Early Childhood Development

Real Life Stories from Around the World
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Introduction

Early childhood years are the most crucial to our physical, cognitive, social and emotional development. The rapid pace of physical and mental growth, are accompanied with a desire for exploration, play and learning that defines this part of our life cycle. It is a fascinating, yet critical time. For too many of the world’s children, it is a neglected and perilous time. If by simple chance, a child is born into a community where basic services are out of reach, regular meals are not promised, survival is tenuous and there is no one to stimulate their minds, guide their learning or play with them, then they can face severe risks of illness, starvation, malnutrition, and very possibly not live to see their fifth birthday nor develop to their full potential. Many of those who do manage to live, begin school late and unprepared and then do not complete even a primary level of education, leaving them unprepared for life. Too many children around the world face these risks on a daily basis.

We know that this vicious cycle can be turned into a virtuous cycle by investing in early childhood in a holistic and integrated manner. Here we share stories from around the world, and give examples of how we could exponentially increase young children’s chances to survive, develop and become healthy, happy and productive adults. Through collaborative efforts of local communities, parents, governments and donors, these young children are provided with all that is possible, despite the limited resources that are available. The approaches vary from country to country, from one context to the next. Our first story comes from local communities of Swaziland, who although suffering from the ravages of poverty and AIDS, have organized themselves and banded together to care for the staggering number of orphans and vulnerable children. We then move on to another part of the globe, to a different type of community in Mongolia, where the strength of tradition and culture requires a tailored approach to include nomadic families in support of young children. Then stories from Cambodia and Tanzania, tell us how comprehensive policy development and committed and unified efforts from all levels of government, can make a difference and improve the chances of young children to survive and thrive by having access to services. The story of Ghana, demonstrates how policy measures really can work when put in to practice, and provide most of the children with access to early childhood services, paving the way for children living in Africa today to have the same opportunities as their peers living in the developed world. Malawi showcases its use of innovative investment in poor families by providing them with additional cash and empowering them to make critical and life-changing decisions for their family’s prosperity and the future of their children. Lastly, we learn the story of a young boy living through the traumas of war in the DRC, who is given a small measure of hope through the provision of ECD activities in an IDP camp and the inclusion and empowerment of parents living in Nepal’s most remote areas in their children’s education and wellbeing.

All of these stories have a common thread. The urgent need to provide the most vulnerable and disadvantaged children of the world with protection, early learning opportunities and basic health and nutritional needs to give them a chance to survive and develop their full potential. This is something they have right to and something we all need to support in order to raise the next generation of productive and healthy global citizenry. Resources for action may be limited, but what we learn from these stories is that if we remain committed to reducing the disparities and continue to build partnerships that can help to close the gaps, we will raise the standard of living for all children around the world.

Knowledge is power and sharing these stories gives us the power to make a difference in the lives of young children around the world who are on a constant journey of development.
Swaziland is a landlocked country in southern Africa with just fewer than one million inhabitants. Nearly 70 percent of the population lives in extreme poverty and the prevalence of HIV infection is the highest in the world, estimated at over 26 percent of the population. Twenty-five percent of Swazi children have been orphaned due to HIV/AIDS, left alone without parental support, and at increased risk of abuse, exploitation and neglect. One quarter of Swazi children are also highly vulnerable, due to limited access to food, education, basic health, or psycho-social support.

Caring for the Casualties of the HIV/AIDS Epidemic

After the loss of parents to HIV/AIDS, OVC are often taken in by grandparents, older siblings or extended families. Given the high prevalence of extreme poverty among the majority of the population, these adoptive caretakers often do not have the necessary resources or ability to care for themselves, much less the growing and overwhelming percentage of OVC.

As the ravage of HIV/AIDS continued to deprive countless children of parental care, surviving family members and entire communities were overwhelmed.
with the responsibility of providing for the growing number of orphaned children. In order to respond to this distressing situation, families and local communities united to take action and intervene to protect these children from the threat of starvation, abuse and exploitation. This collective action, along with subsequent support from the Government of Swaziland and international partners, resulted in the creation of Neighbourhood Care Points (NCPs), a UNICEF-led initiative, which supported communities in protecting and providing for OVC. UNICEF provided the building material and participating communities provided volunteers to care for the children and give them at least one meal per day as well as emotional support. As the programme continued to show promise, the government and other partners realised the effectiveness of the NCPs, thereby sparking increased interest and support for the programme.

**NCPs: Community Centres of Survival, Growth and Development**

As certain communities became aware and sensitive to the critical situation of OVC, a communal decision was made to share the responsibility to care for them. With few resources available, community members began gathering the children wherever they could, on designated plots of lands or home dwellings, and sometimes even under trees. Voluntary caregivers were appointed and were tasked with preparing meals and serving the children. These gathering places became known as Neighbourhood Care Points and soon thereafter, the NCPs became a safe place to play and interact with other children and adults. Impoverished and underserved, many adults in these communities were also lacking basic provisions. Food sources were in short supply and the prospect of feeding dozens of children, daunting. However, despite these issues, communities banded together, donating food and supplies where they could.

Orphaned, destitute and abandoned to a life of uncertainty, many young children of Swaziland were given hope through the NCP programme. The courage and selfless acts of family members and local communities transformed many Swazi communities into centres of hope, survival, growth and development for orphaned children. From one community to the next, the concept and delivery of NCPs spread, and an increasing number of local communities and family members joined efforts to protect and nurture their children.

**From Local to Global Action: Providing ECD, Health Services and Protection to OVC**

The unified efforts of Swaziland’s local communities commanded global attention and a call for action. As the number of orphans continued to grow, the need for support from the government and international aid community also increased. Out of recognition and appreciation for the initiative of local communities, the Government of Swaziland and the international development community made an important decision to contribute to growing the Neighbourhood Care Points concept.

The Ministry of Health and Social Welfare of Swaziland also seized the opportunity to begin Child Health Days at NCPs, provide children with immunisations, Vitamin A, deworming and treatment for illnesses, and began to monitor their overall health. For many of these children, this was their first encounter with the health system and their first chance to receive proper care. As the Swazi government began to take action, more and more communities adopted the Neighbourhood Care Points concept and began providing OVC with a safe place of provision with access to food, health services, education and family support. Local NGOs and religious organizations were also mobilized and contributed staff, equipment and sometimes provided space for the NCPs.

The World Food Programme began creating community gardens and providing food aid. UNICEF distributed Emergency Early Childhood Development Kits, play and basic learning materials, such as 'School in a Box’ as well as building latrines and promoting hygiene. The Global Fund provided funding for the construction of NCPs.

By the end of 2009, an estimated 840 NCPs were operating, serving approximately 64,000 children or approximately 90 percent of OVCs in the country.
The creation of NCPs was a practical and sustainable solution to the seemingly insurmountable challenges faced by vulnerable Swazi children. Participating communities laid a critical foundation to increase the chances of child survival in an unforgiving environment and provided an unprecedented opportunity to expand the care given to OVCs from a hot meal and shelter, to health and early education services. What began as a simple act of kindness and personal responsibility from local communities and family members of OVC, has grown into a national phenomenon and provided a solution for a country that greatly suffers from the effects of HIV/AIDS and crippling poverty. Children who were once considered unreachable, are now receiving the benefits they need and deserve for a viable future.

The Way Forward: Challenges and Successes

Numerous challenges remain to protect and care for Swaziland's OVC. The magnitude of the problem forced the rapid growth of the NCP initiative. Along with this rapid growth came many challenges. Food sources are limited and often times, not readily available. NCPs are staffed entirely by volunteers who also have few resources, with little to no training on early childhood development or compensation for their involvement. Finally, coordinating the participation and role of all involved stakeholders and partners has proven difficult to manage.

Multi-level challenges required the support of a multi-level strategy to address these issues. The 2009 consolidation of a Steering Committee was an important step toward creating a permanent multi-sectoral stakeholder forum. Primary tasks include finalizing the ECD Strategy and the ECD Policy, in order to ensure a harmonized approach to early childhood development. Additionally, the finalization of the Strategy for NCPs will be essential to strengthen the capacity of participating communities as well as the national capacity to provide services to OVCs.

Care for OVC is only a part of the many overarching issues that present obstacles for young children and their families in Swaziland. Reducing the rate of HIV/AIDS and extreme poverty will require long-term and innovative strategies to prevent risky behaviours, promote economic growth and to improve basic health and education services. However, Swaziland’s vulnerable children are in need of solutions for today and NCPs offer the protection, provision and promise of a better tomorrow.
Diversifying ECD Policies to Reach the Children of Nomadic Culture in Mongolia

Mongolia is one of the few countries in the world that has maintained and supported the traditional, nomadic, pastoral way of life. This culture has been coexisting with mainstream Mongolian culture for the last century, with up to 20 percent of the population engaged in extensive livestock husbandry in remote rural areas. The low density of the population combined with the seasonal movement of herder families has presented a challenge for young children from these families to have access to quality ECD services. In order to meet the needs of these children, existing ECD policies in Mongolia required diversification and a non-traditional approach to increase the coverage and reach of ECD services to children of nomadic communities.

The Integrated Early Childhood Development Policy adopted in 2005, aims at improving the quality of and increasing access to, basic social services delivered to young children with an emphasis on the role of the family, community, local administration and professional organizations in the education service. In order to provide nomadic children with equal access to ECD services, the Government of Mongolia developed the strategy of mobile ger-kindergartens.
How It Works

The use of gers, (traditional tent-like dwellings of herders) as a classroom, supports the mobility of Mongolia’s nomadic cultures. Being easy to assemble and dismantle, the gers allow for simple and quick movement as families relocate. Similar to the traditional living environment of nomadic children, ger-kindergartens are relatively cheap to construct and maintain, and enables the children to learn in comfortable and familiar surroundings. With financial and technical support from the government and partnering organizations, the mobile ger-kindergarten is a viable and sustainable solution for the delivery of preschool education to young children of herding households.

Mobile ger-kindergartens provide 280–360 hours of training to children and generally function in rural areas from June to September and when weather conditions are favorable, from May to November.

Success Begins with Partnership

The Law on Pre-school Education approved by the Parliament of Mongolia in 2008, officially recognized alternative ECD training programmes such as mobile ger-kindergartens, as part of traditional preschool education. Through financial and technical assistance from UNICEF and the Ministry of Education, Culture and Science, local communities and administrations were able to initiate 87 successfully functioning ger-kindergartens in remote municipalities as of August 2010. A total of 70 of these were established in remote areas within the FTI–EFA programme led by the World Bank.

Success Relies on Local Ownership

Local communities have undertaken a critical role in developing and operating mobile ger-kindergartens. Taking responsibility and assuming ownership for the wellbeing of Mongolia’s nomadic children has greatly contributed to the success of the programme. Continued support and participation of local communities are crucial to the operations and growth of mobile ger-kindergartens in remote municipalities. For instance:

- The local citizens’ forum or hurat, is responsible for determining the locations and timeframes of the ger-kindergartens, after which they submit the proposal to the municipality administration and kindergarten for approval.

- The community provides support in moving and installing the ger-kindergartens at new venues, as well as planning for the provision of basic operational needs, such as electricity and latrines, etc.

- The community maintains regular communication with the staff of the ger-kindergartens and submits comments and requests concerning the quality and access.

Collaboration and partnership among the Government of Mongolia and international donors is also key to sustaining the ger-kindergarten program. In line with the 2005 Integrated Early Childhood Development policy, UNICEF provides support to mobile ger-kindergarten activities and visiting teachers in Khovd, Uvs, Bayan-Ulgii, Dornod and other provinces.

Obstacles and Solutions

While the growth of ger-kindergartens is promising, there are still significant obstacles to overcome. Issues of quality and capacity of ECD professionals and limited government funding are potential risks to sustainability and future success.

Sixty percent of mobile ger-kindergarten teachers are professional preschool teachers with university degrees. UNICEF provides technical and financial support to the remaining 40 percent, with progressive vocational trainings in order to enhance professional aptitudes in early childhood learning and to equip all teachers to work with and counsel families and parents of participating children under the age of six.

In order to assure sustainability in the future, it will be necessary to secure additional funding and participation from the government and international donors. Supporting this process, UNICEF partnered with Mongolian line ministries to conduct a 2010 study – Scaling-up ECD: Strengthening Alternative Training Programmes of Early Childhood Education.
This research provides a unique opportunity to analyze the current situation and proposes the most effective and efficient model of early childhood education in Mongolia. The initial success and innovation in reaching and providing ECD services for Mongolia’s hardest to reach children, has attracted considerable support from international organizations and governments and potential donors have been identified. Plans are in process to establish 400 ger-kindergartens in the countryside, with cooperation and assistance from the Asian Development Bank and the Government of Japan from 2010–2013.

**The Future of Mobile ger-Kindergartens**

The Government of Mongolia’s plan to establish a mobile ger-kindergarten in every local community by 2012, provides a favorable policy framework for scaling up operations and implementation. Improvement of the quality, access, management and structure of the education service for young children in remote areas is also reflected in Mongolia’s Master Plan for Development of the Education Sector for 2006–2015.

As a key partner in the education sector of Mongolia, UNICEF will provide financial and technical assistance to establish mobile ger-kindergartens in 20 municipalities in 2011. Moreover, young children with disabilities will be included and supported through this program and parents will be trained on how to effectively support their young children in their education and overall family environment.
An estimated 5.4 million people have perished in the latest conflict that has devastated the DRC over the last 10 years. A large majority has died from disease and famine and it is believed that over half of the human casualties of the war, have been children. Approximately 1 million Congolese children were displaced after the signing of the 2009 peace accords and are now living in camps for displaced persons facing insecurity, illnesses, poverty and in some cases, continued violence. Bringing ECD services to children living in conflict is a tremendous challenge but vital to the emotional development and protection of children who are victims to the traumas of war.

Extending ECD Services to Children in a Divided Nation

The DRC has recently emerged from a lengthy conflict with the exception of the eastern part of the country, where fighting continues to displace scores of people attempting to escape violence, starvation and disease. The prolonged conflict greatly debilitated the economy as well as services for young children, further exacerbating already existing social ills. Statistics show the DRC’s health and education indicators to be among the worlds’ poorest. The under-five mortality rate is among the highest globally, as high as 199 per 100 live-births, with little to no progress in mortality reduction in the past 20 years. Only half of the population has access to clean drinking water, school enrolment is in decline and fees and distance from service centres exclude the majority of children from receiving any basic social services at all.

Following the 2009 peace accords, families and communities attempted to help children return to normalcy as soon as possible. However, this quickly proved to be difficult. In 2008, fewer than 3% of children had access to ECD services. In order to rectify this woefully low figure, the Ministry of
Education declared pre-school education compulsory. With no prior ECD legislation and depleted resources after 10 years of conflict, the government was tasked with building and launching its early child development programming from the ground up.

Within just one year, and as a result of government commitment, an approximate 60,000 young children were attending early childhood centres in non-conflict areas in 2009 – an impressive 17% increase from the previous year. Heightened interest and demand from communities to have ECD centres along with strong advocacy efforts for ECD from UNICEF, other developmental partners and religious leaders, greatly contributed to ECD implementation and the expanded efforts of local authorities. Following the initial enthusiasm for the programme, the international community, namely USAID, JICA and the World Food Programme, (which provided food provision for ECD centres), also joined the initiative, further boosting the visibility of early childhood development services and programming. However, the challenge remained to extend ECD services to the DRC’s most vulnerable children – the thousands now living in IDP camps.

The Role of UNICEF: Bringing Hope to Children Living in IDP Camps

Recognizing the long lasting effect of such adversities on a young child’s cognitive, social and emotional development, UNICEF, together with its partners, began promoting early childhood development programmes for healing and protecting young children in emergencies. In order to support these efforts, they developed an Early Childhood Development Kit and facilitators’ guide which targeted children living in conflict and emergencies around the world. These kits were designed to help caregivers including parents and service providers, to meet the special needs of young children during humanitarian and conflict-related emergencies. They consist of 37 items including brightly coloured paper and pencils, dominoes, construction blocks, hand puppets, puzzle blocks and memory games to stimulate cognitive learning, social and emotional competency, creativity and problem-solving skills. These kits also enable caregivers to re-focus their attention on young children and their development, but also provide the children with materials for learning and play as well as hope in an extremely difficult environment.

Not all young children in the camps have the chance to find support and protection. Many remain out of reach and UNICEF is making efforts to organize partners and local authorities to put safe and supportive spaces for young children in place. Supplying camps with the kits is just one part of the story. Efforts have been made to
train local volunteers and parents how best to use them, and how to best support young children in these extraordinary situations. The success of those efforts can often times have a tremendous influence and make a major difference in the future of young children involved, by helping to restore their resilience, diminish the effects of experienced trauma and distress and provide them with a returned sense of normalcy.

**The Next Steps**

The DRC is currently grappling with many issues including peace building, ending the remaining conflict and rebuilding the country after many years of violence and displacement. The government showed great potential and commitment to providing ECD services once the conflict stopped. Since then, 480 community-based centres, serving children aged three-to-five were operating and 2,500 volunteer providers have received ECD training. It is further expected that these centers will provide an excellent premise for peace education among young children. Conflict resolution techniques along with peace building games and stories will also be included in the volunteer training.

In order for this strategy to be sustained by national authorities and supported through the provision of formal training, material and financial resources are needed to scale-up ECD programming. This is to ensure that all young children in the DRC, whether living in post-conflict areas or camps, have access to quality pre-primary opportunities for a better, conflict free and peaceful future to come.
Nepal

Strengthening Services and Supporting Parents of the Most Disadvantaged

Parents play a crucial role in a young child’s development and in order to effectively fulfill this role, they need easy access to basic services and to be supported through social policies. In countries where basic services are limited, vulnerable families need additional support. Reaching the most excluded families living in remote areas requires targeted outreach strategies for providing services, raising awareness and actively involving parents in ECD programming and activities.

Nepal is ranked among the poorest countries in the world, with a Human Development Index rating of 144 out of 182 countries. It is primarily rural, and the economy is largely agricultural. Most of the population engages in subsistence-level agriculture and 55 percent of the population lives on less than US $1.25 per day. Poverty is exacerbated in much of Nepal by topography. Two-thirds of the country is covered in steep hilly terrain and high mountains where the population lacks access to some essential services. Nearly 20 percent of the population is under the age of six.

Health and nutrition are significant concerns for Nepal’s young children. The infant mortality rate is 41 per 100,000 births, and 51 out of 100,000 children die before reaching age five. Malnutrition is highly prevalent. Forty-five percent of children under the age of five are underweight, and 49 percent are stunted.

Accessing basic education is also a core challenge for children in Nepal. The primary school net enrolment rate is 94 percent. However, only 78 percent of children who start Grade 1 will actually reach Grade 5. Primary school enrolment and completion rates are
likely to be substantially lower for children in Nepal’s disadvantaged and marginalized groups.

Often times, parents are unaware of the vital importance of early childhood education and are unsure of how to fully support and encourage education in their children’s lives. According to a 2003 Knowledge, Attitude and Practice Study, parents of young children are committed to supporting early childhood development, but have very little knowledge of critical milestones of young child growth and development, as well as limited time to spend with their children.

**Setting Ambitious Targets**

The pressing need to improve the lives and prospects of young children, called for significant social reform in Nepal. As part of the wider reform efforts, the Government of Nepal instituted the Early Childhood Education and Development (ECED) programme, which became the first building block of the basic education system. Its ambitious goals to have 80% gross enrollment in ECD programmes and 80% of all children entering school with ECD experience were reiterated in Nepal’s new School Sector Reform Plan.

**From Commitment to Action: Parental Outreach and Extending ECD Access to Families in Remote Areas**

The Decentralised Action for Children and Women (DACAW) initiative, supported by the partnership between UNICEF and the Government of Nepal, was introduced and supported in 30 disadvantaged districts. The government began investing in the quality of facilities and supplying teaching and learning materials, while UNICEF focused on increasing the capacity of teachers to interact with children, teach learning through play and to use modern, active learning teaching techniques.

The joint investment also targeted parents of young children living in remote areas, aiming at improving parental care practices through parental outreach and education classes. These classes were designed to increase parental knowledge of important issues relevant to early childhood development such as children’s rights, gender socialization, proper feeding and care for young children, prevention and treatment of major diseases, and other topics pertinent to childhood development. Parent education classes have proven to be popular and effective. For example, after the first classes were held in the village of Gauripur, demand for ECD services increased and parents petitioned for a new centre. By early 2009, nearly 120,000 parents had attended classes to improve their parental knowledge, skills and practices. In each community where the programme is held, classes are preceded by a daylong orientation for community leaders and parents to explain the importance of ECD to a child’s future. Parents selected to attend the six-week course (two hours per day) experience in-depth learning about a wide range of related issues: health and hygiene, early stimulation and other optimal care practices, child rights, birth registration, nutrition, etc.

For many families living in remote areas of Nepal, radio is often the only mode of communication and is used as a tool to connect with the rest of the community. Recognizing this as an effective media outlet and way to reach parents with ECD messaging, UNICEF partnered with local NGOs in 2008, and developed a series of 34 half-hour programmes on ECD, which aired on national radio and local stations, targeting rural districts. Besides providing basic information on care and stimulation of young child development, the campaign set the stage for encouraging parents to demand further community support and provision of ECD services to their children.

**Meeting the New Challenges**

The initial results of the reform are evident – a growing number of ECD centres, increased demand for ECD centres from parents, and a significant increase in the number of teachers and parents trained in ECD techniques and skills. The first impact on children’s lives is also evident. Within just one year, the percentage of young children enrolled in pre-school education increased from 36.2 percent in 2008 to 49.9 percent in 2009. Despite the remarkable progress of ECD programming in Nepal, new challenges to the
The sustainability of ECD programming must be actively addressed:

- Sustaining the effort to provide equal chances and opportunities for the most disadvantaged children, families, teachers and communities.

- Maintaining the quality of ECD services, through continuous training, increased salaries and an established system of monitoring and supervision of service providers.

- Provision of sustainable sources of funding to meet increased demands by parents and communities.

The Inter-Agency Coordination Committee, established in early 2009 to coordinate planning and resource mobilisation for ECD programmes with a particular focus on remote disadvantaged communities, will assume a critical role in meeting these challenges. A costing and financing study commissioned in 2009, suggested the most effective way to accomplish this – by scaling-up pre-school services starting in the districts where pre-school enrolment is lowest, child and family needs the greatest, and social returns the highest.
Malawi is a landlocked country in southern Africa with 40% of the population living in poverty and 15% living in extreme poverty on less than one dollar a day. This reality was further exacerbated when prices for the country’s main export crops — cotton and tobacco — declined sharply after the onset of the global economic crisis. The adult HIV prevalence rate is at 12.4% and there are 1.2 million orphans and vulnerable children (OVC). The combination of poverty and AIDS has devastated young children in Malawi where nearly half are stunted, 21% are underweight, more than one-quarter are involved in child labour, and only 35% complete primary school. Add violence to the mix and the child protection situation in Malawi is truly dire. Nearly half of Malawian women (48%) experience intimate partner violence, leaving an estimated 3.1 million children growing up in violent homes where they witness domestic violence and suffer its negative effects. Further, 65% of girls and 35% of boys have experienced some form of child abuse during their lifetime.

Malawi’s orphans and vulnerable children live in families headed by grandparents or eldest siblings. With
little access to the formal labour market, these families rely on farming or animal husbandry. All household members, including young children, contribute to the family’s income. Malawian children, who face high risks of chronic malnutrition and poor health, are unlikely to enter school with the skills needed to succeed.

Malawi is known and respected within the ECD community for its innovative measures and legislation that have been successfully integrated into a wide variety of national policies and plans. The Government of Malawi instituted the first ECD policy in 2003, but it was not until 2009 that this policy was consolidated and enhanced through a five-year (2009–2014) strategic plan, aimed at scaling up access and improving quality. In addition, early childhood development is an important component of Malawi’s long-term health/child protection, survival and education strategies. Furthermore, the goals of ECD programming are mainstreamed into the country’s poverty reduction strategy, National HIV and AIDS Framework, and the Action Plan for Orphans and Vulnerable Children. UNICEF and other partners, such as Save the Children, and more recently the World Bank, are now actively building national capacity to plan and implement ECD programmes, as well as advocating for sufficient funding to ensure quality and increase the chances of success.

One of Malawi’s flagship ECD initiatives is the Community-Based Childcare Centres (CBCCs), run by the Ministry of Gender, Children and Community Development. The number of centres rose rapidly as a result of partnerships with civil society and district governments. By 2009, some 30% of disadvantaged children were accessing CBCCs, including OVC, who were receiving only minimal care at home. Today there are 6,000 CBCCs that offer cognitive stimulation, early learning, primary health care, school readiness activities, protection, feeding, sanitation and hygiene to young children.

Despite the significant effort and improvement in the provision of community care, needs continued to outweigh services. Malawi urgently needed a new plan to meet the demands of the poorest families and children. In order to do this, they went beyond traditional approaches to ECD and put a new policy measure into place – the provision of social cash transfers to the poorest families.

Partners in ECD Innovation: Transferring Wealth to the Most Vulnerable Families

In 2006 the Government of Malawi and the National AIDS Commission, in collaboration with UNICEF, launched a “social cash transfer” (SCT) pilot programme targeting the most impoverished households in selected communities. The government, with support from development partners, provided a small cash supplement, which ranged from US$4 to US$13 per month, depending on family size. Families determined how the supplement would be spent. It was often used to cover costs of food, health care, and medicine and in some cases, labour. In addition, households received an extra cash incentive for sending children to school. The extra income provided by the social cash transfers, also made it possible for families to hire adult labourers to perform work that was previously tasked to children, thereby allowing these children to enrol in school at no extra cost to the household.

Based on this initial success, the SCT pilot programme was replicated in other communities. By July 2010, more than 24,000 households in seven districts were benefiting from SCTs, including 68,000 children, 78% of whom were orphans.

Dramatic Improvements for Vulnerable Families and Children

An external evaluation, completed in 2008 by Boston University, reported the following positive impacts for households receiving SCT:

- 30.6% of children in households receiving SCT were in “excellent” health, compared to 12.9% of children in a comparison group.
- Caregivers of 81% of the children in the SCT group said their health had “improved,” while only 14% of children in the comparison group showed improved health over the same period.
- Children in households receiving SCT were far more likely to receive medical intervention than those in comparison households (79.9% vs. 7.8%).
- After one year, 44.4% of households receiving SCT had eaten three meals the previous day, compared to only 7.4% of comparison households.
95.6% of children in households receiving the supplement were enrolled in school, compared to 87.3% at the start of the programme.

The evaluation also discovered notable improvements in food security and dietary diversification and that households receiving SCT had decreased rates of child labour and increased investment in productive assets including small livestock, shelter, basic necessities, and agricultural inputs.

The holistic and innovative approach to provide services to OVC through the inclusion of family units and communities, proved effective and sustainable. Empowering families to provide for themselves and alleviating the financial burdens of household needs, has had a strong impact on communities throughout Malawi proving to be an effective tool to combat child poverty, enhance children’s access to social services, and improve their health, nutrition and educational status. Additionally, SCT can efficiently reach the most marginalized children, at scale, at a relatively rapid pace, and has proven feasible and productive in an otherwise resource-poor country.

The Way Forward: Extending SCT to All

The Malawi experience suggests that while ECD programmes offer young children an opportunity to overcome socio-economic and other disadvantages, including maltreatment, their success depends on the existence of other social and child protection measures as well. In order to address the needs of the most deprived young children and their families, the Government of Malawi will continue with two main strategies – 1) expanding and improving Community Based Childcare Centres and 2) the ongoing provision of social cash transfers. By 2012, the Government of Malawi hopes to implement cash transfer programmes to all 28 districts, thus reaching all of the country’s most vulnerable children. The mere availability of ECD programmes and SCT cannot overcome starvation, severe illness, abuse or other barriers that prevent enrolment. In order to combat these issues, other measures will need to be introduced as well. However, ECD programming and SCT are presently and will continue to be, important contributing factors to raising the standard of living for Malawi’s poorest families and children.
Meeting the needs of the most vulnerable and marginalized children requires a holistic and comprehensive approach. In order to address and protect children's rights to good health, nutrition, safety and basic education, the Government of Cambodia forged cooperation among key sectors at all levels of governance to ensure that these needs were met.

Greatest Challenges for Cambodia’s Children

Cambodia’s history of conflict coupled with persisting rates of poverty have presented significant challenges in improving the standard of living and protecting the rights of its children.

In recent years, in step with its economic expansion, Cambodia has experienced improvements in some indicators of infant and under-5 health, nutrition, and education. Despite these improvements, young children still face many risks. The under-5 mortality rate per 1,000 live births fell from 117 to 90 between 1990 and 2008. However, reduction in the maternal mortality ratio (470 deaths per 100,000 live births), which is high compared to other countries in the region, has been more difficult to achieve. The pace of improvement for chronic malnutrition slowed and progress to reduce rates of acute malnutrition was stagnated, due to steep increases in the price of food and the global economic crisis. Malnutrition remains a widespread problem. Nearly three in ten children under five (28 percent) are moderately or severely underweight, and over two-fifths of children under five (42 percent) suffer moderate to severe stunting.

A small percentage of children are enrolled in preschool. Among three to five year-olds, 20 percent attended some form of preschool in the 2009–2010 school year – half of those enrolled were girls. Children who are particularly disadvantaged in terms of school access and other factors include those from the poorest families, members of minority ethnic groups, and those who are disabled.
Recognizing all of these issues as critical for improving the lives of Cambodian children, the Government of Cambodia set out to mobilize multiple sectors to improve health, nutrition, early learning and community participation.

**Addressing Nutrition and Childhood Illnesses: Fundamentals of Child Survival**

A critical element of a child’s health and development, particularly during the first two years of life, is adequate nutrition. In Cambodia, malnutrition does not only result from a lack of resources, it is also a consequence of insufficient child feeding practices among mothers. It is therefore vital to address these inadequacies by educating mothers and promoting appropriate breastfeeding and complementary feeding practices.

To address the issue of malnutrition, the Royal Government of Cambodia, with support from development partners, scaled up several infant/child health and nutrition programmes, namely the Baby-Friendly Hospital Initiative (BFHI) and Baby-Friendly Community Initiative (BFCI), which promote healthy feeding practices. These initiatives were soon incorporated into Cambodia’s National Policy on Infant and Young Child Feeding, and prioritised in the country’s 2009-2015 national Nutrition Strategy.

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**When I became pregnant I did not know that I needed regular check-ups, but through encouragement from the core mother I went to the health centre regularly… and delivered my babies there.**

—Participating Mother

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As an additional component of the broad-spectrum approach to protecting child rights, the Community Integrated Management of Childhood Illness was enhanced in 2009 through the addition of the WHO/UNICEF “Care for Development” module. The module also encompassed other pertinent issues affecting Cambodian children such as care for disabled children and prevention of fatal injuries and accidents, and is now used as an ECD training tool for health workers.

**Early Learning: It Takes a Village**

The Education Strategic Plan for 2009–2013, calls for expanding early learning opportunities for young children, mainly through the establishment of Community Preschools (CPS) for children ages three to five and Home Based Programmes. With support from the Government (provincial and district Education staff, Provincial Office of Women’s Affairs, Provincial Local Administration Units), local communities received financial and in-kind support from Commune Councils and Commune Councils for Women and Children. These efforts, combined with the support of international development organizations including UNICEF, who supports CPS in the poorest areas, and the World Bank through the Fast Track Initiative, have helped to double the enrolment of children in CPS in the last five years, reaching 20 percent in the 2009/10 school year.

Each participating partner played a unique and vital role in realizing this achievement and as result of strong partnerships and this positive outcome, local communities took the initiative to invest in early learning. For example, several participating Commune Councils offered incentives within their communities to help promote and sustain ECD activities. The need for construction and renovation of pre-school facilities not only generated income for members of the community, but also increased their sense of contribution and participation in ECD, making them stakeholders in the improvement of children’s lives in their own communities.

**The Role of UNICEF: Making CPS Work in Underserved Communities**

UNICEF’s support of the Community Preschools in the poorest areas was aimed at increasing enrolment among the most disadvantaged children. In order to evaluate the progress of this holistic approach to ECD, UNICEF partnered with the Ministry of Interior in late 2009 to provide training for provincial and district personnel and to monitor pre-schools and parent support activities. Subsequently, UNICEF and the Ministry of Interior undertook a major assessment aimed at identifying capacity gaps at the local level. The CCWC Capacity Assessment found that in a short period of time, these local entities had begun
contribution to an improved environment for young children, in part because they serve as a critical link among Commune Councils, community members, line ministries and NGOs.

Finally, merging all those efforts into one, the Royal Government of Cambodia recently adopted the country's first National Policy on Early Childhood Care and Development (ECCD). This policy, which called for cross-sector and multi-level government collaboration, aimed to build upon previous plans and strategies to improve educational development for children.

In Cambodia's Preschools, Everyone Learns

In Prey Kuy village, 19 children attend a CPS two hours a day, each weekday. They learn about animals, colours, letters, shapes and social interaction, along with playing games and singing songs.

Their teacher was trained by the Provincial Office of Education in 2004 and since that time, has received continual support from the Early Childhood Department of the Ministry of Education Youth and Sports and the Commune Council Focal Point on Women and Children. This training and support has enabled her to provide the children in her community with quality basic education. "Some parents think that learning starts in primary school and that children just play in preschool," one parent notes, adding that she feels her child will be more "confident and prepared" for primary school after attending the Prey Kuy preschool.

Participation Is Key

Formulation of the new ECCD policy began in 2008 through national consultations with key ministries, development partners, research organizations and NGOs, and was formally endorsed in February 2010.

Essential to the success of developing and implementing a well-integrated ECCD policy, was the widespread and committed participation of key stakeholders. Coordinated by the inter-ministerial Technical Coordination Committee, representatives from eleven core ministries along with parents, development partners, NGOs and the media, actively participated in the process of developing a comprehensive and sustainable policy to improve access to early childhood development. Demonstrable leadership at the provincial and district levels, including Commune Councils for Women and Children (CCWCs) in local decision-making, ensured participation from all levels of government and the necessary ownership of policy implementation at the national and local level.

The new ECCD policy promotes a holistic approach to children that supports their survival, growth, development and learning, which includes interventions in health, nutrition and hygiene as well as cognitive, social, physical and emotional development.

The Way Forward: Sustaining the Momentum

Cambodia achieved rapid progress in its ECD programming and is moving toward a holistic approach that will continue to cross-sectoral boundaries and encourage broad participation among all levels of government.

Further steps to improve access to and quality of ECD services include:

- Operationalization of the ECD policy through development and implementation of the ECD Action Plan, that clearly articulates roles, costing and accountability of all ministries and stakeholders involved.
- Establishing an effective monitoring and evaluation framework to identify challenges and track progress.
- Strengthening the quality of ECD services through further capacity building of pre-school teachers and health care providers and establishing mechanisms for family participation in decision-making.
- Increasing preschool access through expansion of CPS and home based programmes, particularly for the most disadvantaged children (including children with disabilities and from ethnic minority groups) and families.
Since 2008, Tanzania has rapidly advanced toward the construction of a comprehensive and enabling environment for early childhood development. A clear sequence of steps and mobilization of key decision-makers was critical in helping to shape and guide this process.

Prior to the development and implementation of ECD policy in Tanzania, the following social indicators revealed critical gaps in provision of care for young children:

- High rates of infant and child mortality (58/1,000 and 91/1,000 respectively in 2004/5) revealed low access to health care and poor care practices.

- High malnutrition rates (38% stunting in 2004/5) due to poor nutritional practices and limited food availability.

- Higher number of Orphans and Most Vulnerable Children (11% of children under the age of 18 are orphans and about 8% are considered to be vulnerable) resulting from the devastating effects of AIDS and poor protective systems for families.

- Poor access to any form of ECD services, especially for the most marginalized children, leaving children unprepared for schools. As a result, 91.5% of children from the poorest quintile do not complete primary education.

- Limited and poor quality of teaching (only 26.1% of teachers had a preschool certificate in 2009) and a lack of learning and teaching materials, leaving schools unprepared for children.
Low rates of birth registration, which deprived children of a basic right and exposed them to multiple risks such as abuse, neglect, exploitation and exclusion from health and education services.

Declining adult literacy rates – most notably, low levels of women's education with adverse affects on family care & educational environments for young children.

In response to this alarming data, the Government of Tanzania (GoT) set in motion an exciting and collaborative process to actively address disparities in the system. This effort aimed to place ECD on the national agenda and to topple the main barriers preventing access to ECD services for disadvantaged children.

In 2009, Tanzania's Parliament passed the Law of the Child Act, which provided a legal framework for protecting and addressing the rights of Tanzanian children, thus increasing the overall momentum for the creation of child friendly policies. Additionally, there was a pilot program for monitoring the implementation of Child Rights in Early Childhood.

Steps Toward Progress

Tanzania went through a series of vital policy and planning steps in order to develop a productive and effective Integrated Early Childhood Development (IECD) policy:

- Ensuring high-level commitment: In 2008, a sub-regional ECD conference was organized by the three key ministries responsible for delivering ECD services in Tanzania and attended by key stakeholders from member countries in Eastern and Southern Africa. During this meeting, representatives from the Ministry of Health and Social Welfare, the Ministry of Education and Vocational Training, and the Ministry of Community Development, Gender and Children in Tanzania, acknowledged the important role of ECD in human development, made a firm commitment to promote an integrated approach (IECD), and reached consensus on the key steps to developing an IECD policy. Following this important meeting, members of the participating ministries fulfilled their commitments and employed their decision-making power and influence to include early childhood development in the National Strategy for Growth and Reduction of Poverty (MKUKUTA II), and the United Nations Development Assistance Plan 2011–2015 (UNDAP).

- From commitment to implementation: In order to overcome the common obstacles to cross-sectoral coordination, the Government of Tanzania established several national coordination bodies led by a national steering committee, to be convened as specific issues emerged:

  - National Inter-Ministerial Steering Committee – comprised of high-level leaders from the three key ministries responsible for making decisions on ECD related policies and strategies, and advising the government accordingly. This Committee was also tasked with influencing local government authorities in mainstreaming ECD into their sectoral plans and budgets.

  - National Technical Committee – comprised of high-level staff from ECD-related departments in the three key ministries responsible for providing technical support to key ministries on ECD issues and providing advice and recommendations to the National Steering Committee.

  - National Sub-Committees – comprised of ministry focal points to address specific issues such as human resources, curriculum, service delivery, and other topics pertinent to ECD and to work in consultation with the National Technical Committee.

  - National Secretariat – established to coordinate the work of the sub-committees. Focal points from each of the three key ministries were identified to coordinate local planning activities at the district level.
Building capacity for integrated policy and planning: In order to effectively achieve reform, it was necessary to first build the capacity of those responsible for its implementation. Recognizing the importance of this, UNICEF in partnership with the Early Childhood Development Virtual University (ECDVU) and the Bernard Van Leer Foundation, supported an initiative to further develop the capacity of decision makers and to prepare ECD technical staff. The focus was on the importance of national and local ownership and solutions and demand-driven interventions, with an emphasis on a human-rights based approach. This initiative provided trainings on advocacy, organizational restructuring, support for policy-making, and the strengthening of key networks. Important ECD materials were also developed and subsequently contributed to advocacy and awareness activities, coordination efforts and the enhancement of quality ECD programmes:

- **ECD Resource Pack** – included comprehensive information on ECD, advocacy and program planning, enabling district level ECD focal points to conduct advocacy and awareness sessions at the community level.

- **IECD Operational Guidelines** – were aimed at enhancing the coordination of services across sectors and providing basic standards and guidelines for the establishment and enhancement of holistic, quality ECD services (home-based, community-based and institutional-based).

- **ECD Curricula** – was reviewed to help enhance the overall quality of ECD programmes.

Following the initial phase, UNICEF supported in-depth trainings for policy makers at all levels of government. In 2008, 22 members of the Policy Development Planning Team from national and district levels attended a UNICEF-supported training on ECD policy development. An important part of this training included presenting concepts and methods on how to: 1) identify gaps in services for young children; 2) integrate activities for IECD; 3) develop strategies for adopting and implementing the IECD Service Delivery Initiative and policy framework; 4) develop participatory policy planning processes at all levels; and 5) plan and manage budgets at the district level. The workshop resulted in a first draft of the IECD policy framework.

Participation equals ownership: In 2009 the draft IECD policy was debated nationally and reviewed by over 1,200 decision makers, ECD practitioners, civil society organizations and other participants, which resulted in the completion of a final draft.

Demonstrating Cost-Effectiveness. In support of evidence-based decision making, the GoT conducted a study on the cost and financing of ECD services. The study mapped existing ECD services for children ages 0 to 3, 3 to 4 and 5 to 6 and developed synopses on how to scale-up access, including an estimate of overall cost and identification of potential funding sources.

Decentralization – an Important Final Step: In order to translate the policy into action, each district established a multi-sectoral ECD team to help ensure better integration of holistic ECD services. Local government authorities responsible for ECD implementation were included in workshops where the IECD approach, operational guidelines and concept of minimum standards were first introduced. Training was also extended to members of the communities to assist them in their new roles as facilitators, teachers, health and nutrition educators/volunteers, advocates, data collectors, and to fulfill other direct service and leadership roles. Inclusion of ECD activities in District MTEF, increased pre-primary enrolment, community mobilization for pre-school feeding, community contribution for volunteer caregivers assisting preschool children, awareness and practice among parents on early stimulation, and demand for access to community-based day care services for young children.

The Way Forward: Putting Progress to Work

The process of policy development is equally as important as the end result. In the case of Tanzania, the committed and well-coordinated participatory process led to the following accomplishments:
Cooperation and collaboration of key ministries and social sectors (Community Development, Gender and Children, Health and Social welfare, and Education) at the national and district level.

Coordination at the national level is strengthening and strong inter-sectoral partnerships are steadily developing.

Increased knowledge and awareness of ECD among key national and district actors.

Mobilization of key stakeholders at all levels to act to fulfill critical and fundamental rights of children.

Development of materials and tools that can be used by policy makers and ECD practitioners in future generations.

For the first time in Tanzania, ECD was prioritized among key decision-makers who demonstrated unprecedented levels of commitment to putting ECD on the national agenda. Preliminary results of the ECD policy were demonstrated by:

Integration of the ECD policy into the Community IMCI (Integrated Management of Childhood Illnesses) and the home based care model for 0–3 year olds, which was adopted and expanded to seven districts.

Development of an in-service distance learning training for pre-primary and preschool teachers, which will further increase the quality of ECD services.

Development of an on-line training for government and non-government personnel using the ECD Virtual University, to further strengthen and support implementation of the policy at the national and district levels.

Development of new materials for parental education including school readiness.

Partnership with the national and local media in reporting on ECD, thereby contributing to national advocacy and awareness raising efforts.

**Important Challenges to the Future Success of ECD**

- Maintaining the momentum, particularly as implementing members of the key ministries move on or are replaced.
- Delayed fiscal decentralisation and proper costing and budgeting for young children and a lack of consistent prioritization of ECD at the district level.
- Immediate need to improve Monitoring & Evaluation and measurement of impact on children to track progress and adjust programmatic approaches as needed.

The strong consensus built among policy makers in Tanzania at all levels of government and the alliances built with international organizations, namely UNICEF and civil society, was a tremendous achievement. These accomplishments have greatly contributed to the vision of ECD to provide equal opportunity for all children to be healthy, well nourished, and to be able to learn and develop to their full potential.
Ghana has experienced promising economic growth in recent years, unmarred by conflict, political strife or major humanitarian emergencies. As a result, the percentage of the population living in poverty or extreme poverty has declined dramatically and the nutritional status of children is improving. The policy measures introduced to support early childhood education in Ghana resulted in one of the highest rates of coverage in Africa and have served as an example of how progressive and inclusive policies can transform a nation's educational system. However, the main challenge lies in extending access and providing services to Ghana's most vulnerable children who have yet to fully benefit from ECD policy reform.

From Rapid Reform to Rapid Results

In 2004, the Government of Ghana announced three major reforms to educational policy aimed at improving children's readiness for school and reducing the rate of primary school attrition: 1) the approval of a national early child development policy, 2) free basic compulsory education for all children to begin in the 2005/2006 academic year, and 3) the inclusion of two years of kindergarten education for children ages four and five into Ghana's basic education cycle to begin in the 2007/2008 academic year.
The national response to these unprecedented reforms was an impressive 38.5% increase in kindergarten enrolment which subsequently doubled in just four years, reaching 1.33 million young children by the 2008/09 school year. Although these figures represented a monumental achievement, the enormous increase in enrolment weighed heavily on a system that was not quite prepared for such swift results. National and local governments were immediately faced with considerable challenges to prepare for the influx of kindergarten-age children across the country. Rapid acceleration of pre-school services required a rapid response. The increased demand for pre-school education needed to be equally matched by adequate supply from national and local governments including an increase in facilities nationwide, a cadre of trained and skilled educators, quality curriculum, and adequate teaching and learning materials. Success in building and strengthening the system to accommodate the reforms required time, resources and support from the government and local communities.

Taking a Closer Look

Nine out of ten young children who come from the richest families in Ghana currently attend kindergarten, while only one in four young children coming from the poorest families has the same opportunity.

Although the national average of kindergarten enrolment was high, a more in-depth evaluation revealed ongoing obstacles to achieving universal kindergarten education for Ghanaian children. Recent data showed that 12 percent of primary schools do not currently offer kindergarten classes; 14 percent of kindergarten classes lack proper facilities and are operated “under trees”; and nearly 60 percent of kindergarten teachers have not received any formal teacher training. Presently, 63.6 percent of children aged 4–5 years in Ghana are enrolled in kindergarten, half of them girls. However, disaggregated data showed that besides the targeted four to five year old children enrolled, there are also many other children in kindergarten (about a third of total enrolment) who are older than the target age. Therefore, a large proportion of eligible four and five year old children (approximately 40%) are still not enrolled. Challenges also persist in advancing equity, as many of Ghana’s most vulnerable children remain on the margins and largely unreached by this policy reform.

The Role of UNICEF:
Reaching the Unreached

In order to support sustainable ECD reforms, UNICEF partnered with the national and local government focusing on three critical areas: 1) capacity building, 2) strengthening of the educational system and 3) reaching the most disadvantaged children through the following activities:

- Creation of national school readiness standards which provide guidelines for preparing four and five year olds for primary education.
- Development of a holistic, child-friendly curriculum for kindergarten education including basic literacy and numeracy skills, as well as information on hygiene and healthy living, food and nutrition and care for the environment.
- Capacity development of key government stakeholders at all levels (central, regional and local) to provide improved services for young children.
- Development of “model” Kindergarten: Effective, Efficient and Equitable. Model kindergartens seek to ensure the minimum standards acceptable in terms of teacher quality, facilities, curriculum content and delivery, performance of children, teaching and learning materials, parental/community involvement, etc.
Making Progress

Thousands of kindergarten teachers, assistants, supervisors and school heads have received ECD and pre-service training. Effective teaching and learning tools have been developed and widely disseminated, including a Universal Reading Technique Kit and a kindergarten curriculum manual.

Classroom observation reports indicate that now most teachers have learned how to guide classroom activity in a more child-centred manner, representative of a change from the traditional, more rigid approaches.

A “Model” Kindergarten has been established in 20 schools in two poor districts, ensuring equal access to all children.

The Way Forward: Sustaining Equitable and Inclusive Reform

The Government of Ghana took the crucial and necessary first steps to reform educational policy and to increase access to basic education for children from underserved communities. The passage of this legislation demonstrated the support for and awareness of the critical need for early childhood development, which in turn heightened the national consciousness in support of education and the overall wellbeing of children in Ghana. However, the principal focus remains on improving equity by increasing access to quality ECD programmes for the most vulnerable children.