / Bernard van Leer Foundation

A springboard to more mainstream financing

Innovative finance alone will not solve the problem of underinvestment. However, it may allow countries to jump-start investments and interest in early childhood services which can help secure long-term support from traditional sources of finance. For example, in the Philippines, there are hopes that the Early Childhood Care and Development Council – responsible for the NCDCs funded by the tax on gaming corporations – will secure financing from the central government once the current legislation on the gaming tax expires in 2018.

If countries want to ensure wide access, it is necessary to integrate ECD services into existing financing for other core education, health, nutrition, and protection services. For example, in the case of pre-primary education, funds must be allocated with the same priority and via mechanisms similar to those utilised for primary and secondary education. In Brazil, a unified fund, FUNDEB, supports financing of the entire basic education cycle, from crèches and preschools to secondary education. Through this fund, municipalities, who are responsible for crèches and preschools, pay into state-level funds which are then redistributed based on the number of enrolled students. In order to mitigate disparities in wealth, the federal government tops up the funds received by municipalities and states to guarantee that a certain minimum level of funding is available per child enrolled in crèches and preschools (Evans and Kosec, 2012).

'In addition to mainstreaming financing of ECD services, countries must innovate in how they support the most disadvantaged.'

In addition to mainstreaming financing of ECD services, countries must innovate in how they support the most disadvantaged. Through 'Chile Crece Contigo', an integrated system of social protection in Chile, a range of early childhood services is offered, which are differentiated based on family income. While certain services, such as education programmes on child stimulation and development, are offered universally through the internet and mass media, vulnerable children are given preferential access to the social protection system and are offered specific benefits such as home visits and poverty alleviation programmes (Berlinsky and Schady, 2015). Few countries do this well, but by targeting investments in vulnerable children, and making universally available certain early childhood services, Chile's system of social protection exemplifies the kind of innovation needed to reach the poorest.

As there is growing momentum towards meeting SDG target 4.2, we are at an exciting moment for ECD. In order to capitalise on this momentum, we need to ensure that financing for ECD is integrated into financing for core services, while leveraging innovative finance and putting in place measures which squarely focus on improving access and quality of services provided to disadvantaged children.

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Impact bonds and their potential for use in early childhood interventions

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Impact bonds have emerged as one of the most talked-about new tools to increase the volume and/or effectiveness of finance for social services. It is estimated that the global impact bond market will triple in size by the end of this decade. This article examines the applicability of impact bonds in the early childhood sector, the associated challenges and possible solutions.

Payment-by-results financing mechanisms, where payments for services are tied to outputs or outcomes, have become increasingly popular in recent years in countries' domestic financing and in international development finance. These mechanisms are intended to create beneficial incentives, encourage performance management, and provide transparency and accountability.

Impact bonds are a form of payment by results where non-state investors provide upfront capital to service providers and are repaid by an outcome funder, contingent on outcome achievement. In a **social impact bond** (SIB), a government actor is the outcome funder; SIBs are also referred to as pay-for-success (PFS) contracts in the USA and social benefit bonds (SBBs) in Australia¹. In a **development impact bond** (DIB)², a third party partially or fully supplements government payments for outcomes.

Impact bonds are best suited to situations where there is some, but incomplete, evidence of effectiveness. For completely untested pilot interventions, investors are unlikely to be willing to bear the risk, and a grant may be a more suitable form of finance. Conversely, where the efficacy of service provision is already well established and the likelihood of not achieving outcomes is minimal, there is no need to ask investors to bear the risk of failure – in this case, nationwide provision can be funded without the need for an impact bond structure.

As of April 2016, there were 57 SIBs contracted in high-income countries, two DIBs contracted in middle-income countries³, and none in low-income countries. Of the 57 SIBs in high-income countries, nine provide services to children in their early years, across four countries (USA, Canada, United Kingdom and Australia). Two support preschool services, six finance child welfare services related to keeping families together and adoption, and one supports nurse home visiting.

While not all contracts are signed, in March of this year, the Departments of Social Development and Health of the Western Cape province of South Africa

1 For clarity, impact bonds, despite the name, are not bonds in the traditional definition of a bond. The term 'social impact bond' has also been used for issuance of traditional, fixed-yield bonds to raise capital for social programmes. This differs from the definition of 'social impact bond' used in this article, in that this article defines 'social impact bonds' to be arrangements where payments to investors are dependent on, and positively correlated with, positive outcomes. For a number of uses of the term that do not fit the commonly used definition, see Tomkinson (2015).

2 Generally, this term has been used to refer to application in a developing country context (Center for Global Development and Social Finance, 2013).

3 The DIB contracts finance programmes to improve girls' education in India and coffee production in Peru (Financial Alliance for Sustainable Trade, 2015; Instiglio, 2015).

committed 25 million Rand (EUR 1.53 million) in outcome funding for three SIBs for maternal and early childhood outcomes (Silicon Cape Initiative, 2016). Outcomes include:

improved antenatal care, prevention of mother to child transmission of HIV, exclusive breastfeeding, a reduction in growth stunting, and improved cognitive, language and motor development.

(Bertha Centre for Social Innovation, 2016)

Another impact bond for ECD is currently being developed in the state of Rajasthan in India -this one would pay private health clinics for reproductive, maternal, and child health outcomes, targeting individuals in the second and third income quintiles. Finally, Grand Challenges Canada, Social Finance, and the MaRS Centre for Impact Investing are working in Cameroon to develop an impact bond to finance Kangaroo Mother Care (KMC) – an intervention known to save and improve the lives of low-birthweight infants.

Suitability of impact bonds for early childhood interventions

Even where early childhood programmes promise future benefits to individuals, society and the economy, they often remain unfunded because it is difficult for government agencies to prioritise funding for interventions with delayed benefits. The payment-by-results component of an impact bond could enable government investment in these high-impact interventions by allowing them to pay only if and when outcomes are achieved. Further, under other payment-by-results contracts, service providers lack the necessary upfront capital and capacity for risk absorption. Impact bonds have the potential to address this problem: private investors provide the upfront capital, accepting the risk of the future benefits not being achieved. Crucially, the involvement of non-state investors in an impact bond can highlight the impressive case for investment in early childhood development (ECD) and encourage increased government commitments of outcome funding. Non-state investors may also increase performance management, or help reorganise a government system of data sharing or provision, beyond what other payment-by-result mechanisms may be able to accomplish. Collaboration across stakeholders – a necessary component of impact bonds – has the potential to align interests and create win-win situations for investors, outcome funders, and programme beneficiaries alike.

By producing evidence of outcome achievement and fostering innovation, experimentation and adaptive learning in service delivery, impact bonds could help identify effective early childhood programmes. As noted above, impact bonds make most sense when there are gaps in knowledge about what works and a desire to learn more, but government is unable or unwilling to take the risk of funding an unproven programme without external support. This is often the case with ECD: despite its high potential impacts, the evidence base from developing countries is still relatively thin. A recent systematic review by the World Bank's Independent Evaluation Group found only 55 applicable

'Impact bonds make most sense when there are gaps in knowledge about what works and a desire to learn more, but government is unable or unwilling to take the risk of funding an unproven programme without external support.'



△ Photo: © istock.com / Henrique NDR Martins

rigorous evaluations, based on only 25 projects (Tanner *et al.*, 2015). Promising interventions which need more robust evidence include micronutrient supplementation, water and sanitation interventions, delivery and ante- and post-natal-related interventions, and disease treatment.

Along with the possibility of high returns, the high participation rate of non-state actors in ECD makes it a promising sector for impact bonds. Globally, in 2012, around 31% of pre-primary students were estimated to be enrolled in private institutions, either for-profit or non-profit, while 12.8% of primary students were enrolled in private institutions in the same year (UNESCO, 2015). The fewer entrenched interests in ECD may allow for more experimentation.

Challenges and potential solutions

Nonetheless, some challenges are associated with applying impact bonds in the ECD sector. Any payment-by-result financing mechanism requires meaningful outcomes that are measurable within a timeframe that is reasonable to the outcome funder (and investors, in the case of an impact bond). The delay between ECD interventions and later-life results may prove an impediment in some cases.

One solution could be to identify outcomes that are measurable within a reasonable timeframe and serve as proxies for long-term benefits to individuals, society, or the economy. For health and early stimulation programmes, these short-term proxies for long-term benefits could include measures of language development, socio-emotional development, schooling outcomes and child survival (Tanner *et al.*, 2015).

Another challenge could be inability to quantify outcomes or assign attribution of impacts to specific interventions, in circumstances where robust evaluation is not possible or there is potential for a multitude of confounding factors that may influence outcomes. Particularly challenging interventions for quantification of impact may be birth registration or child protection interventions. In these cases, simple outputs either with intrinsic value or an association with longer-term outcomes may be more appropriate.

The lack of appropriate open-source tools to measure early childhood outcomes in low- and middle-income settings may also be a hindrance to applying impact bonds to some outcomes. As evidence increases and more measurement tools become available, however, this will become less of an obstacle⁴. Again, an alternative solution – at least in an intermediate phase – would be to focus on inputs that are known to strongly correlate with development outcomes. In centre-based care (daycare and preschool) interventions, for example, these could include measures of process quality, such as the interaction between teachers and students⁵.

4 Current efforts include, for example, the Measuring Early Learning and Quality Outcomes (MELQO) project, a multi-agency project aiming to develop tools to measure school readiness across a variety of domains as well as quality of centre-based pre-primary programmes. The effort aims to develop a tool with consistent core measures and locally adaptable additional measures.

5 Structural quality is of course important, as it can relate to the physical and mental health of children, but in general is shown to have less correlation with schooling outcomes and socio-emotional development.

The multi-sectoral nature of early childhood could pose a challenge in selecting outcomes for impact bonds, as outcomes could be linked to multiple ministries. However, this could provide an opportunity to improve coordination between those agencies through a common focus on outcome achievement. Experience from impact bonds in developed countries shows that the coordination of joint data systems resulting from impact bonds has been well worth the effort.

Adequate service provider capacity could be a particular challenge for ECD impact bonds in low- and middle-income countries. Impact bonds can only be used in countries where legal conditions exist that allow the mechanism to operate. In particular, it is often challenging or impossible for a government to appropriate funding for contingent outcome payments. Impact bonds should not be implemented where risks of corruption – in procurement, outcome payment design, or evaluation – cannot be mitigated. Nor would it make sense where it is impossible to ensure the outcome funder's ability to repay investors, as with a government with a poor credit rating. Legislation supporting public-private partnerships and improving the tax status of impact investing may facilitate the development of impact bonds. Finally, impact bonds are likely be much easier to implement in countries that have demonstrated political commitment to the sector – where there is already some interest at the country, regional, or municipal level to expand early childhood services, but insufficient political or constituent support for adequate budget allocation.

Conclusion

The Sustainable Development Goals, with their associated targets linked to measurable outcomes, present an opportunity to demonstrate a commitment to invest in future generations. Leveraging upfront funding, focusing on outcomes through adaptive learning and testing new ways to deliver early childhood interventions more effectively are all means of achieving the ECD-related goals.

Despite the hype around new financing mechanisms, the keys to creating high-quality, locally appropriate programmes remains simple – real-time collection of outcome data, the freedom to fail, and the flexibility to adjust course if necessary. In some circumstances social service provision based on outcomes and adaptive learning may require mechanisms like impact bonds or other payment-by-results mechanisms, while in other circumstances it may not.

With impact bonds still in a nascent stage, it will be crucial for the ECD community – with deep knowledge and expertise in ECD financing, service delivery, programme evaluation and assessment – to be engaged in the discussions about how they can meet the needs of the world's youngest and most disadvantaged populations.

This article summarises the findings of the authors' recent publication *Using Impact Bonds to Achieve Early Childhood Development Outcomes in Low- and Middle-Income Countries*. For the full report, visit: <http://www.brookings.edu/research/reports/2016/02/impact-bonds-early-childhood-development-wright>

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Side by side with responsive parents in the Care for Child Development intervention

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The World Health Organization (WHO) and UNICEF intervention on Care for Child Development (CCD) helps caregivers actively engage with children during their first three years, using play and communication activities to help them learn to move, talk, focus, manage emotions, solve problems, and develop other skills needed for school and adulthood. This article shares evidence on CCD's effectiveness for child development and health outcomes, including in resource-poor communities, and suggests ways to take it to scale.

Since the work of Bowlby (1951) and Ainsworth (Ainsworth *et al.*, 1974) on child attachment, we have been learning more about the critical role of caregivers' sensitivity and responsiveness in meeting the health, growth, and developmental needs of a child. Children need assurance that someone is watching over them, responding to them when they feel hunger or discomfort. These responses build relationships of love and trust. Children need to share their excitement with a caring adult as they explore and discover the world around them.

A caregiver must respond very frequently for a child to form a secure attachment, which serves as a foundation for how the child builds a capacity for human relationships and lifelong learning. Highly responsive caregivers contribute, for example, to the child's vocabulary, problem-solving abilities, and complex social interactions (Tamis-LeMonda *et al.*, 2001). They build the fundamental architecture of the infant's rapidly growing brain, and help infants to develop emotional control – all pieces of a strong start to learning the skills needed for life (National Scientific Council on the Developing Child, 2012).

Most parents easily respond to their children – smiling and making funny sounds, wiggling their hands and toes, comforting them when they cry, encouraging them when they try to do something new, and expressing joy when they succeed. Some adults, however, have difficulty responding to children in appropriate, timely ways.

For example, mothers separated from a child soon after birth may find it hard to bond when they are reunited. Mothers who are depressed – unfortunately common after the birth of a child – are unable to pick up social cues or see how and when an infant depends on their response (Patel *et al.*, 2004; Rahman *et al.*, 2004; Surkan *et al.*, 2011). Some low-birthweight babies are too weak to express

themselves, while children born with physical or intellectual disabilities can give parents confusing signs. Some parents simply may not know that, even with very young children, frequently interacting, touching and talking will help them learn.

Fortunately, there is growing evidence that caregivers can learn to be more sensitive and responsive to the child's cues (Landry *et al.*, 2008). Through Care for Child Development (CCD), the same play and communication activities that help a child learn critical developmental tasks also provide the context for more responsive caregiving (Yousafzai *et al.*, 2014).

CCD counselling: side by side with caregivers

Using the CCD approach, the counsellor meets with the parent or caregiver and the child and asks: 'How do you play with your child?', 'How do you talk with your child?', 'How do you get your child to smile?' (WHO and UNICEF, 2012). The counsellor listens to the caregiver and may encourage the answers with follow-up questions, such as 'Please show me how you get your child to smile'. For children over 6 months old, the counsellor asks how the caregiver thinks the child is learning, to identify any concerns. The counsellor also observes how the caregiver responds to the child: being aware of the child's movements, comforting and showing love, correcting or guiding. The information provides a platform for praising the caregiver, building the caregiver's confidence, and identifying the activities the caregiver and child do together at home.

The counsellor then coaches the caregiver in recommended play and communication activities appropriate for the age of the child. These include simple activities for newborns – 'Gently soothe, stroke and hold your child', 'Look into the baby's eyes and talk to your baby' – to stimulate early neurological development by touch, massage, and movement. As the child grows, recommended activities support new motor tasks, and cognitive, language and social skills: grasping objects, putting objects into containers, naming, telling stories, sorting similar and different shapes and colours, looking at a picture book or assembling a puzzle.

With the counsellor's guidance, activities strengthen the caregiver's ability to be sensitive to the child's cues, follow the child's lead, help sustain interest in more difficult tasks, and respond warmly to the child's efforts. For example, while a child learns the structure of communication, a caregiver learns to pay attention to a young child's cues: 'Get a conversation going by copying your child's sounds or gestures'. Playing 'peek-a-boo' with a cloth to cover their faces triggers active, laughing responses: the child learns that the caregiver is present, although hidden (object permanence), and the caregiver learns how to engage the child and help the child smile.

When both the caregiver and child are confident, the counsellor encourages the caregiver to commit to more play activities at home, using common household items.

'For children over 6 months old, the counsellor asks how the caregiver thinks the child is learning, to identify any concerns.'

Delivering support for child development and responsive caregiving

In 2015, an inventory of places where CCD is being implemented identified 23 sites in 19 countries (Lucas, in press). In each site, CCD was integrated within an existing service, for example: child survival and health (Botswana, India, Kazakhstan, Kenya, Kyrgyzstan, Mozambique, Pakistan, and Tajikistan), nutrition rehabilitation (Mali and India), infant care and early education (Kenya and Brazil), services to families with developmentally disabled children (India and Turkey), and prevention of violence and child abuse (Australia). Different entry points might be used within the same country, as in Brazil, where CCD is included in parenting programmes for families of children in early daycare centres and services for families participating in a cash transfer programme.

'In 2015, an inventory of places where CCD is being implemented identified 23 sites in 19 countries.'

Instead of creating new workers specifically to deliver CCD services, providers already working with families have been trained in the methodology, including community health workers (Botswana, India, Mozambique, and Pakistan), social workers and daycare workers (Brazil and Kenya), child protection workers (Australia), and paediatricians and others working with disabled children (Turkey).

Only three countries have expanded CCD nationwide: in Kazakhstan, Kyrgyzstan, and Tajikistan, CCD has been well integrated, under different names, in the training of visiting nurses and doctors (Engle, 2011). The national expansion was facilitated by highly centralised health systems including pre- and in-service training; the devolution of more decisions to local and district units in most other countries makes national expansion more difficult.

Other countries have also adapted the CCD intervention and training materials to fit their specific delivery systems and providers. For example, PATH, an NGO in Mozambique, adapted the core materials for communities affected by HIV, translating the information into picture cards used by community health workers and nurses. The core guidelines (Counselling Cards, Participant Manual, and Facilitator Notes) have been translated from English into 17 languages: Armenian, Mandarin Chinese, Chichewa (Malawi), Farsi, French (West Africa), Hindi, Kinyarwanda (Rwanda), Kiswahili (Zanzibar), Lugandan, Mahrati, Portuguese (for Brazil and Mozambique), Russian, Sindh, Spanish, Tajiki, and Turkish. The inventory demonstrated that users found CCD recommendations to be appropriate across cultures, so cultural adaptations are minor.

Evidence of improved outcomes

Field research early in the implementation of CCD focused on the effectiveness of design components. A field test in Pelotas, Brazil, demonstrated that doctors and other health workers could conduct counselling and provide recommendations during consultations with sick children; and parents could recall and do the recommended activities at home (dos Santos *et al.*, 1999). In



△ Photo: Jane E. Lucas

the 2001 trial in South Africa, health workers incorporating CCD counselling in their sick-child consultations improved, rather than distracted from, other IMCI (Integrated Management of Childhood Illness) assessment and treatment tasks (Lucas *et al.*, 2001).

A study in China in 2007 found that children in families who had received a counselling and follow-up session had higher development quotient scores than children in a control group. Families found the intervention to be understandable and acceptable (Jin *et al.*, 2007). In a case-control study in Turkey in 2008, CCD counselling by paediatricians during a single sick-child consultation improved caregiver practices, such as increased time reading to a child, and improved paediatricians' communication skills in assessing and treating sick children (Ertem *et al.*, 2006).

A large cluster-randomised factorial trial was conducted in Pakistan, on home visits and group meetings of mothers with young children (Yousafzai *et al.*, 2014). It found that the intervention, delivered at least monthly, increased family time with children in learning activities and language use; increased warm and responsive interactions; reduced harsh punishment; increased availability of learning materials in the home; improved measures of child development; and reduced the incidence of childhood diarrhoea, pneumonia and fever, with some improvements in growth.

Importantly, as maternal depression is considered by many experts to be one of the greatest risk factors in early childhood (Center on the Developing Child at Harvard University, 2009; Baydar *et al.*, 2014), the Pakistan study found a lower

'The potential for full national scale-up of CCD depends on instituting policies that support child development as an integral part of existing programmes.'

incidence of depression among participating mothers. The children are being followed up until they start school to determine whether the benefits of the early intervention are sustained.

Implications for scaling up

The Pakistan study demonstrated that CCD could be implemented within an existing service delivery system, in this case through the Lady Health Worker structure of publicly supported community services. Adding the CCD approach to scheduled home visits and mothers' groups was relatively cost-effective compared to other child and family services (Gowani *et al.*, 2014). In Kazakhstan, support for CCD spread nationally and became sustainable by institutionalising it into the pre- and in-service training of providers and including it within the required package of services for mothers and children.

The potential for full national scale-up of CCD depends on instituting policies that support child development as an integral part of existing programmes. Going to scale, therefore, involves finding compatible existing services for families – in health, education, family support, child protection, and other services able to provide a greater role in supporting child development and responsive parenting.

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Women's Work: Mothers, children and the global childcare crisis, a summary

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The world is facing a hidden crisis in childcare. It is leaving millions of children without the support they need, with damaging consequences for their future, and severely affecting mothers, grandmothers and daughters, particularly in developing countries. This article describes some key findings from a recently released Overseas Development Institute (ODI) report, *Women's Work: Mothers, children and the global childcare crisis* (2016), which aimed to assemble the available evidence on the scale of the crisis, give insights into how it is experienced by girls and women in diverse developed and developing country contexts, and recommend new policy approaches.

There are 671 million children under 5 in the world today (United Nations Department of Social and Economic Affairs, 2015). As labour force participation rates exceed 60% globally (World Bank, 2015), a large number of these children need some sort of non-parental care. At most, half of 3- to 5-year-old children in developing countries participate in some form of early childhood education, typically for a few hours daily. We know very little about what is happening to the rest, but existing evidence points to a crisis – one that is heavily concentrated among the poorest children with the most restricted access to early childhood support.

The most severe impact of this 'crisis of care' is that, across the world, at least 35.5 million children under the age of 5 are being left alone, or with other young children, to look after themselves (as computed from UNICEF global database 2014, based on nationally representative surveys). Children in the poorest countries and from the poorest families are the most likely to be left alone. This can be damaging to child health and well-being, and is symptomatic of the difficult choices facing parents – mostly mothers – in balancing caring for children with earning enough to support them.

Mothers are entering the workforce in increasing numbers, both out of choice and of necessity. But this leaves them short of time, imposing costs in terms of health and well-being as well as money. Across 66 countries, representing two-thirds of the global population, on average women spend 3.3 times as much time as men do on unpaid care. In countries where the care load is heavy and most unequal, this unpaid work equals an extra 10 weeks or more each year of a woman's life. When paid and unpaid responsibilities are combined, women still do overwhelmingly more work, spending up to an extra five weeks per year (as



△ Photo: Atul Loke / Overseas Development Institute

computed from data in United Nations Development Programme (UNDP) (2015) and Charmes (2016)). Data on the amount of time spent directly on childcare is available for just 37 countries, covering 20% of the global population. It indicates that women typically undertake three-quarters of childcare, with a range from 63% (Sweden) to 93% (Ireland) (Charmes, 2016).

It is not just mothers who bear this cost. Sometimes this unpaid care is also undertaken by adolescent and even younger girls. Evidence from parts of Ethiopia suggests that 52% of rural girls between 5 and 8 years old are engaged in care work, compared to 38% of rural boys – and that one-quarter of these young girls spend three or more hours daily on unpaid care. Our case study in northern Ethiopia highlights how adolescent girls migrating to urban areas to take up domestic work are filling the need for childcare, but often in highly exploitative conditions, and how the government's ambitious agenda to extend pre-primary education to all children is currently relying largely on untrained and poorly compensated adolescents and young adults.

Caring responsibilities are also taking a toll on the health and the incomes of the millions of grandmothers worldwide who are providing exclusive care to

their grandchildren, when the parents migrate for work or are absent for other reasons. In Vietnam, for example, up to 30% of the population in the largest cities are migrants, leaving grandparents in many rural areas as the primary carers for one or more grandchildren. Our case study in Mekong River Delta illustrates that these older caregivers often suffer from extreme poverty and are exhausted and anxious as a consequence of trying to do their best by their grandchildren with very little formal or informal support.

Policy is failing these women and girls, and the children they care for. Often the assumption is that managing time is a problem only for women working in formal sector jobs, so the focus is on labour market provisions that give parents the right to take time off, protect breastfeeding and provide crèches. These are important for beneficiaries, but cannot help with the daily struggle faced by the vast majority of women in the developing world working in the informal sector. In India, for example, fewer than 1% of women receive paid maternity leave (Lingam and Kanchi, 2013). And nearly 30% of the world's domestic workers are employed in countries where they are completely excluded from national labour laws (International Labour Organization, 2013).

Two additional important policy areas – social protection and early childhood education – often also fall short. Social protection programmes, which provide income through cash transfers or work opportunities, do not generally help to alleviate the time constraints faced by many women. Indeed, they can even deepen such constraints, for example when cash transfers have conditionalities attached for which women are responsible, or when public works programmes fail to recognise women as carers.

Early childhood education benefits young children and appears to be valued by caregivers. However, existing programmes typically centre around the school readiness of young children and do not consider how schedules might be leveraged to meet parents' needs for care – for example, by providing all-day programming that allows for full-time work. Moreover, our research in Gaza, Palestine, highlights another problem common to early childhood education. Our case study showed that programme directors, driven by profit, routinely exploit the young women who provide childcare, often paying them less than half of minimum wage and regularly denying them access to labour market protections.

'Often the assumption is that managing time is a problem only for women working in formal sector jobs.'

It is encouraging that some countries are successfully responding to these challenges. Vietnam, for example, has in place a full array of labour market policies supporting care – including six months of maternity leave at 100% pay, paid paternity leave, and paid breaks for antenatal care and breastfeeding. South Africa has a number of creative policies that put a premium on care – for example, the Older Persons Grant, which recognises the role of many grandparents in raising children, the child support grant, and a disability grant focused on the needs of caregivers of children with disabilities.

Policy recommendations

1 Extend and implement care-related labour market policies to enable parents to combine work and care better

Policymakers, together with development partners, should identify ways to extend labour market policies to all workers, including those in the informal sector and in domestic work. The need is evident to pilot creative combinations of public-private partnerships and community-based approaches.

2 Promote an integrated, multi-generation approach to social protection that is sensitive to care responsibilities

To better address the growing care crisis, governments and development partners should work together in shaping social protection policies that adopt a more integrated, multi-generational approach and recognise that income is only one of families' many needs. Such an approach would see families as units and provide multi-pronged support for young children, their older siblings, their parents and, where appropriate, their grandparents.

3 Promote universal early childhood care and education (ECCE), with a focus on the needs of caregivers

It is important to consider how ECCE programming might be leveraged to meet the needs of mothers (and other caregivers) and their children. This will require that programmes run for hours aligned more closely with mothers' work schedules (and the school schedules of older siblings). Where full-day educational programming is not financially possible, we suggest investment in more recreational before- and after-school care.

4 Provide adequate resources for scaling up ECCE, with a focus on care

Providing large numbers of children with quality services is unquestionably expensive, given that care is not subject to economies of scale. Unless childcare is well subsidised, providers invariably receive below-market wages and facilities may be substandard. Accordingly, we suggest that governments work to realise the value of paid care progressively by monitoring fiscal space and aiming to raise wages of ECCE frontline providers over time, and that development partners support this objective.

5 Include men in caregiving agendas

The pervasiveness and strength of gender norms mean that including men in caregiving agendas will require explicit action. Through community-based organisations and educational sessions supported by social protection programmes, health clinics and schools, fathers should be actively integrated into childcare and helped to see themselves as central to their children's development. Direct efforts aimed at boys should be embedded in schools and recreational venues.

'Governments and development partners should work together in shaping social protection policies that adopt a more integrated, multi-generational approach and recognise that income is only one of families' many needs.'

6 Invest in better data

We need to understand better the circumstances of the millions of children whose parents are in employment, and how caregivers are coping with the joint demands of care and employment. Programming evaluations need to collect better data on participants' time use, along with other aspects relating to childcare. We also know far too little about domestic workers.

Solving the global care crisis is urgent for improving women's and children's lives. It must start with the day-to-day realities of these lives, embedding within policies and programmes an understanding that women's time is a precious resource that must be used carefully to benefit themselves, their children and societies as a whole.

The full report, *Women's Work: Mothers, children and the global childcare crisis* (2016), is available on the website of the Overseas Development Institute at: <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

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Scaling-up early childhood centres for migrant construction workers' children in India

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As India rapidly urbanises, more and more parents are migrating from villages to live and work on construction sites in the country's growing cities – and bringing their young children with them. This article describes how the New Delhi-based organisation Mobile Crèches is scaling-up provision of early childhood care and education services to these children, working in three-way partnership to persuade construction companies to support services and train NGOs to provide them.

In 1969, when Mobile Crèches began, very few people knew anything about the lives of young children who were brought along as their parents migrated to work on urban construction sites. That included the founders of Mobile Crèches. We observed that these children were living in dangerous and unhealthy conditions, and missing out on the fundamental requirements of childhood – care, nurturing, protection, and opportunities to develop. But we learned only gradually how to address this, through consulting experts in paediatrics, pedagogy and other relevant disciplines.

By the 1980s, we had developed a 'mobile crèche' model that we implemented on the work sites of willing employers – a comprehensive programme comprising health, nutrition, learning, care and nurturing. Over the years we gained experience not only in the business and nuances of crèche management, but also in dealing with the construction industry. We began to understand that we would need to intervene at the law and policy level if we wanted change at a macro level. We saw there were gaps in the laws: working conditions were exploitative; lack of portability of identity, combined with the breakdown of traditional community support networks, deprived the children of basic services – healthcare, childcare, schooling – which would have been possible at their place of origin.

In 1996, the Government of India passed the Building and Other Construction Workers' Act. Among other things, this provided for the collection of a 'cess' – a levy of 1–2% of project turnover, to fund specific initiatives for workers and their children. However, getting a law on the statute books is not the same as getting it implemented in practice. As we continued for several years to press the government for effective implementation, we worked with construction companies to persuade them to take on partial responsibility for managing the crèches.

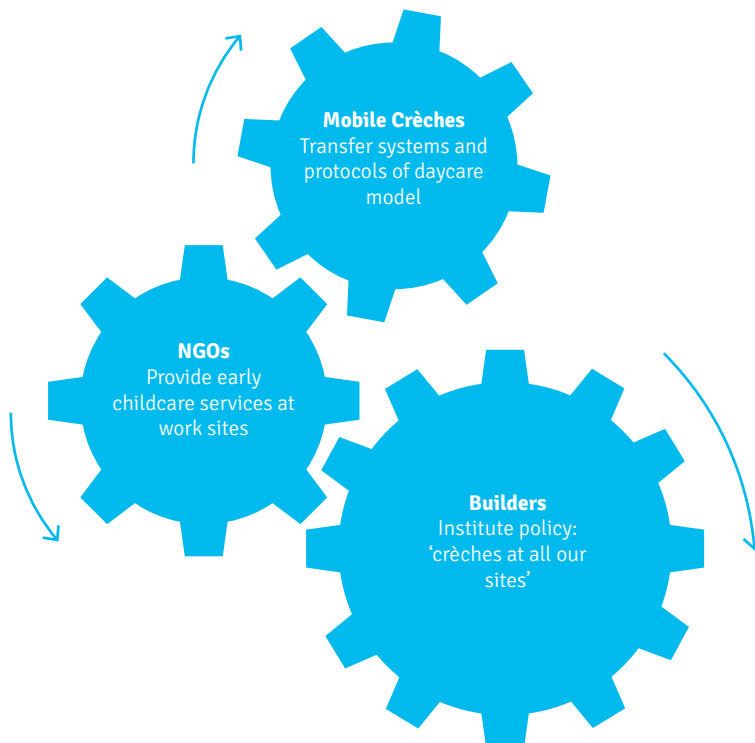
This approach had some success. Some companies have, over the years, progressed to providing better infrastructure facilities for crèches, facilities for working parents – such as breaks for breastfeeding – and even responsibility for provision of supplementary nutrition. However, they needed significant technical support and hand holding from Mobile Crèches, and it became clear that most would rather outsource the activities needed to meet their legal mandate. We realised that to be more effective in scaling up, we needed a different approach.

Tripartite engagement

With the support of Grand Challenges Canada’s Saving Brains initiative, we have embarked on an approach of ‘tripartite engagement’ in which Mobile Crèches develops two kinds of partnership: negotiating with developers for space, infrastructure and partial finance for the establishment of childcare centres at their project sites; and training credible NGOs to run the programme, with monitoring, financial and other technical support. Together, the intention is to build both demand for and supply of early childhood services at construction sites.

‘The “tripartite engagement” aims to build both demand for and supply of early childhood services at construction sites.’

Figure 1 Tripartite engagement – levers to scale (NGOs and builder partners)





△ Photo: Mobile Crèches

In terms of negotiating with developers, Mobile Crèches can build on 47 years of experience of the best ways to develop and maintain relationships. We have found that a non-confrontational approach works best to keep the conversation going with construction companies. We can also help construction companies to see the business incentive for embracing their legal responsibilities. If children are being looked after in a crèche while their parents are working, they are less likely to have an accident on the work site – and, for the company, fewer accidents means fewer costly claims for compensation. We have also found that parents work more productively if they know their children are safe during working hours.

In terms of training NGOs, we wanted to find credible organisations with deep commitment to the rights of young children, who could act as future advocates and practitioners. We conducted a due-diligence process on their financial, legal and institutional capacities, backed up by field visits, to ensure the right selection. Internal financial and monitoring systems were put in place to enable routing of funds.

Many of the selected NGOs have gaps in terms of their organisational capacities and internal systems. In some cases commitment at the leadership level makes all the difference, as very few have previously worked in the field of early childhood. It takes time to make connections between early childhood and their area of expertise – such as health or formal education – and widen their original mandate. Quarterly collective meetings, where efforts are made to identify and solve problems, have succeeded in building a sense of equal partnership.

Transferring business operations

To transfer our business operations – our skills, knowledge and systems – to these NGOs, we planned a strategy to develop their capacities. For the first six months, we provided intensive supervision and hand holding during on-the-job training for crèche supervisors. Thereafter we conducted monthly monitoring sessions, and supervision as required by the NGOs’ capability – it is not a case of ‘one size fits all’, with weaker NGOs needing more frequent supervisory visits than stronger ones.

Table 1 Training investments by Mobile Crèches for transferring business operations

Childcare workers	Supervisors	NGO heads
24 days <ul style="list-style-type: none"> • 12 days pre-service training • 12 days incremental training 	56 days <ul style="list-style-type: none"> • 4 days ECCD* orientation • 12 days pre-service training • 24 days incremental training • 16 days subject-specific training on supportive supervision; strengthening community awareness; organisational systems; governance, etc. 	14 days <ul style="list-style-type: none"> • 4 days ECCD orientation • 10 days subject-specific training on supportive supervision; strengthening community awareness; organisational systems; governance, etc.

* early childhood care and development

Since beginning the process we have learned a lot, enabling us to fine-tune the training process (set out in the Table 1) through changes to modules and selection criteria. A particular challenge has been selecting candidates from local communities to train as childcare workers, as we found many trainees dropping out after the first few days of training when they realised what it meant to be responsible for the personal care needs of under-3s.

'Beyond the construction industry, the model may be replicated in other vulnerable situations where worker settlements cluster around the workplace and the employer is identifiable.'

So far we have trained eight NGOs, who are operating 22 centres across four states and employing 120 workers. The quality of the daycare programmes run by NGOs is being assessed using the Early Childhood Education Quality Assessment Scale, which includes domains of infrastructure, physical setting, meals, naps, learning/play aids, classroom management and organisation, personal care, hygiene and habit formation, language and reasoning experiences, fine and gross motor activities, creative activities, activities for social development and disposition of childcare workers.

All the NGO-run centres have scored on the higher end of the scale, with most activities deemed by the observers to be age-appropriate and the daily schedule provided by Mobile Crèches largely being followed. Nonetheless, some useful information was learned to inform future development of the programme, notably that some construction companies are not providing infrastructure conducive to outdoor activities; some NGO supervisors are not making enough effort to ensure time is allowed for rest or naps, which is important for healthy development; and there is scope to better engage children in a manner which enhances their thinking and skills.

Business development plan

Mobile Crèches is committed to going beyond creating 'best practices' on a small scale and scaling up by building relationships, capacities and platforms. One measure of success in the long term will be the extent to which the NGOs we train, having built their capacities to manage crèches and negotiate with the building industry, are able to join us in future as advocates to the stakeholders whose support is necessary to scale up further. These include the building companies, financial institutions, industry standard-setting bodies such as the Confederation of Real Estate Developers Association of India, state authorities responsible for development, and the Ministry of Labour to ensure compliance and monitor use of welfare funds.

Our training of trainers programme will in the long run create a ripple effect through other service providers. We will also enhance the fundraising and negotiation capacities of the NGOs to negotiate with new developers, helping them to become independently able to initiate, run, manage and financially sustain initiatives at new construction sites.

Beyond the construction industry, the model may be replicated in other vulnerable situations where worker settlements cluster around the workplace and the employer is identifiable – such as mines, plantations and factories. These sectors have their own labour laws, which are widely flouted, and the construction industry may provide an example of compliance. In rural areas there is potential for a modified model, with community-based crèches supported by government.

It is estimated that there are approximately 20 million children aged under 6 living in India whose parents are part of the informal labour force, working for a daily wage, without any social security from employers or the state or access to healthcare, childcare or education services. Without action, these children will in turn grow up to be unskilled labourers, perpetuating the vicious cycle of poverty. Addressing this situation is not only an issue of rights but of stopping the squandering of the nation's precious human resource and social capital.

Reference

Ministry of Labour and Employment, Government of India. (1996). The Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996. Available at: <http://clc.gov.in/Acts/shtm/bocw.php> (accessed April 2016).

The Early Years: Child Wellbeing and the Role of Public Policy (2015)

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Children are the future of Latin America and the Caribbean, and how they are raised will determine their future and that of the countries they live in. This book analyses the critical early years of the development of children and makes a strong case for government intervention in what is instinctively a family affair.

The outcomes of the child development process are determined by the complex interaction between a child's innate physical and mental endowments, the context in which he or she grows up (including the community, the environment and markets), and the people who care for the child in these various contexts (parents, family members and teachers, among others). This book argues that public policy should focus on finding ways to improve the interaction between children and their care providers at home, in daycare centres and at school.

The book is organised in three parts. The first part provides a framework for thinking about child well-being in the early years and describes where this region stands in terms of the most relevant indicators. In health, the region is approaching developed country standards; in education it is not.

The second section delves into the role of public policy in the three main environments where child experiences are shaped: the home, daycare centres and schools. It describes the current status of programmes in the region and offers a vision of what is possible.

The final section looks at public policy from a more

systemic perspective. First, it describes public spending patterns in the region and compares costs and benefits of different programmes to determine which ones are more likely to be cost-effective. Second, it analyses the institutions involved in delivering public services to children and families in the early years and the institutional architecture behind the formulation, execution, and implementation of public policy. Based on the findings of extensive research, the book closes with a set of policy recommendations for the region.

The early years are a key area of investment of the Inter-American Development Bank (IDB), both in knowledge creation and lending. Over the past 20 years, the IDB has helped countries bring about these important investments through more than 150 grants and loans involving early childhood development, totalling in excess of USD 1.7 billion. Similarly, many countries in the region are investing in a number of ambitious initiatives. The hope is that this book can provide valuable lessons for these programmes and inspire others to follow suit as countries invest in what is surely their most precious resource: their children.

Reference

Berlinski, S. and Schady, N. (eds). (2015). *The Early Years: Child Wellbeing and the Role of Public Policy*. New York, NY: Palgrave Macmillan.



For more information visit:

<http://bit.ly/1SYuxuk>

The Transatlantic Forum on Inclusive Early Years: a dialogue on high-quality ECEC for all

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Researchers continue to find overwhelming evidence of the beneficial effects of high-quality early childhood care and education, especially for disadvantaged groups. However, they often lack a common language to share this relevant input with policymakers. A consortium of EU and US foundations set up the Transatlantic Forum on Inclusive Early Years to facilitate dialogue between these groups, enabling interaction and the sharing of knowledge, experiences and innovative ideas, with a focus on the contexts of poverty and migration. Many of these issues are also the main themes in the European Quality Framework for ECEC (Working Group on Early Childhood Education and Care, 2015).

Over the past three years, the Forum – led by the Belgian King Baudouin Foundation, with operational partners Centre for Innovations in the Early Years (VBJK) for Europe and the Migration Policy Institute for the USA – has held seven high-level meetings summarising the current state of research, testimonies of inspiring practices and policy debate on topics including accessibility, workforce preparation and curriculum, parent involvement, evaluation and monitoring, integrated services, multilingualism and multiple identity.

The final meeting – in February 2016, in Turin, Italy – took stock of the main conclusions. These included:

- ECEC really does matter for educational, social, economic and democratic reasons, with multiple proven benefits for children's well-being, socio-emotional and cognitive development, academic performance and social cohesion; but beneficial effects require services to be of high quality and accessible for children from vulnerable groups.
- All children should enjoy the same opportunities to get into the same high-level ECEC services ('progressive universalism'). Separate servicing for disadvantaged groups is not advised, as all children profit from a social mix and mainstream provision needs to be flexible enough to be affordable, available, desirable, useful, meaningful and welcoming for the families that need it.
- Guaranteeing quality demands a qualified workforce, in terms of not only initial training but also continuous professional development, with a balance between theory and practice and a focus on reflective competences, and engaging with parents and partner organisations in the community.
- For children's holistic development, curricula need to be designed to cover more than just cognitive development. They need to focus less on addressing deficits and more on building children's overall potential, integrating care and education, offering a warm educational climate and investing in a co-education approach with parents.
- ECEC needs to develop close links to the 'real' world and other services that can support families (such as health, education, housing, employment), and take a welcoming and tolerant attitude towards social diversity.

While consensus was found on these major issues, different ideas came up on the question of how all this needs to be financed. Looking at ECEC as a basic provision and a right for children, it is self-

evident for some that it needs to be publicly funded. Others advocate private, corporate funding, given the long-run economic benefits, as today's children are the workers and employers of the future.

Reference

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❶ For more information visit:

<http://www.europe-kbf.eu/en/projects/early-childhood/transatlantic-forum-on-inclusive-early-years>



More needs to be done to reap multiple benefits of monitoring quality

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Rising investments in early childhood education and care (ECEC) have made it increasingly important to determine whether ECEC systems are delivering high-quality services. Monitoring quality of ECEC systems matters not only for accountability purposes, but also to inform policymaking, to allow staff to learn and improve practices, and to inform parents about the level of quality being offered. Most importantly, monitoring is key for determining whether and how provision of ECEC is supporting children's development and well-being – and what can be done to improve it.

For these reasons, a growing number of OECD countries are establishing and expanding monitoring systems and practices. Although monitoring practices vary widely across countries, common trends are emerging (OECD, 2015):

- 1 Quality monitoring is increasingly practised across all 24 countries and jurisdictions surveyed.
- 2 Countries are making continuous efforts to improve monitoring methodologies and processes.
- 3 Areas of monitoring are often integrated: service quality, staff quality and child outcomes are usually not monitored independently of each other.
- 4 ECEC monitoring is often aligned with the primary school monitoring system, given the need for a more continuous early childhood development experience.
- 5 Results of monitoring quality, especially service quality, are becoming publicly available.

Monitoring service quality – structural aspects such as staff–child ratios, health and safety regulations, indoor/outdoor space regulations, staff qualifications – is the most common monitoring area reported across the countries that participated in *Starting Strong IV*. However, interest is growing in monitoring process quality to ensure high quality of interaction between ECEC staff and children. This aspect is frequently monitored as part of staff quality. It is increasingly important as it is widely acknowledged that staff's pedagogical activities, interactions and knowledge play a major role in shaping children's well-being and development. Child development and outcomes are also increasingly monitored to identify children's learning needs, enhance their development, raise service quality and staff performance, and inform policymaking.

Monitoring quality is complex, and presents various challenges. Defining what quality is, and how it can be coherently monitored, given the variety of different settings under consideration, is not an easy task. Neither is obtaining information on the level of quality being provided, and ensuring that monitoring contributes to policy reform and quality improvements. The different monitoring areas each pose specific concerns. In monitoring service quality, the key issues are defining what constitutes service quality; ensuring consistent practices and procedures; and ensuring that staff and settings are informed of the latest quality standards. In monitoring staff performance, the key challenges are monitoring the implementation of curriculum by staff and the alignment of monitoring

with effective quality improvements. Monitoring child development and children's outcomes at the individual level requires age-appropriate tools to establish an accurate and complete picture of a child's development, as well as tailoring monitoring to the individual child. A wide range of strategies have been employed to overcome such challenges, for instance by providing training to evaluators and carefully considering the distribution of responsibilities for monitoring of different actors.

The OECD is developing an international study on ECEC staff, the TALIS Starting Strong Survey, to address countries' data needs regarding staff quality. This study will be the first of its kind, providing rich information for the delivery of high-quality services. The initiative will provide an overview of key quality aspects of children's learning and well-being environments. It will provide evidence and comparisons to help policymakers develop ECEC services that enhance positive outcomes for all children.

Reference

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❶ For more information visit:

<http://bit.ly/1VVFoRE>

Finding new solutions

Providing education opportunities for Syria's youngest refugees

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Hundreds of thousands of young children have had their education interrupted by the ongoing civil war in Syria. UNESCO Beirut sees quality early childhood education as a force for reconstruction, peace building and giving a sense of hope to young refugee children and their families. This article explains the importance of a flexible approach, being willing to deliver education in various settings and using various personnel, and the need to integrate non-formal education for refugees with formal education systems in host countries.

War and conflict have been described as ‘development in reverse’ (Collier, 2007), with their impact on countries and people getting worse as crises are prolonged. As the conflict in Syria enters its sixth year, a significant proportion of young children already live in conflict-affected zones – and, with no resolution in sight, their numbers are likely to increase. The crisis has forced around 4.8 million people to leave Syria in search of a safe haven in neighbouring countries such as Lebanon, Jordan, Turkey, Egypt and Iraq. More than half of the refugee population is under 18 years of age, including an estimated 880,000 children under 5 years old (data retrieved in May 2016 from UNHCR sources).

The consequences of conflict for refugees are well documented and the negative impacts on young children are known to be numerous, affecting all dimensions of their development. These include losing or being separated from their parents or caregivers, social and emotional neglect, physical injury, loss of the home environment and disruption of daily routines, hunger, lack of hygiene and healthcare, and a high risk of missing out on educational opportunities. In Syria, a whole generation is at risk of falling behind and losing hope; education has been always highly valued by Syrian families, and it is painful for parents to see their children missing out on this opportunity.

Failing to ensure access to quality education opportunities has an immensely negative impact on the future and well-being of young refugees. Education can save and sustain the lives of young children and their families, offering physical, cognitive and psychosocial protection when delivered in safe, neutral spaces. Education restores children’s routine and gives them hope for the future; it can also serve as a channel both for meeting other basic humanitarian needs and communicating vital messages that promote safety and well-being.

As the United Nations' lead agency for education, UNESCO through its Beirut office is playing an active role in promoting early childhood education as a part of its response to the Syrian crisis. Advocacy efforts, policy formulation, strengthening the resilience of systems, and capacity building to support caregivers and education personnel are among the top priorities for UNESCO's intervention.

Flexibility, innovation and stimulation

What kind of education programmes do young children need in refugee settings? The key words here are flexibility, innovation and stimulation. While early childhood programmes for refugees should meet the minimum standards for quality set out in the International Network for Education in Emergencies (INEE)'s document *Minimum Standards for Education: Preparedness, response, recovery* (INEE, 2010), they can do this through a variety of settings. They can be implemented in formal education settings, temporary classrooms, mobile schools, community centres, in a tent, under a tree, at a health clinic, in a social development centre, or in a child's home. In times of crisis, education services can be delivered by teachers, community workers, social assistance, volunteers, or any trained personnel.

During the early stages of a conflict, it may not be practical to implement early childhood education programmes in a standalone approach. Instead, they can be integrated through larger programmes to provide young children with a comprehensive package that responds to their holistic needs.

UNESCO advocates for early childhood programmes to be implemented by various actors, whether governmental, non-governmental or local organisations. UNESCO Beirut is working with a group of NGOs in Lebanon to enhance their delivery mechanisms and build their capacity to offer quality education in the most difficult circumstances – training teachers and education personnel on innovative solutions that ensure the right to quality early education and relevant learning in a manner that is inclusive and respectful to the needs of learners.

We encourage early childhood education and care programmes to be designed to fit the context and environment of the Syrian child and his or her family. They should be implemented in a safe and friendly space and must include activities that stimulate the child's cognitive, social-emotional and language development. In addition to providing literacy and numeracy activities, there should be recreational opportunities for learning, including play, art, music, drama and sport. It is of the utmost importance to deliver programmes, as far as possible, in the mother-tongue language of the child.

Non-formal education

To integrate refugee children who are unable to attend formal education in host countries, NGOs have made efforts to offer non-formal education (NFE). NFE schools have been established next to refugee camps and a large number of

'What kind of education programmes do young children need in refugee settings? The key words here are flexibility, innovation and stimulation.'



△ Photo: UNESCO Beirut

refugee children are now enrolled in non-formal programmes. Unfortunately, host country governments still do not encourage, recognise or accredit this kind of learning – although the issue is coming onto their agenda.

UNESCO Beirut has initiated dialogue with several governments in the region to advance an ambitious initiative for developing regional and national policy frameworks to regularise and recognise NFE. We are making policymakers aware that learning outcomes acquired in non-formal settings represent a rich source of human capital: international experience shows that the complementary nature of NFE – especially for young children – adds strength to the education and training system.

The formal education sector needs to value the things refugees learn outside of formal settings; NFE, especially for young children, can be used as a stepping stone, a preparatory platform or an entry door to formal education. NFE can also include alternative enabling programmes that integrate several sources of support for young children, including parenting education, psychosocial support and counselling. It is hoped that our work will contribute to create greater awareness, consensus and acceptance among key actors to design formal and non-formal education and training based on a better understanding of the needs of the refugees.

References

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Quality Rating and Improvement Systems: what they are and why they matter

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The BUILD Initiative was established by the Early Childhood Funders Collaborative in 2002 with a vision of supporting US states in the development of high-quality early childhood systems. In 2009, BUILD led the development of the QRIS National Learning Network, recognising the importance of the new state strategy of Quality Rating and Improvement Systems in building high-quality early learning systems. This article explores the history and current challenges of QRIS.

Prior to the 1990s, childcare in the USA was seen as babysitting, a place for children to go while their parents worked. State regulation was generally minimal, focusing on health and safety issues and in many cases not even requiring workers to have a high school degree. In the early 1990s, legislation to expand support for low-income working families led to new funding for childcare – and an opportunity for childcare advocates to institute new strategies to improve quality and assist parents in choosing the best possible care for their children.

In the late 1990s, a few states began development of Quality Rating and Improvement Systems (QRISs) for these very reasons – to improve the quality of care for young children and help their families find high-quality care. The first QRISs were launched in Oklahoma, North Carolina and Colorado; now nearly every US state has one.

What is a QRIS?

A QRIS is an organised way to assess, improve and communicate the quality of early care and education programmes. A QRIS empowers parents to become informed consumers who can choose high quality for their children; gives policymakers effective tools to improve the quality of early childhood education and care (ECEC); promotes accountability so that donors, legislators and taxpayers feel confident investing in quality; gives providers a road map to quality improvement; and promotes the health and development of children in early care and education.



△ Photo: BUILD Initiative

How does a QRIS work?

A QRIS affects the ECEC market in three main ways:

1 Quality assurance

All QRISs have progressive quality standards – usually three to five levels of quality, often denoted by ‘stars’ – based on research and best practice, and particularly emphasising teacher education, teacher/child ratios and classroom environment. The systems also include monitoring and assessment to determine how well providers are meeting quality standards.

2 Programme supports

Childcare programmes receive support under a QRIS, such as technical assistance on conducting self-assessments and developing quality improvement plans, and professional development to enhance the knowledge and skills of practitioners and increase their educational qualifications. Financial incentives are offered to providers to encourage improvement, and significant ongoing financial awards help to maintain higher quality.

3 Parent information

Using easy-to-understand symbols – usually star ratings, as with hotels and restaurants – helps guide parents in their search for quality care. Programmes’ ratings are publicly available and financial incentives are sometimes offered to reward consumers who choose higher quality.

While there are similarities across states, there are also many differences. Some focus on raising the floor of quality; some emphasise connecting families to other services that support healthy child development; some focus on school readiness. These in current US jargon are referred to as ‘child outcomes’.

Some states have built their QRIS into their childcare licensing system: the first star indicates that a programme meets the minimum requirements of licensing, and additional stars reflect higher standards such as improved teacher education or classroom environments, or a lower staff/child ratio. In other states, the QRIS is voluntary and completely separate from childcare licensing. The requirements for quality at each level may be very different.

Many states have instituted a tiered-reimbursement system as a way to incentivise and support the maintenance of quality: programmes serving children from low-income families who receive a childcare assistance from the state may receive a higher level of reimbursement if they are rated at a higher star level. North Carolina’s state legislature determined that state-funded childcare subsidies should only be used in programmes rated at three-star level or higher, and other states are following suit.

What are the pros and cons of a QRIS?

States have found that a QRIS is an important strategy not only in improving the quality of childcare but also in educating both policymakers and parents about the importance of quality early learning. Parents now understand that there are differences in the quality of childcare and that the star rating reflects this. Policymakers may not understand the nuances in the varying levels of quality, but they like the convenience of a rating system that assists with investing public dollars in higher quality.

However, numerous challenges still exist:

- Every state is taking a different approach to the ‘improvement’ component of a QRIS, and the systems are not yet funded at adequate levels to ensure results – additional funding is needed to support quality improvement, reduced staff/child ratios, and increased teacher education and training.
- When states do not require participation in the star rating system, or where there are few incentives, the number of programmes participating may be limited, which impacts both the quality of programmes and the information available to parents.
- Teachers who achieve the higher education levels required under the star ratings often leave childcare to move to schools, where pay levels are higher.

Going forward: what’s next?

We in the field of ECEC need to create greater commonality and shared definition than currently exist. We need to be clear about what a QRIS is, what are the desired goals of the system, what quality improvement activities are

‘A QRIS is an organised way to assess, improve and communicate the quality of early care and education programmes.’

funded – and how much they will cost. Without acknowledging the real funding needed to improve quality, we risk diminishing the salience of the term QRIS by using it to mean different things. Moreover, undertaking QRIS activities while knowing that funding is inadequate to achieve the desired outcome may be counter-productive. Rigorous external evaluations of under-funded and immature systems will probably yield findings that these particular QRISs are not achieving desired aims. In turn, this could lead to an erroneous public perception that all QRISs are wasted investments.

We must put more effort into understanding and defining quality in ways that better reflect our multiracial, multilingual, multicultural child and family population, which also includes huge percentages of children living in poverty. Having clarified the cost of quality, we must seek with urgency the funding necessary to ensure that every young child has the opportunity to develop and learn. Early childhood systems have made many advances since the first QRIS, but we are still in the early years.

'We must put more effort into understanding and defining quality in ways that better reflect our multiracial, multilingual, multicultural child and family population.'

Transforming early learning through social innovation

Sonja Giese

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What do blockchain technology, savings groups, social impact bonds, smartphone apps and supermarket signage have in common? These are all ideas being applied to early learning in South Africa. This article explains how the Innovation Edge is fostering ‘disruptive innovation’ in the early childhood sector, generating and nurturing new ideas that could have global applications.

The past two decades have rapidly expanded scientific understanding of how the human brain develops in a child’s early years, and the lifelong impact of early brain development on health, education and social outcomes. But the implications of new knowledge in neuroscience have been slow to translate into developments in policy or practice. The internet is bursting with references to innovation in business, science, medicine, technology and communications. How should we innovate in early learning?

In July 2014, the Innovation Edge was launched in South Africa to bring new ways of thinking and doing to all aspects of early learning: pedagogy, systems efficiency, delivery models, financing mechanisms, human resourcing, business processes, technology applications and entrepreneurial practices, amongst other yet-to-be-defined categories.

The Innovation Edge was started by ‘Ilifa Labantwana’ (meaning ‘Children’s Heritage’), a philanthropically funded South African early childhood development programme which works in partnership with civil society and government¹. The focus of the Innovation Edge is on sourcing potentially innovative ideas, supporting implementation and evaluation to proof of concept, and transitioning successful innovations to scale. As it approaches the end of its initial two-year phase, the Innovation Edge is currently finalising a strategy for further growth and development.

Some of the innovations that are funded are evolutionary – improving the efficiency and effectiveness of government systems incrementally – while others are revolutionary. In his book *The Innovator’s Dilemma* (1997), Clayton Christensen identifies the tendency for truly disruptive innovation to come from outsiders – those who are already working in any given sector tend to think about how innovations can serve existing markets, rather than envisaging potential future markets.

¹ Donors include the DG Murray Trust, the FNB Fund, the ELMA Foundation, the UBS Optimus Foundation and the Omidyar Network. For more information, visit www.innovationedge.org.za



△ Photo: Ilifa Labantwana / Deborah da Silva

Disruptive innovation requires different ways of thinking. The Innovation Edge therefore seeks diverse expertise to contribute to the development, implementation, evaluation and scale of innovation for early learning.

How to generate disruptive ideas

Over the past 18 months, the Innovation Edge has experimented with various techniques for generating ideas that have innovation potential. These techniques include ‘Potluck Sessions’, which bring together individuals who have demonstrated creative problem-solving skills within their particular sectors and encourage them to apply their minds to resolving early learning problems through facilitated brainstorming. The sessions are essentially a gathering of unlike minds and they stimulate new ways of thinking about challenges and opportunities. Another technique is ‘ECD Hackathons’, which bring together computer programmers and early childhood professionals to find innovative digital solutions to early learning challenges.

The Innovation Edge has a continually open call for applications; we host an innovation exchange; we look at repurposing innovations; we regularly post challenges; we look for ‘positive deviance’ that might highlight potential innovations; we attend pitch sessions at other innovation events; we present at academic institutions; and we do purposive networking and connecting – this last approach probably being the most effective in the co-generation of great ideas.

We’ve seen at first hand that the best ideas happen in the spaces between diverse sectors, as different perspectives collide to spark new ways of thinking: 13 of our 20 current projects involve collaboration across traditional sectoral boundaries. We have also found that the development and testing of innovation leads to further innovation as teams attempt to solve unanticipated challenges during the proof of concept stage.

Innovation with and without technology

Many of our projects have technology at their core. For example:

- South Africa has the world’s highest reported prevalence of foetal alcohol spectrum disorder, caused by mothers drinking during pregnancy and associated with permanent neurological damage. Interventions to stimulate neuroplasticity in affected young children can improve their educational and mental health outcomes, but in many areas there are no resources or trained personnel to implement these interventions. Innovation Edge is funding the development of an open-source computer game to see how effectively it can fill this gap.
- Better collection and sharing of data has great potential to improve the delivery of services to young children, which are often fragmented and bureaucratically costly – but how can this be done without compromising individuals’ rights to privacy and to control how their data are used? Innovation Edge is funding an open-source platform based on blockchain technology, which underpins Bitcoin.

‘The focus of the Innovation Edge is on sourcing potentially innovative ideas, supporting implementation and evaluation to proof of concept, and transitioning successful innovations to scale.’

- Even if they don't have access to early childhood services, most parents have access to a mobile phone. Innovation Edge is testing MomConnect ECD, a service which sends regular text messages to parents with information about the stage of development their child is currently passing through and suggesting positive ways of parenting.
- Almost nine in ten South Africans don't speak English at home – yet more than nine in ten smartphone apps are English. Innovation Edge is funding the development of Xander, a fun and educational app aimed at children in local languages such as Afrikaans, isiXhosa and isiZulu, and will investigate the extent to which it improves numeracy and literacy development in marginalised communities.

However, technology is by no means the only avenue for catalytic change. Non-technology innovations in our portfolio include some of the first to demonstrate impact:

- The Innovation Edge supported the development of the first social impact bond for early childhood development in South Africa, in collaboration with the Bertha Centre for Social Innovation and Entrepreneurship, government and other donors². As a direct result of this work, the Western Cape government has allocated R 25 million (EUR 1.5 million) to trial three social impact bonds dedicated to early childhood outcomes over the next three years.
- Based on US research, and with the help of award-winning illustrator Xanelé Puren, Innovation Edge funded eye-catching signs in supermarkets and clinic waiting spaces that prompt caregivers to ask their children questions, turning a shopping trip into an opportunity for engagement and stimulation. The first signs, in isiXhosa, went up at the Boxer Superstore in Duncan Village, East London. Preliminary data suggest they have increased positive verbal communication between adults and children, and reduced negative interactions.
- South Africa has around 40,000 centres for young children, and all should be registered with the Department of Social Development – but the registration system is slow and inefficient. The Innovation Edge funded a project in two of the department's offices to test if workflow boards from private-sector factories could be adapted to tackle backlogs more quickly. Following the success of the pilot, the system is being scaled up across several provincial departments of social development, with boards currently in place in over 30 offices.

'We've seen at first hand that the best ideas happen in the spaces between diverse sectors, as different perspectives collide to spark new ways of thinking.'

Scale and the private sector

As our portfolio matures beyond the testing phase, our role is expanding – to identify partners for scale, explore integration of innovations into existing systems and provide the necessary intermediary support. Collaborative approaches can achieve economies of scale, taking advantage of market mechanisms to use resources more efficiently and drawing on private sector companies' wealth of knowledge around scaling, financing, processing and marketing.

² The wider potential of social impact bonds in early childhood is further explored in the article by Emily Gustafsson-Wright and Sophie Gardiner on pages 58–63



△ Photo: Ilifa Labantwana / Deborah da Silva

In our communication with the private sector, we convey the message that early learning interventions need not be confined to the realm of corporate social responsibility – they can also be sound business propositions. For example, in the supermarket signage intervention, there is clear potential for mutual benefit – signs can potentially help supermarkets to increase footfall, and offer the basis for developing customer loyalty programmes by incentivising responsive caregiving.

Another example is a project we are funding to target savings and credit groups – these collaborative savings groups are well established in many developing countries, with almost 12 million members of 800,000 groups in South Africa alone. Large corporates already invest substantially in building brand loyalty through sending ‘brand ambassadors’ to meetings of these groups, and we are developing a model of ‘early childhood ambassadors’ to promote positive parenting. We are encouraging businesses to partner with us as a way to add value, distinguishing their brand ambassadors from others.

The route to scale is more complicated in the development space, where there is no market mechanism to ensure that the best innovations are widely adopted. Given the diverse nature of our portfolio, channels for scale include government, donors, non-governmental organisations and international development agencies. Planning for scale begins as early as the proof-of-concept stage, with the need to consider which key stakeholders would need to buy into the model and what information would be needed to persuade them; the things that may be important to them may not be the things that initially drive the idea. If we are aware of these at the outset, we can ensure that we have information on hand to support scale when the time comes.

Ultimately, initiatives like the Innovation Edge depend on an enabling environment for social innovation and social entrepreneurship – one in which diversified funding possibilities are available and different stakeholders are open to partnership. As we enter the next phase of our work, we are beginning to explore partnerships with other organisations to enable an idea exchange across geographies and to look at ways of supporting innovation within those spaces.

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Supporting the development of all children: towards a national early childhood intervention system in the Republic of Georgia

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In the last decade, the Republic of Georgia has made major progress in developing a national system of early childhood intervention to support children with high-risk status, disabilities, developmental delays or atypical behaviours. This article explains how civil society organisations and government in Georgia have created a system that gives these children the more individualised and intensive attention they require.

The 'last mile' in child development services often involves building national systems to serve children of all abilities effectively. To meet child and parental rights of the Convention on the Rights of the Child (CRC) (United Nations, 1989), General Comment 7 to the CRC on early childhood (United Nations Committee on the Rights of the Child, 2005), and the Convention on the Rights of Persons with Disabilities (United Nations, 2008), a 'continuum of care' is required from pre-conception and prenatal education and care to early childhood development (ECD), early childhood intervention (ECI), and transition to inclusive schooling.

To create a complete 'continuum of care' for all children, a national ECI system of community-based services is required to serve the parents and other caregivers of children with at-risk situations, developmental delays, disabilities and atypical behaviours.

The ECI continuum of care

The ECI continuum of care should embrace and integrate all relevant sectors and disciplines.

Key sectors include:

- child and family health, nutrition and sanitation/hygiene
- child care and development, inclusive preschool and parent education
- child rights and protection.

Key disciplines include:

- early intervention
- medicine, public health and nursing
- nutrition
- physical, speech and occupational therapies
- special and inclusive education
- social work, psychology, and family counselling and therapy.

ECI is an intersectoral, interdisciplinary, integrated and coordinated system of individualised and intensive services provided in the natural environments of the children, mainly from birth to 36 or 60 months of age, which seeks to improve children's development and prevent developmental delays and disabilities. Governments establish national ECI systems through adopting policies, strategic plans or laws, nationwide ECI programme guidelines and procedures, service and personnel standards, and registration regulations. Governments usually offer financial and technical support, often at several levels: central, regional and municipal/local.

ECI systems include initial community outreach and advocacy for child identification, universal screening of child development, child and family assessments, individualised service planning, and visits to the natural environment of the child, usually in the home, case management and transition activities. Some offer parenting or peer group activities, specialised therapies, and family counselling.

As of 2015, of the 81 nations responding to a global ECI survey, 49 countries had some type of national policy in place and 76 countries had one or more aspects of ECI service delivery systems at the national level. The remaining five nations only had ECI systems at the regional level (Hix-Small *et al.*, 2015).

Since 2005, the Republic of Georgia has made notable progress towards developing a comprehensive national ECI system. By 2015, Georgia had several key aspects of national ECI services in place and currently is finalising its national policy documents.

Initial development of separate ECI services

Although general ECD services support children with typical development in Georgia, children with high-risk status, developmental delays, disabilities and atypical behaviours require more individualised and intensive attention.

In 2005, Georgia had two rehabilitation centres that provided therapeutic or daycare services for a small number of the children with disabilities. No home-based programme of ECI services had been planned or developed as yet (Vargas-Baron, 2006). Subsequently, several national ECD leaders advocated for expanding ECD parenting and preschool programmes with the support of UNICEF and the Open Society Georgia Foundation. Between 2005 and 2013, Georgia established and implemented a policy to deinstitutionalise thousands of children. Many orphans were developmentally delayed or disabled, and progressively ECI services were established to support families and group homes receiving them (EveryChild, 2013; Mathews *et al.*, 2013; Greenberg and Partskhaladze, 2014).

In 2005 the Georgian Portage Association and subsequently in 2012 First Step Georgia and the Neurodevelopment Center, supported by the Georgian

'The ECI Georgian national system seeks to improve children's development and prevent developmental delays and disabilities.'

'By 2015, Georgia had several key aspects of national ECI services in place and currently is finalising its national policy documents.'

Association of Child Neurologists and Neurosurgeons, developed ECI services in Tbilisi, the capital of Georgia. These initiatives trained early intervention specialists (EISs) and piloted ECI services.

Portage used time-tested Portage assessment and curricula, translating and adapting them to the Georgian language and culture. Portage provided home visits and also promoted inclusive preschool education.

First Step Georgia used the Hawaiian Early Learning Program Strands assessment and the Assessment, Evaluation, and Programming System, which are criterion-referenced to rich child development curricula. First Step provided services in the natural environment of the child in collaboration with follow-through centre-based services for older children with multiple disabilities.

The Neurodevelopment Center modified its centre-based rehabilitation services to include parents in therapeutic visits and soon developed a home-based programme with EISs and therapists. They trained medical and public health communities in developmental screening, and this programme is expected to become universal.

Expansion, coordination and next steps

All three ECI centres found they had a lot in common. With the support of the Open Society Georgia Foundation and international specialists, they held joint training sessions, programme design sessions, and participatory national strategic planning activities with the Ministry of Labour, Health and Social Affairs and the Ministry of Education and Science. As a result of their collaboration, they developed the Coalition of ECI Organisations, which unites 13 organisations and advises ministries about all aspects of the ECI system.

As ECI services grew in Tbilisi, other regions began to request training and support to develop ECI programmes. Through their Coalition, central ECI organisations jointly trained and supported new ECI services in the regions of Adjara, Imereti, and Kakheti. Other regional ECI service centres are currently under development. All central and regional ECI centres are growing as they identify more children and families requiring ECI services. Regional governments, including the Tbilisi municipal government, are beginning to provide financial support to complement the small voucher system managed by the central government.

A National ECI Strategic Plan and ECI Programme Guidelines and Procedures have been developed. Although they have not been formally adopted as yet, they are being used to develop programme service standards, indicators, and the national ECI monitoring and evaluation system. Adoption is expected in late 2016.

Although many training workshops have resulted in the development of outstanding EISs and other personnel, a national pre- and in-service training



△ Photo: Early Childhood Intervention Program, Georgia / Courtesy Hollie Hix-Small

system is urgently needed to provide a sustainable flow of certified ECI professionals. The national ECI monitoring and evaluation system is being implemented and a child tracking system, linked to other child and family services, is needed. As the national ECI programme is expanded, there will be an increasing demand for regional supervisors and support personnel to help with quality assurance activities.

Expanded funding from national ministries and regional/municipal governments is urgently required to meet the demand for services. At this time, each ECI service centre has a long waiting list of eligible children awaiting services. Although the Republic of Georgia has made major progress in developing an effective and well-coordinated national ECI system of services, much remains to be done to ensure sustainable programme expansion, comprehensive outreach, universal screening, full equity, quality assurance, and accountability.

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Building an early childhood development system from scratch: the Liberian experience

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Despite facing major human development challenges, Liberia has made encouraging progress in recent years towards making young children a national priority. This article explains how, in particular, a community education programme – ECDCEAP – has come to play a major role in raising awareness among not only citizens but a range of professionals.

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Liberia ranked 177th out of 188 countries in the 2015 UNDP Human Development Index Report. The devastating outbreak of the Ebola virus in 2014 – which led to 4809 deaths – significantly weakened its already vulnerable healthcare system, and effectively halted progress across all social sector domains. In spite of this, however, Liberia made notable gains on some of the Millennium Development Goals: it surpassed the target for reducing child mortality and made great progress on gender equality. And, in difficult circumstances, the country is steadily making progress in developing an enabling environment for young children.

Liberia's recent efforts to build an early childhood development system began in 2007/8. Emerging from a brutal civil and regional war, the government recognised early on the importance of investing in its youngest citizens to begin rebuilding its society and economy, and the need to face up to two big challenges:

- 1 a general lack of awareness about the benefits of investing in young children, and
- 2 the lack of a skilled workforce – how do you build a system when you do not have the people?

The Education Sector Plan for 2010–2020 committed the Ministry of Education (MoE) to lead holistic and cross-sectoral coordination efforts around early childhood development. Liberia's 2010 Global Partnership for Education grant earmarked funds to expand access to pre-primary education through classroom construction, furnishing and materials development. In 2011 the MoE set up a special unit, the Bureau for Early Childhood Education (BECE), to focus specifically on young children. In the same year, Liberia approved its National Inter-Sectoral Policy on Early Childhood Development and a new Education Reform Act was promulgated, which commits the government to providing pre-primary education.

With support from external experts, the government has been developing an early childhood framework, with four aims:

- 1 Raise community awareness about interventions in early childhood.
- 2 Develop the skills of service providers, particularly pre-primary teachers, to provide quality care.
- 3 Create a professional development programme in teacher training institutions.
- 4 Develop capacity within higher education institutions to deliver degree programmes and conduct research in child development. Comprehensive curricular materials have been developed, along with training to guide teachers in their use in the classroom or centre.

However, it is the Early Childhood Development Community Education and Awareness Programme (ECDCEAP) – which started in 2012 – that has been most instrumental in supporting the BECE’s effort to create demand for early childhood services and plug the skills gap.

Expanding use of a community programme

The ECDCEAP was originally conceived as a programme for caregivers and community leaders to raise their awareness on child development, through ten two-hour workshops sharing ideas about how to stimulate young children, create a safe and protective environment, and support them to grow up healthy and happy. However, it has also become the basis of training for all early childhood professionals and para-professionals across the health and education sectors.

ECDCEAP is being used by the Inter-Sectoral Early Childhood Development Committee, comprising key officials from the Ministries of Education, Health and Gender, development partners and the civil society organisations most active in programmes related to young children. Specifically, ECDCEAP is being used as part of the package to train:

- **community health workers and midwives** – the Big Belly Business Programme draws on ECDCEAP as it aims to capacitate community health workers and midwives to support pregnant women and new mothers with their newborns
- **mental health professionals** – nurses are trained on ECDCEAP before being assigned to schools and community health centres
- **preschool teachers** – the government aims to train all 25,000 of its preschool teachers on ECDCEAP as a first step to enhance their knowledge of how children develop
- **lawmakers and other professionals** – with the simplified implementation of the ECDCEAP for busy professionals, more people understand what early childhood development is all about and how their role relates to it
- **home visitors** – the government is piloting a home visiting programme to improve the literacy of caregivers and young children aged between 3 and 5, and these visitors are also trained on the ECDCEAP.

‘The ECDCEAP has also become the basis of training for all early childhood professionals and para-professionals across the health and education sectors.’



△ Photo: Courtesy Yukhiko Amnon

While ECDCEAP is yet to be formally evaluated, anecdotal evidence suggests it is successfully improving understanding of how children develop and grow, and influencing cultural norms – notably getting men more involved in their partners’ pregnancy and delivery, and reviving traditional African notions around the involvement of the wider community in bringing up children. BECE believes that as parents, caregivers and citizens realise that supporting vulnerable young children is critical for Liberia’s economic and social development, demand for quality early childhood services will grow.

Although this is all positive, much work remains to be done. The MoE still faces an uphill struggle to deliver on its commitments in early childhood development, in large part due to a lack of predictable funding: Liberia faces significant fiscal constraints and is still highly dependent on donor support – for example, 58% of health expenditure is externally financed. Despite the progress made, decisions about where to invest scarce resources are still not sufficiently prioritising holistic early childhood development. We hope that the advent of the Sustainable Development Goals, with a number of targets related to young children, could provide new momentum to transform the lives of young Liberian children.

Children in Liberia – at a glance

Maternal mortality: 640 per 100,000
Under-5 mortality: 71 per 1000
Under-5 stunting: 42%
Under-5 birth registration: 4%
Adult literacy rate: 37% (f); 63% (m)
Primary school net enrolment rate: 40% (f); 42% (m)
Density of health workforce per 1000: 0.79*
% of births attended by skilled attendants: 46
% of children exclusively breastfed until 6 months of age: 55
Pre-primary teacher/children ratio: 1:47**

Sources: UNICEF (online), *WHO-AFRO (2006), **World Bank (2012)

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Uruguay's *programa de acompañamiento familiar*

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Since starting in September 2012, the *acompañamiento familiar* ('family accompaniment') programme of 'Uruguay Crece Contigo' ('Uruguay Grows with You') has worked with over 10,000 households in situations of health-related or social risk. This article explains the programme's ways of working, results and remaining challenges for public policy on early childhood in Uruguay.

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While income inequality is lower in Uruguay than in many Latin American countries, economic growth has not overcome intergenerational inequality and child poverty remains significant. More than one in five children aged under 4 is below the poverty threshold (20.9%), compared to fewer than one in ten (9.1%) for the rest of the population (Uruguay Crece Contigo–MIDES, 2015).

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A series of public policies have been implemented to address this situation, notably through the 2008 *Plan de Equidad* (Equity Plan). This created an index to measure multiple dimensions of family poverty, and a programme of non-contributory transfers for those under a certain threshold. It has steadily increased the coverage of early childhood education and the education levels of children aged 4 and 5. Through an integrated national health system, it has expanded health coverage and benefits for pregnant women and children under 4.

Growing out of the integrated approach of the Equity Plan, Uruguay Crece Contigo was launched in 2012 by the President of the Republic of Uruguay to help create a comprehensive protection system for early childhood, guaranteeing the integral development of children from a perspective of rights, equity and social justice. It includes a *programa de acompañamiento familiar* that works with families, pregnant women and children under the age of 4 who are in situations of health and social risk. In 2015 Uruguay Crece Contigo became a National Directive in the Ministry of Social Development (MIDES).

The programme works through early childhood development interventions that emphasise family support and community work and are delivered through coordination among different institutions. The programme's structured counselling provision is intended to strengthen family capacities related to:

- healthcare during pregnancy and guidelines for parenting, feeding and development
- access to social programmes and services
- children's growth and development, attendance at medical check-ups, vaccinations and iron supplements for children and pregnant women



△ Photo: Florencia Carvalho / MIDES

- delivery of educational materials and support for parenting
- promotion of interactions that stimulate the development of children
- emergency care.

Family support is provided by pairs of professionals: one from the health sector and one from the social sector, who give support in areas such as nutrition, psychomotricity, nursing, medicine, obstetrics, social work, psychology and social education. These pairs provide in-home assistance on a regular schedule for between six months and two years, establishing a bond of trust and respect.

Families in the programme are given materials including toys, a baby mobile, CDs of songs and books of stories; materials on nutrition, newborn care, sexual education and parenting guidance; a floor mat, food utensils, blankets, and a crib where the sleeping situation is considered to be unsatisfactory. Assistance includes individual meetings, group work, accompanying parents to access services, and networking with other relevant institutions – especially necessary in cases involving violence, trafficking, sexual abuse, mental health problems, addictions, imprisonment or housing needs.

Results and challenges

From the beginning of Uruguay Crece Contigo in September 2012 until the start of 2016, the teams worked with 10,138 households including 13,735 children and 4,924 pregnant women. Improved indicators include the following:

- The incidence of anaemia in children dropped from 33% to 12%.
- The proportion of children receiving a balanced diet rose from 38% to 51%.
- The proportion of children not meeting developmental milestones – measured against the Ministry of Public Health (2010) National Guidelines for Monitoring Child Development – dropped from 45% to 33%.

Furthermore, women with whom the programme worked during pregnancy had rates of low birthweight (9%) and premature birth (10%) in line with the national average – an encouraging result given their high-risk situations.

Nonetheless, enormous challenges remain in improving public policies on early childhood in Uruguay. These include changes in family structures, community life, labour markets and new consumption patterns – all influencing the lives of children and their opportunities for social inclusion with equity. Meeting these challenges will require:

- 1 Integrating the various sectors involved in child development, such as healthcare, education, recreation and socio-educational. This entails moving away from fragmented models based on single disciplines, and towards shared actions, goals and resources with a single contact point for families.
- 2 Integrating models of service delivery to take into account the culture of childrearing in terms of how responsibilities are shared by individuals, families and communities. The impact of public policies depends on support at all those levels.

Given the diverse needs of different territories and populations in Uruguay, the design of early childhood policies and services will also require locally tailored approaches, and systems of monitoring and evaluation that allow for revision according to lessons learned.

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The Lancet Breastfeeding Series

Despite many of the benefits of breastfeeding having been clearly established for years, rates of breastfeeding have not substantially increased in the last two decades. In January 2016, the prestigious medical journal *The Lancet* published the most comprehensive analysis of breastfeeding yet undertaken. It found that, globally, only 35.7% of children are exclusively breastfed for the first six months.

Breastfeeding is among the few positive health-related behaviours that are not correlated with national wealth: in high-income countries, fewer than 20% of children are breastfed for 12 months. Even in low- and middle-income countries, there is plenty of room for improvement: a third of children aged between 6 months and 2 years receive no breast milk. From systematic reviews and meta-analyses of more than 1300 studies from around the world, *The Lancet* found that shortfalls in breastfeeding are responsible for:

- economic losses of USD 300 billion each year related to the lower cognitive abilities developed by children who are not breastfed – breastfeeding is associated with a three-point increase in IQ scores
- about 820,000 deaths of children each year
- about 20,000 deaths of mothers from breast cancer, the risk of which is reduced by breastfeeding
- nearly half of all cases of diarrhoea in low- and middle-income countries
- one-third of all respiratory infections in low- and middle-income countries
- billions of dollars spent on treatment costs of common childhood illnesses that breastfeeding helps to prevent – for example, a 90% breastfeeding rate in the USA would save USD 2.45 billion in healthcare spending.

Why do more women not breastfeed? *The Lancet* identifies several factors including:

- inadequate maternity leave in many countries – for example, mothers with more than six weeks of maternity leave are four times as likely to

persevere with breastfeeding as those given less than six weeks of leave

- healthcare providers not having enough knowledge or capacity to disseminate accurate information on the value of breastfeeding, or to provide support to breastfeeding mothers
- lack of support from family or community, linked to negative cultural traditions and social attitudes towards breastfeeding – a factor which can be addressed through public information campaigns
- aggressive marketing of breast milk substitutes such as infant formula, involving sums that far exceed those spent on campaigns to promote breastfeeding; many countries have implemented the World Health Organization's International Code of Marketing of Breast-milk Substitutes only partially or not at all.

'Supporting breastfeeding makes economic sense for rich and poor countries and this latest breastfeeding study proves it,' said the co-lead of *The Lancet Breastfeeding Series*, Dr Cesar G. Victora, Emeritus Professor of Epidemiology at the Federal University of Pelotas in Brazil. 'Breastfeeding is a powerful and unique intervention that benefits mothers and children, yet breastfeeding rates are not improving as we would like them to – and, in some countries, are declining. We hope the scientific evidence amassed in this Series will help revert these negative trends and create a healthier society for everyone – mother, child, poor and rich.'

For more information visit:

www.thelancet.com/series/breastfeeding



What we can learn from the Cuban Early Childhood Development system

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Cuba has made a strong commitment to holistic early childhood development (ECD), setting up a national system that has inspired other countries in the region and presents interesting examples of good practice in the design and large-scale implementation of cost-effective, integrated ECD services. A recent publication, *Early Childhood Development in Cuba*, by UNICEF Cuba and the UNICEF Regional Office for Latin America and the Caribbean (2016), documented the Cuban ECD system’s implementation strategies and most significant results, highlighting four key elements:

- 1 Family is the centrepiece of the Cuban system. Cuba strives to equip families with the necessary skills and knowledge to create stimulating, caring and safe home environments. Daycare centres involve families through monthly group activities, while family doctors provide information on appropriate nutrition and preventing injuries in the home. Families are seen as embedded in communities, which share responsibility for children alongside state service providers.
- 2 ECD services are provided in a coordinated and integrated manner. For example, the community-based programme ‘Educa a tu Hijo’ (‘Educate your Child’) is implemented by coordinating groups with representatives from sectors including education, health, culture, sports, and community organisations. It is the non-institutional modality of early childhood education, preparing families to stimulate their children’s development through activities in the home.
- 3 Risk prevention and early detection are key. The Cuban ECD model is designed to anticipate and remedy potential threats to a child’s development before they occur. For instance, well child care is a priority: children’s growth and development are regularly monitored, taking into account

social well-being and non-medical factors such as living conditions or parents’ employment. At the beginning of each school year the education sector identifies families who need specific attention, to monitor and prevent any negative impact on child development, such as families with low salaries or a history of alcoholism.

- 4 The Cuban system pays attention to diversity: ECD services in Cuba are accessible to all children, with specific attention to ensuring access for the most vulnerable. Educa a tu Hijo has specific activities adapted for children with disabilities or who are hospitalised. The programme is also implemented in the prison system – group activities are organised when children visit their parents in prison, accompanied by a family member. This has had a significant impact on prisoners and strengthened the interactions between young children and their incarcerated parents.

Cuba’s integrated system has had significant results for children. It has achieved universal access to quality early childhood education, whether institutional or community-based; significant child development outcomes; universal maternal and child healthcare; and protective environments at the family and community levels.

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For more information visit:

<http://uni.cf/1TORjIQ>

Asia-Pacific Regional Network for Early Childhood documentation of early childhood development noteworthy practices

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The Asia-Pacific Regional Network for Early Childhood (ARNEC) documents ‘noteworthy practices’ to help build a solid evidence base to support ECD policy development and programming in the region. This flagship initiative is undertaken annually, following certain themes. The use of ‘noteworthy’ rather than ‘best’ practices is intentional, to avoid the notion that particular programmes, initiatives or projects are better than others. Being noteworthy means:

- (a) showing promise and effectiveness in responding to a particular unmet need of young children and their families through a new or innovative process, product, service and/or method of delivery that responds effectively to a particular context, and
- (b) having the potential to be an inspiring model for others.

In 2015, ARNEC collaborated with the Universiti Brunei Darussalam (UBD) and UNICEF’s Regional Office for South Asia (ROSA) to document selected ECD programmes from the region that address young children and families in diverse communities. The programmes were selected through a call for proposals managed by ARNEC, then paired up with local independent researchers from the same national context. All programme site representatives and researchers received technical support and training from UBD to ensure rigour in every stage of the research. The researchers documented the principles, processes and outcomes associated with each programme through observation techniques, stakeholder interviews, collecting artefacts, and analysing programme documents and appropriate outcome measures for children, families and communities in order to assess scalability and potential sustainability. The eight cases were:

- 1 **Bhutan:** ECCD Programme in the Lhop Community of Sengdhen (Tarayana Foundation) – a community-based ECCD (early childhood care and development) programme in a remote indigenous community
- 2 **Cambodia:** Approaches to Autonomising Community Preschools in Cambodia (Krousar Yoeung Association) – a preschool in a slum area with minimal basic infrastructure
- 3 **India:** Caregiver Education Programme (Centre for Learning Resources) – a caregiver and parenting education for under-3s in Chhattisgarh
- 4 **Indonesia:** SOS Children’s Villages, Semarang Case Study – creating a family-like environment for children without parental care, and making school inclusive
- 5 **Nepal:** Institutionalising Community-based ECD Centres in Nepal (Seto Gurans Network) – an example of how ECD programmes can help young children respect each other and eat and play together, which can change social taboos in communities where people are divided on the basis of caste and culture
- 6 **Pakistan:** Informed Parents Programme (Rupani Foundation) – a resource centre and home visiting programme to support parents of under-3s
- 7 **Pakistan:** Community Linkages and Early Childhood Development (Aga Khan Education Services Pakistan) – increasing meaningful community engagement in implementing ECCD programmes in hard-to-reach areas of Gilgit Balitistan
- 8 **Philippines:** Kababayan-an Alangsa Katilingbanong Kalambuan Case of Tulunghansa Batang Pit-os (TBP) – a community-based ECCD centre in the Philippine

countryside, with a mother-tongue-based curriculum rich in topics and activities that reinforce local cultural heritage.

All these cases reflect commitment to sustainability, inclusion and equity within their particular contexts. What makes them noteworthy varies from one case to another, but common themes include community engagement, holistic and inclusive interventions, active involvement of parents, capacity of ECD teachers, leadership, contextualised learning materials and use of mother-tongue education.

❗ For more information visit:

www.arnec.net



