

Early Childhood Development:

The key to a full and productive life.

Early childhood development is the key to a full and productive life for a child and to the progress of a nation. Early childhood is a critical stage of development that forms the foundation for children's future well-being and learning. Research has shown that half of a person's intelligence potential is developed by age four and that early childhood interventions can have a lasting effect on intellectual capacity, personality, and social behaviour. Integrated programmes that target children in their very early years are, therefore, critical for their mental and psychosocial development. Failure to invest in ECD can result in development delay and disability as well as inhibit the optimal development and performance of children throughout their lives.

ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential. Community-based services that meet the needs of infants and young children are vital to ECD, and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development. Experiences from ECD programmes around the world demonstrate the promise for children's well-being and for that of their families and communities¹.

Introduction

Early childhood is the most and rapid period of development in a human life. The years from conception through birth to eight years of age are critical to the complete and healthy cognitive, emotional and physical growth of children.

The rapid development of children's brains begins in the prenatal stage and continues after birth. Although cell formation is virtually complete before birth - a newborn baby has about a 100 billion brain cells - brain maturation and important neural pathways and connections are progressively developed after birth in early childhood. Therefore, early childhood is a period in development where environment actually has an important impact on determining how the brain and central nervous system grows and develops. Environment affects not only the number of brain cells and the number of connections among them but also the way these connections are "wired." The process of eliminating excess neurons and synapses from the dense, immature brain, which continues well into adolescence, is most dramatic in the early years of life, and it is guided to a large extent by the child's sensory experience of the outside world². Scientific evidence suggests that if the brain does not receive the appropriate stimulation during this critical window, it is very difficult for the brain to rewire itself at a later time³.

Inadequate nutrition before birth and in the first years of life can seriously interfere with brain development and lead to such neurological and behavioral disorders as learning disabilities and mental retardation⁴. There is considerable evidence showing that infants exposed to good nutrition, and adequate psychosocial stimulation had measurably better brain function at twelve years of age than those raised in a less stimulating environments⁵.

Early stress can affect brain function, learning, and memory adversely and permanently. New research provides a scientific basis for the obvious fact that children who experience extreme stress in their earliest years are at greater risk for developing a variety of cognitive, behavioral, and emotional difficulties later in life. ⁶



Rethinking the Brain

Old Thinking	New Thinking
How the brain develops depends on the genes that you were born with.	How the brain develops hinges on a complex interplay between the genes that you are born with and the experiences you have.
The experiences that you have before age three have a limited impact on later development.	Early experiences have a decisive impact on the architecture of the brain, and on the nature and extent of adult capacities.
A secure relationship with primary caregiver creates a favorable context for early development and learning.	Early interactions don't just create a context, they directly affect the way that the brain is 'wired'.
Brain development is linear: the brain's capacity to learn and change grows steadily as an infant progresses towards adulthood.	Brain development is non-linear: there are prime times for acquiring different kinds of knowledge and skills.
A toddler's brain is much less active than the brain of a college student.	By the time children reach age three, their brains are twice as active as those of adults. Activity levels drop during adolescence.

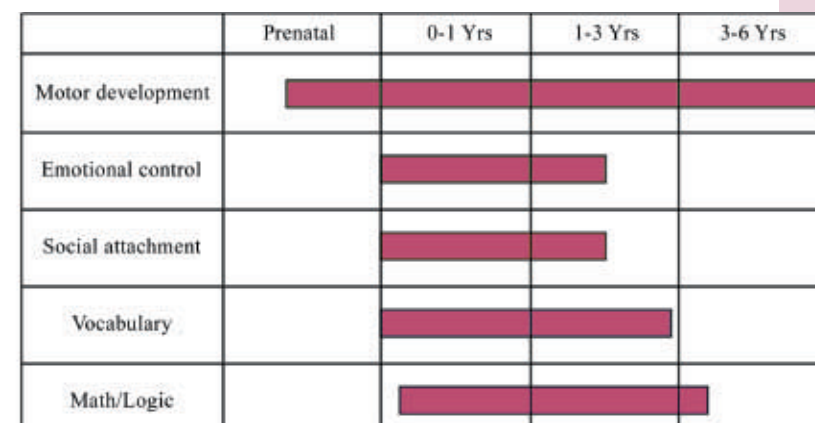
Source: McCain Margaret Norrie & J. Fraser Mustard (1999) Reversing the real brain drain: early years study. p.28

The brain reaches half its mature weight by about six months and 90 percent of its final weight by age eight.⁷ This rapid development is reflected in children's capabilities and what they do. Although every child is unique, it is widely accepted that development follows a basic pace and pattern of development in all children.



Age	What children do at this age:	What they need along with appropriate, sensitive and responsive parenting. ⁸
Birth to 3 months	<ul style="list-style-type: none"> • Begin to smile, track people and objects with their eyes • Prefer faces and bright colours • Turn towards sound • Discover feet and hands 	<ul style="list-style-type: none"> • Protection from physical danger • Adequate nutrition • Adequate health care, such as immunization, oral rehydration therapy and hygiene • Appropriate language stimulation • Motor and sensory stimulation
4 to 6 months	<ul style="list-style-type: none"> • Smile • Develop preferences generally to parents and older siblings • Repeat actions with interesting results • Listen intently • Respond when spoken to • Laugh and gurgle • Imitate sounds • Explore hands and feet • Put objects in mouth • Sit when propped • Roll over • Grasp objects without using thumb 	<ul style="list-style-type: none"> • Protection from physical danger • Adequate nutrition • Adequate health care, such as immunization, oral rehydration therapy and hygiene • Appropriate language stimulation • Motor and sensory stimulation
7 to 12 months	<ul style="list-style-type: none"> • Remember simple events • Identify themselves and body parts, and familiar voices • Understand their own name and other common words • Say first meaningful words • Explore objects and find hidden objects • Put objects in containers • Sit alone • Pull themselves up to stand and walk. 	<ul style="list-style-type: none"> • Protection from physical danger • Adequate nutrition • Adequate health care, such as immunization, oral rehydration therapy and hygiene • Appropriate language stimulation • Motor and sensory stimulation
1 to 2 years	<ul style="list-style-type: none"> • Imitate adult actions • Speak and understand words and ideas • Experiment with objects • Walk steadily, climb stairs and run • Recognize ownership of objects • Develop friendships • Solve problems • Show pride in accomplishments • Begin pretend play 	<p>In addition to the requirements for healthy growth of the previous years, children at this age require support in acquiring:</p> <ul style="list-style-type: none"> • Motor, language and thinking skills • Developing independence • Learning self-control • Opportunities for play with other children • Health care must include de-worming.

Age	What children do at this age:	What they need along with appropriate, sensitive and responsive parenting. ⁸
2 to 3.5 years	<ul style="list-style-type: none"> • Enjoy learning new skills • Learn language rapidly • Gain increased control of hands and fingers • Act more independently 	<p>In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:</p> <ul style="list-style-type: none"> • Make choices • Engage in dramatic play • Have increasingly complex books read to them • Sing favourite songs • Solve simple puzzles
3.5 to 5 years	<ul style="list-style-type: none"> • Develop a longer attention span, • Talk a lot, ask many questions, • Test physical skills and courage with caution, • Reveal feeling in dramatic play • Like to play with friends, do not like to lose, share and take turns sometimes. 	<p>In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:</p> <ul style="list-style-type: none"> • Develop fine motor skills • Continue expanding language skills through talking, reading, and singing • Learn cooperation by helping and sharing • Experiment with pre-writing and pre-reading skills.
5 to 8 years	<ul style="list-style-type: none"> • Gain curiosity about people & how the world works • Show more interest in numbers, letters, reading and writing • Gain more confidence and use words to express feelings and cope • Play cooperatively • Develop interest in final products 	<p>In addition to the requirements for healthy growth of the previous years, children at this age require the opportunity to:</p> <ul style="list-style-type: none"> • Develop numeracy and reading skills • Engage in problem solving • Practise teamwork • Develop sense of personal competency • Practice questioning and observing • Acquire basic life skills • Attend basic education



Source: Van der Gaag Early Child Development : An Economic Perspective⁹

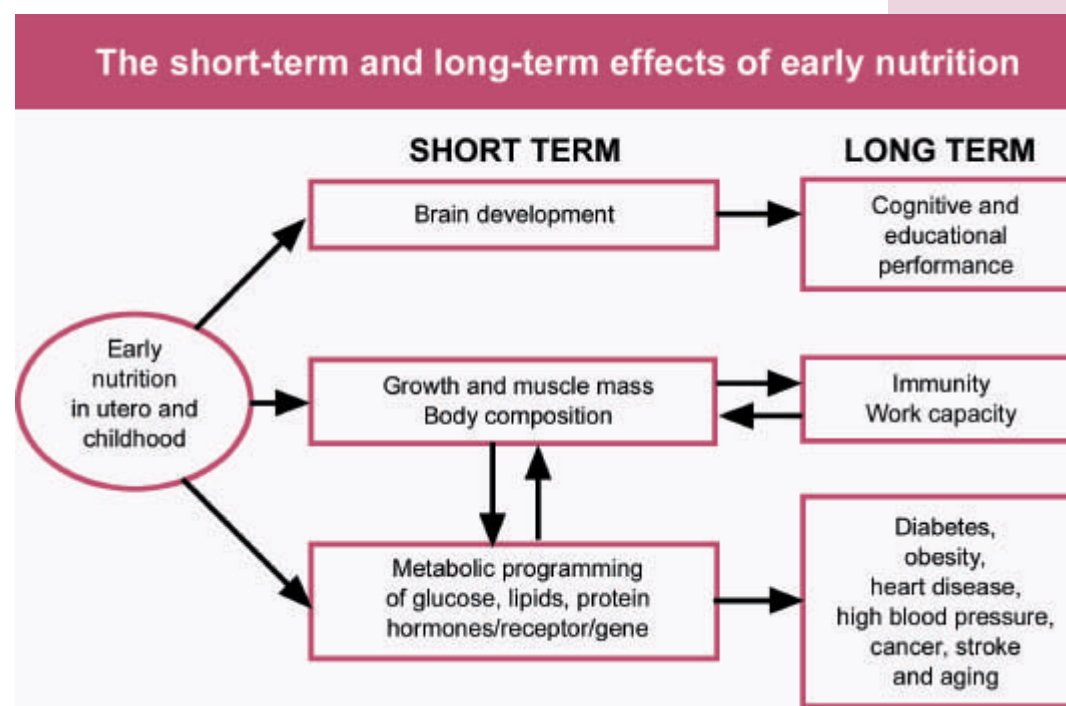


Efforts to support children's healthy development depend on:

- a healthy mother who herself receives adequate food, antenatal care and attention to her needs during pregnancy
- a safe delivery, with proper obstetric care and back-up
- immediate breast-feeding, exclusive up to six months of age, for intensive mother-child interaction, bonding, and the timely introduction of complementary feeding
- timely and appropriate preventive and basic health care proper nutrition, including micronutrients
- caring interaction with family and other adults, including age-appropriate play, protection from accidents and environmental dangers, and access to safe water and sanitation facilities
- preschool and peer interaction, with adequate adult care and supervision, in an environment conducive to learning and to nurturing effective peer relationships
- timely enrollment and attendance in an appropriate primary school leading to attainment of age-appropriate skills
- access to basic preventive and curative health and nutrition measures throughout childhood¹⁰.

Early childhood development is linked and inseparable from women's health. Maternal ill health during pregnancy often results in death, disease and disability amongst newly born children. This toll is not only unforgivable; it is also unnecessary and can be avoided through interventions that cost a mere \$3 per capita per year. Eliminating malnutrition among expectant mothers would reduce impairments and disabilities among their infants by almost one third.¹¹

As mentioned previously, nutrition in utero and in the early years of life can have a profound effect on children's health status as well as their ability to learn, think analytically and socialize with others, and their capacity to adapt to change. Good nutrition is also critical in avoiding and surviving childhood diseases. In situations of inadequate nutrition, the body spontaneously ranks survival first and growth second and cognitive and brain development last. This does not however imply that survival, growth and development are sequential. Rather, they take place simultaneously.



Source: UNICEF, the State of the World's Children 2001, p.20

Children require protection from violence, trauma and unsafe environments. ECD is largely dependent on love, physical and verbal stimulation and play - often termed 'psychosocial development'. In its broadest sense, the term psychosocial refers to the social, emotional, mental and motor domains. Practically, this means touching, talking, caring for and playing with children. Breastfeeding for example, provides nutrition and antibodies essential to the development of children's immune systems in a process where a child is held, stroked and emotionally nurtured. Psychosocial development is difficult to measure because it does not necessarily produce physical, tangible results. Therefore, stunting (low height for weight) is commonly used as a proxy indicator for ECD. However some believe that the development and demonstration of certain skills sets are indicative of levels of psychosocial development. Some of these aspects of psychosocial development are presented below.

Aspects of psychosocial development

Pre academic skills	Learn basic concepts Improve small muscle coordination Begin to master skills necessary for reading writing and arithmetic
Motor/Physical skills	Improve coordination, balance, agility through large muscle activity
Self-expression skills	Learn to express themselves creatively through arts and crafts, music, dance and imaginative play.
Language skills	Learn to express thoughts and feelings in a verbally appropriate manner
Social skills	Learn to share, cooperate, and empathize with other children. Learn to respect, listen to and cooperate with adults.
Self-sufficiency skills	Learn to be independent and care for their belongings in a responsible manner
Self-assessment skills	Learn to assess own behaviours and abilities, begin to take pride in accomplishments. ¹²



The practical experience of ECD programmes are beginning to show evidence that such investments yield extremely tangible results for society.

Why Invest in Early Childhood Development?

Recent global experiences demonstrate that ECD programmes yield both immediate results in addition to the expected long-term outcomes for children and communities. There are numerous benefits and rationales for investing in ECD programmes:

At the most basic level of survival, ECD programmes reduce child mortality.

For example, the Pastoral da Criança (Child Pastorate) in Brazil is credited with reducing child mortality by 60 percent among participating communities. In this programme, volunteers, mostly women, were trained as community health agents. They monitor babies' weights and teach families about the importance of interacting with and stimulating their young children

They also disseminate information in critical areas of family planning, prenatal care, breastfeeding and oral rehydration therapy¹³. ECD programmes ensure a standard of health services and nutrition initiatives to children necessary to avoid many preventable diseases. Children participating in the Colombia Community Child-Care and Nutrition Project and the Bolivia Integrated Child Development projects, for instance, are required to complete their immunizations within six months of entering. ECD programmes often also monitor growth, provide food supplements and micronutrients and can help with such existing public health efforts as mass immunizations¹⁴

ECD programmes pursue objectives beyond survival to optimal development.

Indeed survival, growth and development are not sequential but simultaneous processes. Investment in ECD programmes has many far-reaching positive impacts on building the social capital of a nation and preventing a drain on societies' resources.

For example, early investment in young children can reduce the need for public welfare expenditures later and cut down on the social and financial costs associated with grade repetition, juvenile delinquency and drug use¹⁵. For every \$1 invested in the physical and cognitive development of babies and toddlers, there is a \$7 return mainly from cost savings in the future. This figure was calculated on the basis of a longitudinal study of children's exposure to pre-school.¹⁶ **An abundance of research and experiences clearly show that ECD stimulates children's desire and ability to learn, and thereby can increase the return on investment in education by reducing repetition rates, increasing school readiness and making that education more effective¹⁷.**

Cuba for example has incrementally built a national system of daycare centres and early childhood and daycare programmes that reach 98.3 percent of children in the 0-6 age group. This has led to the enhanced academic performance of Cuban children as demonstrated in a 1998 comparative study of third and fourth graders in eleven Latin American countries. Cuban children scored significantly higher (100 points ahead of the regional average in third grade mathematics).¹⁸

Evidence of positive effects on IQ, better-developed abilities at the point of entry into school (school readiness), and greater achievement at the end of the early grades was found in a review of some 70 "head start" programmes in the United States of America¹⁹. Another study focussing on Brazil in 1995 confirmed that pre-school costs were easily recovered by the decline in repetition rates in the first primary school years²⁰.

Investment in ECD programming is useful in facilitating economic growth and transformation by giving parents and care-givers of children the opportunity and flexibility to join the labour force.

In addition to the positive effects on children's learning capacity and educational performance, it was found in Brazil that the ECD programmes reduced work losses on the part of parents who formerly had to take time off to care for their children²¹. ECD programmes can enable participants to earn more and can raise their eventual productivity in the workforce. An evaluation of a Colombian home daycare programme demonstrated that 20 percent of the women with children in the programme changed their employment status after putting their children in daycare²².

ECD is an essential investment towards breaking intergenerational cycles of poverty.

For children under two malnutrition and neglect is both a consequence and a cause of poverty. Even amongst the most economically developed nations such as the United States about 17 percent of all children are growing up in households struggling to meet basic nutritional needs²³. ECD programmes can reduce social inequity by identifying children that are most vulnerable and likely to perpetuate cycles of poverty. For example, one study of 985 low birthweight infants revealed that most were born to socially and economically disadvantaged mothers. Under the programme, intensive early intervention was shown to prevent developmental delay. The study found that the incidence of mental retardation (that is, of IQs measured at less than 70) was reduced by an average factor of 2.7²⁴.

ECD programmes serve as a 'first line of defence' in dealing with disability and development delay.

For example, when development delays and disabilities in children between 0-3 years of age are detected in the Pastoral project of Brazil, they are enrolled in community-based early intervention programmes to help them reach their full potential. Mothers and fathers were also taught how to interact, and stimulate their children at home in order to maintain the progress that they make.

Integrated ECD programmes can also modify and reduce gender-related inequities. Studies from diverse cultures show that girls enrolled in early childhood programmes are better prepared for school and frequently stay in school longer. Early childhood interventions also free older sisters and mothers from the task of tending preschoolers, so that they can return to (or stay in) school, study more and join the labour force and develop as equal members of society. Elevating the status of women in turn benefits children.²⁵ Research in Malawi found a strong positive correlation between women's control over income and household calorific intake²⁶. Recent studies of ECD programmes underscore the value and importance of promoting fathers' roles in parenting. Programmes underway in Jordan, Namibia and Peru are oriented towards maximizing men's input into caring for children. Indeed, such programming contributes significantly to the important task of positively modifying traditional gender roles.

Investing in ECD builds social capital. Specifically, this means that good ECD programmes strengthen community networks and support, and enhance service delivery and social infrastructures as well as educating and involving families. Hence, the immediate and long-term benefits of programming are not just limited to young children, or men and women as parents. Rather, they develop a community's capacity to access and manage health, nutrition, environmental and educational infrastructure. In Nigeria, for example, the community-level Nutrition Information System for Action (COLONISA) relied on community analysis to build 'baby friendly' communities. Presently 32 communities are working on promoting exclusive breastfeeding, timely and adequate complementary feeding and improved household sanitation²⁷. In the Impilo project in South Africa, community-based ECD programming is fostering problem solving and tolerance against traditional racially-based hatred amongst families and communities²⁸.

ECD helps build community networks that can both expand the range of services when needed and respond to emergencies as they arise. In Indonesia, for example, the Bina Keluarga and Balita (BKB) project began in 1982 as a population, health and nutrition programme, monitoring children's height and weight and providing nutritious meals at local centres. Community women were trained and performed activities on various aspects of child development at these nutrition centres. When the economic crisis hit the country in 1997, these systems were already in place. The World Bank loaned Indonesia \$21.5 million for the Early Child Development Project, which included an emergency food component for infants aged 6-24 months in Indonesia's poorest communities. This already existing programme and infrastructure provided an opportunity to protect infants from permanent physical and intellectual stunting associated with malnutrition.²⁹

ECD programmes not only provide services for children but also engage in advocacy and education of communities. For example, the Solidarity and Development programme in Saida, Lebanon, an ECD programme targeted at children with disabilities, extended beyond the mere provision of services for disabled children to include community education and advocacy. This ultimately resulted in the formation of a formal school that helped integrate children with physical and mental disabilities into the community.

Programming for ECD

Following a review of ongoing ECD initiatives, a consultative group on ECD suggested that that investment in ECD is currently so low in most countries, that even small absolute increases in allocations are likely to result in major improvements. To forgo greater investment is indeed to compromise the well being of communities and nations by perpetuating cycles of poverty, ill-health and low educational achievement.

The group concluded that the main question for policy makers around the world was not whether investments should be made in ECD programmes, but rather **how** to invest in programmes to ensure that they provide the known economic, social and political benefits³⁰. There is no one model with which to pursue ECD, though the necessary requirements and inputs for a child's optimal development are quite clear. Regardless of the country context the following elements are critical towards effectively programming for ECD:

Early intervention

The single most important lesson for ECD programming is to focus on the early years from conception to age three. Children during their early years are erroneously regarded as unproductive and therefore ignored by caregivers and by-passed by service delivery systems. Equally growth during gestation and achievement of adequate birthweight are absolutely critical to the health, wellbeing and potential of the newborn child. Thus attention to women in pregnancy and childbirth are crucial interventions for child development.

Early childhood is not only the time that the brain develops most rapidly but a critical window of opportunity for establishing children's immunity and, therefore, the foundation of good health and optimal productivity in the future. Moreover, a sick and neglected child serves as a drain on parental productivity and family resources. The experiences of numerous countries show that effective ECD programming results in the establishment of service delivery systems and strengthened capacity of families and community institutions that automatically increase child survival and enhance the health and well-being of the entire population, in addition to promoting optimal development for the future.

Indeed, the failure to develop service delivery and community systems that enable ECD represents a lost opportunity to prevent a life-cycle of ill-health, delayed development and low achievement amongst children.

Centrality of family and community

ECD depends on the capacity, support and opportunities for families and the caregivers of children to adequately care and nurture children. Programming must, therefore, be grounded in the participation of families and communities, blending what is known about the best environment for optimal development and traditional child rearing practices in order to appropriately build public awareness, strengthen demand and change the practices and behaviours surrounding ECD³¹. However, ECD does not just depend on family care. The obligation to enable and ensure care and the fulfillment of children's rights extends to the community and all levels of government.

Community partnerships are essential to improving the physical environment, enabling programme delivery through collective action and expanding the base for social and political negotiations³². Working with communities is one way of promoting necessary values, strengthening already existing formal and informal networks of cooperation, and utilizing existing human, physical and monetary resources.

Integrated multisectoral programming

It is almost impossible to compensate for the effects of denial of adequate nutrition, access to health care, education and psychosocial stimulation. These are all equally important for optimal development and can, therefore, be neither sequenced nor separated. There are many entry points in existing sectors for ECD programmes. ECD programming in fact should reinforce, coordinate and sharpen existing sectoral development objectives. Ideally programmes should focus on integration and convergence of existing initiatives.

In this respect, there are indeed practical problems associated with ECD programming. Systems are not always in place to keep an integrated cross-sectoral programme running. As a result, governments' responsibilities to children, families and communities frequently slip behind the lines that divide sectoral ministries and departments. The responsibility for ECD encompasses many sectors and, therefore, the actual delivery of ECD services and programmes becomes the responsibility of no one³³. It is thus vital to attend to institutional aspects of ECD to ensure that convergence becomes a reality. Experiences with decentralization demonstrate that it is an effective strategy to enable and support local service providers to work together as an alternative to programmes reliant on entrenched bureaucracies in national capitals. Local actors are more likely to

know and trust each other and to work well in partnerships. Frequently, however, they lack the authority and the initiative to do so effectively.

Strengthening national resource capability and institutions of service delivery is an essential component of ECD programming.

The underlying priority is, of course, to deliver services to children through home-visits, home daycare, integrated child development centres and formal and informal learning activities³⁴. Regardless of the strategy, it is essential to develop accessible and responsive systems of service delivery that reach out to and are inclusive of even the most vulnerable children and families. The key is to ensure that service providers are reoriented towards outreach and facilitation of family and community action, not remaining simply reactive to those who come to service centres seeking (generally curative, rather than preventive and promotive) care.

Human resource development systems to raise awareness, reorient and strengthen the technical capabilities of policy makers, technocrats, service delivery professionals and community leaders are an essential component of ECD programmes.

Enabling national policy

National policies serve as the necessary framework for an enabling environment where service delivery can be effective, where families and communities can genuinely care for children in the early years. These policies should be guided by the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This will include national legal and regulatory frameworks that protect and enable ECD programming and allocate necessary resources within national budgets.

Policy should allow parents increased time to meet their child rearing obligations and needs and encourage enhanced child-care on the part of families and society. They must enable the local provision of responsive and inclusive services that address ECD. In doing so, they must also facilitate greater multi-sectoral programming and integration.





Programming Focus	What needs to be done	Necessary inputs
Families and home care-givers	<ul style="list-style-type: none"> Enhance knowledge, attitudes and practices for appropriate care Enable access and opportunity to utilize adequate services Develop social and economic opportunity to care for children in early childhood 	<ul style="list-style-type: none"> Capacity building and advocacy surrounding ECD Provision of responsive and inclusive systems of accessible service delivery Programmes that enable parents and guardians to have adequate time and resources to provide the care necessary for children.
Community organizations	<ul style="list-style-type: none"> Strengthen values, knowledge-base and commitment to ECD Support and organize collective action for support services for ECD (management, resource mobilization and service delivery) Enable participation and advocacy with local government on issues of ECD 	<ul style="list-style-type: none"> Advocacy amongst and capacity building of community organizations and networks on ECD Financial and technical support for the development of networks Provision of opportunities for decision making through the creation of fora and avenues for participation.
Service delivery	<ul style="list-style-type: none"> Build accessible and inclusive systems of services that are responsive to the specific ECD requirements of communities Facilitate greater integration of sectoral programmes and develop multisectoral programmes. Train and develop human resource and technical capacities of service providers. Advocate amongst local government for responsive ECD services. 	<ul style="list-style-type: none"> Allocation of adequate local funds, human resources and community participation in planning and implementation. Human resource development and training Community management of services and participation in local government.
Enabling Environment	<ul style="list-style-type: none"> Cultivate a protective and regulatory environment that promotes the value and importance of ECD through legislation and advocacy. This includes ensuring that families and guardians have the genuine economic and social opportunity to care adequately for their children. Devolve responsibility and resources for effective service delivery. Allocate necessary financial resources and support adequate human resource and skills development. 	<ul style="list-style-type: none"> Policy development and formulation of national action programmes Decentralization of authority and resources Adequate financial and technical assistance.

- 1 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.
- 2 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.
- 3 This chart was developed on the basis of World Bank, Brain Development
4 <http://www.worldbank.org/children/devstages.html>
5 Adapted from <http://www.worldbank.org/children/braindev.html>
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19 <http://www.worldbank.org/children/ecd/book/6>.
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33 Childhood Care and Development, The International Bank for Reconstruction and Development/The World Bank
34 on behalf of the Consultative Group on ECCD Consortium, 2000
35 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.p.60
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37 <http://www.unicef.org/sowc01/1-4.html>
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39 <http://www.ecdgroup.com/eccdinfo01.asp?id=2>
40 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.p.20
41 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001, p.52
42 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.p.52
43 UNICEF (2001) State of the World's Children, UNICEF, New York, 2001.p.52