

A Mapping of Early Childhood Development Standards and Good Practices: Lessons for South Asia



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Acronyms and abbreviations

ACECQA	Australia Children's Education and Care Quality Authority
ASEAN	Association of Southeast Asian Nations
CDPO	Child Development Project Officer
DepED	Department of Education
ECDD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDA	Early Childhood Development Agency
ECDC	Early Childhood Development Centre
ECCE	Early Childhood Care and Education
ECE	Early Childhood Education
ECDS	Early Childhood Development Standard
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
INR	Indian rupees
m	metre
MICS	Multiple Indicator Cluster Survey
MIS	management information system
MOH	Ministry of Health
MWCA	Ministry of Women and Child Affairs
MWCD	Ministry for Women and Child Development
MCDWA	Ministry of Child Development and Women's Affairs
NCF	National Curriculum Framework
NCPA	National Child Protection Authority
NCPCR	National Commission for Protection of Children's Rights
NGO	non-governmental organization
NQF	National Quality Framework
NQS	National Quality Standards
ROSA	Regional Office for South Asia
SLR	Sri Lankan rupees
SSA	Sarva Shiksha Abhiyan/Samgra Shiksha Abhiyan
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization





1. Introduction

This report provides a mapping and an analysis of a sample of existing standards for early childhood development (ECD), which will underpin the subsequent development of guidelines for minimum standards for ECD services in South Asia. These guidelines, to be developed by the UNICEF Regional Office for South Asia (ROSA), are expected to serve as a tool to guide the development of quality ECD and early learning programmes and services across the region.

The report presents a desk review of documents and mapping of a sample of ECD/early learning quality standards from select low- and middle-income countries, including standards available in a few South Asian countries. It seeks to identify

enabling factors for and bottlenecks to the implementation of these standards. In addition, there are case studies of three countries identified as more experienced in the context of the study with the potential to generate more learnings for developing the guidelines.

The report looks at key areas covered by the ECD/early learning standards (such as health, nutrition, early learning, safety and protection) as well as at some critical gaps. It reviews the intended uses of the standards and any evidence on how they have contributed to improving the quality of ECD/early learning services, based on a rapid analysis of monitoring mechanisms and their effectiveness in improving the quality of ECD/early learning services.



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2. Methodology

The mapping exercise of a desk review of available documentation was carried out between December 2018 and April 2019 based on the following steps:

1. **Review of documents:** A number of guiding documents for global practices in ECD were reviewed to identify emerging priorities and key messages on planning and implementing ECD services. These included the Nurturing Care Framework, and UNICEF's Programme Guidance for ECD and Conceptual Framework for Pre-primary Education.
2. **Development of framework for review of standards:** Based on the key messages identified from the review, a draft framework was prepared to guide the preparation of comprehensive case studies in ECD of three countries (see Annex 1).
3. **Constitution of a peer group:** UNICEF ROSA set up a Technical Peer Group of 12 members from UNICEF regional offices, UNICEF headquarters, World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and Asia-

Pacific Regional Network for Early Childhood for consultation, peer review and consensus building. The peer group recommended the countries for the three case studies, shared available documents and reviewed the draft review framework and case studies prior to finalization.

4. **Identification of countries for mapping:**

Guided by the peer group, three countries were identified as best practices for in-depth review – India, Sri Lanka and Thailand. They were identified based on the peer group's assessment of the country's potential in terms of experience and policy context in ECD to provide useful lessons and guidance for developing guidelines for ECD service standards for the South Asian region.

The other countries included in the sample for mapping, based on a more extensive web search of service standards, were Australia, Kenya, the Philippines, Singapore and South Africa. The standards from Thailand were available only in Thai language and had to be translated into English before review. A framework for regional standards for ECD services for the Caribbean islands was also reviewed.

5. **Desk review of documents and preparation of case studies:** Based on the draft

framework, the documents available from each of the three countries were reviewed and detailed case studies prepared. The drafts were shared with the peer group prior to finalization and suggestions were incorporated. In addition, ECD service standards of the five countries identified were also reviewed for their scope, content and regulatory systems.

6. **Preparation of draft mapping report:** The draft report categorized the lessons learnt from the case studies primarily from two perspectives: (i) enabling environment for effective implementation of quality assurance measures; and (ii) quality assurance and standards. Within each category the report identified a number of strengths or assets, which the country needed to build upon, and gaps or concerns, which required policy attention, and drew lessons from them.
7. **Webinar:** A webinar was organized by UNICEF ROSA on May 22, 2019, in which the draft mapping report was presented to the peer group and feedback taken and incorporated.
8. **Finalization of the mapping report:** The report that follows summarizes the main lessons learnt from the mapping exercise of each of the selected eight countries, including the three detailed case studies (see Annex 2).



3. Key lessons and findings

The main findings and learnings gleaned from the mapping exercise and review are summarized in this chapter. The review covers the following categories of documents:

1. Global guidance
 - (i) Nurturing Care for Early Childhood Development
 - (ii) UNICEF's ECD Programme Guidance
 - (iii) Conceptual Framework for Pre-primary Education
 - (iv) Standards for Parenting Programmes
2. Case studies of India, Sri Lanka and Thailand
3. Mapping and review of standards for ECD services in Australia, Kenya, the Philippines, Singapore and South Africa.

3.1 Global guidance

3.1.1 Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential

'Nurturing care', according to the framework, refers to conditions created by public policies, programmes and services that enable communities and caregivers to ensure children's good health and nutrition and protect them from threats.

Nurturing care also means giving young children opportunities for early learning, through interactions that are responsive and emotionally supportive. The framework describes how a *whole-of-government* and *whole-of-society* approach can promote nurturing care for young children. It presumes adaptation to the local context and in this context promotes ownership at the community level.

The framework presents scientific evidence on the nature and significance of early experiences and how these have a profound impact on children's development. It outlines how these experiences influence learning, health, behaviour and – ultimately – adult social relationships, well-being and earnings. It highlights the vulnerability of the earliest period of life from pregnancy to age 3 years when children are most susceptible to environmental influences. It endorses the emerging view that investing in this period is one of the most efficient and effective ways to help eliminate extreme poverty and inequality, boost shared prosperity and create the human capital needed for economies to diversify and grow.

According to the framework, the world is becoming increasingly digital, which in other words means that there is an ever-greater premium on the abilities to reason, continually learn, effectively communicate and collaborate with others – all of which are processes that originate in early childhood. We know that millions of young children are not reaching their full potential because of poor health, inadequate nutrition, exposure to stress, lack of love and early stimulation, and limited opportunities for early learning.

According to WHO, the good news is that the situation is gradually changing, thanks to current scientific and implementation knowledge, and increasing global and country commitments.

Key lessons identified from the framework:

- **Strategic directions for supporting the holistic development of children from pregnancy to age 3 years.** The framework aims to inspire multiple sectors – including health, nutrition, education, labour, finance,

water and sanitation, and social and child protection – to work in new ways to address the needs of the youngest children. It articulates the importance of responsive caregiving and early learning as integral components of good quality care for young children. It also illustrates how existing programmes can be enhanced to be more comprehensive in addressing young children's needs. The framework promotes the use of local assets, it presumes adaptation to the local context, and it promotes ownership at community level. It describes the foundations, actions and government leadership that must be in place for all children to reach their potential.

- **Broaden range of stakeholders.** The first set of stakeholders the framework addresses are policymakers and programme managers in the ministries of health, nutrition, education, child protection and social protection, and other sectors, at national and local levels. It also addresses civil society groups, development partners, professional associations, academic institutions and funding initiatives, both global and national. In addition, the framework is intended as a source of inspiration to parliamentarians, service providers, educational institutions, private sector and media for ways in which they can help ensure all children develop to their full potential. Last, but not least, the framework speaks – through these stakeholder channels – to caregivers who provide nurturing care to their young children every day.
- **Call out to all levels of government and all sectors.** The framework especially emphasizes the health sector for children aged under 3 years, whose services have extensive reach among pregnant women, families and young children. It asks the different sectors to (i) address gaps in support for the youngest children, complementing the education sector's work to improve pre-primary education; and (ii) work together with social protection and child protection to ensure the material and social security of families and communities; protect young children from neglect, violence and abuse; help realize the rights of all children, especially the most vulnerable; and ensure that no child, anywhere, is left behind.

- **Emphasis on five main components.**

These are good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. The framework suggests requisite actions in fair detail for nurturance of these domains through informed and responsive caregiving.

- **Implement strategic actions.** The framework suggests five strategic actions:

- Lead and invest.
- Focus on families and communities.
- Strengthen services – multisectoral coordination.
- Monitor quality and progress.
- Use data and innovate.

- **Proposes actions at country level.**

- Convene a high-level multisector coordination mechanism, with a budget and official authority to coordinate across relevant sectors and stakeholders.
- Assess the current situation and identify the opportunities within and across different sectors to strengthen support for nurturing care.
- Develop a common vision, set goals and targets, and prepare a coordinated plan of action. Support this with a national integrated policy on early childhood development.
- Assign clear roles and responsibilities for implementing the national plan at all levels of government and give subnational and local authorities the means to act.
- Prepare a long-term financing strategy, which should build on available funding streams that support the components of nurturing care.

3.1.2 UNICEF's Programme Guidance for Early Childhood Development

The guidance provides a framework for articulating a vision, corresponding goals and indicators linked to the commitments made for ECD within the Sustainable Development Goals and UNICEF Strategic Plan (2018–2021). It identifies evidence-based multisectoral intervention packages,

programmatic delivery platforms, contributions to sector goals, implementation strategies and organizational arrangements needed to advance the ECD agenda according to regional and country needs and situations.

The guidance makes a strong case for the fact that ECD is essential for all children to achieve their full potential. Its definition of ECD encompasses three elements:

- **Early childhood period of life**

The early childhood period can be defined in four distinct sub-stages or phases:

- Conception to birth
- Birth to 3 years (with emphasis on first 1,000 days, i.e., conception to 24 months)
- 3 to 5/6 years (preschool and pre-primary years up to age of school entry)
- 6 to 8 years (included in the definition but not addressed in the guidance).

- **What constitutes development?**

Development according to the guidance is an 'outcome'. It is the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language and motor, social and emotional development – which helps us think, solve problems, communicate, express our emotions and form relationships. It is also considered the foundation of health, learning, productivity, well-being and, therefore, the building blocks for future human capital formation.

- **How does development occur?**

Development is the result of interaction between the environment and the child. A stable environment is one that is sensitive to children's health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive and developmentally stimulating.

A key aspect of this environment is 'nurturing care', which consists of a core set of interrelated components, including behaviours, attitudes and knowledge about caregiving (e.g., health, hygiene

care and feeding); stimulation (e.g., talking, singing and playing); responsiveness (e.g., early bonding, secure attachment, trust and sensitive communication); and safety (e.g., routines, protection from violence, abuse, neglect, harm and environmental pollution).

As an overarching concept, nurturing care is supported by its reinforcement by the larger community as well as policy influences. The guidance emphasizes five domains of nurturing care – health, nutrition, responsive caregiving, safety and security, and early learning – consistent with the Nurturing Care Framework.

Acknowledging the significance of a multisectoral approach to attain ECD goals, the guidance provides an ‘Implementation Framework for ECD’, which focuses on multisectoral packages, service delivery platforms and implementation strategies. This framework covers four main themes: (i) first 1,000 days; (ii) early learning and protection; (iii) care for caregivers – multigenerational nurturing care; and (iv) family support and strengthening.

The framework prioritizes six main implementation strategies:

- (i) Foster multisectoral programming for ECD.
- (ii) Improve delivery of essential services through system strengthening.
- (iii) Promote caregiving behaviours, demand for services and social norms for positive parenting.
- (iv) Use advocacy and communication to support programme goals.
- (v) Broaden data and evidence gathering systems.
- (vi) Strengthen public financing for ECD.

The guidance also provides a results framework for 2018–2021. At the country level, as per the framework, success would require five measures by governments with support from partners such as UNICEF:

Action 1: Effective budgeted policies to support multisectoral interventions for ECD.

Action 2: Increased capacity of frontline workers (e.g., social workers, health workers, teachers, childcare workers) to deliver quality interventions for ECD.

Action 3: National data and evidence platforms that track progress and inform continuous improvements in quality programming.

Action 4: Sustained finance to support universal coverage of services, especially for marginalized children.

Action 5: Advocacy and communication that empower and support parents to demand the best for their children and build partnerships across a diverse group of stakeholders.

3.1.3 Towards Competent Early Childhood Education Systems: A conceptual framework for a pre-primary education sub-sector

The pre-primary conceptual framework identifies challenges, bottlenecks and opportunities for the sub-sector in these areas: complex and diverse nature of provision; challenges for government to scale up; quality assurance and regulation; and present opportunities for partnership and quality assurance.

The framework suggests a diagnostic and planning tool for the sub-sector based on these key elements:

- **A supportive and enabling environment** that can help leverage political, public and financial resources for the pre-primary sub-sector. This includes policies and legislations, ministerial leadership and capacity, financing and public demand.
- **Five action areas** essential to development and maintenance of high quality pre-primary education include curriculum, teachers, families and communities, quality assurance, and planning and resource allocation.
- **Four main principles or priorities** for strengthening the sub-sector: equity, efficiency, responsiveness and coordination.

3.1.4 Standards for ECD Parenting Programmes: In low- and middle-income countries

The standards provide a definition of 'parenting' and 'parenting programmes'. 'Parenting' can be understood as interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care. The term 'parenting' or 'parent' in the document is not limited to biological parents but extends to any guardian or caregiver providing consistent care to the child.

'Parenting programmes' are operationally defined as interventions or services aimed at supporting parenting interactions, behaviours, knowledge, beliefs, attitudes and practices. Parents play a critical role in facilitating early experiences through the provision of nurturing care, defined as care that ensures health, nutrition, responsive caregiving, safety and security, social and emotional well-being, and early learning, which are priorities identified in the Nurturing Care Framework.

Early experiences, including responsive and positive interactions with adults, parents and caregivers, are critical for children's development, growth and health. A wide body of research on infant and childhood development shows that nurturing, responsive and stimulating interactions between young children and their parents and caregivers positively and permanently strengthen the ability of the child to learn with the possibility of changing brain functions for life.

The standards articulated for ECD parenting programmes include:

- (i) Supporting nurturing care because it contributes to holistic child development.
- (ii) Building on a theory of change that leads to the desired results.
- (iii) Tailoring content to the child's developmental stage.
- (iv) Serving vulnerable children and their families.
- (v) Involving all parents and key caregivers engaged in the function of parenting.

- (vi) Adapting to context and culture and building upon positive parenting practices.
- (vii) Integrating into existing delivery platforms.
- (viii) Engaging trained workforce and service providers.
- (ix) Reflecting continuous improvements through systematic monitoring and evaluation.

The standards document provides interesting examples from across countries and regions to exemplify each principle or standard.

3.1.5 Summary of guiding principles emerging from the global guidance

- **Definition of early childhood**

'Early childhood' is defined as the period from conception to 8 years of age with the following sub-stages: (i) conception to birth; (ii) birth to 3 years (with emphasis on first 1,000 days, i.e., conception to 24 months); (iii) 3 to 5/6 years (preschool and pre-primary years up to age of school entry); and (iv) 6 to 8 years.

- **Strategic goals**

Four strategic goals for ECD: (i) every child survives and thrives; (ii) every child learns; (iii) every child is protected from violence and exploitation; and (iv) every child has a safe and clean environment.

- **Nurturing care**

Nurturing care therefore encompasses good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning. Promotion of nurturing care in young children requires a whole-of-government and whole-of-society approach, which is contextualized.

- **Multisectoral initiatives**

Multiple sectors need to be inspired, including health, nutrition, education, labour, finance, water and sanitation, and social and child protection, to work in new ways to address the needs of the youngest children.

- **Stakeholders**

Broaden range of stakeholders to include policymakers and programme managers in the ministries of health, nutrition, education, child protection, and social protection, and other sectors at national and local levels, as well as civil society groups, development partners, professional associations, academic institutions and funding initiatives at global and national levels.

- **Special parenting programmes**

Special parenting programmes should be planned and implemented, keeping in focus the nine significant standards.

- **Focal areas**

For all sectors and sub-domains, and in particular for the pre-primary sector, the four main focal areas should be equity, efficiency, responsiveness and coordination.

- **Country-level strategic actions**

Five strategic actions required at country level: (i) lead and invest; (ii) focus on families and communities; (iii) strengthen services – multisectoral coordination; (iv) monitor quality and progress; and (v) use data and innovate.

- **Implementation strategies**

Six main implementation strategies to be followed: (i) foster multisectoral programming for ECD; (ii) improve delivery of essential services through system strengthening; (iii) promote caregiving behaviours, demand for services and social norms for positive parenting; (iv) use advocacy and communication to support programme goals; (v) broaden data and evidence gathering systems; and (vi) strengthen public financing for ECD.



3.2 ECD Case studies

This section provides a summary of the key findings of the case studies on India, Sri Lanka and Thailand. It summarizes the key strengths and concerns in ECD policies and standards in each of the three countries (see Annex 2 for the detailed case studies).

3.2.1 India: Case study summary

(i) Strengths and assets: Enabling environment

The Government of India approved a National Policy on Early Childhood Care and Education (ECCE) in 2013, proposed by the nodal ministry, the Ministry for Women and Child Development. The policy points to a holistic, integrated vision of ECCE. It defines ECCE as “encompassing the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment.”

It defines ‘early childhood’ as “the formative stage of first six years of life, with well marked sub-stages (conception to birth; birth to three years and 3 years to six years) having age specific needs following a life cycle approach.” While focusing more on early stimulation and early learning, it makes cross references to the National Health Policy and National Nutrition Policy for health and nutrition outcomes.

India’s vision for ECD, which it terms as ‘Early Childhood Care and Education’, is thus holistic as it includes all domains of development, i.e., health, nutrition, care, protection and education. It also addresses parents and community education and mobilization. This holistic vision is reflected in its comprehensive policy framework and in the fact that India is home to the largest, public-sponsored Integrated Child Development Services (ICDS) for children from prenatal stage to 6 years of age, with 1.4 million functional ECD centres at habitation level.

The ECD centres, known as Anganwadis, provide a package of six integrated services to pregnant

and lactating women, and children from birth to 6 years, thus adhering to a life cycle approach. This is possibly a remarkable achievement as it is not only a major provision at scale sponsored by the state but is also integrated and holistic in design in services.

As a sequel to the National Policy on ECCE (2013), the government has also brought out a National Curriculum Framework and Quality Standards, which are in accordance with the principles of developmentally appropriate practice. The framework and standards have been followed up by the states/provinces, which have developed their own contextually relevant versions of the curriculum.

In the health and nutrition sector, the National Policy on Health (2017) addresses the existing challenges of maternal and child mortality, antenatal and neonatal care, availability of skilled birth attendants, malnutrition and stunting, and early detection and response to early childhood development delays and disability.

The National Nutrition Policy (1993) is outdated but given the enormity of the challenge of malnutrition in a country where almost every third child is stunted or underweight, a new National Nutrition Strategy (2017) has been prepared by the NITI Aayog, the policy think tank of the government. The National Nutrition Strategy is committed to ensuring that every child, adolescent girl and woman attain optimal nutritional status, especially those from the most vulnerable communities. The focus is on preventing and reducing undernutrition across the life cycle – as early as possible, especially in the first three years of life.

While rates of immunization and institutional delivery are improving steadily, a National Nutrition Mission, the Poshan Abhiyan, has been launched to address the endemic malnutrition levels with a focus on the first 1,000 days of life, and incremental e-learning modules have been introduced to address gaps in professional capacities of staff.

(ii) Strengths and assets: Standards and quality assurance

Early Learning and Development Standards for children aged 3 to 6 years have been developed and validated through a rigorous scientific process, though these have not yet been officially launched by the government.

While quality standards for services are available, they have been designed more as guidance and not specifically for the purpose of regulation. On the other hand, the National Commission for Protection of Children's Rights has recently brought out specific guidelines for states to set up a system to regulate the quality of private playschools. These guidelines have further informed the recent initiatives of two states, Himachal Pradesh and Maharashtra, to introduce a system of registration and licensing. The former has enacted legislation through which the regulatory system has become operational, while the latter has notified it through a state policy instrument.

(iii) Gaps and areas of concern: Enabling environment

There is no multisectoral national action plan as a follow-on from the ECCE policy, resulting in wide gaps between policy and practice. In addition to the large-scale provisions of ICDS, which cater primarily to the poorest of the poor, there has been wide-scale proliferation of the private sector. This has contributed to expanding access for both preschool education and health facilities, leading to a high level of migration of children from public provisions towards private facilities.

While India's health indicators are steadily improving, the concern is for the persistently high levels of malnutrition and the developmentally inappropriate curricular practices in early childhood education, as reported in a recent longitudinal research in ECE on 14,000 rural children across three states of India. Although the policy-related initiatives are supportive of the vision, there is a huge gap between policy and actual practice in the field due to the lack of effective monitoring mechanisms or management information systems.

Issues needing attention are thus the lack of monitoring and regulation of quality, particularly of private provisions, poor infrastructure, inadequate number and capacity of staff, and poor training and professional preparation and development opportunities. Recent efforts have been initiated to introduce e-learning modules for health and early childhood stimulation and learning, but these have yet to show results.

While there is a welcome focus on the sub-stage from birth to age 3 years, the early psychosocial stimulation for infants is still a weak aspect that needs strengthening. Community involvement is also not very significant and/or responsive, particularly to public sector initiatives.

A major issue is that while ECD is conceptualized as holistic and therefore multisectoral in planning and implementation, issues of convergence and coordination across sectors abound. Although there is a dedicated Ministry of Women and Child Development with corresponding departments at the state level, coordination and convergence with other departments, especially education, is problematic in the absence of effective convergence mechanisms in the system.

The policies also tend to be sectoral in approach, although cross-references are made, but mechanisms to coordinate them are weak. There is a lack of institutional resource capacity in ECCE and an inadequate understanding of its nature and significance in the larger community and system. As a result, there is a wide gap between policy and practice on the ground.

(iv) Gaps and areas of concern: Standards and quality assurance

Although quality standards have been specified, particularly at the national level, and guidelines have been made available for states to adopt (since child development, health and education are all state subjects), the regulatory instruments notified by the two states mentioned earlier are primarily restricted to private preschools and not applicable in the same way to public provisions. This is a major limitation.

In Maharashtra, where there have been attempts to make the standards more inclusive, this has been done at the cost of diluting the standards to accommodate the minimal work conditions available to the ICDS. In the absence of appropriate and adequate professional institutions for teacher preparation or training of other categories of staff, including for supervision and inspection, the standards also have been inevitably framed at more general or simpler levels, from a short-term perspective and as a compromise, resulting in limited impact.

This approach is likely also to create significant issues of inequity in quality of access and scale of opportunities. There is also no effective system or infrastructure for rigorous monitoring of services for children yet, or for regulation of their quality. The need for a comprehensive and more inclusive systems approach cannot therefore be overemphasized.

3.2.2 Sri Lanka: Case study summary

(i) Assets and strengths: Enabling environment

A National Policy on ECCD was first approved in 2004 in Sri Lanka and later revised in 2017 and approved in 2019. The revised policy defines 'early childhood' as the period from conception to age 5 years, which is the age for school admission to Grade 1 in the formal school system in Sri Lanka.

The key features of the ECCD policy:

- The policy articulates a holistic and integrated vision for early childhood care and development. It encompasses all essential support to health, nutrition, education, social services, care and protection provided to all children with special emphasis on the most disadvantaged and vulnerable.
- Its vision statement is to accomplish "an enabling environment that ensures every child's right for optimal development." The vision statement further enunciates its commitment "to ensure the right of every Sri Lankan child to start life healthy, be nurtured in a safe, caring

and stimulating environment, that enables him or her to be physically healthy, mentally alert, emotionally secure, socially competent and intellectually able to learn." (Vision statement of the National Policy on ECCD, p. 11).

- The policy is inclusive in its approach. It covers most vulnerable and disadvantaged children, which include children with special needs, orphans, abused and neglected children, children without families, refugees, children with disability, children living and working on the streets, and children living in extreme poverty. It also includes children in the early childhood stage who live in prisons with their mothers.
- The policy aims to promote the role of parents, caregivers and the community in the development of children and to enhance their capacity to support their children's development.
- It prioritizes home-based early childhood development activities, day-care facilities and preschools.

Sri Lanka also has a National Action Plan for Children (2015–2020), which defines ECCD as "services provided to children from conception to five years of age that ensure their right to survival, protection and optimal development." However, there is no multisectoral plan for ECD, although each sector has planned for the early childhood years within their own respective plans.

(ii) Assets and strengths: Quality assurance and standards

Sri Lanka has two sets of standards for early learning and development. The first, published in 2013 by the Family Health Bureau, Ministry of Health, focuses on children from birth to 2 years of age. The second set, published in 2016 by the Children's Secretariat, Ministry of Women and Child Affairs, is for children aged 3 to 5 years. While the first set is more focused on psychosocial development, the second presents a very good model of an integrated set of standards for the holistic development of the child.

The standards for birth to 2 years of age are aimed at determining the age-specific normative patterns of Sri Lankan children in terms of what they can do or know. The domains covered are language and communication, and cognitive, socio-emotional and physical development. These standards are an outcome of a scientific methodology and have undergone content and age validation in terms of age percentiles. They are expected to provide essential baseline information for constructing context-specific development screening tools, which are thus more in the form of a scientific, technical document modelled on a research report. The age-wise listing and categorization of standards at the end of the document can potentially be further converted into a more user-friendly advocacy document.

The standards for 3 to 5 years of age are also focused on psychosocial development in four domains, but these have meaningfully integrated indicators on health, hygiene and nutrition into the structure. The four domains are health and physical, social and emotional, cognitive, and language and early literacy. These too have been arrived at on the basis of an empirical and scientific process of identification with age and content validation processes followed.

The standards have adopted a more participatory approach with stakeholders', particularly parents', involvement. As these standards have been conceptualized and presented as a 'Preschool Teacher's Guide', the document is much more user-friendly and provides examples and guidance for each standard to teachers, parents and other stakeholders.

Sri Lanka has also developed well-integrated early learning and development standards for services for children from birth to 3 years and from 3 to 6 years of age. The standards for services have been developed by the Children's Secretariat and notified and administered at the provincial levels by the respective administrations.

(iii) Gaps and areas of concern: Enabling environment

An autonomous agency for the management of ECD services as a single line of authority is required, with corresponding units at provincial or decentralized levels, to undertake responsibility for ECD in a coordinated manner, especially in a federal system. At present, the Children's Secretariat has this responsibility at national level, but it is under the Ministry of Women and Child Affairs. The implementation, however, is carried out in a sectoral mode at the provincial level by provincial officials and as directed by provincial authorities, thus leading to a lack of coordination.

(iv) Gaps and areas of concern: Quality assurance and standards

- Need to align early learning and development standards and standards for ECD services to a holistic vision of ECD: The early child development standards developed in Sri Lanka by the Children's Secretariat are holistic in perspective, especially for children aged 3 to 5 years. The standards for children from birth to 3 years by the Family Health Bureau are more limited and focus largely on the psychosocial domain without adequate integration of health and nutrition indicators, as would be required from a holistic perspective. They need to be also aligned to quality standards for services.
- Need for internal consistency: The guidelines/standards for childcare centres developed at provincial level for monitoring and supervision do indicate a holistic vision to an extent, both vertically in terms of ages and stages and in content across health, nutrition, security and early learning. These standards facilitate further planning and implementation. Again, the standards were developed at provincial level and do not necessarily reflect a correspondence with the early childhood development standards or even contain a cross-reference to them, especially since they

are not accompanied by any introductory text. This is despite the fact that the Children's Secretariat was represented in the collective effort to develop these standards.

- Need to make monitoring and supportive supervision more effective: The monitoring system for the childcare centres is a significant facilitator for the quality of services and has the potential to be extended to the preschool education sector. However, a significant limitation to its effectiveness, as reflected in the review documents, is the limitations of institutional and individual capacity, especially professional understanding at the provincial level, to be able to carry out effective monitoring and provide mentoring support. Capacity building of officials, particularly at decentralized levels of implementation, is key to quality assurance.
- Strengthen resource capacity: ECD services (excluding health services) are exclusively in the private domain in Sri Lanka and therefore the financial provision for ECD is also limited. The services may therefore possibly exclude the poorest or most marginalized communities. Bringing ECD into a legal framework so that universal, age-appropriate quality provision of ECD services for all sub-stages become justiciable and mandatory for the government may ensure two basic prerequisites: financial and physical infrastructure investment, and greater professionalization in the relevant workforce.

3.2.3 Thailand: Case study summary

(i) Assets and strengths: Enabling environment

Thailand has adopted a holistic and integrated definition of early childhood development, both laterally and vertically, in its policies and plans as it attaches great importance to the "harmonious physical, intellectual, emotional and social development of children in the 0–5 age group" (Education in Thailand 2005–2006).

The early childhood stage is envisioned in two sub-stages: children aged 0–3 years who

are expected to be reared by the family, and children aged 3–5 years who usually enrol in child development centres.

ECD in Thailand has an extremely supportive policy framework. The provision of early childhood care and development was emphasized in the National Education Act of Thailand (1999), which has been a blueprint for education reform in the country. ECCD is also an important issue stipulated in the National Education Plan and the National Education Development Plan.

In 2008, a National Committee on Early Childhood Development was constituted, chaired by the prime minister of Thailand, thus receiving the highest level of political support and will. The committee has played a key role in proposing guidelines for early childhood care and development and establishing coordination under the same policy between 14 agencies and organizations concerned.

Some of the most significant and positive learnings from this case study are:

- Political will and involvement at the highest level of political authority is required to facilitate convergence across ministries/sectors and ensure participation of higher-level decision-makers.
- A supportive policy framework and strategic plan with clear targets and time frame aids in translating and monitoring policy into action on the ground.
- ECD being a multidimensional concept requires multisectoral participation in service planning and delivery; it is therefore important to allocate responsibilities and targets and corresponding sector-wise budgets to each relevant ministry, which should be part of the planning of the strategic plan, and each ministry should be accountable for its respective targets.
- Clear, comprehensive and holistic vision for ECD informed by the science of ECD is necessary to guide the vision and ensure consistency and complementarity in implementation.

- Clarity is required regarding ECD and relative roles of public and private sectors.
- Allocation of a dedicated budget for ECD at all levels is critical for implementation on the ground.
- An integrated standards framework is required for ECD services, which should be informed by early learning and development standards for effective monitoring and quality assurance.
- A range of communication tools/guidance material made available to all stakeholders to facilitate more informed parental demand for services will ensure better quality provision of services.

(ii) Assets and strengths: Quality assurance and standards

Thailand developed a set of early learning and development standards in 2013, referred to as 'Early Childhood Behaviour Competencies for Children'. It covers two sub-stages of early childhood, viz., 0–3 years and 3–5 years. The standards have been converted into a curriculum as well for preschool education, which is significant.

However, the standards document does not indicate the process followed for developing the standards and there is also no mention of their validation. But a research paper quoted in the case study does detail the process that has been followed (see Annex 2.3).

In the Early Childhood Behaviour Competencies, the standards for birth/0–3 years include four main domains. Domain 1 relates to motor development and physical well-being, which is further subdivided into three sub-domains, i.e., gross motor, fine motor and personal care. Domain 2 relates to perception and learning development. The third domain is language development and comprehension and the fourth is emotional and social development. The latter three domains have no further subdivision. The competencies for the stage of 0 to 3 years are subdivided into three-monthly intervals from 0 to 18 months and

subsequently six-monthly intervals from 19–24 and 25–36 months.

The standards for children aged 3 to 5 years are not age segmented and cover seven developmental domains as for 0–3 years as well as health, nutrition, care, safety and protection. The standards document presents the outline of these domains and subdomains and concludes with a table of 419 indicators covering all domains. The indicators are age specific and applicable to all ECD programmes in the country.

(iii) Gaps and areas of concern: Enabling environment

There is seemingly no evaluation of the implementation of the strategic plan to assess progress and for further planning, although the implementation period was completed in 2016 (It is possible an evaluation exists, but it is not available in English). Therefore, it is not possible to estimate the extent of progress.

However, the overall assessment of the ECD centres reported in the case study clearly indicates that, relative to other countries sampled, the participation levels of children are high and the percentage of centres reported as being of satisfactory quality is almost 80 per cent, although the 20 per cent being poor is mentioned as a concern. This is a positive finding, possibly due to the priority ECCD has in the country.

(iv) Gaps and areas of concern: Quality assurance and standards

An emerging issue based on a review of the documentation is the inadequate emphasis on a centralized monitoring and review process or mechanism for tracking status or progress of the ECD centres on the given assessment criteria. The approach is completely decentralized. The assessment form, based on a progressive set of indicators, is made available to each coordinating agency with the expectation that each would monitor its own centres and regularly update and upload the data.

There is also inadequate emphasis on research and evaluation and there is no specific time frame for the centres to reach the expected minimum eligibility standards. This could lead to a great deal of diversity and inequity in quality and standards at any given moment of time. Since the standards have only been recently put in place, this may be in the process of being addressed in the planning process.

Another concern is an overemphasis in the curriculum on merging academic expectations/ outcomes with developmentally appropriate outcomes. This blending may tilt the balance towards making the preschool curriculum academically overloaded and may translate into a downward extension of primary school curriculum with undue pressure on the children.



3.3 Mapping of standards in five countries

3.3.1 Australia

Australia Guide to National Quality Framework, 2017–2018

The guide has been issued by the Australia Children's Education and Care Quality Authority (ACECQA), an independent national authority that assists state governments in administering the National Quality Framework (NQF) for children's education and care. The ACECQA is responsible for establishing consistent and efficient procedures for the operation of the NQF. The NQF contains three key components: legislation, national quality standard and approved learning frameworks.

The purpose of the guide is to support education and care service providers, authorized officers and other regulatory authority staff understand NQF requirements. The Education and Care Services National Law (National Law, 2010) and the Education and Care Services National Regulations (National Regulations, 2018) apply to most long day-care, family day-care, kindergarten/preschool and outside school hours care services in Australia. The law and regulations detail the operational and legal requirements for an education and care service.

The objectives of the guide are to:

- ensure safety, health and well-being of children attending education and care services;
- improve educational and developmental outcomes for children attending education and care services;
- promote continuous improvement in the provision of quality education and care services;
- establish a system of national integration and shared responsibility between participating jurisdictions and the Commonwealth [of Australia] in the administration of the NQF;
- improve public knowledge and access to information about the quality of education and care services; and
- reduce the regulatory and administrative burden for education and care services by enabling information to be shared between participating jurisdictions and the Commonwealth.

The NQF lays down clear, distinct and notably operational guiding principles, which significantly have clear, operational implications for planning and implementation:

- The rights and best interests of the child are paramount.
- Children are successful, competent and capable learners.
- Equity, inclusion and diversity underpin the framework.
- Australia's aboriginal and Torres Strait Islander cultures are valued.
- The role of parents and families is respected and supported.
- Best practice is expected in the provision of education and care services.

The overall approach of the NQF is clearly systemic and comprehensive in its policy framework and implementation systems. The guide states that the NQF aims to raise quality and drive continuous improvement and consistency in children's education and care services through the National Law and National Regulations; the National Quality Standards; an assessment and quality rating process; national approved learning frameworks; a regulatory authority in each state and territory responsible for the approval, monitoring and quality assessment of services in their state or territory; and the national body, ACECQA, which guides the implementation of the NQF and works with regulatory authorities.

The National Quality Standards (NQS) are part of the National Regulations, which set a national benchmark for quality of education and care services. The NQS include seven areas that are critical to children's outcomes: Educational programme and practice; children's health and safety; physical environment; staffing arrangements; relationships with children; collaborative partnerships with families and communities; and governance and leadership.

The NQS contain two or three standards in each quality area. These standards are high-level outcome statements. Under each standard are elements that describe the outcomes that contribute to the standard being achieved. Each standard and element are represented by a

concept that supports education and care services to navigate and reflect the NQS.

The NQS is linked to approved learning frameworks that recognize children learn from birth. Services are required to base their educational programme on an approved learning framework. The approved learning frameworks are:

- Belonging, Being and Becoming: The Early Years Learning Framework for Australia ('Early Years Learning Framework'); and
- My Time, Our Place: Framework for School Age Care in Australia ('Framework for School Age Care').

The approved learning frameworks guide the development of programmes that promote children's learning and development, the pedagogical practices of educators, and a planned and reflective approach to assessment and planning for each child.

Services are assessed and rated by their regulatory authority against the NQS and given a rating for each of the seven quality areas and an overall rating based on these results. The quality ratings are published on national registers on the ACECQA website.

Governance arrangements under the NQF

(i) Education Council

The Education Council is made up of the Australian government and state and territory government ministers responsible for education, including early childhood education and care. The Education Council reviews and approves the NQS rating-level system and learning frameworks, approves changes to the National Law and Regulations, and appoints members of the ACECQA Board.

(ii) Australian Children's Education and Care Quality Agency

The ACECQA's mandate is to:

- approve qualifications for people who work in education and care services;

- train, test and provide resources to authorized officers of the state and territory regulatory authorities;
- award the excellence rating;
- undertake second tier reviews of quality ratings;
- host the National Quality Agenda IT system;
- publish guides and other resources; and
- publish the national registers of approved providers and services, including their quality rating.

(iii) States/Territory-based regulatory authorities

These regulatory authorities have day to day contact with education and care providers and services. Their responsibilities are to:

- grant all approvals, including provider and service approvals;
- assess and quality rate services against the NQS and National Regulations;
- monitor and enforce compliance with the National Law and Regulations, including receive and investigate serious incidents and complaints; and
- work with the ACECQA to promote continuous quality improvement and educate the sector and community about the NQF.

It is important to note that the process of assessing and rating a service is a combined approach of quality assurance and regulatory compliance. The assessment and rating are based on observation, discussion and study of documentation provided.

Structure of the standards document

The broad structure is as follows:

Section A: Applications and Approvals: These include provider approval, service approval and waivers.

Section B: National Quality Standards and Assessment and Ratings: This includes an introduction and guide to NQS. Seven domains are covered under this section:

Quality Area 1: Educational programme and practice, which includes programme, practice and assessment and planning.

Quality Area 2: Children's health and safety.

Quality Area 3: Physical environment, which includes design and use.

Quality Area 4: Staffing arrangements, which includes professionalism.

Quality Area 5: Relationships with children, which includes relationships between educators and children and also between children.

Quality Area 6: Collaborative partnerships with families and communities.

Quality Area 7: Governance and leadership.

The assessment and rating process and quality ratings are explained in detail. Each quality area has concepts and related descriptors for ease of planning and assessment.

Lessons from Australia

- The guide has a very comprehensive, internally consistent and systemic approach towards regulation of quality standards in the domain of early childhood development services, particularly with reference to the governance structure, with a clear line of authority and role definition.
- It addresses the continuum from pre-primary education to primary education within a common framework.
- The quality regulation approach is progressive, supportive and enabling of self-improvement.
- The approach to ECD is holistic and covers all domains. Interestingly, the two subgroups of birth to 3 years and 3 to 6 years of age are not further divided into sub-ages and competencies, thus allowing for flexibility and promoting the concept of individual pacing of growth and development of each child.
- The guiding principles have clear operational implications for action and adhere to the rights perspective.

3.3.2 Kenya

Early Childhood Development Service Standard Guidelines for Kenya, 2006

The foreword by the Minister of Education presents the context for laying down ECD standards. It mentions that the Government of the Republic of Kenya has demonstrated its commitment to the well-being of young children by signing various global policy frameworks, which underscore the importance of ECD and identify challenges facing the ECD sub-sector.

To address these challenges, the government developed Sessional Paper No.1 in 2005, which recommended the development of a comprehensive ECD Policy Framework and Service Standard Guidelines. The Service Standard Guidelines operationalize the National ECD Policy Framework and the Children Act (2001) by providing specific guidelines, which ensure that all ECD service providers, including parents, communities, community-based organizations, faith-based organizations, government ministries, multilateral and bilateral partners, universities and the private sector, provide accessible and equitable quality ECD services for young children.

The Service Standard Guidelines recognize the National Council for Children as the coordinating body, the Ministry of Education as the lead ministry and other key ministries, such as Ministry of Health (MOH), Ministry of Home Affairs, Ministry of Gender, Sports, Culture and Social Services, Ministry of Local Government, Ministry of Finance and Office of the President among others, as providers of direct and indirect services for young children. Strict adherence to the guidelines by all ECD service providers is expected to guarantee the survival, care and holistic development of children from conception to 8 years of age.

The process of development of the Service Standard Guidelines was evidently very participatory with contribution from various ECD stakeholders at district, provincial and national level. Participants in stakeholder meetings included representatives of various government ministries, non-governmental organizations (NGOs),

community-based organizations, faith-based organizations, development partners, ECD teachers and parents.

The Ministry of Education, in liaison with other key ministries, institutions and development partners, appointed an Inter-sectoral Technical Committee on ECD Policy to develop and review the comprehensive ECD Policy Framework and Service Standard Guidelines.

The Service Standard Guidelines have been developed to ensure that quality services are delivered efficiently and effectively at all times in ECD centres/institutions in Kenya. These guidelines provide the required standards on establishment, registration, management and supervision of ECD services.

For the purpose of these guidelines, an “ECD child” is “a human being from conception to eight years.” The approach is holistic in that it states that “every child shall have a right to life, survival and development, parental care, name and nationality, registration at birth, non-discrimination, protection from all forms of abuse, education, privacy, leisure and recreation, early stimulation, shelter, proper and adequate nutrition, health care and parental spiritual guidance.”

Special focus groups are also clearly indicated. The document states that some young children need extra help and assistance and include children with disabilities and children in exceptionally difficult circumstances, such as those living in the streets, child laborers, abused children, those undergoing correctional services, children of nomadic/pastoral communities and displaced/refugee children.

The introduction to the document discusses the significance of the early years for long-term productivity and enhancement of socio-economic status of the child and country. An interesting aspect of these standards is that unlike other countries they include health facilities as well. There is mention of quality antenatal, delivery and postnatal care as having a profound impact on the growth and development of the infant. Most of the brain’s pathways for learning and balanced social and emotional functioning are developed

during the critical period from pregnancy to age 3 years.

In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.

The Kenya standards document provides a sub-stage grouping of children’s services based on priorities for each sub-stage for holistic development:

1. Very young children (0–3 years)

- (a) Protection from physical danger.
- (b) Adequate nutrition and health care.
- (c) Appropriate immunizations.
- (d) An adult with whom to form an attachment.
- (e) An adult who can understand and respond to their signals.
- (f) Things to look at, touch, hear, smell, taste.
- (g) Opportunities to explore their world.
- (h) Appropriate language stimulation.
- (i) Support in acquiring new motor, language and thinking skills.
- (j) A chance to develop some independence.
- (k) Help in learning how to control their own behaviour.
- (l) Opportunities to begin to learn to care for themselves.
- (m) Daily opportunities to play with a variety of objects.

2. Pre-school aged children (4–5 years): All of the above, plus:

- (a) Opportunities to develop fine motor skills.
- (b) Encouragement of language through talking, being read to, singing.
- (c) Activities that will develop a sense of mastery.
- (d) Opportunities to learn cooperation, helping, sharing.
- (e) Experimentation with pre-writing and pre-reading skills.
- (f) Hands-on exploration for learning through action.
- (g) Opportunities for taking responsibility and making choices.

- (h) Encouragement to develop self-control, cooperation and persistence in completing projects.
- (i) Support for their sense of self-worth.
- (j) Opportunities for self-expression.
- (k) Encouragement of creativity.

3. Children in lower primary school (6–8 years): All of the above, plus:

- (a) Support in acquiring additional motor, language and thinking skills.
- (b) Additional opportunities to develop independence.
- (c) Opportunities to become self-reliant in personal care.
- (d) Opportunities to develop a wide variety of skills.
- (e) Support for further development of language through talking, reading, singing.
- (f) Activities that will further develop a sense of mastery of a variety of skills and concepts.
- (g) Opportunities to learn cooperation and to help others.
- (h) Hands on manipulation of objects that support learning.
- (i) Support in the development of self-control and persistence in completing project.
- (j) Support for their pride in their accomplishments.
- (k) Motivation for the reinforcement of academic achievement.

4. Children with special needs: All (a), (b), (c), (d), (e) and (f) of all sub-stages plus:

- (a) Access to rehabilitation services, such as counselling, physiotherapy, sign language within the ECD centres and those outside.
- (b) Equipment and materials that are adaptive to suit the needs of children with special needs as recommended in the Disability Act (2003).
- (c) Indoor and outdoor facilities that are adapted to suit children with special needs.
- (d) ECD facilities that are friendly to children with special needs.
- (e) Early Childhood Development and Education Centres designed to conform to provisions of the Disability Act (2003).

Standards for quality and inclusive ECD services

The standards include quality standards for each sub-stage, but more importantly for all aspects of holistic development and not only in crèches, day-care or preschools as typically seen. These standards include health services, nutrition and maternal entitlement, examples of which include:

- Every expectant mother shall access antenatal and postnatal services as early as possible.
- Men shall actively participate in childcare, including care of the mother in provision of necessary support – financially, emotionally and psychologically.
- MOH in collaboration with other ministries shall ensure provision of quality antenatal and postnatal services to mothers and fathers.
- MOH shall strengthen programmes for early detection of disabilities in infants and young children.
- Maternity leave regulations shall ensure mothers have enough time (90 days without forfeiting their annual leave) to nurture and bond well with their newborns. The Public Service Commission, Teachers Service Commission and other employment codes of regulation shall be reviewed to allow paternity leave of at least 20 days.
- Deliberate efforts shall be put in place by relevant authorities to educate men on their important roles in caring for their expectant wives and nurturing their children.
- The government, parents, community and all institutions dealing with children shall safeguard the rights and welfare of the child.

The standards are laid down under the following headings:

- Standards for Quality Services for Conception to 3 Years

- Standards for Quality Services for Children with Special Needs
- Standards for Establishment and Registration of ECD Centres and Training Institutions
- Standards for ECD Service Providers
- Standards for ECD Trainers and also for Ministry of Education Personnel and Health Staff, etc; the standards appear to cover all personnel who could be involved in children's services.

Lessons from Kenya

- This document has one of the most comprehensive and detailed coverages of all domains and sectors related to children's education and development. Unlike other countries, the standards include, for example, antenatal services, maternal entitlement and the role of men.
- Sectoral responsibilities for each ministry are clearly laid out so that there is clear accountability as well.
- The coverage of the document is commendable as it covers all major categories of children who need to be reached out to and the approach is supported by a clear rationale in language that is clear and comprehensible to all concerned users of the document.

3.3.3 The Philippines

The Philippines Early Years Act, 2013

The Philippines Congress enacted a piece of legislation, the Early Years Act, in 2013, signed by the President of the Senate. The Act declares the policy of the state is to promote the rights of children to survival, development and special protection with full recognition of the nature of childhood, as well as to provide developmentally appropriate experiences to address their needs and to support parents in their roles as primary caregivers and as their children's first teachers.

Key features of the Early Years Act (2013)

The Act refers to the early childhood care and development system as the full range of health, nutrition, early education and social services development programmes that provide for the basic holistic needs of young children from age 0 to 4 years and promote their optimum growth and development.

Significantly, it recognizes the age from 0 to 8 years as the first crucial stage of educational development, of which the age from 0 to 4 years is the responsibility of the Early Childhood Care and Development Council. The Department of Education (DepED) has the responsibility to help develop children in the formative years between age 5 and 8 years.

The Act is anchored on complementary strategies for ECCD that include service delivery for children aged 0 to 4 years, educating parents and caregivers, encouraging the active involvement of parents and communities in ECCD programmes and raising awareness of the important efforts that improve the quality of life for young children and families.

The Act commits to promote the inclusion of children with special needs, provide for reasonable accommodation and accessible environments for children with disabilities and advocate respect for cultural and linguistic diversity, including the use of Filipino Sign Language as the visual language of the deaf community.

The state commits to institutionalize a National System for Early Childhood Care and Development that is comprehensive, integrative and sustainable, involving multisectoral and interagency collaboration at national and local levels among government, service providers, families and communities, the public and private sectors, NGOs, professional associations and academic institutions.

The objectives of the National ECCD System are to:

- achieve improved infant and child survival rates by ensuring that adequate health and nutrition

programmes are accessible to young children and their parents, from the prenatal period throughout the early childhood years;

- enhance the physical-motor, socio-emotional, cognitive, language, psychological and spiritual development of young children;
- facilitate a smooth transition from care and education provided at home to community or school-based setting and kindergarten;
- ensure that young children are adequately prepared for the formal learning system that begins at kindergarten;
- establish an efficient system for early identification, prevention, referral and intervention for the wide range of children with special needs aged 0 to 4 years;
- upgrade and update the capabilities of service providers and their supervisors to comply with quality standards for various ECCD programmes;
- reinforce the role of parents and other caregivers as the primary caregivers and educators of their children, especially from age 0 to 4 years;
- enhance and sustain the efforts of communities to promote ECCD programmes and ensure that special support is provided for poor, disadvantaged and linguistic minority communities;
- improve the quality standards of public and private ECCD programmes through, but not limited to, a registration and credential system for ECCD service providers and facilities;
- ensure that the education of persons, and in particular children, who are blind or deaf are conducted in the most appropriate languages, modes and means of communication for the individual and in environments that maximize academic and social development; and
- employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education.

Coverage of programmes under the Act include: (i) centre-based programmes, such as the day-care service established under Republic Act No. 6972, otherwise known as the 'Barangay-Level Total Development and Protection of Children Act' (1990), referred to as the child development

service, community or church-based early childhood education programmes initiated by NGOs or people's organizations, workplace-related childcare and education programmes, child-minding centres, and health centres and stations; and (ii) home-based programmes, such as neighbourhood-based playgroups, family childcare programmes, parent education and home visiting programmes.

ECCD service providers include the various professionals, paraprofessionals and volunteer caregivers who are directly responsible for the care and education of young children aged 0 to 4 years through the various centres and home-based programmes. They also include day-care workers, child development teachers, teacher-aides, rural health midwives, social workers, community health workers, barangay (local level) nutrition scholars, parent-effectiveness service volunteers and family day-care providers.

ECCD curriculum refers to the developmentally appropriate educational objectives and practices, programmes of activities, organized learning experiences, recommended learning materials and appropriate assessment for children aged 0 to 4 years that are implemented by service providers through centre- and home-based programmes. It consists of national programme goals and guidelines, instructional objectives and content outlines that are age appropriate, individually appropriate and culturally relevant.

In the context of the Act, parent education refers to the various formal and alternative means of providing parents with information, skills and support systems to assist them in their roles as primary caregivers and educators. These include public and private parent education programmes linked to childcare and education programmes in centres, home and media.

National ECCD System framework and components

The Act states that the National ECCD System shall ensure that the National ECCD Programme is implemented in accordance with quality standards for accreditation and a National ECCD

Monitoring and Evaluation Framework will be established for this purpose. The National ECCD System is expected to apply to all provinces, cities, municipalities and barangays as may be determined by the ECCD Council to achieve universal ECCD coverage for all children aged 0 to 4 years. The ECCD Council is responsible for the implementation of the National ECCD System.

The ECCD System includes these components, which can be considered as an implementation plan:

- **ECCD curriculum:** The curriculum shall focus on children's total development and take into account age, individual and socio-cultural appropriateness. It shall promote the delivery of complementary and integrative services for health, nutrition, early childhood education, sanitation and cultural activities. It shall use the child's first language as the medium of instruction.
- **Parent education and involvement, advocacy and mobilization of communities:** This component shall harness and develop parents' strengths as providers of ECCD programmes at home, as active partners of other stakeholders, as advocates for community concerns that affect children, and as pillars of support for local and national ECCD programmes through community organization efforts.
- **Human resource development programme:** The programme shall establish mechanisms for the systematic professionalization of ECCD service providers through enrolment in educational programmes in site-based or distance education modes, and through pre-service or in-service training including continuing education programmes, whereby a registration and credential system shall be developed in the ECCD System.
- **ECCD management:** This component shall consist of a continuing process of planning, implementation, supervision, financial management, monitoring, evaluation and reporting to persons concerned and shall

encourage the active involvement and build the capabilities of service providers, parents and local government officials to sustain the programme.

Implementation arrangements

The ECCD Council is responsible for establishing national standards, developing policies and programmes, ensuring compliance thereof, providing technical assistance and support to ECCD service providers in consultation with coordinating committees at the provincial, city, municipal and barangay levels. The council is attached to the DepED.

The ECCD Council is to be strengthened to ensure the state's focus on building a strong foundation for the development and learning of children during the early years from age 0 to 4 years. It shall support the full range of health, nutrition, early education and social development programmes for the child's holistic development and ensure sustained interagency and multisectoral collaboration.

The ECCD Council is to carry out the objectives of the National ECCD System by performing the following functions:

- Promulgate policies and implement guidelines for ECCD programmes in consultation with stakeholders, including at the regional level when appropriate, consistent with the national policy and programme frameworks as defined in the Act.
- Establish programme standards that reflect developmentally appropriate practices for ECCD programmes, which shall interface with the kindergarten curriculum of the DepED.
- Develop a national system for the recruitment, registration, accreditation, continuing education and equivalency, and credential system of ECCD service providers, supervisors and administrators to improve and professionalize the ECCD sector and upgrade quality standards of public and private ECCD programmes.

- Develop a national system of awards and recognition to deserving ECCD programme implementers and service providers.
- Promote, encourage and coordinate the various ECCD programmes of the DepED, Department of Social Welfare and Development, Department of Health and National Nutrition Council and monitor the delivery of services to ECCD programme beneficiaries nationwide.
- Evaluate and assess the impact and outcome of various ECCD programmes nationwide through an effective information system.
- Develop a national system for early identification, screening and surveillance of young children from age 0 to 4 years.
- Develop various support mechanisms that maximize public and private resources for implementing ECCD programmes, giving priority to the needy and children at high risk from poor communities.
- Provide funds to poor and disadvantaged communities for establishing and expanding public ECCD programmes, improving physical facilities and hiring ECCD service providers.
- Promote and encourage private sector initiatives to establish ECCD programmes.
- Provide guidelines for the conduct of solicitations from local and international civic organizations and request private foundations to supplement available resources.
- Perform such other functions as the ECCD Council may deem necessary.

Under the Act, the DepED shall recognize the National ECCD Programme as the foundation of the learning continuum and shall promote it for all children aged 0 to 4 years. The DepED, Department of Social Welfare and Development, Department of Health and National Nutrition Council shall provide continuing professional development programme support, supplementary learning materials, reference

materials, and supplemental nutrition and health care services.

The responsibilities of local government units shall include providing allocations from their Special Education Fund and Gender and Development Fund in addition to other local funds to be utilized for the following purposes: Support the implementation of their ECCD programme; organize and support parent cooperatives to establish community-based ECCD programmes; provide counterpart funds for the continuing professional development of their ECCD public service providers; and provide facilities for the conduct of their ECCD programme.

The responsibilities of families and communities shall include supporting the local ECCD programmes by participating in various community-based projects, such as health, nutrition, social development and early childhood education projects, for the overall development of their children from age 0 to 4 years.

Lessons from the Philippines

Although the preceding subsections essentially capture the provisions of the Act, there is no information on the extent to which these provisions have been implemented. However, the scope and content of the Act indicate several learnings:

- A comprehensive approach: ECD is envisioned within a holistic frame from the perspective of the domains of development, participation and involvement of different sectors in the implementation of ECD, and acknowledgement of and support to roles of all stakeholders involved with children's development and learning.
- Continuum: It addresses the developmental/ learning continuum from preschool to school within a common framework, thus acknowledging the continuity.
- Role of ECCD Council: The role and functions are clearly stated in the context of the objectives of the National ECCD System and can provide useful reference.

3.3.4 Singapore

Guide and Application to Set Up an Early Childhood Development Centre, 2019

Singapore does not evidently have much public investment in running early childhood development centres directly, but the government regulates the large-scale private provisioning prevalent in this area. The guide to standards was reviewed from this perspective. The specificity and level of detail of the requirements or standards laid down in the document is really commendable. The standards adhere to the principles laid down in the Nurturing Care Framework and the Early Child Development Framework developed by the Early Childhood Development Agency (ECDA) in Singapore. They reflect a holistic vision for early childhood outcomes and services.

The ECDA, established in 2013, is an integral part of the national efforts to raise the quality of early childhood programmes in Singapore. It is mandated to oversee key aspects of children's development under 7 years of age across kindergartens and childcare centres, now named as Early Childhood Development Centres (ECDCs) under the Early Childhood Development Act and Regulations (2017). A significant point is that ECDA is seen as a regulation cum development authority, thus supporting both regulation and enablement functions.

Section 2 of the Early Childhood Development Act defines an 'ECDC' as "any premises where any early childhood development service is provided or is to be provided." An 'ECDC service' refers to "the provision of care or education, or care and education, habitually of 5 or more children who are below 7 years of age, for a fee, reward or profit by a person who is not a relative or guardian of all the children."

All ECDCs are required to obtain a licence before commencing operations under the Act. There are three classes of licences issued by ECDA. Operators must indicate the class of licence(s) they are applying for according to the types of services they wish to provide: Class A is for Infant Care Services, Class B for Child Care Services and Class C for Kindergarten Services.

To give a sense of the detail of the standards, the document provides specifications for each category, such as (a) duration/periods of operation for Classes A and B are from 7 a.m. to 7 p.m. and five and a half days a week, excepting Sundays and government holidays, while kindergarten is according to the school calendar of the Department of Education; (b) operational hours for Classes A and B are 12 hours or more and for kindergarten 6 hours or less; (c) age covered for Class A is 2 to 18 months and for Classes B and C 18 months to less than 7 years; (d) period of operation for Classes A and B is full or half day with flexible options (at least 12 to 24 hours a week and three hours per session) and for Class C it is half day (single, dual, triple sessions); (e) space for gross motor development activities is not applicable for Class A (as per their rule), for Class B it is one sixth of the centre's capacity at 4 square metres (m²) per child or 40 m² as a whole, whichever is more, for Class C it is one tenth of the centre's capacity at 4 m² per child or 40 m², whichever is more; (f) programme hours for Class A are termed as "operational hours" and for Class B it is stated as "typically 9 a.m. to 5 p.m.". There are two options: Centres can determine their programme hours (subject to ECDA's approval), or centres need to display the daily programme schedule. For Class C the programme hours are typically the operational hours, unless otherwise stated (subject to ECDA's approval); and (g) non-programme hours for Classes A and C are not applicable and for Class B it is stated as "Arrival, departure and rest".

Section 3 of the Early Childhood Development Act deals with grant of licences. It provides guidance regarding the statutes the Chief Licensing Officer will examine in reference to the 10 conditions, if found applicable, that could prohibit the granting of a licence to an applicant. The second subsection discusses statutes that need to be addressed while applying for a licence. These include choice of suitable premises, specific statutory approvals required and documentation needed, including entity registration, approved use, ownership tenancy agreement, approved floorplan with fire safety certificate, certificate of statutory completion, and any special conditions.

A third subsection addresses staff requirements, which are fairly detailed in terms of qualification and professional preparation. The next subsection addresses staff–child ratio. The applicant is required to register all staff – programme and non-programme categories – with ECDA.

Lessons from Singapore

Four aspects of the Singapore standards that need highlighting are:

- (i) The level of detail of these standards is really commendable. For example, they have distinct teacher–student ratios for indoor and outdoor activities. Similarly, they also indicate the requirement of different levels of professional preparation for various levels of functionaries with a very sound rationale. However, there is no requirement laid down for further professional development as these are all at entry or application stage only.
- (ii) The philosophy and principles informing the standards are holistic and derived from the Nurturing Care Framework and Early Childhood Development Framework (ECDA, 2013).
- (iii) The ECDA is an exemplar enforcement cum enablement organization, which is independent and autonomous and operates as a single window approach managing an evidently efficient and effective regulatory system. The twin role is a very progressive concept that needs to be emulated.
- (iv) The gap is the major dependence on the private sector with very marginal public provisions in ECD.

3.3.5 South Africa Guidelines for Early Childhood Services, May 2006

The concept of ECD reflected in the standards document in South Africa is holistic and comprehensive, both in developmental domains and the approach adopted for planning and implementation of ECD services. As per the document, early childhood development services “need to be holistic and should attend to the child’s health, nutrition, development, psychosocial

and other needs.” It also emphasizes that access to basic social services is the right of all children, parents and other primary caregivers. They should have access to as many resources as possible to provide for the needs of young children.

Since parents, communities, NGOs and government departments have a role to play to ensure an integrated service to children, collaboration between sectors is of the utmost importance. The Department of Social Development is one of the government departments that ensures that young children are cared for in the best way. Other government departments that work with the Department of Social Development include the Departments of Education, Health, and Justice, and local municipalities.

The Department of Social Development issued the guidelines in 2006. The design of the standards document is well thought through. It is divided into different sections to deal with the continuum of early child development services up to the age of 5 years. These sections deal with early childhood development services aimed at interventions and programmes for parents and/or primary caregivers, community-based services and early childhood development centres.

The guidelines are written in such a manner that different sections can be ‘pulled out’ to use for a specific target group. They aim to explain the most important facets of service delivery in simple, clear terms for easy understanding and referencing by all service providers. More elaborative explanations and resource materials are attached as appendices for reference and use in training situations. Guidelines for family care pertaining to the young child have also been included as the family provides the context in which the majority of children function. This is another notable feature.

These guidelines were developed to facilitate the Department of Social Development’s mandate on early childhood development in South Africa. They also refer to important core aspects in the early childhood phase of life, such as nutrition, health care, environmental safety, and early education and learning. It remains, however, the role and mandate of the sister departments to provide guidance and information on their contributions and mandates on young children through policies,

guidelines and other methods of communication. For this purpose, an address list of relevant government departments is attached to the guidelines document.

The first section of the document deals with guidelines to be used to register places where children spend time away from their families during the day. The second section gives guidelines for after-school care. As per the current Child Care Act (1983), it makes provision for places of care that include the range of formalized ECD provisions, such as day-care centres, ECD centres, playgroups, crèches, after-school centres or a composite programme for all three age groups as prescribed in the Act. The third section provides guidelines to help adults and older siblings care for the young children who live with them.

Lessons from South Africa

- The language used is informative and yet very simple and functional, making the document very readable for all category of users. There seems to be a conscious effort not to use technical language or jargon.
- A very useful lesson is the way in which the sector-wise responsibilities and policy provisions are clearly laid out for each of the relevant departments, which are accountable for their respective roles and expectations.
- Local contextual issues are focused on as issues to be addressed, such as HIV and AIDS, disability, poverty, gender inequality.
- The design of the document is complete and self-sufficient with regulatory indicators and quality standards included separately for each programme/age group. As the introduction states, each section can be pulled out as complete in itself for specific user groups.
- A concern is that there is no mention of the science of ECD although the importance of ECD is discussed in general terms, with no guiding principles listed separately. Also, there is evidently no feedback from any evaluation of the quality of childcare and education services that could be located. There are no data included on the respective services, either in terms of numbers or scale.



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Annexes



Annex 1.

Framework for review of standards for ECD services in three case studies

The framework was developed based on a review of the following materials:

1. Towards Competent Early Childhood Educations Systems: A conceptual framework for a pre-primary education sub-sector
2. UNICEF's Programme Guidance for ECD
3. Standards for ECD Parenting Programmes: In low- and middle-income countries
4. Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential
5. Review of a sample of ECD service standards available on the Internet
6. Personal experience in India with policy and programming

It is guided by the principles articulated in the documents, summarized effectively in the Nurturing Care Framework as follows:

- Child's right to survive and thrive
- Leave no child behind
- Family-centred practice
- Whole of government action
- Whole of society approach

A1.1 The country context in ECD: Policy and programme framework

1. Does the country have a policy in place for ECD? Is the country's definition of ECD holistic and comprehensive, focused on nurturing and

responsive care and early learning? What is the age group defined for ECD?

2. Are there any guiding principles for the policy articulated?
3. Does the country have a national ECD plan based on data and evidence and is it endorsed by key stakeholders? Is it multisectoral and multi-departmental in terms of planning and management?
4. Is there provision of a regular source of resource allocation/financing in the country's budget, which covers human, financial and physical resource provisions?
5. Does the country have an EMIS or HMIS [Health Management Information System] or any other monitoring system in place that covers ECD data and is it periodically updated?
6. Does the country have any early learning and development standards for children under 6 years of age? Are these in sub-stages and are they nationally validated?
7. Is the scope of the ECD services standards applicable to services for all sub-stages of ECD, i.e., birth to 3 years; 3–6 years; 6–8 years, or as age range defined by policy?
8. Is the scope of the standards applicable to all sectors of services, including public, private and NGO?
9. Is the scope of the standards applicable to all domains/sectors comprehensively, including nutrition, health, early learning, responsive caregiving, security and safety?
10. Is there a monitoring and supervision system in place for ECD? If yes, how effective is it?

11. Are the standards appended to any legislation or are these just guidelines?
12. If there is legislation, does that make regulation and maintenance of standards justiciable? Or is it treated as broad and flexible? If justiciable, are penalties specified?
13. Is there a system of accreditation of centres based on these standards?
14. Are there appropriate and adequate professional development programmes/institutions available in the country for each segment of ECD staff aligned to the positions?
15. Is there a public provision in ECD in the country? Is there a nodal agency/ministry/department/council responsible for ECD and for the programme? Is there any prescribed collaboration with other departments? If yes, which ones?
16. If yes, what age group does it cover and what models are prescribed in terms of length of provision, daily duration and settings? Birth to 3 years: Crèches, day-care (home-based/centre-based), parenting programmes; 3–6 years: Nursery classes, kindergartens, preschools, centre-based or school-based; and/or 6–8 years: Early primary grades/any other.
17. Is each provision focused on nurturing care (care, health, nutrition, early learning) or confined to one or two domains only?
18. Does the government have a clear policy for private provisioning in ECD? What does it cover?
19. Is there a system of periodic reporting on the services as per standards? Is there any quality evaluation available?
3. Do these standards support nurturing care holistically?
4. Are they contextualized? And are they inclusive of traditional childcare practices and build on positive parenting practices in the country?
5. Are they based on the learnings from the science of ECD? Are they developmentally appropriate?
6. Are they inclusive and contextually appropriate for more vulnerable communities?
7. Do they cover parents as well as all categories of caregivers engaged in parenting?
8. Do they align with existing delivery platforms if any, or are they suggesting new/parallel avenues?
9. Do they address career and professional development and training needs of the associated workforce and service providers?
10. What are the mechanisms indicated for ensuring continuous improvements and close monitoring of services?

A1.3 ECD standards coverage: ECD sub-stages and specific components

What are the sub-stage-wise components/parameters included for which standards/specifications have been listed?

A1.2 The ECD standards: Overview

1. What was the process of developing the standards? Was it participatory and if so, which stakeholders were involved? Who led the process?
2. Is there an introduction to the standards document, which lays out the country's context, philosophy, principles and significance of ECD and its interface with policy?
1. Staffing of educators/caregivers and other staff members: Ratio; qualifications; levels of staffing; salaries; staff standards
2. Content and quality of curriculum: Is it age and developmentally appropriate?
3. Is it inclusive particularly for children with special needs?
4. Standards for health
5. Standards for nutrition
6. Standards for protection: safety, security and caring relationships between children and educators/caregivers; privacy and confidentiality
7. Standards for didactic materials and toys
8. Standards for the physical environment/infrastructure: Sanitation facilities; classrooms;

kitchen; toilets; play area (indoor and outdoor) and equipment

9. General standards for safety
10. Standards for management, supervision, and compliance and accountability of programme for children.
11. Standards for parental engagement and involvement
12. Standards for effective partnership, seeking support and networking
13. Professional requirements to become an ECD provider at different levels
14. Standards for record-keeping: Children's records; staff records; financial records; curriculum plans

A1.4 Registration and licensing of ECD centres/programmes

Do the standards include the following:

1. Application format and process for registration of an early childhood centre/programme
2. Registration and inspection protocol
3. Protocol for service providers to apply for a variance to the licencing and inspection standards.
4. Application for any variance from standards proposed, particularly in career path for all early childhood services staff
5. General policy for certification of private centres
6. Any accreditation framework or process document

Annex 2. Case studies

A2.1 India



A2.1.1 The country context in ECD: Policy and programme framework

- 1. Does the country have a policy in place for ECD? Is the country's definition of ECD holistic and comprehensive, focused on nurturing and responsive care and early learning? What is the age group defined for ECD?**

The Government of India at the federal level approved a National Policy on Early Childhood Care and Education in 2013 proposed by the nodal ministry, the Ministry for Women and Child Development (MWCD). The policy indicates a

holistic, integrated vision of ECCE. It defines 'ECCE' as "encompassing the inseparable elements of care, health, nutrition, play and early learning within a protective and enabling environment."

It defines 'early childhood' as "the formative stage of first six years of life, with well marked sub-stages (conception to birth; birth to three years and 3 years to six years) having age specific needs following a life cycle approach." While focusing more on early stimulation and early learning, it makes cross references to the National Health Policy and National Nutrition Policy for health and nutrition outcomes.

The National Policy on Health (2017) addresses the existing challenges of maternal and child mortality, antenatal and neonatal care, availability of skilled birth attendants, malnutrition and stunting, and early detection and response to early childhood development delays and disability.

The National Nutrition policy (1993) is outdated, but given the enormity of the challenge of malnutrition in a country where almost every third child is stunted or underweight, a new National Nutrition Strategy (2017) was prepared by the NITI Aayog, the policy think tank of the government.

The National Nutrition Strategy is committed to ensuring that every child, adolescent girl and woman attain optimal nutritional status, especially those from the most vulnerable communities. The focus is on preventing and reducing undernutrition across the life cycle as early as possible, especially in the first three years of life. This commitment also builds on the recognition that the first few years are “the foundation for ensuring optimum physical growth, development, cognition and cumulative lifelong learning.” However, it makes no reference to the National Policy on ECCE or to the association with early psychosocial stimulation.

2. Have any guiding principles for the ECD policy been articulated?

The National Policy on ECCE (2013) does not articulate any specific guiding principles. However, the National Curriculum Framework (NCF) (2014) that accompanied the policy does lay down 12 principles that guide caring and curricula practices:

- (i) Development and learning take place in all domains; development in one domain influences another domain.
- (ii) Children’s development and learning follow a sequence in which later acquired abilities (skills and concepts) build upon what children already know and apply.
- (iii) Child development and learning are characterized by individual variation.
- (iv) Children develop holistically and benefit from experiential learning.
- (v) Learning begins from birth.

- (vi) Development and learning result from a continuous interaction of biological maturation and experience.
- (vii) There are critical periods in development.
- (viii) Children’s learning reflects a recurring spiral that begins in awareness and moves to exploration, to inquiry, and finally, to application.
- (ix) Children learn and develop in a stimulating/nurturing/supportive/protective environment.
- (x) Development and learning are largely influenced by the social and cultural context of the children.
- (xi) Children have curiosity and desire to learn.
- (xii) Children learn through play.

3. What provisions are there in India to make ECCD services accessible to all children under 5 years of age in public and other domains? If yes, what age group do they cover and what models are prescribed in terms of length of provision, daily duration and settings?

Unlike other South Asian countries, India has the singular advantage of having a large integrated programme of services for children under 6 years of age, referred to as the Integrated Child Development Services. ICDS is a public-sponsored programme, modelled to an extent on the U.S. Head Start Program, which aims to meet children’s foundational needs for holistic development from a life-cycle perspective.

ICDS is targeted at the marginalized and poorer sections of society. It started as a pilot in 1975 and is today almost universalized across the country with 1.4 million Anganwadis or early childhood development centres, making it the world’s largest integrated programme for children under 6 years of age and for pregnant and lactating women (MWCD, 2015–2016).

It caters largely to the rural sector and offers six services, i.e., immunization, supplementary nutrition, health check-ups, referral services, nutrition and health education, and non-formal preschool education to children aged 3 to 6 years, all through a single window approach. These six

services are expected to be delivered by a single, local multipurpose ECD functionary known as the Anganwadi worker, with the support of a helper.

The health services are further supported by a hierarchy of health workers, with the Auxiliary Nurse Midwife leading the team and providing care at a sub-centre as well as in villages. The other village-level functionary is the Anganwadi worker, who works solely in her village and focuses on provision of food supplements to young children, adolescent girls and lactating women in addition to preschool education. The most recently created cadre is the Accredited Social Health Activist, who also works solely in her village. This group of workers focus on promotion of maternal and child health, including immunizations and institutional-based deliveries, for which they receive a performance-related fee.

The other large-scale provider in India is the fee-charging private sector with a focus on curative rather than preventive health.

For preschool education specifically, there is a parallel stream of private preschools, which are completely unregulated and unmonitored. With a rise in parental aspirations, there has been a rapid expansion of private preschools/schools across India (with state-wise variations), which generally offer two to three years of preschool education as part of composite schools. These range from expensive, high-end preschools to affordable preschools in urban slums and rural areas, which in many cases offer preschool education of minimal quality.

In the absence of any regulation, and with no reliable database, anecdotal evidence suggests that these preschools enrol children from 2 or 2½ years of age, who continue into their own primary sections. These provisions are focused solely on preschool education and may or may not have health or nutrition support.

A small percentage of preschool classes are also offered as part of government primary schools in some states/provinces, but these are miniscule in number in relative terms. Some NGOs also

run Balwadis or stand-alone ECE centres offering care and preschool education, a few of which are run as crèches/day-care under the Government of India's National Crèche Scheme. Again, these are very small in number and there are also a few more that are supported by various funding agencies. All these cater to the age group 3 to 6 years on paper though often children under 3 years of age also attend.

4. What are the administrative and governance arrangements instituted in the country for planning, implementation and management of ECD?

ECD is a state subject as per the business rules of the government with a concurrent role of the central government. The nodal ministry for planning, implementation and monitoring of ECCE provisions, and within it the ICDS, is the Ministry of Women and Child Development at the national level and the corresponding department at the state or provincial level. The health component of the ICDS is largely serviced by the state health departments in convergence with the ICDS, with the health component at all decentralized levels being the direct responsibility of these health departments under the National Rural Health Mission. Nutrition, preschool education and community participation are the direct responsibility of the MWCD.

Given the alarming levels of malnourished children in India, the Government of India set up an apex body, the National Nutrition Mission as a centrally sponsored scheme, also known as the Rashtriya Poshan Mission, in 2017 to reduce the levels of stunting, undernutrition, anaemia and low birth weight babies. Its components include ensuring convergence with various programmes; incentivizing states and union territories to ensure goals and targets are met; IT-enabled real time monitoring; evaluation; making weighing of babies efficient; ensuring height and weight measurements of children; and community mobilization and advocacy including with children.

The government has fixed targets to reduce stunting, undernutrition and anaemia by 2 per cent

annually from the current 38.4 per cent in stunting to 25 per cent by 2022. A single, unified technical institution, the National Nutrition Resource Centre with its state branches, has been set up to monitor all programmes across sectors with activities that have implications for child nutrition.

Key strategies for reducing malnutrition include sub-schemes such as infant and young child feeding; supplementary food and nutrition schemes; immunization; institutional delivery; water, sanitation and hygiene; deworming; food fortification; dietary diversification; maternal health; adolescent nutrition; and ECD.

An incremental learning approach has been designed with e-modules to address the learning needs of workers and strengthen quality of services. According to the MWCD, “the approach is to build incrementally on small amounts of learning at a time, until all skills, understanding and actions have been put into regular practice, and have been internalised by the functionaries and a supportive supervisory mechanism is put in place. By making such a system integral to routine programme implementation, it is possible for the programme to introduce new and complex content and skills at any time and expect its effective implementation in a predictable timeline” (MWCD, 2018a).

Although convergence with education is also indicated, the involvement of the education department has been sporadic and inconsistent to date. To some extent, financial and technical support was provided for quality improvement of the preschool component in the ICDS by the state Departments of Education under the central government’s Sarva Shiksha Abhiyan (SSA), or ‘Education for All’ Mission, a centrally sponsored scheme.

A recent development has been the conversion of SSA into Samagra Shiksha Abhiyan or Integrated Education Mission, which commits to bringing the preschool education stage into the formal school education structure. This is expected to lead to more preschool sections being established in government primary schools.

There are convergence committees at the national, state and district levels responsible for coordination and convergence across departments, but to date this has been an area of challenge. This is particularly so between the Departments of Women and Child Development and of Education, since the latter does not have any allocated responsibility for the ECD component of the ICDS despite having the advantage of domain knowledge.

5. Does the country have a national ECD plan based on data and evidence and is it endorsed by key stakeholders? Is it multisectoral and multi-departmental in terms of planning and management?

Previous Indian governments followed a five-year planning process under the erstwhile Planning Commission, in which five-year plans were largely developed by respective ministries. This process is no longer in place. There is currently no integrated national ECD plan and the plans that are available are the sectoral Annual Work Plans and Budgets under the ICDS or under SSA in education, health and family planning. These sectoral plans are to an extent informed by the data generated by their respective management information system (MIS), which is updated annually.

6. Does the government have a clear policy for private provisioning in ECD? What does it cover?

To date there is no clearly articulated national policy for private provisioning in ECD. However, the National Commission for Protection of Children’s Rights (NCPCR) recently brought out a set of guidelines for regulation of stand-alone private preschools for children aged 3 to 6 years. This has been followed up by a few states taking further initiatives in this area. While Himachal Pradesh has enacted a law for regulation of stand-alone preschools based on some broad standards, Maharashtra has very recently notified guidelines for regulation of preschools in public and private domains, with clear service standards and procedures for registration and accreditation. A few other states are in the process of developing a regulation policy.

A major issue is the selective nature of these ordinances, which only target private preschools and do not apply the same standards to the public provisions in ECD. In Maharashtra, it appears to include the ICDS centres, but does not specify quality standards for infrastructure and professionally qualified teachers, possibly to make it inclusive for government provisions. Another gap is that preschool sections attached to primary schools do not come within the ambit of the regulations. This can be counterproductive to offering good quality preschool education.

7. Is there provision of a regular source of resource allocation/financing in the country budget, which covers human, financial and physical resource provisions?

As a government-sponsored programme, the ICDS receives an annual budgetary allocation from the government to support its activities. Initially the budgetary provision was 100 per cent from the central government to the states with gradual release of responsibility to the states. Subsequently the ratio shifted to 50:50 and it has now changed to 90:10 with the states having to undertake the major share.

The budgets are in most cases schematic, with scheme-specific funding allocations. The major budget headings include salaries and honorariums, rent in urban situations and administrative expenses. In addition, there is a flexi-fund of 1,000 Indian rupees (INR) per annum per ECD centre or anganwadi under the ICDS, and some contingency for celebrating an annual ECCE day. A one-time grant of INR15,000 is provided every five years for a play kit for each centre.

The increase in budgetary provisions annually is a function of political will and relative priority to the social sector. As a case in point, if one tracks the most recent budget in February 2019, overall the funds for children have seen a marginal increase, but these are still highly inadequate to meet the requirements of quality. While there may be a revision of cost norms for different components, such as salaries/honorariums of frontline workers or for supplementary nutrition, the fund allocation

is not adequate to meet the expected increase in expenditure.

Nutrition interventions are spread across sectors, such as food security, health, education, water and sanitation. Yet, overall the nutrition spending is only around 2 per cent of the national gross domestic product. Education allocations are 3.5 per cent of the total national budget and are still extremely inadequate to meet the demands. Almost 60 per cent of the education allocations are derived from a 2 per cent education cess imposed by the government. The budget for ECD is marginal. The National Crèche Scheme is an additional ECD provision by the government that should be accorded a major priority but has seen a 63 per cent reduction in the recent budget.

8. Is there a monitoring and supervision system in place for ECD? Does the country have an EMIS or HMIS or any other monitoring system in place that covers ECCD data and is it periodically updated? If yes, how effective is it?

There is no ECD monitoring system in place at the national level. There is however a structured monitoring and supervision system of the ICDS, which is responsible for six services. This system includes a child development project officer (CDPO) in charge of 100 ECD centres in a cluster known as one ICDS project. The officer is supported by about five to six supervisors, each responsible for about 25 centres, who are expected to provide supportive supervision and monitoring of all six services. The supervisors also conduct monthly meetings with the Anganwadi workers, or ECD centre functionaries, to supervise their record-keeping and data maintenance. The monitoring data flow upward from these registers through the supervisors to the CDPO office. From the CDPO, the data are routed to the state-level department and then on to the national level.

The three ministries responsible for health, nutrition and early learning of children aged under 6 years have their respective web portals and MIS/data systems in place as well. Annual Health Surveys are carried out by the Ministry of Health

and Family Welfare, covering facilities provided as well as status of outcomes against indicators, such as under-five mortality rate, maternal mortality rate, infant mortality rate, neonatal mortality and stillbirths. In addition, antenatal coverage and immunization services are also covered and regularly updated. The surveys also track data on stunting through the ICDS system.

Similarly, an MIS is available for children aged under 6 years in the ICDS under the MWCD, which is updated annually. It includes data on health and nutrition components. The preschool education data are limited to the number of children aged 3 to 6 years participating in preschool education at the Anganwadi and the number of days of preschool attendance.

The Ministry of Human Resource Development too has its own EMIS, the District Information on School Education, which produces district report cards of progress on education indicators and provisions. It captures some data on preschool education that pertains to preschool classes being run in a few states as part of the school system. There is no reliable data set available so far on preschool education for the country as a whole, especially since there are no documented data on private preschools and there are issues of dual or multiple enrolments.

In addition to these regular updates, there are periodic National Family Health Surveys of a representative sample of households throughout India. Four rounds of survey have been conducted since 1992–1993. The surveys provide useful and more credible information at state and national level on fertility, infant and child mortality, maternal and child health, nutrition and anaemia. The data are used for policy and programmatic assessments. However, the surveys do not provide data on preschool education or early learning.

Further, there have been national evaluations of the ICDS, the last one conducted by the

Planning Commission of India, which, as a third party, provided useful and more nuanced and credible evidence of services offered and utilized, the number of beneficiaries and service-specific evaluation of quality. The centennial Census of India is also a robust source of data on systems.

9. Are there appropriate and adequate professional development programmes/ institutions available in the country for each segment of ECD staff aligned to the positions?

The ICDS has its own induction and refresher training for functionaries at each level. It has Anganwadi Workers Training Centres, which conduct induction and refresher training of the frontline workers for all six services. These are by and large run by NGOs and there are significant challenges in coordination and capacities. The supervisors are trained at the Middle Level Training Centres housed in higher learning institutions and the CDPOs are trained at the National Institute of Public Cooperation and Child Development, which is the technical arm of the MWCD.

A major issue with the training at all levels is the short duration and lack of recurrent training and mentoring, which affect the quality of the services to a large extent. The other challenge is the large number of vacancies in the system at the supervisory level, which negatively impacts the quality of oversight of the ECD centres.

For ECE or pre-primary education, there are privately run teacher training institutions sporadically and inequitably distributed across states. While some of them are recognized by the National Council of Teacher Education, a regulatory authority under the Ministry of Human Resource Development, a survey by Ambedkar University shows that a large number continue to operate and violate the given norms due to issues of monitoring and weak regulatory systems.

A2.1.2 Standards: Early learning and development standards and quality standards for services

1. Does the country have any early learning and development standards for children aged under 6 years? Are they in sub-stages and nationally validated? Are they integrated in approach and supportive of holistic development of the child?

In India, the Centre for Early Childhood Education and Development in Ambedkar University, Delhi, has developed Early Learning and Development Standards (ELDS), with support of UNICEF, for children from birth to 8 years of age in three sub-stages of birth to 3 years, 3 to 6 years and 6 to 8 years. However, only the standards for the sub-stage of 3 to 6 years have undergone a rigorous process of empirical validation so far. Standards for the other two sub-stages have only been content validated in consultation with experts and available in draft form.

The validated set of standards for children aged 3 to 6 years are yet to be published and launched formally by UNICEF, although they are available on demand. The standards for all three sub-stages have been developed keeping in view the progression in development and sub-stage priorities.

Guiding principles and values enunciated for developing and validating the ELDS include:

- Supporting young children to acquire the necessary skills and knowledge.
- Developing ELDS keeping in mind the benefits as well as the risks related to them.
- Recognizing that both development and learning are complex processes.
- Being aware of the fact that it is difficult to create generalized expectations for young children because there is great variability.
- Making an effort to reflect the interconnectedness among the different developmental domains.
- Developing guidelines that are broad enough to allow for variations in culture, socio-economic conditions and individual differences.

Standards for birth to 3 years of age

The Early Learning and Development Standards for birth to 3 years of age have been developed within a holistic frame of integrated development. In comparison to the standards for children aged 3 to 6 years, these are very specific to the sub-stage priorities, particularly with respect to health, language, and sensory and motor development. The main sub-domains covered include physical health and motor development; sensory, perceptual and cognitive development; personal and social development; language, communication and literacy development; and creative and aesthetic development. A more detailed outline is included in the annexure to the standards.

In addition, the Ministry of Health and Family Welfare has also brought out an attractive, pictorial document, 'Journey of 1000 days', which captures the milestones and illustrates what the child needs at each sub-stage to grow and develop optimally. This includes all domains including psychosocial stimulation and play opportunities for children. It is, however, not clear the extent to which this document is being made available to caregivers and other stakeholders. A challenge also is that a large number of caregivers may be illiterate or semi-literate and may not be able to take advantage of such a document.

Standards for 3 to 6 years of age

The standards are again focused on the holistic development of the child, but more in terms of the psychosocial domain and school readiness. The domains covered are physical and motor development; language, communication and literacy development; sensory, perceptual and cognitive development; and personal social and emotional development including approaches to learning. There is no specific section for health and nutrition aspects although safety, care and protection are implied.

Validation process

Development of ELDS for the sub-stage 3 to 6 years of age followed a lengthy and complex process, including an extensive review of literature,

active participation from experts and other stakeholders through a series of consultations, and field testing for validation.

The standards were developed in a participatory way by bringing together a very diverse group of professionals from different organizations, some of whom even volunteered to develop the draft standards for different domains. The standards developed were vetted in a consultative mode by a consultative group, which met periodically at different stages of the work for advice and concurrence.

The validation methodology and finalization of the standards were also shared with the consultative group. The cultural, linguistic and socio-economic diversity across India was kept in view throughout this process, which was facilitated by the fact that consultative group members came from different contexts. In addition, the opinions of early childhood educators were gathered from different states, which were sampled for the validation process.

The validation process for ELDS was significant and comprehensive in the methodology followed, with the aim to evaluate content appropriateness of the draft standards and establish the accuracy of age expectations for which they were intended.

The validation was conducted in two stages: *Content validation* assessed the extent to which ELDS reflect the principles of early childhood education and development. This process was based on opinions from experts and educators. Content validation was conducted in two parts:

- (i) Review by ECCE educators: A series of workshops with early childhood educators (including from ICDS/private/NGO preschools) to get their feedback on the draft standards was conducted across five states: Delhi, Karnataka, Maharashtra, Telangana and Uttar Pradesh. Educators reviewed the draft and provided their feedback on the extent to which each indicator reflected the domain assigned and its age appropriateness.
- (ii) Review by ECE experts: The experts judged the appropriateness, meaningfulness,

usefulness and effectiveness of each indicator to determine how accurately the indicators tap into the various domains of child development.

The feedback provided by the educators and experts was analysed and the draft modified accordingly.

Field validation followed the following sequence of activities:

- (i) Development of a comprehensive tool: This process was empirically undertaken to assess whether the draft indicators of identified behaviour and competencies were based on and reflected what children of the assigned age could do. For this purpose, the content-validated indicators were converted into items to develop a comprehensive tool, which was also subject to a standardization process before being used to gather the normative data. Subsequently, the norms identified were converted into standards on the basis of statistical procedures and expert opinion.
- (ii) Sampling: Since the standards were being validated for the country as a whole, a rigorous and scientific sampling procedure was followed for the field validation. Multi-stage sampling design was adopted to collect the data from the selected states in each phase of data collection. The methodology was conceptualized and designed in consultation with core group members, statisticians and experts.

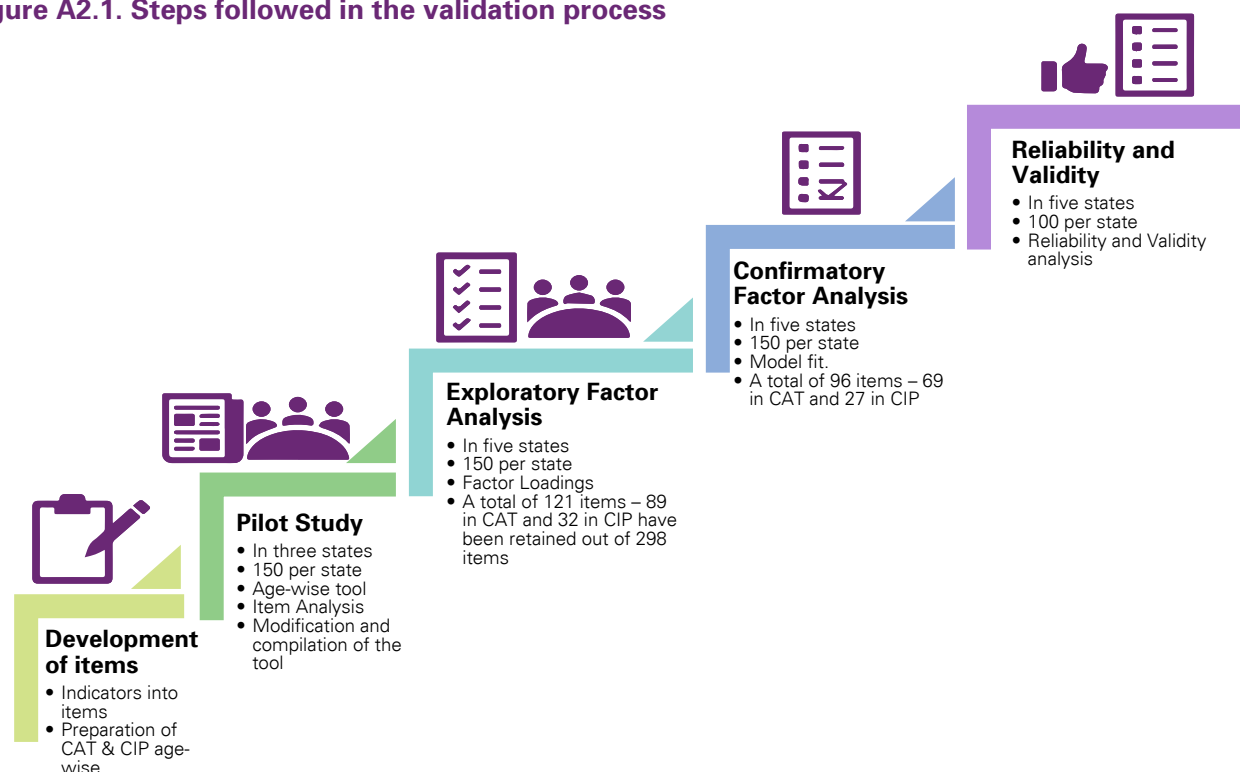
The developmental and statistical process for developing and standardizing the tool and determining age-wise standards is shown in Figure A2.1.

Technical document

The ELDS document for children aged 3 to 6 years includes a technical document, which describes the validation process in detail and has a section on guidelines for use of the standards. The document covers the following subjects:

- Context and project description include a brief rationale and objectives for the development of ELDS.

Figure A2.1. Steps followed in the validation process



CAT: Child Assessment Tool; CIT: Caregiver Interview Protocol

Source: UNICEF and Centre for Early Childhood Education and Development, Ambedkar University, *Guiding Framework to Promote the Use of Early Learning and Development Standards for Children from 3 to 6 Years*, Delhi, unpublished.

- Target group covers how ELDS can be useful to stakeholders and how the standards can be used for their benefit.
- Guiding inputs for building capacities to ensure use of ELDS include building partnerships, promotion activities, alignment with policymaking and review, integration of ELDS into the ECE curriculum and teacher training, and alignment with child assessment and parent education programmes.
- Outcomes to support quality standards at systems level include a national system of monitoring child outcomes.
- Key points to keep in mind while using ELDS.
- Domain-wise standards.

2. Are there standards for ECD services in place?

Since early childhood development is primarily an unregulated sector, there is no organized system of registration or accreditation of the services or centres. However, the National Policy on ECCE (2013) was accompanied by a National Curriculum Framework (2014) and Quality Standards (2014), which together provide useful reference and direction for curriculum development and other quality related initiatives for early learning for children aged under 6 years. The Quality Standards, which are devised to have a common framework for services for children from birth to 6 years of age, can also potentially form a structure for an effective monitoring system or a system of regulation.

National Curriculum Framework

The NCF is a fairly comprehensive document. Although it is placed in a holistic frame, the focus is clearly stated to be on early learning. The introductory section lays out the context of growing up in India; vision for the Indian child; rationale for prioritizing ECCE as a foundation; and theoretical framework informing the curriculum. Further, it specifies the objectives and principles of ECCE and discusses major issues that have implications for the curriculum that need to be addressed in the Indian context.

The framework discusses the goals of early care and learning, which are aligned to “developmentally appropriate practice”. The goals are described in terms of the domains of development and are organized in two separate categories, i.e., from birth to 3 years of age and from 3 to 6 years. Related principles of learning and pedagogical practices are also included.

The document concludes with a section on programme planning and practices, which provides specific guidance for setting up an age and developmentally appropriate environment for children. It focuses on physical provisions and organization of the classroom or centres, essential play materials, programme planning and assessment of children’s progress as well as the role of parents and caregivers and partnership with them.

Given India’s scale and diversity, the NCF is expected to be used as reference by the states, which are in turn required to develop their own detailed curriculum for ECD, based on local contextual specificities. Consistent with this understanding, the central government gave a time frame after the launch of the NCF to the states to develop their own curricula and share them with the MWCD. Most states have thus developed their own curriculum, which is however being used primarily by the ICDS programme in the public sector. There is little awareness of it in the private preschools or NGO programmes that are outside the ambit of the MWCD.

An evaluation carried out by UNICEF of the state curricula and their implementation revealed interesting learnings. A major issue is the lack of institutional capacity in the system in the states as a whole, which in turn has led to the task of developing the state curriculum being handed over to a third agency, in most cases an NGO, that has more experience. The NGOs too may be from within or outside the state.

This has resulted in a vicious cycle (varying in degree as per the respective state resources) of implementation challenges since the implementers or the frontline providers lack capacity or domain expertise and do not have a sense of ownership of the curriculum as they have not been part of the development process. This creates significant challenges in the quality of programme delivery. There is also a consistent issue of inadequate training and handholding of the service providers.

Quality standards for preschools

Consistent with the NCF, the MWCD has also brought out Quality Standards for Preschools. These are again suggestive in nature and have possibly informed some recent initiatives by a few states to formulate a regulatory system, particularly for private preschools.

Outline of the standards

The quality standards document is also comprehensive. The main purpose is “to provide a framework that will assess the implementation of the ECCE programmes across the country and assist the ECCE centres and service providers in developing and maintaining dynamic quality programmes. It aims to provide directives regarding areas known to be important for ensuring the optimum developmental opportunities for children. It also involves developing appropriate support mechanisms to ensure that quality is achieved and maintained.”

The standards describe quality assurance as an ongoing process of building and sustaining quality of ECCE programmes by assessing,

anticipating and fulfilling stated and implied needs. It is therefore seen as a dynamic and continuous process and not an end in itself, wherein organizations move towards optimum level by adopting a cumulative approach to quality improvement, leading to continuous improvement in the services offered in a manner that meets the needs of the young child and promotes equitable quality. It therefore recommends that a graded approach be adopted wherein the essential criteria will be laid down in a graded and weighted form.

These principles form the cornerstone for the quality standards:

- **Developmentally/age appropriate services:** Every child has the need and right to positive experiences in early childhood. Services and programmes for children from birth to 6 years of age have to be developed with their developmental abilities in mind, i.e., developmental domains, developmental tasks, needs and interests of the child. It is expected that best practices are exhibited in the provisions of care and education services.
 - **Ensuring holistic development of children:** Pedagogies used in ECCE programmes should emphasize the holistic development of the young child, also keeping in mind the child with special needs. Both care and education are important and the linkages between them need to be explored and drawn on. Interlinkages should also be addressed as the domains of development are not exclusive to each other.
 - **Relevant to the child's context:** The pedagogy should reflect the learning of the child in his/her context. Transactions should be based on understanding the child's context, socio-economic background and family constraints.
 - **Partnership with family and community:** It is important to recognize the family as the first context in which learning and development for the child takes place. The family and parents are of paramount importance in the delivery of ECCE programmes and services.
- While respecting the role of parents, it is necessary to support the family and develop a harmonious relationship with them to ensure optimum development of the child.
- **The centrality of the child's learning in the environment:** The child is an active agent in learning and has to be encouraged and facilitated to allow development of his/her full potential. The child should be free to make choices, explore and experiment, for which opportunities should be provided. The voices of children, along with the voice of children with special needs, should be listened to, to ensure their interests are being met by practitioners, researchers, teachers, professionals and various stakeholders.
 - **Equity, inclusion, diversity:** All children should have access to, participate in and benefit from early years services. Quality ECCE programmes should value and respect diversity of all kinds – cultural, linguistic, caste, gender, class, ability.
 - **Quality programmes:** They should promote a sense of belonging among children from varied cultural contexts, different socio-economic backgrounds and different abilities. Programmes should embrace diversity by introducing rich and varied experiences, thus allowing children to value and respect diversity.
 - **Role of adults:** The competencies, dispositions, qualifications and experiences of adults are essential in supporting and ensuring quality services for children. Their fundamental role in ECCE programme and most importantly in the life of the young child needs to be adequately acknowledged, supported and respected.

Systemic requirements for implementing the standards

The document specifies a systems approach in that it clearly indicates that the set of quality standards is not a stand-alone provision. Rather, it requires support of an enabling environment, with provision already made by a National ECCE Policy

and a National Curriculum Framework for Early Childhood Care and Education. It also requires an “aligned system of supportive supervision, teacher education framework and professional support for ECCE personnel.”

The standards envision the establishment of a National ECCE Council as a national-level organization with corresponding councils at state level, which would play a lead role in defining and promoting good quality ECCE. An interesting point is that it does not seek this as an autonomous organization but that it should come under the MWCD, the nodal ministry for ECD. Its suggested constitution includes members representing different sectors within the field of child development, higher learning institutions, and professionals and members from civil society.

The document envisions the national council to be the apex body to guide and oversee the implementation of the National ECCE Policy and advise and guide ECCE programmes. The council is expected to establish systems and guidelines for the external evaluation of ECCE centres and institute formal mechanisms for the approval, periodic review and monitoring of these centres. It will also ensure professional capacity building to develop human resources to serve as quality advisors and accreditors.

Reflective practice will be promoted and a supportive framework will be developed to encourage compliance with quality standards by all ECCE providers. While some state councils have been constituted, the national council has yet to be. The state councils are more in the form of advisory committees and thus have a limited role so far.

Accreditation and continuous quality improvement process

The quality standards framework aims to ensure that “care, educational and support processes have synergy to provide for a holistic and optimal development of the child.” To this end, it subscribes to an accreditation and

continuous quality improvement regime. It defines accreditation as the evaluation of the quality standards of infrastructure and processes that support ECCE practices. Accreditation is awarded after carrying out a structured assessment of compliance to the accreditation standards.

The Continuous Quality Improvement approach states that “quality improvement is the disciplined use of evidence-based quantitative and qualitative methods to improve the effectiveness, efficiency, equity, timeliness or safety of service delivery processes and systems (inclusive of the human resources within that system) toward the pursuit of better services or outcomes for ‘users’ or customers of the system.”

The key features of the quality improvement process are:

- Focus on system outcomes for a defined population of beneficiaries, as well as the processes that lead to these results.
- Focus on system performance, inclusive of processes and outcomes, essential to improvement.
- Integrate quality improvement at different levels of the organization.
- Ability to ‘see the system’ and the frequency of quality improvement work.
- Capacity to measure and track key processes and outcomes.
- Adopt specific and coherent methodology to improve system services and processes.
- Review the extent of contextualization within a system of work processes.

Use of standards and benefits

The standards were developed to provide a framework to plan, establish, operate, monitor and improve care and educational services for children in their pursuit of continual excellence.

These standards are envisaged as non-prescriptive, but their compliance is in conjunction with the applicable statutory and regulatory requirements. The framework suggests that the standards can be adapted as a self-improvement tool, for third party accreditation/certification, and by statutory and regulatory authorities.

The document identifies various benefits of accreditation for different stakeholders. Parents and children benefit as the standards assure improved quality of care and education, an organized ECCE system for better day to day experiences for children and parents, and a feedback system to address issues raised by children and parents. The ECCE centre benefits by enhancing its capability for delivering quality care and education, improving the system/process, and having a viable model to run an ECCE centre.

Standards framework

The document has a comprehensive introduction, which lays down specific non-negotiable standards for all centres. These relate to programme duration; curriculum; physical infrastructure and facilities; adult – child ratio and staffing norms; play and learning materials; and health and nutritional supplementation services. It clearly indicates that these standards are the bare minimum suggested and do not define the desired quality standards, which need to be worked towards by each programme.

As such, the quality standards have been devised to ensure that all kinds of ECCE programmes run by public, private, civil society or any other bodies follow a level of quality. Based on these standards, the ECCE centres are to be reviewed and then accredited by an appointed body. The focus is to move ahead from just the minimum norms/indicators to continuously strive towards higher standards.

The standards, elements and indicators in this framework are crucial to promote, reinforce and safeguard quality services for all young children; encourage ECCE centres to pursue excellence;

provide a basis for assessing and, where required, rating the effectiveness of an ECCE centre; establish systems to enable learning, self-development and improved performance; and promote professionalism in the field.

Key standards of quality with elements

The quality standards form the core of the present framework. Eight key standards are proposed, along with elements under each standard for further unpacking of the details. Each element has indicators, which further details what the elements might look like in everyday practice and the way each programme would be required to use the elements as essential requirements.

The indicators provided in the document are not exhaustive. The assessment tool will have further critical areas and graded levels under each element that make the quality indicators measurable and assessable, thus operationalizing the quality standards. The ECCE centres will be assessed and granted weighted grades according to the element and respective indicators of the quality standard.

The set of eight standards are holistic in nature and content, and cater to all services for children from birth to 6 years of age. It includes the following domains and sub-domains:

- (i) Interaction: Teacher/adult–child interaction; child–child interaction; child–environment/materials interaction; staff–family interaction; intra-staff interaction.
- (ii) Health, nutrition and personal care and routine: Health (check-up, first aid, immunization, handling illness); nutrition; hygiene; habit formation.
- (iii) Protection, care and safety: Adult supervision; socio-emotional protection; physical safety.
- (iv) Infrastructure/physical environment: Space, building; outdoors (size, ventilation, light, disabled friendly); aesthetics, cleanliness; green area; safety approach; water facility; toilet facility.
- (v) Organization and management: Programme philosophy and methods; documentation

- and records; programme planning; parent involvement; financial management; staffing.
- (vi) Children's experiences and learning opportunities: Provide opportunities for exploration and experimentation; encourage children to make choices and participate in play; foster children's language and literacy abilities; develop problem-solving and mathematics abilities; promote each child's physical abilities; nurture development and maintenance of relationships; cultivate enjoyment of and participation in expressive arts.
 - (vii) Assessment and outcome measures: Assessment methods; assessment reporting; facilitating development through assessment; staff assessment and development; programme assessment.
 - (viii) Managing to support quality system: Teacher education and on-site professional development; opportunity for capacity building at all administrative levels; career path for staff; monitoring and supportive supervision; research.
- (ii) Centre improvement plan: This is the second phase, based on the self-assessment findings, which would reveal the strengths and weaknesses of the centre's system. The leadership should establish priorities for development, make formative action plans that will span a time period and implement them in a planned and phased manner.
 - (iii) External assessment: This is the last phase of the developmental cycle, which will happen when the ECCE centres are ready. They should then request an external assessment by the ECCE Council. The practitioner will fill the self-assessment form and deposit it along with supportive documents to the council. The centres must comply with the requirements of the accreditation process and should fulfil the requirements related to each standard.

Certification process

The framework identifies the following steps for the certification/accreditation process:

- Establishment of a national registration system for all ECCE service providers, making it mandatory for all ECCE centres to register with the respective authorities (state, regional and national) or as may be prescribed from time to time.
- Appropriate mechanisms will be evolved and adopted for certification, adherence to the quality standards and handling violations.
- While mechanisms will be laid down, the process will involve three important stages:
 - (i) Centre self-evaluation: This is the first phase in which the ECCE centre conducts regular, rigorous and professional self-assessment of its working methods and outcomes. The responses to the self-evaluation should be based on the outcomes of discussions and reflections on the evidence gathered in the process.

The external assessment will include an examination of the deposited form to verify the contents and assess if the practitioner is following the essential requirements. In case it does, the ECCE Council will arrange a visit to the ECCE centre for an inspection to ensure compliance with the regulations prescribed for assessment and accreditation.

The valuers who visit the ECCE centres will interview the teachers/caregivers, other staff and parents; make observations and validate the processes of self-evaluation; verify the improvement plan and outcomes achieved through the plan; and offer feedback to each centre. The visit aims to be diagnostic and constructively critical, supporting the centre's self-evaluation processes, informing the ECCE centre's activities, and assisting effective management and allocation of resources.

The National ECCE Council will allocate/assign responsibility through multidisciplinary support teams and develop guiding material and best practice publication for mentoring the ECCE programmes to become quality service providers. Periodic reviews will be taken up on a cyclic basis.

A2.1.3 Further initiatives on quality/ service standards

National Commission for Protection of Children's Rights Guidelines for Preschools

In 2017–2018, the Education Division of the NCPCR issued Regulatory Guidelines for Private Preschools for use by states. While the National Curriculum Framework and Quality Standards were aimed at informing state initiatives for regulation of preschools, since education is a state subject, they were not even mentioned in these guidelines, although the National ECCE Policy was referred to in the preamble. This is perhaps largely due to the tendency in the system to operate vertically and there is minimal inter-ministerial coordination or convergence. Another reason may be that the guidelines are meant to be operational, which provide a ready model for states to adopt.

A significant gap in these guidelines is that their scope is restricted to only private stand-alone preschools for children from birth to 3 years of age and from 3 to 6 years of age and do not cover either preschool sections attached to regular private schools or to the government-sponsored provisions, i.e., the ICDS Anganwadis, or NGO-run programmes. Also it does not differentiate between provisions for children under 3 years and those aged 3 to 6 years in its specifications. There is also no mention of nutrition security, belying an integrated approach.

The guidelines cover the following topics:

- An introductory section on title and scope of the guidelines
- Definitions
- Recognition for establishing or regulating private preschools
- Responsibilities of school and educators
- Curriculum and completion of preschool education (The curriculum as prescribed by an authority specified by the MWCD for ECCE – role of MWCD acknowledged)

- Monitoring and redressal of grievances
- Accounts and audit and inspection
- Directions of the appropriate government
- Appeal

While the Quality Standards indicate the need to plan for the entire early continuum from birth to 6 years of age, the NCPCR guidelines are primarily aimed at regulating preschool education for children aged 3 to 6 years and only in private preschools. They also focus primarily on aspects related to provisions for their early education. Moreover, the large proliferation of preschools for children as young as 2 years of age in urban areas have not been acknowledged. In terms of content and scope, the guidelines are to an extent holistic as they address health and safety needs of the children, but make no mention of the nutrition component.

Himachal Pradesh Early Childhood Care and Education Centres (Establishment and Regulation) Act, 2016

This is the first state initiative regulating private preschools in the country, which has been approved and become legislation. The Himachal Pradesh Act drew inspiration from the NCPCR guidelines and was formulated by the Department of Women and Child Development, which is the nodal department for ECCE in the state.

The Act extends to the whole state of Himachal Pradesh. Its stated objectives are for children under 6 years of age:

- Promote inclusive, equitable and universal opportunities for optimal and active development.
- Lay sound foundation for survival, growth and development of children with focus on early learning for every child and, at the same time, ensure that there is no physical or mental burden inflicted on the child.
- Ensure the right of every child to universal and quality pre-primary education.

- Prepare children above the age of 3 years for elementary education and provide early childhood education for all children until they complete the age of 6 years.
- Ensure the following basic quality standards for ECCE:
 - (i) An ECCE programme of 3–4 hours duration.
 - (ii) Classroom with indoor and outdoor space as prescribed in the Rules.
 - (iii) Appropriately trained staff having a minimum basic qualification of senior secondary level. Preference shall be given to higher academic education and specialized courses, like Nursery Teachers' Training/ECCE Diploma for teaching staff, in addition to provision of regular upgradation of skills and knowledge of the entire staff (teaching and non-teaching).
 - (iv) Every centre shall have an age-appropriate child-centric curriculum in line with the National ECCE Policy (2013) and state guidelines/notifications/directions issued from time to time.
 - (v) Provision of minimum toys and learning material as prescribed in the Rules.
 - (vi) Safe building having easy approach and clean surrounding area.
 - (vii) Provision of safe drinking water facility.
 - (viii) Provision of separate child-friendly toilets for girls and boys and handwashing facilities.
 - (ix) Immediate health services in terms of first aid/medical kit.
 - (x) An adult–child ratio of 1:20 for children aged 3 to 6 years and 1:10 for under 3 years old.
 - (xi) Various facets of care, education and development of children under 6 years of age, and ensuring the right of the child in early childhood to ICDS.
 - (xii) Regulating institutions providing ECCE for children under 6 years of age in a congenial environment.

An interesting anomaly is that the Act specifies children aged under 6 years as its target group, but emphasizes that no five-year-old child will be admitted in any programme other than a preschool and makes no mention of children aged 5 years and above or 6 years. The age group mentioned

in the Act is 3 to 6 years. Possibly this anomaly arises from the fact that the age for admission in the state to Grade 1 is 5+ and not 6 years as per the Right of Children to Free and Compulsory Education Act (2009).

Maharashtra ECCE Policy

The state of Maharashtra has recently notified its ECCE State Policy, based on the National ECCE Policy (2013). As a part of the state policy, it has proposed a system of registration and accreditation of ECCE centres in public, private and NGO sectors. It commits to facilitating public and private infrastructure, developmental milestones for children, quality framework and services aimed at the holistic well-being of children and responsive to their developmental needs along the continuum of care from conception to age 6.

The state has notified the setting up of an online portal for ECCE, which will facilitate registration, accreditation, online training and certification of teachers and staff, and monitoring of information. It has specified certain non-negotiable quality indicators, which include daily hours of operation as decided by the local body; non-discrimination in admission; trained staff; child-centric curriculum; developmentally appropriate play materials; safe and accessible building; no corporal punishment; continuous supervision; safe drinking water and child-friendly toilets and wash facility; first aid; and 1:25 teacher–children ratio.

A2.1.4 Lessons from the India case study

- **Strong comprehensive policy framework and standards**
India's strength in ECD is its comprehensive policy framework, availability of a National Curriculum Framework and state curricula and Early Learning and Development Standards, and an integrated model of public provision in ECD operating at scale with 1.4 million ECD centres, largely in the rural sector. Although health indicators are steadily improving, there is concern for malnutrition and early childhood education, since the issues of quality are severe in poor infrastructure and inadequate well-trained staff.

- **Need to regulate private sector provisions**

There is large-scale proliferation of the private sector, which has contributed to expanding access for preschool education and health facilities, leading to a high level of participation. Community involvement is also not very significant and there is a consistent migration to the private provisions, which are also mostly unregulated.

- **Need to improve coordination and convergence**

Although there is a dedicated Ministry of Women and Child Development with corresponding departments at the state level, issues of coordination and convergence with other departments especially education is problematic. The policies also tend to be sectoral in approach although cross-references are made but mechanisms for coordination are weak.

- **Need to build institutional capacity and implement a systemic approach**

There is a lack of institutional capacity in ECCE and inadequate understanding of its nature and significance in the larger community and in the system. As a result, there is a wide gap between policy and practice on the ground.

Although quality standards are specified at all levels, including national and state level in two cases, they are primarily restricted to private preschools and not applicable in the same way to public provisions. This creates inequity in quality and scale of opportunities. In the absence of professional institutions for teacher preparation or training of other categories of staff including supervision and inspection, the standards are also inevitably diluted as a compromise, resulting in limited impact. The need for a systemic approach cannot be overemphasized.

A2.2 Sri Lanka



A2.2.1 The country context in ECD: Policy and programme framework

1. Does the country have a policy in place for ECD? Is the country's definition of ECD holistic and comprehensive, focused on nurturing and responsive care and early learning? What is the age group defined for ECD?

A National Policy on Early Childhood Care and Development was first approved in 2004 in Sri Lanka and later revised in 2017 and approved in 2019. The revised policy defines early childhood as the period from conception to age 5 years, which is the age for school admission to Grade 1 in the formal school system in Sri Lanka. It articulates a holistic and integrated vision for ECCD:

- It encompasses all essential support of health, nutrition, education, social services, care and protection provided to all children with special emphasis on the most disadvantaged and vulnerable.
- Its vision statement is to accomplish “an enabling environment that ensures every child’s right for optimal development.” The vision statement further enunciates its commitment “to ensure the right of every Sri Lankan child to start life healthy, be nurtured in a safe, caring and stimulating environment that enables him or her to be physically healthy, mentally alert, emotionally secure, socially competent and intellectually able to learn” (Vision statement of the National Policy on ECCD, p. 11).
- The policy is inclusive in its approach. It covers most vulnerable and disadvantaged children, which include children with special needs; children who are orphans; abused and neglected children; children without families; refugees; children with disability; children living and working on the streets; and children living in extreme poverty. It also includes children in the early childhood stage who live in prisons with their mothers.

- It aims to promote the role of parents, caregivers and the community in children's development and enhance their capacity to support their children's development.
- It prioritizes home-based early childhood development activities, day-care facilities and preschools.

Sri Lanka also has a National Action Plan for Children (2015–2020), which defines 'ECCD' as "services provided to children from conception to five years of age that ensure their right to survival, protection and optimal development."

2. Have any guiding principles for the policy been articulated?

The National Policy on ECCD (2019) is guided by the following principles related to child development:

- All children have an inherent right to life, survival and development. All children deserve a healthy start and equal opportunities to grow and develop to become worthy citizens of the country.
- Every child is equally valuable. Therefore, children need to be protected from all forms of discrimination based on gender, race, ethnicity, language, religion, skin colour, social origin, socio-economic conditions and disability.
- Children should be treated equally, but special attention should be given to children in greatest need and at greatest risk so that they can fulfil their potential, thus helping break cycles of poverty and vulnerabilities.
- Decisions with regard to children should be made based on their best interest. Most appropriate decisions should be taken based on young children's physical, emotional, social and educational needs as well as their gender, age, family and social background.

This principle applies to children who are unaccompanied, separated, adopted and those who live with their mothers in prisons.

- Child development is holistic and consists of interdependent dimensions. Therefore, a holistic integrated approach that addresses the child's multiple needs should be adopted in all services for young children.
- Learning is an integral part of development. Children are ready to learn when they are physically healthy, mentally alert, emotionally well-adjusted and socially competent.
- All children are capable and competent, but each child develops at his/her own pace. Therefore, education provided to young children should be age appropriate as well as individually appropriate.
- Children's interactions with people and objects in their environment are necessary for their learning and development, which is thus dependent on the quality of the environment provided to them.
- Children live within a context where the family, community and culture influence their development. It is therefore essential to create awareness among parents, teachers and community on child development in order to strengthen their role to improve young children's quality of life.

3. What provisions are there in Sri Lanka to make ECCD services in public and other domains accessible to all children under 5 years of age? If there are, what age group do they cover and what models are prescribed in terms of length of provision, daily duration and settings?¹

Sri Lanka has an extensive network of free maternal health and integrated childcare services, but its coverage of ECE services is not

¹ The question included these sub-questions: Birth to 2 years: Are there crèches; day-care (home-based/centre-based); parenting programmes; 3–6 years: Nursery classes; kindergartens; preschools; centre-based or school-based; and/or 6–8 years: Early primary grades/any other?

as extensive. It also has a system of day-care services, which include full-day and half-day centres for children between 4 months and 12 years of age (see subsection A2.2.2, question 2 on the different categories of childcare centres).

The number of children attending ECD centres was 578,160, according to 2016 census data. Enrolment rates varied by age with only 3.1 per cent enrolled at age 2+ years; 22.6 per cent at 3+; 63.4 per cent at 4+ and 80.9 per cent at 5+. There were, however, significant disparities across provinces and across rural and urban as well as tea/coffee estate sectors, which are considered as a separate geographical entity and have separate administrative oversight. For children between the ages of 3 and 5 years, who are expected to attend preschool, there were approximately 17,020 ECE centres in Sri Lanka catering to a total population of 475,620 children in that age group.

Close to 90 per cent of ECE centres are stand-alone preschools, while the remaining are combinations of preschool and day-care centres. Although five-year-olds are expected to participate in preschool, the data indicate that a significant percentage of these children are enrolled in Grade 1.

The government is not a major provider of ECE, accounting for the management of only 20 per cent of ECE centres, while 71 per cent are under private management. Religious organizations run 6 per cent of the centres and NGOs run a mere 3 per cent.

While registration is a requirement for every centre, only 73 per cent are actually registered, of which a disaggregated analysis shows that category-wise 86 per cent of government-supported centres are registered, 72 per cent of private centres are registered, 59 per cent of those run by religious organizations are registered and 65 per cent of NGO-run centres are registered. Interestingly, all categories of centres in most cases charge fees including the government ones.

The private and religious centres have the highest percentage of those charging fees.

In terms of staffing, there are 28,449 teachers and 9,578 assistant teachers in the system. The majority have GCE A-level qualification and only about half have received one to two years training.

4. What are the administrative and governance arrangements instituted in the country for planning, implementation and management of ECCD?

The nodal ministry for ECCD in Sri Lanka is the Ministry of Women and Child Affairs (MWCA)² and Dry Zone Development, which is responsible for the operationalization of ECCD at the national level. However, the Government of Sri Lanka has significantly devolved powers and governance responsibilities to the provincial and other decentralized entities and ECCD is a shared subject between the national and provincial levels.

In addition, since ECCD is itself multidimensional in concept, it is a collective responsibility among MWCA and other relevant key ministries, such as the Ministries of Health and Education, provincial ministries, departments and other state institutions involved with children in early childhood. At the national level, the Children's Secretariat, which is under the MWCA, has the policymaking responsibility for ECCD.

Alongside, a National Coordination Committee, also under the chair of the MWCA, has the coordinating function across institutions and levels of governance. It is expected to operationalize its role through coordination committees at each decentralized level, i.e., provincial, district, divisional and village levels. However, according to a World Bank review, the parliamentary approval of the draft ECCD policy was essential to ensure coherence between the policy and the provisions of power devolution to Provincial Councils under the 13th Amendment to the Constitution (World Bank, 2014). The coordination between these

² The MWCA came into being in 2015 and its precursor was the Ministry of Child Development and Women's Affairs. This review refers to both ministries depending on historical context.

various constituent units of the government, including the multiple ministries, is an issue that currently impedes progress on ECCD.

With the recent approval of the National Policy on ECCD by the parliament in 2019, it is expected that there will be a firm legal basis for the operations of the Children's Secretariat under the MWCA – the designated institutional anchor responsible for executing the decisions of the National Coordination Committee and implementing the policy.

The policy will also enhance the convening power of coordination committees at provincial, district and divisional levels and enable them to function more effectively. "At the same time, it is equally important to explicitly document the respective roles and responsibilities of MCDWA [Ministry of Child Development and Women's Affairs, precursor of the MWCA] and relevant agencies under the PCs [Provincial Councils] within the framework of the 13th Amendment so that duplication of efforts is minimized and the effective use of human, financial, and material resources is maximized" (World Bank, 2014).

5. Does the country have a national ECD plan based on data and evidence and is it endorsed by key stakeholders? Is it multisectoral and multi-departmental in terms of planning and management?

Sri Lanka does not as yet have a national multisectoral plan for ECCD. However, the ECCD policy does elaborate on key objectives, areas for action and strategies, and suggests a policy implementation framework. It clarifies the role and responsibilities of the various actors and agencies (including central, divisional and local government authorities) involved in the provision of ECCD services and also articulates the relationship between all relevant stakeholders. Additionally, it addresses the issue of mobilizing resources for ECCD. The content of the policy is expected to be incorporated within broader action plans of public agencies and other development partners responsible for the well-being of children in early childhood.

Nonetheless, Sri Lanka has sectoral plans, i.e., the National Strategic Plan for Maternal and Child Health (2017–2025) and the National Strategy for Infant and Young Child Feeding (2015–2020), prepared in the context of the Sustainable Development Goals (2015) for maternal and child health and nutrition.

The maternal and child health plan clearly lays out ambitious targets to reduce maternal and newborn mortality and morbidity through a six-point strategic plan of action aimed at strengthening systems and ensuring universal health coverage, as well as child and mother tracking. The scope of the strategic plan for nutrition encompasses breastfeeding, complementary feeding, transition to adult diet, growth monitoring, promotion of optimal nutrition and addressing malnutrition in infants and young children.

There is also a National Plan of Action for Children (2016–2020), which has a full section on ECD. The plan lays down four major actions:

- (i) Ensure access to quality ECCD services for all children under 5 years of age.
- (ii) Improve quality of ECCD services to ensure physical, social, emotional and cognitive development of all children under 5 years of age.
- (iii) Ensure effective operation and management of ECCD services at different levels and in emergency situations.
- (iv) Enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of society.

Further, Sri Lanka had established the National Child Protection Authority in 1998, an organization with the mandate to formulate child protection policy, enforce child protection laws, and coordinate and monitor actions to prevent child abuse.

6. Does the government have a clear policy for private provisioning in ECD? What does it cover?

There is evidently no clear policy documented in Sri Lanka for private provisioning or financing of ECD. While health and nutrition services are largely in the public domain, early childhood education is primarily in the private sphere. Despite a recommendation in the ECCD policy and World Bank report to increase funding for ECD, the role of the government appears to be only in capacity building and regulation rather than direct provisioning. The guidelines for childcare centres cover private provisions and are a prerequisite for obtaining a licence.

7. Is there provision for a regular source of resource allocation/financing in the country budget, which covers human, financial and physical resource provisions?

According to the National Plan of Action (2012–2016), “Sri Lanka’s public investments in children are of a low priority, do not follow a participatory budgeting approach, and lack multisectoral coordination. Disaggregated data regarding budgetary allocations for children is unavailable in budget documents, undermining the analysis of child-related spending, and the visibility of children in national resource allocation, spending and monitoring. Tracking and monitoring child-related expenditure is impeded by this lack of data.”

In the National Plan, the Sri Lankan government has provided a budget of 2.2 million Sri Lankan rupees (SLR) for the National Plan of Action for Children. Overall, Sri Lanka’s public spending on early childhood education is particularly low, compared to other middle and higher income countries (World Bank, 2014).

Global trends in public investment in ECE show that the spending ranges from 1.2 to 9 per cent of total public education expenditure (ILO, 2012). However, Sri Lanka allocates only around SLR5.5 million in its budget (equivalent to around 0.004 per cent of the total public expenditure on education) for ECE through the Ministry of Child Development

and Women’s Affairs (MoF, 2014). Thus, while there is growing recognition of the importance of ECE in Sri Lanka, the nation’s public investment in ECE is in the lower range of international trends. The investment in nutrition and health services is larger since these services are to a large extent in the public domain across the island.

A report by Save the Children (2016) on investing in children in Sri Lanka has made very pertinent recommendations for financing and budgeting for children based on an analysis of budgetary provisions and spending. These include making the exercise of budget making participatory and needs based with the child in focus, viz. child budgeting; ensuring allocation of resources more specifically and in ways that prevent any duplication of actions and initiatives across ministries; transfer of funds in a timely manner to each ministry as per the action plan and sectoral requirement at national and provincial levels to ensure timely action; planning a short-, middle- and long-term national strategy for resource mobilization for children; financing strategies for each sectoral requirement; increase in investment in children by prioritizing children in all sources of financing, including government revenues, international aid and public and private resources; and allocating resources based on principles of equity with higher allocation to the most vulnerable in a targeted manner.

8. Is there a monitoring and supervision system in place for ECD? Does the country have an EMIS or HMIS or any other monitoring system in place, which covers ECCD data and is it periodically updated? If yes, how effective is it?

Sri Lanka has not yet established any multisectoral monitoring mechanisms to track the holistic learning and development of children under 5 years of age. There are, however, sectoral mechanisms in place for monitoring and data flow within the health and education sectors. Sri Lanka’s health services have a long and successful history of achievements through its network of services. An HMIS is housed in the Family Health Bureau and managed by the Monitoring and Evaluation unit. The scope of data covers maternal and child health

indicators, maternal mortality and school health across government and NGO sectors.

The Infant and Young Child Feeding strategy is also documented and its implementation monitored and evaluated through (i) periodic/regular demographic and health surveys and surveys conducted by the research arm of the Ministry of Health, the Medical Research Institute; (ii) routine monitoring by the Ministry of Health through HMIS (annual data sheet); (iii) maternal and child health and nutrition reviews; (iv) routine supervisions by the Family Health Bureau at central level and by provincial, district and local health authorities; and (v) overall quarterly monitoring of the action plans of various sectors by the National Nutrition Secretariat.

Both qualitative and quantitative indicators are included and health staff at all levels are trained in the analysis and use of data. Feedback is provided by the Family Health Bureau with analysed data and relevant information to all concerned service providers and programme managers. However, according to the National Health Policy, the HMIS needs to be further reviewed and improved to cover information on current needs. Some challenges include irregularities in quality of data, issues in standardization of criteria, delays in submission of returns and inadequate utilization of feedback by health personnel.

The 13th amendment to the Constitution in 1987 devolved the supervision of management of preschools to the Provincial Councils, which have been empowered to make necessary legislation. As a result, most of the Provincial Councils have passed statutes on preschool education and all of them have established authorities/bureaus/units for ECCD/preschool education. Each of these authorities, bureaus or units has developed templates and guidelines to register and monitor preschools, as per the provincial statutes. They also have a cadre of staff delegated with this responsibility.

At the national level, the Children's Secretariat functions under the MWCA as a measure to regulate ECD services and engage with formulating policies and programmes. Sri Lanka's overall monitoring and evaluation system for ECE is

however weak and the system for data collection is also fairly limited. There is no MIS for ECE as yet.

The MWCA has developed quality standards, 'Guidelines for Child Development Centres', setting minimum standards and requirements for preschool facilities and staffing. The guidelines address various elements of quality, including (i) physical infrastructure of preschools; (ii) minimum qualifications for ECE teachers and staff (including requirements for professional development such as in-service training); and (iii) teacher-child ratio in the ECE classroom. They are comprehensive enough to serve as the basis of an effective monitoring and evaluation system.

The MWCA has appointed personnel at district and divisional levels (district and divisional ECD officers) to monitor the quality of preschools, in particular, as per the national guidelines. However, they are yet to be operationalized. There is a lack of clarity on how monitoring is to be coordinated with the provincial authorities, who are ultimately responsible for oversight of ECD implementation according to constitutional provisions. Although the national policy has given primary responsibility for data collection, management and reporting to the District and Divisional National Coordination Committees, it is questionable whether these committees have the capacity to take on this task (World Bank, 2014).

9. Are there appropriate and adequate professional development programmes/institutions available in the country for each segment of ECD staff aligned to the positions?

The issue of professional capacity has been raised in the National Policy for Maternal and Child Health and National ECCD Policy, as well as in the World Bank review of ECE in the country. In the health sector, the issue is evidently more of upgrading requisite knowledge and skills for delivery of quality maternal and childcare. As the policy on maternal and child health states, "the diversity of activities related to the MCH [maternal and child health] programme and the technical advances in recent times demand greater specialisation amongst health teams and therefore education and training

and development of human resource with correct skill mix is of crucial importance. It is imperative to provide opportunities for upgrading knowledge and skills through provision of continuing education and professional development opportunities and link these opportunities to career enhancement.”

Regarding ECE, the World Bank review (2014), which included a quality assessment of preschools, emphasized the need for a strong ECE professional development system. According to the World Bank assessment, the majority of ECE teachers in Sri Lanka were not adequately qualified. Less than half of all teachers met the basic requirements to qualify as ECE professionals as per national guidelines. The guidelines require teachers to have A-level qualifications and at least one year of professional training in ECE (MCDWA, 2006). Only 43–50 per cent of teachers had A-level qualifications and just 39 per cent met the minimum standard of one year professional ECE training.

There is also significant variation across provinces in the quality of teachers. “Over half the teachers in Sabaragamuwa are qualified both in terms of A-level qualifications and professional ECE training while in the Northern Province, less than 30 per cent are qualified on either count” (World Bank, 2014). The World Bank report recommended a comprehensive system for pre-service training as well as in-service development and support for all ECE professionals.

At present, there are approximately 90 ECE training programmes voluntarily registered with the Children’s Secretariat or the Tertiary and Vocational Education Commission. These include a few public universities/institutes such as the Open University, National Institute of Education and Eastern University, as well as programmes conducted by the MWCA and Provincial Councils. However, there is no national body or authority in charge of regulating ECE pre-service training and professional development in the country. The World Bank report had made a strong recommendation in this regard.

The National Plan of Action for Children (2016–2020) identified a number of major issues in ECCD:

- Non-availability of adequate spaces for children who require ECCD services.
- Unsatisfactory ECCD services in [institutional] Children’s Homes and centres, which require capacity building of teachers and parental education.
- Large numbers of preschool teachers with no or inadequate training.
- Non-availability of adequate learning materials in ECCD centres.
- Children’s right to rest, leisure and play not adequately ensured.
- Non-availability of nationally validated screening tools to identify children with special needs.
- Inadequate emphasis on nutrition and sanitation in children’s homes and schools.
- Lack of research related to ECCD.
- Inadequate mechanisms for monitoring and evaluating ECCD programmes.
- Non-implementation of the National Policy on ECCD.

A2.2.2 Standards: Early learning and development standards and standards for services

- 1. Does the country have any early learning and development standards for children under 6 years of age? Are these in sub-stages and are they nationally validated? Are they integrated in approach and supportive of holistic development of the child?**

Sri Lanka has two sets of standards for early learning and development. One is focused on children from birth to 2 years of age, published in 2013 by the Family Health Bureau under the Ministry of Health. The other set of standards is

for children aged 3 to 5 years and was published in 2016 by the Children's Secretariat in the MWCA. While the former is more focused on psychosocial development, the latter presents a very good model of an integrated set of standards for holistic development of the child.

The standards for birth to 2 years of age are aimed at determining the age-specific normative patterns of Sri Lankan children in terms of what they can do or know. The domains covered are language and communication, and cognitive, socio-emotional and physical development. These standards are an outcome of scientific methodology and have undergone content and age validation in age percentiles.

The standards are expected to provide essential baseline information for constructing context-specific development screening tools. They are thus more in the form of a scientific, technical document modelled on a research report. The age-wise listing and categorization of standards at the end of the standards document could be further converted into a more user-friendly advocacy document.

The standards for 3 to 5 years of age are also focused on psychosocial development in four domains, but these have very meaningfully integrated indicators related to health, hygiene and nutrition into the structure. The four domains are health and physical, social and emotional, cognitive, and language and early literacy. These too have been arrived at based on an empirical and scientific process of identification with age and content validation processes. However, they have adopted a more participatory approach with stakeholders, particularly parents' involvement.

The standards have been conceptualized and presented as a 'Preschool Teacher's Guide' and the document is therefore much more user friendly and provides examples and guidance to teachers and parents and other stakeholders for each standard.

2. Are there standards for ECD services in place?

Sri Lanka has service standards guidelines for day-care centres for children aged 4 months to 12 years, which are primarily in the non-governmental or private sector. It does not have any service standards for preschools as an educational programme. The standards do not have a vision statement or guiding principles, but begin directly with the objectives. Yet, overall they do provide a fairly integrated and comprehensive perspective, in terms of horizontal linkages across health, nutrition and early learning opportunities and vertically in terms of early and middle childhood. Nonetheless, they do not apply to preschool education as an educational programme.

While the ELDS for both sub-stages, i.e., birth to 2 years and 3 to 5 years, are available, the standards for services are not aligned with them. In the absence of any introductory text for the service standards, there is also no indication of cross-referencing with the Early Child Development Standards (ECDS). A possible issue may also be cross-departmental coordination since the service standards have been issued by the National Child Protection Authority (NCPA), and not the Children's Secretariat, although the latter was part of the drafting process. The service standards have been prepared more in the format of official guidelines.

The comprehensive guidelines for child day-care centres, which enunciate the service standards, were drafted by the NCPA and the Prime Minister's Office in 2016 and approved for implementation by the cabinet in 2017. These guidelines were developed through a participatory process with wide-ranging consultations at the national, provincial and district levels with the Department of Probation and Childcare Services, Children's Secretariat, Ministry of Health, Ministry of Education, Ministry of National Policies and Economic Affairs, Attorney General's Department, National Apprentice and Industrial Training Authority, Open University of Sri Lanka, NGOs, international NGOs, workers from child day-care centres, and experts in the field.

Under the guidelines, Provincial Probation Commissioners are expected to register and monitor child day-care centres monthly and provide guidance and record challenges. The provincial probation officers have five main functions: (i) register centres that meet minimum conditions; (ii) ensure standards are maintained through inspection and guidance; (iii) inspect centres monthly without prior notice; (iv) provide feedback and instructions for further improvement within specified time frame; and (v) inspect records and assess training conducted. No penalties are specified as these are only guidelines although an effective complaints mechanism is mentioned as required, though not as a legislated provision.

The guidelines, which are yet to be operationalized, stipulate standards on caregiver–child ratio, recruitment processes, minimum qualifications for caregivers, care centre infrastructure, care, learning and play. The guidelines provide a grace period of two years for child day-care centres to achieve the standards set out. They also suggest moving towards a system of accreditation and grading of the centres so that parents can make more informed choices.

Alongside, the NCPA has also developed a draft National Vocational Qualification level 4 curriculum on child caregiving. It is collaborating with the National Apprentice and Industrial Training Authority and the Tertiary and Vocational Education Commission to make the training programmes available for childcare workers and others interested in the subject (Colombo Gazette, 2016).

Summary outline of the service standards for ECD (for day-care centres only):

1. Objectives: To promote professional and safe child day-care services for children aged between 4 months and 12 years.
 - (i) To ensure a quality assured, standardized process among all child day-care centres island-wide.
 - (ii) To ensure that children's care and overall childhood development needs are met and aligned with their developmental goals.
 - (iii) To provide guidance for setting up child day-care centres, equipped with the capacity to reach the minimum standards specified, and for improving existing centres.
- Main principles governing child day-care centres:
- Non-discrimination of children based on age, gender, ability, ethnicity, religion, socio-economic status, family background and circumstances
 - Ensure the protection of children and prevent all forms of violence.
 - Ensure the best interests of the child at all times.
 - Enable meaningful participation of the child.
 - Prioritize holistic development of the child while promoting bonding with primary caregivers.
 - Ensure accountability towards the child's well-being.
 - Undertake social responsibility towards better realization of the rights of the child.
2. Types of child day-care centres covered by the guidelines
 - (i) Type I – Day-care centres: Centres that accommodate infants, toddlers, preschoolers and school-aged children where they may or may not function as a preschool for children between 7 a.m. and noon. Operating hours may vary based on requirements of parents and capacity of staff members, however, the centre should close by 6 p.m.. Drop-in centres for children are also considered under this category (government or non-government).
 - (ii) Type II – Workplace-based child day-care centres: Centres set up by employees or employers of an organization to operate

within the working hours of employees. Centres may function during weekends based on the requirements of the employees and employers. Crèches for children are also considered under this category.

- (iii) Type III – Private home day-care for children: Only 2–5 children may be looked after at a private residence other than the home of the parent or the guardian of the child for longer than two hours, where the parents are required to pay for the service.

3. Monitoring and inspection process

The district representative of the department-in-charge of probation and childcare services in the relevant province will:

- (i) register child day-care centres meeting the minimum registration requirements;
- (ii) ensure child day-care centres are maintained at standards specified in the guidelines. A grading system to improve the quality of child day-care centres will be developed and implemented;
- (iii) inspect the place within which the child day-care centre is operated at any reasonable hour of the day with or without prior notice.
- (iv) carry out regular inspections at least monthly;
- (v) provide instructions to the registered person in writing regarding required improvements, with a time duration specified for the necessary improvements to be carried out;
- (vi) obtain information from the management of the centre regarding records relevant to children and staff and provide necessary guidance;
- (vii) introduce books, equipment and teaching methods suitable for children; and
- (viii) assess the quality of training provided by private organizations and provide recommendations to improve the quality of content being delivered.

4. Complaint mechanism

An effective system must be put in place by the registrant to receive complaints from children,

parents and any other concerned party regarding the functioning of the centre and take timely appropriate action. Serious Occurrence Forms must be made available to parents at the child day-care centre. A serious occurrence includes the death of a child, serious injury, allegations of abuse/mistreatment of a child, a missing child, a disaster on the premises (e.g., fire), and complaint about the operation of the centre. Any complaint must be investigated in a transparent and accountable manner and the process should be informed to all the parties involved.

5. Web-based information centre

A search tool, which allows parents to search for child day-care centres by the Divisional Secretariat Division, age group, operator name, language of service delivery and grading, will be available online. Those who have access to the relevant facilities are encouraged to use this tool. The website should be updated monthly. The website provides the status and terms and conditions of the registration of a child day-care centre, which parents might be considering or concerned about. It also includes the date of the last inspection, as well as overall compliance level at the inspection, inspection summary and detailed inspection findings.

A2.2.3 Lessons from the Sri Lanka case study

- **Need for clarity in role definitions on ECD at all levels**

A holistic vision for early childhood development is a prerequisite at the policy level with clear guidelines for coordination across ministries/departments and national and provincial levels to implement services in a coordinated manner. In Sri Lanka, the recently approved policy includes the vision and operational guidelines, but the implementation or coordination mechanisms and role definitions, particularly for interdepartmental coordination, need clearer definition and directives to make them effective.

- **Need for an autonomous agency for management of ECD services**

An autonomous agency or department is required with corresponding units at provincial or decentralized levels to undertake responsibility for ECD in a coordinated manner with all concerned departments, especially in a federal system. At present there is the Children's Secretariat at the national level with this responsibility, but it is under the MWCA. The implementation, however, is done at the provincial level by provincial officials directed by provincial authorities in a sectoral mode, thus resulting in a lack of coordination.

- **Need for early learning and development standards and standards for ECD services aligned to a holistic vision for ECD**

The ECDS developed in Sri Lanka are holistic in perspective, especially for children aged 3 to 5 years. These have been developed and brought out by the Children's Secretariat. The standards for children from birth to 2 years are focused more on the psychosocial domain and do not necessarily include health and nutrition indicators.

- **Need for internal consistency**

The childcare centre guidelines/standards developed at provincial levels for monitoring and supervision also indicate a holistic vision to an extent, both vertically in terms of ages and stages and in content across health, nutrition, security and early learning. These standards are facilitators for further planning and implementation. Again, the standards were developed at the provincial level and do not necessarily reflect a correspondence with the

ECDS or have any cross-reference to them, especially since there is no accompanying introductory text. This is despite the fact that the Children's Secretariat was represented in the collective effort to develop the childcare centre standards.

- **Need for more effective monitoring and supportive supervision**

The monitoring system established for the childcare centres is a significant facilitator for quality of services and has the potential to be extended to the preschool education sector as well. However, a significant limitation in its effectiveness reflected in the review documents is the limitation of institutional capacity at the provincial level to be able to carry out effective monitoring and provide mentoring support. The capacity building of the officials, particularly at decentralized levels of implementation, is key to quality assurance.

- **Need for strengthened resource capacity**

At present ECD services (excluding health services) are exclusively in the private domain in Sri Lanka and therefore the financial provision for ECD is also limited and may possibly exclude the poorest or the most marginalized communities. Bringing ECD into a legal framework so that universal, age-appropriate quality provision of ECD services for all sub-stages becomes justiciable and mandatory for the national government and provincial governments may ensure two basic prerequisites – financial and physical infrastructure investment and greater professionalization in the workforce.

A2.3 Thailand



A2.3.1 The country context in ECD: Policy and programme framework

1. Does the country have a policy in place for ECD? Is the country's definition of ECD holistic and comprehensive, focused on nurturing and responsive care and early learning? What is the age group defined for ECD?

Thailand has adopted a holistic and integrated definition of early childhood development in its policies and plans. 'Early Childhood Care and Development' in these documents refers to "any process whereby parents, guardians, teachers, childcare providers and those responsible for early childhood care and development are provided with knowledge, understanding and awareness of the importance of nurturing, giving experiences, encouragement and support for those in early childhood to learn and develop to their highest potentiality, and also means activities organized in accordance with the said process" (OEC, 2008).

Thailand attaches great importance to the harmonious physical, intellectual, emotional and social development of children in the age group 0–5 years (OEC, 2006). Early childhood covers "newborn to pre-first graders; these include children in general, those disadvantaged and disabled as well as children of foreign origin living in Thailand" (OEC, 2012). Early childhood is envisioned in two stages: children aged 0–3 years who are expected to be reared by the family and children aged 3–5 years who usually enrol in child development centres.

The country offers a supportive, comprehensive and enabling policy environment for ECCD, supported by a very favourable provision, i.e., the involvement of the prime minister and therefore highest level of political will. The provision of ECCD was emphasized in the National Education Act of Thailand (1999), which has been a blueprint for education reform in the country. ECCD is also an important issue stipulated in the National Education Plan and National Education Development Plan.

A National Committee on Early Childhood Development was constituted according to a Regulation of the Office of the Prime Minister on Early Childhood Care and Development (OEC, 2008). The committee consists of the prime minister as chairperson and the minister of education as first vice- chairperson. The ex-officio members include the permanent secretary of the ministries concerned and academics with expertise in the fields of early childhood education, public health and psychology. The representative of the Education Council serves as the secretary. The committee plays a key role in proposing guidelines for ECCD and establishing coordination under the same policy between 14 agencies and organizations concerned.

The approach to ECCD is clearly very comprehensive, since the powers and duties of this high-level committee include coordinating and integrating activities relating to early childhood care and development carried out by organizations in both public and private sectors; recommending to and advising the Council of Ministers on a complete cyclical process on ECCD as well as amendments to legislation, rules, regulations or relevant decisions in harmony with ECCD; encouraging and providing support for research and innovations in learning management for the benefit of ECCD; considering appropriate models of agencies concerned; and appointing sub-committees.

In addition, other policy instruments for ECCD include:

- Long-term Policy and Strategy for Early Childhood Care and Development (0–5 Age Group), 2007–2016: There are three main strategies for (i) strengthening early childhood care and development; (ii) strengthening parents and persons concerned with ECCD; and (iii) strengthening the environment conducive to ECCD. These strategies focus on a joint institutional strategy that integrates care and education and suggests a mechanism or a joint scheme for coordination across sectors, such as health and education.
- Policy on a Love of Reading Enhancement for Young Children: The National Committee for Early Childhood Development endorsed the policy in 2009. The policy encourages all segments of society to recognize the importance of love of reading, beginning from young. Recommended activities include storytelling and book reading as well as promoting participation of parents and caregivers in storytelling and reading together with their children. Furthermore, April 2 was designated National Children’s Book Day by the cabinet in 2012.
- The 15-Year Free Basic Education: This is a document that presents the school structure for Thailand and includes provision of three years of kindergarten or pre-primary education.

2. Have any guiding principles for the policy been articulated?

Since not all policy documents were available in English, it was difficult to identify principles laid down in those documents. However, some guiding principles have been articulated in the National Strategic Plan for Early Childhood Development (2012–2017), which are paraphrased as follows:

Principle 1: Early childhood is a very significant period in the life span.

- Brain development and learning are at highest rate in this life span.
- Investing at this stage is a profitable investment since returns are high.
- ECD contributes to narrowing the gap of inequality and creation of a socially just society.
- It is the period of initiation or laying down the foundation/building blocks for life.
- This period or stage in life requires special care in terms of childrearing.

Principle 2: State policy should support urgent measures to ensure all children from newborns to pre-first graders receive continuous all-round development support of quality according to their age. The obligation of the state for ECD is thus clearly articulated.

3. What provisions are there in Thailand to make ECCD services accessible to all children under 5 years of age in public and other domains?

There is both state and private provision for ECCD from birth to 3 years of age in institutions, such as care homes and nurseries, childcare centres and initial care centres for disabled children or those with special needs. For children aged 3–5 years there is provision for child development centres and kindergartens (see Table A2.1).

According to the National Education Act (1999), early childhood education, which refers to the period of three years of kindergarten, is provided through all three types of education, i.e., formal, non-formal and informal education. While the Act stipulates that the state shall provide at least 12 years of quality basic education free of charge, government policy has gone beyond that to provide 15 years of free education, covering the three years of pre-primary education. However, pre-primary education, although free, is not mandatory.

Childcare and development services for children in the age group 3–5 years are classified into kindergarten (for 2 and 3 years); preschool classes (in regular primary schools, just one year prior to Grade 1); and child development centres (enrolment for children aged 2–5 years). Kindergarten and preschool classes are organized mostly by the Ministry of Education, as well as other public and private sector agencies/foundations. The majority of child development centres are organized by Sub-district Administrative Organizations throughout the country.

Child development centres employ caregivers who are directly responsible for taking care of the children, while kindergartens employ teachers. For caregivers, the minimum requirement is 18 years of age and completion of nine years of compulsory education. National standards for childcare centres require all caregivers to undergo a six-week training course provided by an institution approved by the Ministry of Education, which is based on a standard core curriculum, either before they are hired or within three months of their employment. For kindergarten teachers, the minimum requirement is a four-year undergraduate course leading to a bachelor's degree in education or related course.

Families remain the main providers of care and development among the age group 0–3 years, while almost all children aged 3–5 years attend kindergartens and pre-primary institutions, of which 77.5 per cent are in public preschools and 21.5 per cent in private preschools (OEC, 2013). Formal early childhood development services for children aged 3–5 years take place through the ECD centre or kindergarten and access is high, except for certain categories of disadvantaged children including migrants.

An assessment of the quality of preschool education indicated that only 40 per cent of children aged 3–5 years received adequate preparation for readiness in learning before attending primary school (UNESCO, 2011). In response to the data presented in the preschool sector analysis, the Ten-year Plan and Policy for Early Childhood Development was promulgated. However, based on Ministry of Education assessments in 2011, 20 per cent of ECD centres were considered poor quality. In 2013, a

Table A2.1. Classification of ECCD service providers

Age (years)	Type of services	Responsible agency
0–3	Home care Nursery Initial care centre for disability	Ministry of Health Ministry of Social Development and Human Security
3–5	Child development centre – Childcare/ development centre Kindergarten	Ministry of Interior/Local Administration Organizations Ministry of Education

Department of Health assessment revealed that only 67 per cent of ECD centres met its standard. The two different systems for measuring quality is also an indication of the lack of coordination between different agencies involved in ECD.

A major milestone in government support for children under 3 years of age who live in poor and near-poor families was the scale-up of the Child Support Grant, almost tripling the number of children receiving financial support from about 150,000 in December 2016 to over 400,000 by December 2017. In a legislative leap forward, Thailand's new constitution of 2017 promises free of cost access to kindergarten for all children in the country. Another key milestone for early childhood development was the law that enforces the International Code of Marketing of Breast-milk Substitutes.

The government's parenting programme for early childhood development also moved forward in March 2017 with the completion of a UNICEF-supported media kit on positive parenting practices and protection for parents and caregivers of children under 5 years old. UNICEF also scaled up the capacity of over 1,500 caregivers from 300 early childhood development centres that enrol an estimated 20,000 children across 13 provinces.

4. What are the administrative and governance arrangements instituted in the country for planning, implementation and management of ECCD?

Relative to other South Asian countries, ECCD is evidently a priority area in Thailand, which has progressed significantly since 2017. Several governance initiatives have been taken by the government in recent years. In March 2017 under the prime minister's leadership a multi-ministry memorandum of understanding was signed with the ministries responsible for health, education, interior (including provincial level) and social development that focused on early childhood development.

This was the first ever interministerial agreement aimed at coordinating and integrating government efforts for the holistic development of young

children. The concerned ministries were provided orientation on the policy and requisite measures and steps to accelerate policy implementation through concrete actions in cooperation with the Ministry of Education.

The Ministry of Public Health has the overall lead on interventions for children aged 0–3 years with the Ministry of Social Development and Human Security also playing a prominent role. For the age group 3–5 years, the main actors are the Ministry of Education, Department of Local Administration and Bangkok Metropolitan Administration. The Ministry of Education coordinates and integrates actions of all ministries responsible for child development of all age groups.

The respective roles of agencies in charge of early childhood development for children in the age group 0–5 years are explained in policy documents:

- Ministry of Public Health: Provides support to parental preparation; prenatal care; maternal and child health care – physical, mental and nutritional; vaccinations; iodine supplementation; E.Q. [emotional quotient, measures emotional intelligence] and I.Q. [intelligence quotient] enhancement.
- Ministry of Social Development and Human Security: Provides assistance to marginalized families and children; disabled children; children in difficult situations and orphans.
- Ministry of Education: Directly responsible for policy on development of education provision; educational quality; and teaching and learning with the aim to support all-round development of children.
- Ministry of Interior: Local Administration Organizations are responsible for over 17,800 early childhood development centres and prepare the budget for remuneration of caregivers and provisions, such as materials, lunches and supplementary food (milk). The Ministry of Interior, through its Department of Local Administration, also provides support to the Sub-district Administrative Organizations for preschool education for children between

the ages of 3 and 5 years in rural and urban settings.

The major aims of the Department of Local Administration are to extend support for quality ECD services and promote participation of various parties (including people, family, community, private organizations, professional organizations and industry) in quality early childhood development. Its Community Development Department, on the other hand, contributes to enhance the local community's capacities to organize quality ECD activities.

- Ministry of Culture: Supports religious institutions, with parents' participation; hold religious activities for children through temple-based childcare centres.
- Ministry of Labour: Promotes development of labourers' children through childcare centres in the workplace.
- Office of the Prime Minister: The Border Patrol Police Bureau promotes development and education of preschool children living on the borders of Thailand.
- Institute for Gifted and Innovative Learning: Plays a key role in establishing knowledge and understanding of a comprehensive approach to instruction using current research from neuroscience (Brain-Based Learning).
- Book for Children Foundation: Produces books for children and launches campaigns for parents and teachers to encourage children to appreciate reading in the form of the Book Start project.

In addition, there are more than 20 foundations and private agencies that are associated with ECCD, such as the Thai Breastfeeding Centre that promotes breastfeeding from birth to 2 years of age, Mother-Child Foundation under the royal patronage of the Princess Consort, Thailand Knowledge Park and the Children Museum. Further, a Child Protection Act was made effective and endorsed in 2004.

Although most children under 3 years of age are cared for by their parents and relatives, public and private childcare services are available in most cases for employed parents. Various childcare providers operate the services, including the Ministry of Social Development and Human Security, Ministry of Public Health, Ministry of Labour, Ministry of Defence and other private sector agencies and foundations. The National Institute for Child and Family Development (Ministry of Education) also operates day-care for research and development.

The Ministry of Education through its Office of the Basic Education Commission collaborates with the Ministry of Health in implementing a school health care programme that includes preschool or kindergarten classes. The programme includes health care education for children and their parents, routine health check-ups, provision of first aid or basic medicines as needed, and attention to sanitation and hygiene conditions of the school and its surroundings.

A school lunch programme is a permanent feature of public kindergartens. Public school kindergartens are much more affordable and accessible to most families because they are supported through several financing sources led by the government. The provision of public funds has provided the centres with stability and fuels continuing progress for the kindergarten programme.

The Department of Curriculum and Instruction Development under the Ministry of Education developed and issued a document entitled 'Curriculum and Guideline for Pre-Primary Education' in 1997 for the age groups 0–3 and 3–5 years for executives and practitioners for curricular experience and classroom setting. This has since been revised based on the early learning and development standards reviewed in subsection A2.3.2 of this case study.

The goals, functions and standards for childcare centres are clearly defined and disseminated in a generally systematic way. "Childcare centres and nurseries are expected to provide the following services: food and nutrition; health (growth

monitoring, first aid and immediate treatment for sick children in cases of emergency, monitoring and advice for parents, for example regarding immunization); physical care and attention to personal hygiene (handwashing, bathing, dressing, ensuring adequate rest, e.g., afternoon nap); and support for holistic child development (love and care, space, toys and opportunities for physical movement, development of senses through exploration of their environment; a variety of learning experiences that allow for individual choices driven by their own interests, opportunities to observe, investigate, problem-solve, invent, explore different media, express themselves, interact fully with peers and adults and learn social skills and acquire self-discipline)” (UNESCO, 2006).

All public and many private kindergartens implement the Curriculum for Pre-Primary Education for children aged 3–5 years developed by the Ministry of Education. This 2003 curriculum focuses on preparing children physically, intellectually, emotionally/mentally and socially. Curricula at the pre-primary level are organized into teaching units aimed at orienting teachers to children’s daily activities.

To effectively achieve the curriculum’s objectives, the Office of the Education Council acknowledges the importance of adequate training for teachers, childcare givers and administrators. Implementation of the curriculum varies widely between urban and rural centres, largely as the former tend to have more highly educated and better trained staff, greater financial and material resources, and a higher level of active parental involvement and support as they are often in a better position to contribute time and material resources.

In Bangkok and other large cities, where there are more private kindergartens that cater to middle- and upper-income families who can afford to pay the tuition and other fees, children are usually enrolled for three years (starting at age 3 years). These private kindergartens are supervised by the Office of the Private Education Commission.

5. Does the country have a national ECD plan based on data and evidence and is it endorsed by key stakeholders? Is it multisectoral and multi-departmental in terms of planning and management? Is there an MIS system in place for ECCD?

Thailand has a quality assurance system for the whole education system, including preschool education. There are two policies related to quality assurance in Thailand. One is the National Education Act (1999) that gave birth to the Internal Quality Assurance and External Quality Assurance, which is the responsibility of a newly established public organization, the Office of the National Education Standards and Quality Assessment. The other policy is the Early Childhood/Basic Education Standards (2005), which set standards for quality learning of students, quality of instruction for teachers, educational administration and management for principals, and learning community development for schools.

As mentioned, there is a Curriculum for Pre-Primary Education developed by the Department of Curriculum and Instruction Development under the Ministry of Education for children aged 0–3 years and 3–5 years. Thailand has also developed Early Childhood Behavioural Competencies for children aged 0–3 years, which consist of four domains and 286 behavioural indicators, and for children aged 3–5 years, consisting of seven domains and 419 behavioural indicators. This was piloted by the Office of the Education Council, in cooperation with UNICEF, in 12 schools and childcare centres in various communities, which started in May 2011.

Representatives of all ministries involved and other stakeholders have, at the direction of the National Committee, participated in the preparation of a National Strategic Plan for ECD (newborn to pre-first graders). The plan identified four strategies, stipulating goals, problems, targets, operational guidelines and principal responsible agencies/supporting bodies for each strategy. The plan was to have been implemented for the period 2012–

2016 as mandated by state policy, but it has not been possible to obtain any evaluation of the plan's implementation.

The four strategies in the National Strategic Plan are:

Strategy 1:

By 2016, all children from birth to 5 years will receive essential services for development to their full potential. The specific goals are:

- All children in the age group 0–5 years will receive essential health services.
- 90 per cent in the age group 0–5 years will develop in accordance with their age.
- All children in the age group 3–5 years will be enrolled in an early childhood development institution.
- All six-year-olds will be enrolled in Grade 1.

The responsibility for each goal was allocated respectively to the Ministries of Education, Public Health and Interior.

Strategy 2:

Iodine supplementation will be available to all children. The specific goal is for all children in the age group 0–5 years, pregnant women and breastfeeding mothers to be provided with sufficient iodine in food. The responsibility is allotted to the Ministry of Health.

Strategy 3:

Early childhood upbringing: All those in early childhood (newborn to preschooler) are to receive continuous all-round development of quality in accordance with their age. The responsibility rests with the Ministries of Education, and Social Development and Human Security.

Strategy 4:

Innovative programmes for ECD: The goal is to set up a system for a database on early childhood, a data survey and research activities, which will be useful for effective planning and monitoring as well as situational assessments. The responsibility is with the Ministry of Education.

UNICEF Thailand released the fifth Multiple Indicator Cluster Survey (MICS) report, which covered data of over 100 indicators on children at the national level and for the 14 most disadvantaged provinces. Decentralized sharing and discussions were organized, led by UNICEF, at provincial level to generate local policy decisions and action. The data were also used in national planning and budgeting as well as reporting on the Sustainable Development Goals.

According to MICS data, the situation of children in Thailand is not optimal despite the comprehensive policy provisions and coordinated planning. Only 12.3 per cent of infants younger than 6 months were exclusively breastfed (MICS 4, 2012) with some improvement in MICS 5, 2017. More than 10 per cent of children younger than 5 years were moderately or severely stunted. Maternal and paternal engagement to promote learning and school readiness for children aged 36–59 months was quite low (mother at 62.8 per cent, whereas father at 34 per cent).

Among the four domains measured by the Early Childhood Development Index, two areas of concern were literacy and numeracy (only 63 per cent on track) and social emotional development (87 per cent on track) (MICS 5, 2017). The positive finding was that children attending ECD programmes were found to have higher rankings in the index at 94 per cent compared to those not attending at only 77 per cent. Enrolment in ECD services for children aged 3 to 5 years was high throughout the country.

6. Are there appropriate and adequate professional development programmes/ institutions available in the country for each segment of ECD staff aligned to the positions? Is this an area of planning?

As mentioned, ECD staff are categorized into caregivers, for children under 3 years of age, and teachers, for kindergarten and pre-primary school. For caregivers the minimum requirements are 18 years of age and completion of nine years of

compulsory education. National standards for childcare centres require all caregivers to undergo a six-week training course, which is based on a standard core curriculum, either before they are hired or within three months of their employment, provided by any institution approved by Ministry of Education.

For kindergarten teachers, the minimum requirement is a four-year undergraduate course leading to a bachelor's degree in education or a related course. All teachers do not necessarily meet the stipulated training standards and the standards framework provides for improvement.

The strategy for strengthening parents and persons concerned with ECD, under the Long-Term Policy and Strategy for Early Childhood Care and Development (0–5 Age Group) 2007–2016, recommends the following:

- Reform of the training process of nursemaids, childcare providers, teachers and other personnel, e.g., doctors, nurses, psychologists, social welfare personnel, public health workers, volunteers, to be better qualified and more suited to work with children in this age group; particular attention to be given to knowledge and skills in child psychology and child development, psychology of perception and the art of transmitting knowledge and desirable values to children.
 - Development of all types of personnel in childcare centres and early childhood educational institutions to become 'professionals' and capable of working together in a multidisciplinary way. Systematic, diversified and continuous training should be provided to childcare providers and teachers, who have differing levels of basic knowledge and education, so as to increase their specialized knowledge and skills, including those needed for assisting children with behavioural, intellectual and learning problems. They will thus be able to provide childrearing at the lowest standard prescribed.
 - Raise remuneration and improve the welfare of childcare providers and those providing services to children; an awarding system to be initiated to boost the morale of personnel of quality, serving as role models for their peers.
 - Promote, support and strengthen professional associations of early childhood personnel and other associations concerned, e.g., Kindergarten Teachers Associations in the various regions, enabling them to acquire advance knowledge, apply different technologies, increase their innovative experiences, become interested in all types of media for the benefit of young children as well as acquire professional ethics. Legislation recognizing such professional ethics will also be enacted.
 - Promote and support establishing parents' associations for early childhood to raise the quality of life of children in this age group; special attention will be given to grouping of parents' associations of children with special needs to facilitate exchange of learning and assist the children develop to their highest potentiality.
- 7. Is there provision of a regular source of resource allocation/financing in the country budget, which covers human, financial and physical resource provisions?**
- While there is no clear and independent budget head for ECCD, a review indicates that for instance in the Annual Budget 2018 there is regular provision of public financing for ECCD under the budget head 'Development and Strengthening of Potentials of Humans', which has an allocation of 19.9 per cent of the total budget.
- Within this budget head, there is a subhead, 'Program on integrated development of potentials of humans at early stage of life', which has a budget provision of 847.8 million Thai baht "to enable Thai people at every stage of life to attain development of their potential, strong and warm family with virtue and ethic, through promotion of

care of new born and early age babies appropriate to their development, provision of financial support for continued care of new born babies to 3 years of age, development of quality standards and safety in the small child development centers, strengthen immunization and preparation for school age, provision of food supplement and school lunch to new born and early age babies and school age children.” (Statement for the Annual Budget Expenditure for Fiscal year 2019: Budget Speech delivered by the Prime Minister to National Legislative Assembly, 2018)

This endorses the emphasis on an integrated approach towards early childhood development. The budget does not specify the different elements within each category on which the funds can be spent.

A2.3.2 Standards: Early learning and development standards and standards for services

A2.3.2(a) Early Childhood Behaviour Competencies for Children

1. Does the country have any early learning and development standards for children under 6 years of age? Are they in sub-stages and are they nationally validated?

Thailand developed a set of early learning and development standards in 2013, referred to as ‘Early Childhood Behaviour Competencies for Children’. They have been developed and made available for two sub-stages of early childhood, viz 0–3 years of age and 3–5 years, in the form of indicators. However for the preschool stage, they have also been used to develop a curriculum, which is a significant achievement. The documents do not indicate the process followed and there is no mention of validation of the standards.

However, a published paper by Sirima Pinyoanuntapong (2013) describes the process in fair detail, indicating that the standards have been

developed in two phases. The specific objective of the first phase was to develop a curriculum and test its quality, while the objectives of the second phase were to investigate the results of the trials of the curriculum and evaluate the impact of its implementation.

From the paper, the indication is that the first phase involved seeking opinions about identified desirable characteristics for each sub-stage from a diverse group of stakeholders and this was followed by further consultation with another group of stakeholders, in an effort to establish content validity of the items.

The selected items were then converted into a curriculum, which was then trialled in the next phase and the results provided evidence of criterion validity through the measure of impact seen in terms of gain in the readiness scores in children who were exposed to this curriculum.

2. Is the scope of the ECD services standards applicable to (a) services for all sub-stages of ECD, i.e., birth to 3 years; 3–6 years; 6–8 years, or age range defined by policy; (b) all sectors of services including public, private and NGO; and (c) all domains/sectors comprehensively including nutrition, health, early learning, responsive caregiving, security and safety?

The Early Childhood Behaviour Competencies are in two sub-stages. The standards for birth/0–3 years of age have four main domains. Domain 1 relates to motor development and physical well-being, which is further subdivided into three sub-domains, i.e., gross motor, fine motor and personal care. Domain 2 relates to perception and learning development. Domain 3 relates to language development and comprehension and Domain 4 emotional and social development. The latter three domains have no further subdivision. The competencies for the stage of 0 to 3 years of age are subdivided initially into intervals of three months each from 0 to 18 months and subsequently into six-monthly intervals each, i.e., 19–24 and 25–36 months.

The standards for the sub-stage 3 to 5 years of age are not segmented and cover seven domains. The standards document presents the outline of these domains and sub-domains and concludes with a table of 419 indicators, covering all domains:

Domain 1: Motor development and physical well-being. This includes sub-domains of gross and fine motor development; nutrition; physical fitness; safety; autonomy; and personal care.

Domain 2: Social development. This covers interaction with adults and peers; adaptive social behaviour; and appreciating diversity.

Domain 3: Emotional development. This includes self-concept; emotional self-control; and self-efficacy.

Domain 4: Cognitive development. This is the heaviest in terms of sub-domains. It includes memory; concept formation; logic and reasoning; critical thinking; concentration; mathematics; sciences; social studies; pollution and environmental preservation; and economic value.

Domain 5: Language development. This covers language competence and usage; vocabulary, syntax and grammar; comprehension; communication; and literacy.

Domain 6: Moral development: This includes self-discipline and moral development. The latter has a great deal of local cultural influence in the values to be developed in children.

Domain 7: Creative development: This includes performance, visual and dramatic arts.

The standards are applicable to all sectors as a part of the regulatory mechanism in the system. In terms of content, these cover different aspects of development and integrate health, nutrition, safety and protection along with early learning. A concern is the cognitive domain, which tends to introduce a significant amount of academic knowledge that gives a sense of a downward extension of primary education. This can potentially create a curriculum load on children at this young age of 3 to 5 years.

3. What was the process of developing the standards? Was it participatory and, if so, which stakeholders were involved? Who led the process?

The process involved teachers and parents at every round of the development of the standards, as mentioned. After an initial identification of the draft standards by 1,000 teachers and parents, they were further vetted by another 3,200 teachers and parents, who gave their feedback on the items selected. Subsequently five experts contributed to the process of validation and a number of teachers piloted the curriculum. The process was led by the Department of Curriculum and Instruction Development under the Ministry of Education.

4. Is there an introduction to the standards document, which lays out the country's context, philosophy, principles and significance of ECD and its interface with policy?

The standards document does not have an introductory text. There may be one in the Thai version, but there is none in the English translation. The document only lists the indicators for each domain. An introduction is however included in the service standards document reviewed under subsection A2.3.2(c).

5. Are the standards based on the learnings from the science of ECD? Are they developmentally appropriate?

The standards are developmentally appropriate and to that extent based on the science of ECD, with a holistic and integrated perspective. The academic content in the cognitive domain is however a concern, which can contribute to developmentally inappropriate load.

6. Are the standards inclusive and contextually appropriate for more vulnerable communities?

The inclusion of a domain on appreciating diversity and on disabilities reflects an inclusive approach. Further, the fact that this domain is

applicable to all sectors, programmes and regions suggests an approach towards fostering quality with equity.

A2.3.2(b) Nutrition and Hygiene Guidelines in Early Childhood Development Centres (Draft)

These guidelines are prepared as a complement to the Standards for National ECD Centres, but are yet to be formally approved. The objectives of developing these guidelines as stated in the introduction is to serve as a complement to the Standards for National ECD Centres to emphasize nutritional and hygiene aspects of development.

The guidelines cover the following themes:

- Environmental management, food and sanitation in the early childhood development centres.
- Food management and sanitation.
- Well-being promotion for children in early childhood development centres.
- The principles of organizing food for children aged 2–5 years.
- The roles and responsibilities of teachers and childcare givers in food arrangement, water protection and well-being development in early childhood development centres.

The guidelines are meant to be used by:

- ECD teachers, childcare givers and relevant practitioners in developing and improving nutrition and hygiene in early childhood development centres, following the National ECD Centres standards, and increasing the quality of sanitation provision in the centres to the level of the National Standards for Early Childhood Development; and
- educators and the administrators of early childhood development centres to facilitate collaboration to raise and develop the quality of the environment surrounding young children, with extended results to family and community for sustainable development.

The guidelines envision that the sanitary environment and appropriate nutrition of meals and

snacks in early childhood development centres will lead to:

- improved health in age-appropriate growth, resulting in age-appropriate height (height for age) and body figure (weight for height) with reduced rate of illness;
- influence of good environment in combination with diverse experiences from routine activities fostering favourable habits among children at home and in the future; and
- learning among children about negative repercussions to their health from a harmful environment.

These guideline are written to guide ECD centres on key information and inform practices of all stakeholders, including the management team, ECD caregivers and communities around the children. The document is meant to be a guide that can be adapted to suit the local context and for ECD centres to improve following the national standards for ECD centres. To bring about change at the centres, it is advised that all stakeholders, i.e., management, teachers, caregivers, cooks, government partners from other ministries in the local context, should contribute to the change according to their respective roles and responsibilities.

Along with the curriculum that has been developed from the Early Childhood Behaviour Competencies, these guidelines could provide very comprehensive guidance for a developmentally appropriate and holistic programme for children.

A2.3.2(c) National Standards for Early Childhood Care, Development and Education ((Service Standards)³

1. What was the process of developing the standards? Was it participatory and, if so, which stakeholders were involved? Who led the process?

A sub-commission of the National Early Childhood Development Commission created the National Standards for Early Childhood Care, Development and Education (2018). Agencies

³ The original Standards for Services document is in the Thai language. This review is based on an English translation done specifically for this project.

that joined the development process include the Department of Local Administration, Ministry of Interior, Ministry of Public Health, Ministry of Education, Ministry of Social Development and Human Security in Bangkok, Office for National Education Standards and Quality Assessment (Public Organization).

In addition, the results of studies conducted by the Ministry of Social Development and Human Security and various relevant standards, such as the Association of Southeast Asian Nations (ASEAN) Developmental Surveillance and Promotion Manual, were also used in developing these national standards.

2. Is there an introduction to the standards document, which lays out the country's context, philosophy, principles and significance of ECD and its interface with policy?

The standards document provides a very comprehensive introduction, which briefly discusses the significance of the early childhood period for later learning and development and acknowledges the need to improve the quality of services available to young children in Thailand. Significantly, it places the responsibility for improving quality not only on the government but on all stakeholders.

"Unfortunately, the quality of the early childhood development in Thailand is still a weakness and at a critical point. Thailand needs to address this crisis urgently. The government and all sectors, including parents, households, communities, the society at large, medical and public health personnel, teachers/caretakers, schools, all levels of local organizations, social development personnel in public, private, religious and business sectors, must together recognize the importance of early childhood development. They need to educate themselves about the issue and work together towards providing young children with safe environment, as well as the opportunity for them to fully develop at this stage of life." (National

Standards for Early Childhood Care, Development and Education, 2018)

The introduction further provides a factual and comprehensive policy framework for children in Thailand, which supports the framing of a proposed standards regulation. It refers to this section as "The national ideology and principles behind managing early childhood education". The main policies referred to in this document are:

- The Constitution of the Kingdom of Thailand, 2017, which emphasizes the importance of early childhood development in several sections, e.g., Section 54, paragraph 2 provides that "the State shall ensure that young children receive care and development prior to education under paragraph 1 to develop their physical body, mind, discipline, emotion, social skills and intelligence in accordance with their age, by also promoting and supporting local administrative organizations and the private sector to participate in such undertaking."
- Section 258(e) on Education in the Constitution, which provides that "ensuring the commencement of care and development of young children prior to education under Section 54, paragraph 2 with a view to developing their physical body, mind, discipline, emotion, social skills and intelligence in accordance with their age free of charge."⁴
- National Education Act (1999) and the amended Version 2 in 2002 and Version 3 in 2012, Section 18(1), which stipulates that early childhood education shall be provided in an early childhood development establishment, namely childcare centre, child development centre, child development centre in preparation for religious institution, initial service and assistance centre for children with disabilities and children with special needs, or other early childhood development establishment under other names; and Section 13(1), which provides that a mother, father or parent shall be entitled to

⁴ Accordingly, ECCD services are free but not compulsory.

support from the state to gain knowledge and capability to nurture and provide education to a child or a person under custody.

- The 3rd Strategy of the National Education Plan, 2017–2036, on capacity building for people of all ages and creating a learning society, provides in Section 3.3 that “educational institutions at all levels can organize activities/learning processes based on a curriculum with quality and that meets standards...more in line with the early childhood curriculum and the ASEAN quality standards.” This indicates the link with the Early Learning Development Standards reviewed in subsection A2.3.2(a).

3. Do these standards support nurturing care holistically?

The standards do support nurturing care holistically in age and domains. In terms of age, the standards are applicable according to the Regulation of the Office of the Prime Minister on Early Childhood Development (2008) for services for all children “at early childhood or young children who are below six years of age, including those at the prenatal stage.”

4. Do the standards align with existing delivery platforms, if any, or do they suggest new/parallel avenues?

The standards align with existing delivery platforms. The target group clearly specifies the range of services/provisions for children under 5 years of age to which these standards are applicable. The services include more than 50,000 different early childhood development facilities that care, develop and organize learning experiences for children from birth to age 6 years or before entering elementary school (referred to as ‘Prathomsuksa’ 1) in Thailand.

5. Does the document specify the objective/s of laying down the standards?

The objective is clearly stated: “To improve the quality of care and development services, as well

as managing education and the work of every child development facility that operates during the daytime for children aged 0–6 years old or before starting their first year at an elementary school (Prathomsuksa 1). It can also be used in assessing the performance of early childhood development facilities by every sector/agency, to improve the quality of service provision and continuity of early childhood development.”

The purpose, further reiterated in the document, is for every department and all early childhood development care/centres operated by public and private sectors throughout the country to use it as a guideline for assessing their performance and operation as well as for enhancing the overall quality. It can also be used as a quality assurance tool for internal auditing (by direct supervisory agencies) and external auditing by the Office for National Education Standards and Quality Assessment (Public Organization).

The document also mentions that the National Standards for Early Childhood Care, Development and Education (2018) is a set of minimum standards necessary for developing children in the country. They consist of three standards (see Appendix to this case study), one of which provides for operation and service provision for early childhood to “help them [children] start their life with quality and equal opportunities, to reduce inequality, while increasing the quality of human resources which are the most important factor for Thailand to sustainably prosper as a country, amidst the 21st century challenges.”

In addition, the national standards are a tool for evaluating the performance of every childcare and child development facility that takes care of children during the daytime from age 0 to 6 years or before entering the first year of elementary school. They also help compare the existing care standards with the ASEAN standards. The document states that “if an early childhood care or development facility have the service standards which are higher than the National Standard, it may consider adding more criteria to its standard if it is deemed contextually appropriate.”

6. Do these cover parents as well as all categories of caregivers engaged in parenting?⁵

While the standards do not include parents since these are essentially for services outside the home, it does emphasize parent engagement and support and provision of guidelines for parents in the nurturing care curriculum.

7. Are the standards appended to any legislation or are they just guidelines for monitoring? If there is legislation, does that make regulation and maintenance of standards justiciable? Or is it treated as broad and flexible? If justiciable, are penalties specified?

The standards are not appended to any legislation; these are recommendatory and are conceptualized as a self-regulatory mechanism in the form of an accreditation framework based on self-assessment and improvement. The service standards can serve as a rigorous monitoring tool. There is, however, no evidence that the standards have been introduced as mandatory in the system. It appears to have been left to the respective organizations managing different ECD services to use the standards as they deem fit.

8. Is there a system of accreditation of centres based on these standards?

While accreditation or grading is not specifically mentioned, the service standards framework is conceptualized in that way since it has a four-point rating scale, which forms the basis for assessment of a centre. It could serve well as a diagnostic tool for the system, which can inform further efforts for improvement.

9. Is there a system of periodic reporting on the services as per standards?

The service standards have been recently formulated and approved. There is a provision

for assessment and reporting as reflected in this objective for the standards: "It can also be used in assessing the performance of early childhood development facilities by every sector/agency, to improve the quality of service provision and continuity of early childhood development." It does not appear to be mandatory.

10. Do the standards address career and professional development and training needs of the associated workforce and service providers?

Yes, the standards do lay out specific eligibility qualifications for teachers and caregivers and reflect the continuum in the four-point rating scale in the assessment tool.

11. What are the mechanisms indicated for ensuring continuous improvements and close monitoring of services?

The assessment tool is recommended for use, but is not mandatory. However, the text of the document clearly states, as mentioned, that these are minimum standards and must be adhered to. It is left to the administrative agency to adopt and use as they deem fit.

12. Manual for the National Standards for Early Childhood Care, Development and Education

The standards document is accompanied by a manual, which is a complete document in itself. It provides an accreditation framework based on the discussed indicators using a four-point scale to arrive at a quantitative score for ECCD service quality. The range of the scale is shown in Table A2.2.

The objective, as stated in the manual, is to use this scale as a guideline to summarize assessment results. The manual includes a checklist of indicators and an assessment form. The assessment results are expected to be

⁵ There is a provision for all parents to receive a free kit from the government for newborns at the time of birth, which includes a manual or guidelines for childcare.

Table A2.2. Summary of assessment results based on the National Standards for Early Childhood Care, Development and Education, Thailand, 2018

Quality level	Criteria	
	Average score	Number of indicators that need to be improved
A - Very good	80% and above	None
B - Good	60 – 79.99%	1 – 7
C - Passed	40 – 59.99%	8 – 15
D - Need improvement	Below 40%	16 and more

qualitative and the intention is to highlight specific issues that need improvement. The manual can be used as an assessment and implementation guide for every early childhood development facility, regardless of supervisory agencies, to improve the quality of services and continuity of early childhood development.

The standards framework and manual are evidently designed from a positive perspective of self-regulation rather than official regulation of quality through penalties and control in opening or closing centres. Both together serve as a tool to assess the quality of operation/implementation of child development care/centres that care for children from birth to 6 years of age or before entering elementary school.

The manual clearly emphasizes self-assessment and indicates that “in the case that an early childhood development care/facility does not pass the assessment in accordance with this standard (i.e., receiving quality level “D” [the grade] must be improved), relevant departments at all level including the community level must help to support such an institution, in order for it to achieve at least basic standards. The threshold shall never be lowered because this standard provides the basic necessary standard for child development in the country. With this standard, children will have the opportunity to start their lives with quality and equality, which in turn help reduce inequality. This will also improve the quality of human resources; the most important factor for Thailand to sustainably prosper amidst the challenges of the world in the 21st century.”

The manual has an introduction that specifies that the National Standards for Early Childhood Care, Development and Education (2018) was promulgated to set up a single document with common standards for users with different backgrounds to use. As explicitly stated, the manual provides assessment standards to help improve efficiency in different contexts of work in early childhood care and development.

The manual provides standards of early childhood development in three areas (see Appendix to this case study). It emphasizes that the assessment form must be easily understood and present information that is suitable for implementation and use as a reference. To conclude, the assessment is expected to serve as a guideline for inclusive and consistent implementation leading to better quality.

A2.3. Lessons from the Thailand case study

Thailand’s case study shows a very comprehensive approach and significant priority given to ECCD, which is laudable. Key learnings from it are:

- Political will and involvement at the highest level of political authority is required, facilitating convergence across ministries/ sectors and participation of higher-level decision makers.
- A supportive policy framework and strategic plan with clear targets and time frame aids in translating policy into action on the ground.

- ECD being a multidimensional concept requires multisectoral participation in service planning and delivery; it is therefore important to allocate responsibilities and targets sector-wise to each relevant ministry, which should be part of the planning of a strategic plan and should be accountable.
- Clear, comprehensive and holistic vision for ECD informed by the science of ECD is necessary to guide the vision and implementation.
- Clarity regarding ECD and the role of public and private sectors.
- Allocation of dedicated budget for ECD.
- Integrated standards framework for effective monitoring informed by early learning and development standards.
- Development and availability of adequate tools/guidance material for all stakeholders to inform demand for services from parents and influence a responsive supply.
- In terms of gaps, an emerging one is inadequate centralized emphasis on monitoring and review of the progress by centres on the assessment form in each agency, based on regular updating and uploading of data on standards, and research and evaluation and a specific time frame for them to reach the given minimum eligibility standards. Since the standards have just been adopted, this may be in the planning.
- Overemphasis in curriculum on merging academic expectations/outcomes along with developmentally appropriate outcomes, which may tilt the balance towards a downward extension of primary school curriculum.
- There is no available evaluation after the period of the strategic plan for further planning. It is possible that there is one, but it is not available in English.

Appendix to the case study on Thailand

ECD Standards Coverage: ECD sub-stages and specific components

What are the sub-stage components/parameters included for which standards/specifications have been listed?

Overall three standards are specified, with a corresponding number of indicators:

- Standard 1 – Management (includes five indicators and 26 items)
- Standard 2 – Procedure of organizing experience, learning and playing (includes five indicators and 20 items)
- Standard 3 – Quality of young children at early childhood
 - (a) Newborn, i.e., 0 to 2 years, i.e., 2 years, 11 months (includes two indicators and seven items)
 - (b) 3 to 6 years or before entering elementary school (includes seven indicators and 22 items)

The sub-domains of each standard are listed as follows:

Standard 1. Management

Indicator 1: Early childhood and care development management

- 1.1.1 Systematic management of early childhood care/development.
- 1.1.2 Management of the curriculum for early childhood care/development.
- 1.1.3 Systematic information management.

Indicator 2: Systematic management of all personnel in line with the supervisory agency

- 1.2.1 Systematic personnel management.
- 1.2.2 Preschool administrators, supervisors/managers and operator possess appropriate qualifications and are efficient in their roles.
- 1.2.3 Main teachers/caregivers have appropriate education/qualifications.
- 1.2.4 The ratio of teachers and caregivers to children in each age group are appropriately delegated.

Indicator 1.3: Safe environment management

- 1.3.1 Manage the environment for safety in a systematic manner.
- 1.3.2 Buildings have strong and stable structures and are located in a safe area and environment.
- 1.3.3 The play area/playground safety as well as the outdoor area are under control.
- 1.3.4 Provide safe indoor environment within the building including having enough necessary safety precautions.
- 1.3.5 Provide enough safe, clean and age-appropriate toys.
- 1.3.6 Support safe commute/travel for young children.

Indicator 1.4: Management for promoting good health and learning

- 1.4.1 Provide management that promotes good health. Monitor children's growth and provide primary care for sickness and illness.
- 1.4.2 Provide daily and annual health check-up and sanitation check. Prevent and control communicable diseases.

- 1.4.3 Provide space within the facilities for specific activities considering children's age, development and activities.
- 1.4.4 Provide learning corners in and outside of classrooms.
- 1.4.5 Provide adequate, clean and safe bathroom areas where children brush their teeth and wash their hands, as well toilets.
- 1.4.6 Provide sanitation system and basic facilities that are efficient, covering food preparation, drinking water, disposal of waste, sewage, as well as tackling disease carriers.
- 1.4.7 Provide enough equipment, utensils and personal appliances for the use of all children. Ensure cleanliness and safety regularly.

Indicator 1.5: Promote family and community's engagement

- 1.5.1 Communicate with parents, guardians, caretakers and communities to create a good relationship and understanding about the facility, its operation and children themselves.
- 1.5.2 Organize activities that parents/guardians/families and communities can participate in.
- 1.5.3 Operate the early childhood development care/centre as a learning resource for communities on early childhood development.
- 1.5.4 Set up a committee for early childhood development care.

Standard 2. Teachers/caregivers provide care and arrange learning and playing experiences for early childhood development

Indicator 2.1: Care and develop children in all areas

- 2.1.1 Provide plans for learning experiences that are in line with the early childhood education curriculum. Implement the plans and conduct assessments.
- 2.1.2 Provide learning and playing corners that are suitable and age-appropriate.
- 2.1.3 Organize integrated activities to promote development of children in all aspects, considering how children naturally learn with their senses, taking actions, interactions, as well as learning through play.
- 2.1.4 Select media/technology equipment, multimedia players to use. Arrange internal-external environments that are adequate, appropriate and safe for learning (specified details in the manual).
- 2.1.5 Provide periodic monitoring of individual child development. Use the results in organizing activities that will help realize their full potential.

Indicator 2.2: Promote physical development and health care

- 2.2.1 Ensure that children consume food that has adequate nutrition. Promote healthy eating habits.
- 2.2.2 Provide activities for children that support good health care, safety in daily life, as well as physical movement, playing, eating, sleeping, resting and travelling.
- 2.2.3 Provide sanitation and hygiene inspection for children. Check the children's cleanliness, their teeth as well as their oral health. Run a screening test on children for diseases and injuries.
- 2.2.4 Monitor the children's growth individually. Keep records of children's nutritional status.
- 2.2.5 Provide physical examination, including teeth and oral cavity, eyes, ears as specified.

Indicator 2.3: Promote cognitive development, language and communication

- 2.3.1 Organize activities to encourage children to observe, take actions, ask questions, search for knowledge, solve problems, imagine and use creativity. Embrace unique ideas and works of children.
- 2.3.2 Organize activities and language experiences that are meaningful to children. Encourage various forms of communication, including listening, speaking, asking questions, answering and discussing, as age-appropriate.

- 2.3.3 Organize activities to instill in children a habit of reading. Improve children's vision using pictures, their storytelling and listening, ability to draw and write at their age. Caregivers/teachers set an example in speaking and pronunciation.
- 2.3.4 Provide children with age-appropriate experiences in learning about themselves, people, things, places and nature around them.
- 2.3.5 Organize age-appropriate activities and experiences in mathematics and basic cognitive skills. Encourage children to learn through their senses and allow them to act on their own.

Indicator 2.4: Promote healthy emotional, socio-psychological development. Instilling morality and the idea of good citizenship

- 2.4.1 Build a good and stable relationship between adults and children. Organize activities to promote creative conflict resolution and healthy relationships among children .
- 2.4.2 Organize activities that make children happy, cheerful, feeling good about themselves, allowing them to express their emotions through physical movements, art, music, depending on their interests and aptitude.
- 2.4.3 Organize age-appropriate activities and experiences that cultivate morality for children to pursue doing good, being disciplined and honest, knowing their rights and responsibilities as citizens, loving their families, schools, communities and the nation.

Indicator 2.5: Support children in the transition period to adjust well to the next stage

- 2.5.1 Work with parents to prepare children for going to an early childhood development care/centre/ facility for the first time. Organize orientation activities to help children adjust in a friendly atmosphere.
- 2.5.2 Organize activities to help children adjust before going to the next educational level. Prepare them to go to elementary school (Prathomsuksa 1).

Standard 3. Quality of young children at early childhood

For children aged 0–2 years (2 years, 11 months, 29 days)

Indicator 3.1(A): Children's growth is age-appropriate

- 3.1.1(A) Children have age-appropriate body weight and height. The data must be recorded individually.

Indicator 3.2(A): Children have age-appropriate development

- 3.2.1(A) Children display age-appropriate development in five areas (filtered by age range).
- 3.2.2(A) Area 1: Children show signs of gross motor skills (monitored by age range)
- 3.2.3(A) Area 2: Children show signs of fine motor skills and have age-appropriate cognitive development (monitored by age range).
- 3.2.4(A) Area 3: Children show development signs of receptive language (monitored by age range).
- 3.2.5(A) Area 4: Children show development signs of expressive language (monitored by age range).
- 3.2.6(A) Area 5: Children develop personal social skills (monitored by age range).

For children aged 3–6 years (before entering the 1st year of elementary school)

Indicator 3.1(B): Children's growth is age appropriate and children have healthy habits

- 3.1.1(B) Children have age-appropriate body weight and height. The data must be recorded individually.
- 3.1.2(B) Children exhibit healthy habits in taking care of their own health at their age.
- 3.1.3(B) Children have good oral hygiene, no cavity.

Indicator 3.2(B): Children have age-appropriate development

3.2.1(B) Children have age-appropriate development in all five areas (filtered by age range).

Indicator 3.3(B): Children have movement development

3.3.1(B) Children have age-appropriate development in gross motor skills and are able to move and balance well based on their age.

3.3.2 (B) Children have age-appropriate development in fine motor skills and good hand–eye coordination based on their age.

Indicator 3.4(B): Children have emotional development

3.4.1(B) Children feel secure and express cheerful emotions, showing age-appropriate affection towards themselves and others.

3.4.2(B) Children are interested in and participate in various activities age appropriately, including playing, performing arts, music and sports.

3.4.3(B) Children show that they can be patient in waiting for something, as well as being able to control their temper, abiding by the rules/agreements, being considerate of the feelings of others and being able to adjust to new situations appropriately, based on their age.

Indicator 3.5(B): Children have cognitive development with the ability to learn and be creative

3.5.1(B) Children can talk about themselves, people, places, environment, nature and things around them in an age-appropriate manner.

3.5.2(B) Children have basic knowledge in mathematics, can observe, classify and compare numbers as well as space and distance (spatial ability) in an age-appropriate manner.

3.5.3(B) Children can think logically and reasonably, having the ability to solve problems well at their age.

3.5.4(B) Children possess age-appropriate imagination and creativity.

3.5.5(B) Children are determined and concentrated, as well as putting effort into completing activities, in an age-appropriate manner.

Indicator 3.6(B): Children have language and communication development

3.6.1(B) Children can listen, speak, understand, summarize, tell stories, converse and communicate properly based on their age.

3.6.2(B) Children have the skills to view and understand pictures and symbols, as well as being able to use books, know the alphabet, perform basic writing and reading in an age appropriate manner.

3.6.3(B) Children have drawing and scribbling skills that lead to writing familiar words or words of interest.

3.6.4(B) Children have the skills to communicate appropriately according to their age, using Thai as their primary language while familiarizing themselves with other languages as well.

Indicator 3.7(B): Children exhibit social and moral development, as well as good discipline and good citizenship

3.7.1(B) Children are able to interact with others appropriately based on their age, and exhibit acceptance of differences and diversity in people.

3.7.2(B) Children are benevolent, compassionate, disciplined, honest, responsible for themselves and others, as well as possessing desirable moral values, in an age-appropriate manner.

3.7.3(B) Children can play and work with others in groups. They can perform as both leaders and followers and are able to solve problems creatively.

3.7.4(B) Children are proud of themselves as members of their families and early childhood development care/centres, their citizenship in Thailand and in the ASEAN region.

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