

SABER
Working Paper Series

Number 5 January 2013

What Matters Most for
Early Childhood Development:
A Framework Paper



THE WORLD BANK

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Acknowledgments

This paper was co-authored by Michelle J. Neuman (Task Team Leader and Education Specialist, HDNED) and Amanda E. Devercelli (Education Specialist, AFTEW). The following core members of the team contributed to the research and drafting of the report: Clark Matthews (Extended Term Consultant, HDNED), Amina Debissa Denboba (Consultant, HDNED), Rebecca Kraft Sayre (Consultant, HDNED) and Lindsay Adams (Consultant, HDNED). The team would like to acknowledge Emiliana Vegas (Former Lead Economist, HDNED), the previous Task Team Leader, for her significant intellectual contributions and leadership to this initiative. Cassia Miranda has provided excellent administrative support.

The team is grateful to Elizabeth King (Director, Education, Human Development Department) and Robin Horn (Former Manager, Education, HDNED) for their guidance and support. SABER-ECD has benefitted from inputs and feedback at various stages by colleagues across the World Bank including: Leslie Elder (Senior Nutrition Specialist, HDNHE), Marito H. Garcia (Lead Economist, AFTED), Laura Rawlings (Lead Social Protection Specialist, HDNSP), and Patrick Premand (Young Professional, AFTSP). The team appreciates the valuable suggestions on an earlier version of this paper received from the following colleagues: Marguerite Clarke (Senior Education Specialist, HDNED), Chelsea Coffin (Extended Term Consultant, HDNED), Eeshani Kandpal (Consultant), Laura Lewis (Consultant, HDNED), Oni Lusk-Stover (Operations Officer, HDNED), Harry Patrinos (Lead Economist, HDNED), Halsey Rogers (Lead Economist, HDNED), and Quentin Wodon (Adviser, HDNED). In addition, the team wishes to acknowledge the feedback on earlier versions of this paper and early versions of the SABER-ECD instruments from Kimberly Boller, Pia Rebello Britto and Hirokazu Yoshikawa.

Peer reviewers for this paper included: Harold Alderman (Consultant, DECPO), Scherezad Latif (Senior Education Specialist, ECSH2), Veronica Silva (Senior Social Protection Specialist, LCSHE), and Joan Lombardi (Senior Fellow, Bernard van Leer Foundation).

Introduction

- 1. Around the world, inequalities in child development are stark.** These inequalities often begin before birth and expand during a child's early years. Cross-country evidence shows that by the time children enter primary school, significant gaps exist in children's development. More than 200 million children below the age of 5 living in low- and middle- income countries fail to reach their developmental potential because they suffer from the negative consequences of poverty, nutritional deficiencies and inadequate learning opportunities (Grantham-McGregor et al, 2007).
- 2. A child's earliest years present a window of opportunity to address inequality and improve outcomes later in life.** The potential benefits from supporting early childhood development (ECD) include: improved cognitive development, better schooling outcomes and increased productivity in life. A growing body of literature demonstrates that the returns to investments in children's early years are substantial, particularly when compared to equivalent investments made later in life. The benefits to such investments can accrue to individual children and to society more broadly, and can be leveraged to influence diverse policy objectives, including increasing female labor participation, reaching marginalized populations and reducing the intergenerational transfer of poverty (see Naudeau et al., 2011 for a recent review).
- 3. In response to the convincing evidence on the benefits of investing in young children, and demand from client countries, the World Bank is increasingly supporting ECD around the world.** This work is through lending and operational work, policy advice and analytical activities at the country, regional and global levels. The importance of ECD features prominently within the Bank's new Education Strategy 2020, which sets the goal of Learning for All through three pillars: *Invest Early, Invest Smartly, Invest for All*. ECD is also a strong component of the Bank's health, nutrition and social protection strategies.
- 4. To guide the implementation of the Bank's Education Strategy 2020 and achieve the goal of Learning for All, the Human Development Network has launched *Systems Approach for Better Education Results (SABER)* to help countries systematically examine their education policies.** Within the SABER initiative, a number of specific education policy domains have been identified to cover the span of each education system from early childhood to entry into the workforce. Specific domains include: ECD, education management information systems, engaging the private sector, equity and inclusion, finance, information and communication technologies, learning standards, school autonomy and accountability, school health and school feeding, student assessment, teachers, and tertiary education. For each SABER domain, a series of diagnostic tools are being developed to assess a country's level of policy development and allow for cross-country comparisons. SABER helps education systems align their governance, management, incentives, financing mechanisms, human resources, and quality assurance systems more effectively around the goal of raising learning outcomes.
- 5. Despite the manifold benefits of investing in ECD, and government interest in promoting ECD, the policy environment in many countries remains deeply inadequate to ensure that all children have**

the opportunity to achieve their full potential. ECD presents a particular challenge to policymakers due to its multi-sectoral nature and the necessity of reaching a variety of stakeholders to influence outcomes. SABER-Early Childhood Development is designed to provide policymakers with the tools and analysis to meet this challenge and identify gaps and areas in need of policy attention to promote healthy and robust development for all children. SABER-ECD collects, synthesizes, and disseminates comprehensive information on ECD to enable policymakers, World Bank staff, and development partners to learn how countries address similar policy challenges related to ECD. The SABER-ECD approach focuses on three policy goals for all ECD systems: *Establishing an Enabling Environment*; *Implementing Widely*; and, *Monitoring and Assuring Quality*. For each policy goal, a series of policy levers are identified through which countries can act to influence each goal.

6. **The SABER-ECD framework utilizes a comparable and comprehensive approach to multi-sectoral¹ data collection and analysis.** The data collection process includes: in-depth interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners and scholars, and a desk review of available government documents, data, and literature. In each participating country, extensive multi-sectoral information is collected using two instruments, one focused on policies and the other focused on specific interventions. Once collected, data are analyzed using a Program Typology and Policy Classification Rubric. The data from each country which participates in SABER-ECD will be analyzed to identify a country's level of development within each of the three policy goals. Each participating country will be presented with regional and international comparisons which will help identify specific areas for policy improvement and generate policy options. This information will assist client countries to develop country-specific roadmaps and improve ECD policies to ensure that all children have equal opportunity to succeed in life. In addition to informing policy decision-making by governments, SABER-ECD will inform World Bank investments and analytical work in ECD.

7. **The rest of this paper provides the evidence base and a proposed framework for analyzing ECD policies and programs cross-nationally.** Following this introduction, Section II presents a brief overview of ECD and the rationale for investment in ECD. This includes a description of the processes of child development and the types of ECD outcomes and interventions, as well as the potential benefits to investing in ECD. Section III presents the SABER-ECD Analytical Framework and describes the identified three key policy goals of effective ECD systems. Section IV reviews the literature and provides the evidence base on "what matters most" for ECD policies. In this section, policy levers are described within each of the three policy goals. Section V briefly details efforts to link SABER-ECD with related World Bank initiatives and those led by other institutions engaged in similar work. In Section VI, the methodology that will be used to conduct a SABER-ECD analysis in participating countries is described, including the data collection process, tools and deliverables. The annex contains the policy classification rubric with the indicators that will be used to assess each country's level of development.

¹ While SABER is primarily focused on countries' education systems, SABER-ECD is a multi-sectoral analysis that includes the sectors of health, nutrition, education, and social and child protection.

What is Early Childhood Development and Why is it a Priority for Investment?

Status of ECD Globally: Unequal Access between Regions and within Countries

8. **Around the world, young children are growing up in disadvantaged circumstances.** One-fifth of all young children in developing countries grow up in poverty and more than one-quarter are stunted. Table 1 presents the prevalence of poverty and stunting for children in developing countries. In Sub-Saharan Africa, 61% of all children are living in poverty or stunted, or both. While this figure drops to below 20% in Central and Eastern Europe and Latin America and the Caribbean, across all regions, a high proportion of children are growing up in conditions that are not optimal for promoting healthy development.

Table 1: Prevalence and Number (in millions) of Disadvantaged Children Under 5 Years by Region in 2004

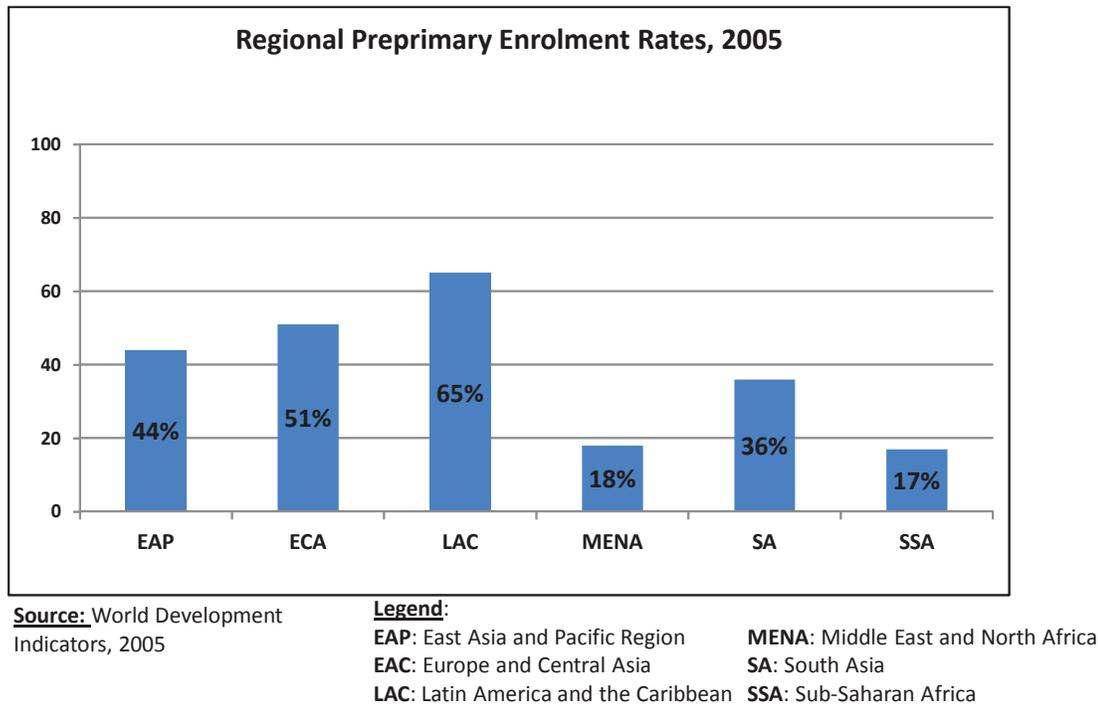
	Population younger than 5 years *	Percentage living in poverty** ††	Number living in poverty	Percentage stunted ††‡	Number stunted	Percentage stunted, living in poverty or both †‡§	Number stunted, living in poverty or both †‡§
Sub-Saharan Africa	117.0	46%	54.3	37%	43.7	61%	70.9
Middle east and north Africa	44.1	4%	1.6	21%	9.1	22%	9.9
South Asia	169.3	27%	46.3	39%	65.6	52%	88.8
East Asia and Pacific	145.7	11%	16.6	17%	25.2	23%	33.6
Latin America and the Caribbean	56.5	10%	5.9	14%	7.9	19%	10.8
Central and eastern Europe	26.4	4%	1.0	16%	4.2	18%	4.7
Developing countries	559.1	22%	125.6	28%	155.7	39%	218.7

* Population and poverty source data from UNICEF State of the World's Children, 2006.²⁵ † Where data missing, regional averages were used for percentage living in poverty and percentage stunted.
 ‡ We extrapolated poverty figures to 2004 based on findings from Chen and Ravallion²⁶ that, in the 1990s and early 2000s, decline in absolute poverty (less than US\$1 per day) was stagnant in all developing regions except east Asia and south Asia. In east Asia, the decline was levelling off and could be captured accurately by a non-linear regression equation ($R^2=93\%$); in south Asia the decline could be accurately captured by a linear equation ($R^2=99\%$). We used their equations²⁶ to estimate the expected poverty figures for east Asia and Pacific and south Asia for each country in these regions in the latest years with available poverty data, and then calculated the difference between the expected and observed figures for each country. We added this country-level difference to the regional figure in 2004 projected by Chen and Ravallion's equations to obtain the projected poverty level in 2004 for each country. We used the observed poverty figures as the 2004 estimates for other developing countries. We projected stunting figures for every country except those in the central and eastern Europe region to 2004 based on sub-regional linear trends estimated by de Onis, et al.²⁷ de Onis, et al. did not include the central and eastern Europe region in their analysis. Poverty reduction was stagnant in the 1990s and early 2000s²⁷ in central and eastern Europe. We therefore assume that for countries in this region there has been no change in stunting prevalence in the period concerned. § Stunting source data taken from WHO Global Database on Child Growth and Malnutrition.²⁸ ¶ Based on estimate that prevalence of stunting among children in poverty is 50%.

Source: The Lancet, 2011

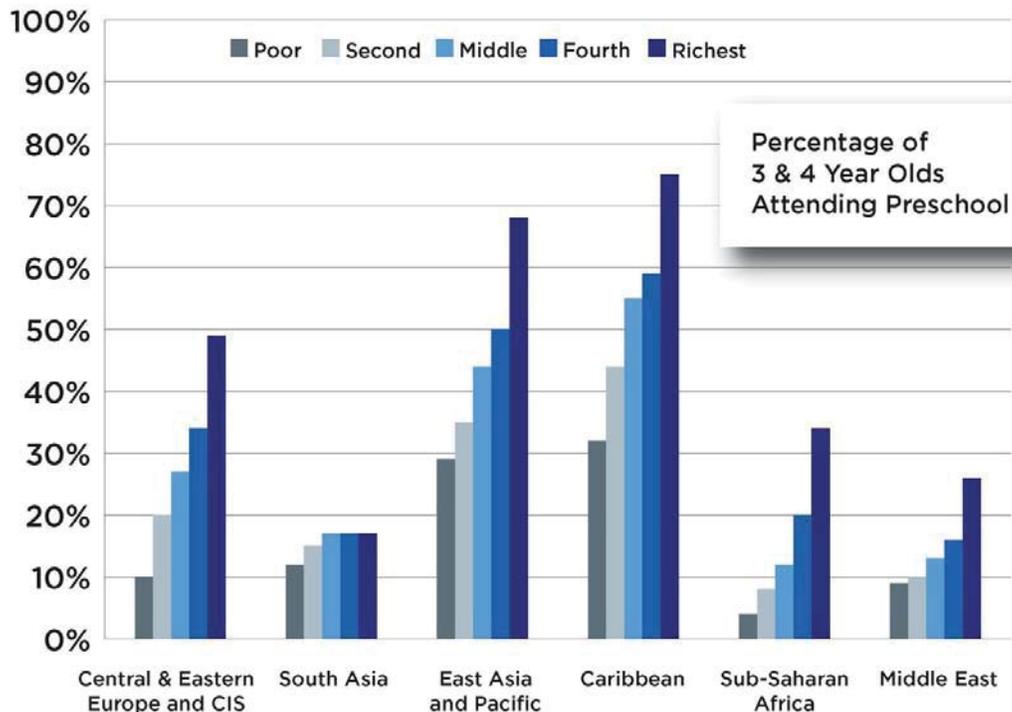
9. **Despite recent progress, access to preprimary school varies around the world.** The level of access to preprimary school in developing countries – one form of ECD provision – ranges from a low of 17% in Sub-Saharan Africa to a high of 65% in Latin America and the Caribbean. These figures are in contrast to near-universal access to primary school in many countries.

Figure 1: Global access to preprimary school



10. **Within countries, there are significant inequalities in access to preprimary school by socioeconomic status.** As Figure 1 shows, across all regions except South Asia, the disparities in enrollment between the poorest and wealthiest households are significant. In each region, children in the richest households are at least twice as likely – and in some regions three times as likely – to be enrolled in preprimary school than children from the poorest households. These disparities have implications for government policies, pointing to the need to target ECD interventions, and specifically preprimary school, to those children most in need. Current unequal outcomes are problematic not only from a rights and fairness perspective, but also with regards to economic efficiency. The economic value of ECD programs is often highest for those least likely to receive services; thus, Governments success should be measured not just through examination of national averages, but by comparing differences in access for different segments of society.

Figure 1: Access to preprimary school by socioeconomic status



Proportion of young children attending preschool in 58 low-income and middle-income countries by income quintile within country summed across sample countries by region. Data are from UNICEF's 2005 Multiple Indicator Cluster Survey 3 for children aged 3 and 4 years.

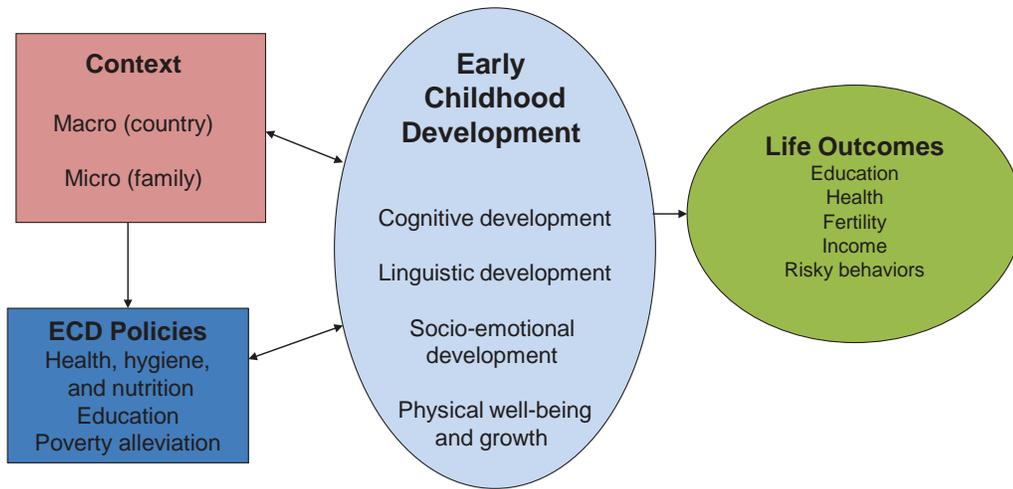
What do Children Need for Healthy Development?

11. **Children develop rapidly during their early years and positive or negative development in any of these areas has implications for their well-being, school readiness, and later success in life.** During a child's early years, there are four critical areas of development: physical, cognitive, linguistic and socioemotional. In the recent volume, *Investing in Young Children*, Naudeau et al, (2011) propose that by the time children reach school entry, they should be: i) healthy and well-nourished; ii) securely attached to caregivers and able to interact positively with extended family members, peers and teachers; iii) able to communicate in their native language with peers and adults; and, iv) ready to learn throughout primary school.

12. **Policies and context matter for children's development and life outcomes.** SABER-ECD builds on a conceptual framework for ECD outcomes developed by Vegas & Santibáñez (2010), presented in Figure 3. This framework outlines how policy and context affect children's development and how children's development in the early years affects life outcomes and social and economic development. Children's experiences are influenced by both the macro and micro context in which they live. The macro context includes the nature and extent of social policies that directly affect children's well-being

and the types of services available to young children and their families. The micro context includes the child’s personal situation and experiences at the family level. Development in four key domains (cognitive, linguistic, socio-emotional and physical well-being and growth) in the early years, in turn, impacts upon life outcomes. These life outcomes and the developmental outcomes for individuals have implications for a country’s social and economic development.

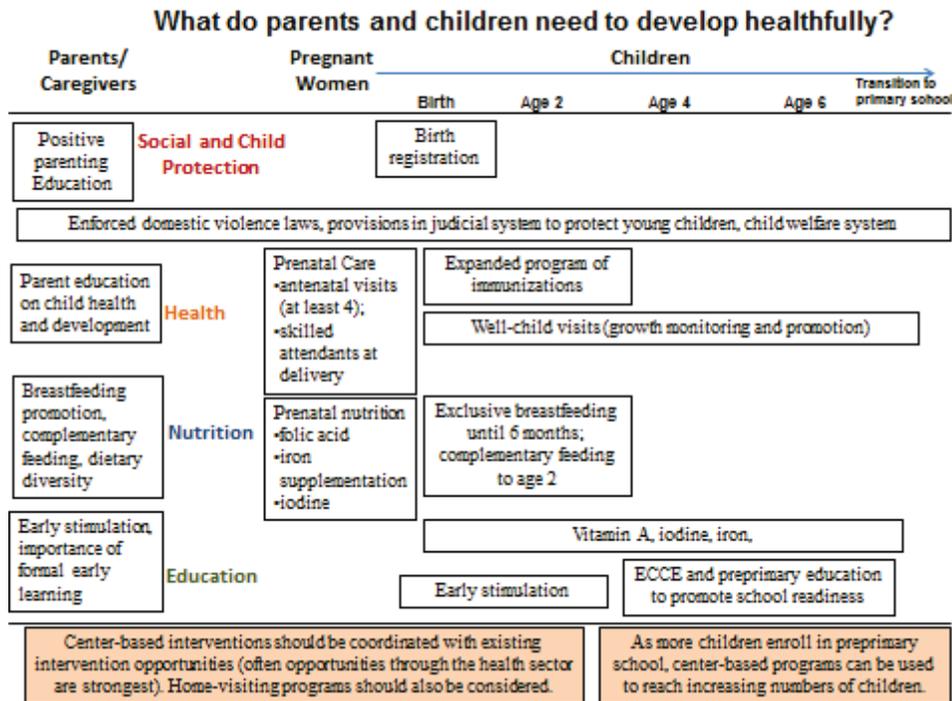
Figure 2: The Context for Early Childhood Development: Factors of Influence and Relation to Outcomes



Source: Vegas and Santibáñez 2010

13. **The entry points to influence young children’s development are diverse and involve multiple stakeholders.** The various sectoral policies that affect ECD outcomes include: healthcare and hygiene, nutrition, education, poverty alleviation and social and child protection. These policies can be aimed at the pregnant woman, the child, the caregiver or the family as a whole. Interventions can take place in many environments, including the home, at a preschool or child care center, a hospital or community center. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child’s life.

Figure 3: Essential interventions during different periods of young children's development



Source: Authors

14. **Recent brain research suggests the need for holistic approaches to learning and development**, recognizing that children's physical and intellectual well-being and socio-emotional and cognitive development, are all interrelated (OECD, 2007). Research shows that children's school readiness depends not only on their cognitive skills, but also on their physical, mental and emotional health and ability to relate to others (Hair et al, 2006). Child development is not limited to occurring in one domain, interventions in a single sector are not sufficient (Naudeau et al, 2011). The impact of ECD interventions will be greatest when policies and interventions are multi-sectoral and integrated, providing young children and their families with holistic programming to ensure that all children have an equal opportunity to reach their full potential (Engle et al, 2011).

15. **Development in early childhood is a multi-dimensional and sequential process**, with progress in one domain acting as a catalyst for development in other domains (Naudeau et al, 2011). Adequate nutrition, especially from conception to age 2, and stimulation in a child's early years play a critical role in brain development (World Bank, 2006; Nelson et al, 2006). Malnutrition in the early years leads not only to poor physical growth, but can impede brain development (Grantham-McGregor, 2007); malnutrition is also linked with delayed cognitive development and low academic achievement throughout a child's life.

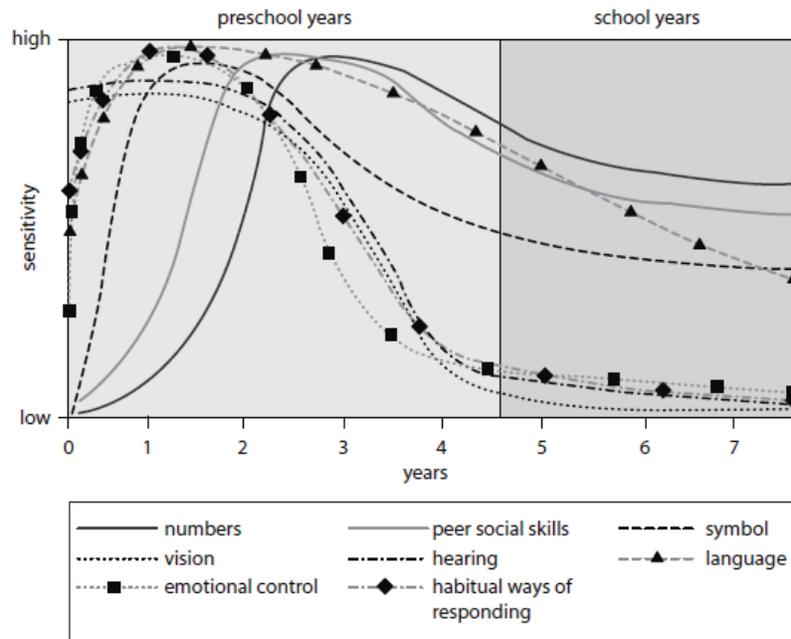
16. **Risks associated with poverty, including poor nutrition, excessive stress and lack of stimulation, often have negative consequences for brain development** (Engle et al, 2011). Risk factors

that interfere with children’s development often co-occur and can amplify each other, with poor health and nutrition and lack of school readiness leading to poor school performance. Poor school performance leads to inadequate preparation for economic opportunities – and, eventually, the perpetuation of intergenerational poverty cycles (Engle et al, 2007). In contrast, positive interactions with caregivers and early learning opportunities can positively affect brain development and improve children’s health, educational, and even economic trajectories (Engle et al, 2011).

Why Invest in ECD?

17. **Experiences in early childhood shape the architecture and wiring of the brain.** Neurological studies have shown that synapses develop rapidly during a child’s first few years, forming the basis of cognitive and emotional functioning for the rest of a child’s life (Young & Mustard, 2007; Young, 2002). These early experiences affect the development of a child’s brain and provide the foundation for future learning, behavior and health (Shonkoff & Phillips, eds. 2000). The influences and factors affecting a child’s early years, in turn, impact the development of skills that determine outcomes later in life (Cunha & Heckman, 2007; Heckman, 2006; Cunha et al, 2005; Carneiro & Heckman, 2003). As shown in Figure 4, there are a number of sensitive periods in children’s development that peak well before a child begins school. While it is still possible to promote these areas of children’s development after the early childhood period, it is often more difficult and more expensive. A growing body of evidence points to the importance of proper nutrition in the first 1,000 days of a child’s life for preventing stunting and its irreversible effects on an individual’s cognitive development. After the age of 24 months, the damage of chronic malnutrition, or stunting, becomes irreversible, and a child’s poor physical development contributes to underdevelopment in the other interrelated domains: linguistic, cognitive, and socioemotional development (Naudeau et al, 2011; Allen & Gillespie, 1998).

Figure 4: Sensitive Periods in Early Brain Development



Source: Council for Early Child Development (2010).

18. **Investments in ECD can address early gaps in opportunity.** While genetic influences account for half of the observed variance in cognitive abilities between children, the quality of a child’s environment, early stimulation and learning opportunities account for the other half (Fernald et al, 2009). By the time children enter primary school, gaps in cognitive development are already apparent, with children from lower socioeconomic backgrounds lagging noticeably behind children from wealthier backgrounds. For many children, these gaps apparent at school entry continue to widen with age (Paxson & Schady, 2007; Grantham-McGregor et al, 2007). Through efforts to improve a child’s early environment, policymakers can impact children’s development and promote opportunities for healthy development (Heckman, 2006). Interventions to help children develop in their early years can reduce gaps and improve children’s chances of success in later years.

19. **Investments in ECD yield long-lasting high returns.** Children who enter school ill-prepared are more likely to have poor academic performance, to repeat grades and to drop out of school than children whose cognitive skills and overall school readiness are higher upon primary school entry (Heckman and Masterov, 2007; Reynolds et al, 2001; Feinstein, 2003; Pianta & McCoy, 1997; Currie & Thomas, 1999). Investments in ECD promote school readiness and better education outcomes (Lynch, 2005). Investments in ECD have been linked to life-long benefits for participants and society in general, including increased wage-earning potential, decreased incarceration and lower reliance on social welfare (Hoddinott et al, 2008; Stein et al, 2008; Schweinhart et al, 2005).

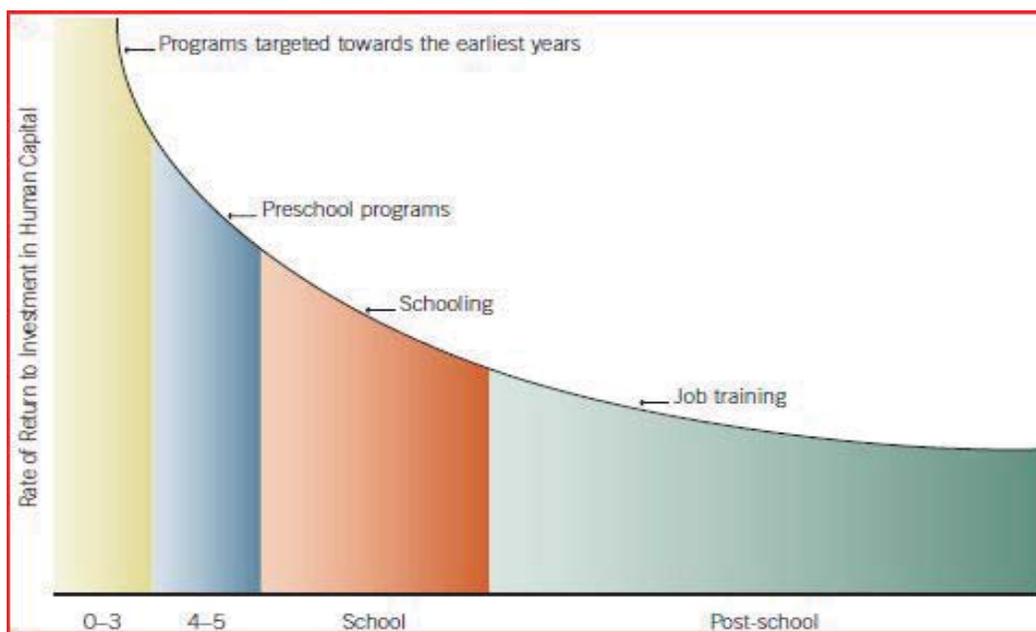
20. **As policymakers weigh the costs of investment in ECD, it is becoming increasingly clear that the potential returns far exceed costs.** The specific rate of return on investments in ECD depends on a

number of factors, including the focus of a program, duration of exposure and quality; depending on these factors the rate of return for a single dollar invested in ECD can be as high as 17:1 (Naudeau et al, 2011). High returns to investments in ECD have been consistently delivered across a range of contexts, with a typical rate of return between 2:1 and 8:1 per dollar invested (Naudeau et al, 2011; Valerio & Garcia, 2012). According to Engle et al, (2011), increasing preschool enrollment to 50% of all children in low- and middle-income countries could result in an estimated benefit of lifetime earnings ranging from \$15-\$34 billion.

21. **Investments in ECD have proven highly cost-effective and a wise use of limited Government resources.** As displayed in

22. Figure 5, investments during the early years yield considerably higher results than equivalent investments made during the primary or secondary school years or beyond.²

Figure 5: Comparison of Returns on Investment for Education Interventions



Source: Heckman and LaFontaine, 2007

23. **Investments in ECD can maximize both efficiency and equity.** Through universal access, high output can be achieved at low cost, the entire eligible population can be reached and, at the same time, equity is promoted because the marginalized children will benefit most (Alderman & Vegas, 2011; Heckman & Masterov, 2007). When children are older, the tradeoff between equity and efficiency grows more disparate, as the cost of targeting those most in need increases and the relative returns to such

² Figure 6 and much of the cost-benefit analysis of ECD investments are based on interventions in OECD countries (most of them, in the United States). The evidence base for rate of return for ECD investments in developing countries is growing. Through the SABER-ECD data collection and analysis process, we hope to expand the evidence from low- and middle-income countries.

investments decrease. Investments in the early years offer a cost-efficient way to produce a well-trained and capable workforce, and lead to better outcomes for those at greatest disadvantage (Naudeau et al, 2011).

24. **The potential returns to investments in ECD extend beyond direct benefits to children, and ECD investments can help achieve a range of policy objectives.** The potential benefits of investments in ECD are greater than the benefits which accrue to individual children. Effective ECD policies and service provision can play a role in achieving other desirable policy goals, including improving maternal health, promoting female labor participation, raising additional tax revenue, and reducing expenditures on social assistance programs (Moss, 2008; Kucera & Bauer, 2001). ECD programs and policies can also serve as entry points for governments to target hard-to-reach segments of the population, such as low-income families and immigrant families for inclusion into the community and society (Taylor & Bennett, 2008). The returns to investment in ECD have a strong gender component. In addition to impact upon female labor force participation, increasing the availability of affordable and high-quality childcare has also been correlated with increased female participation in primary and secondary school, as older female siblings can be freed from the expectation of caring for younger children (Lokshin, Glinskaya & Garcia, 2000).

The SABER-ECD Framework: An Overview

25. **In many countries, public policies remain deeply inadequate to provide all children with opportunities to fully develop and thrive.** ECD presents a particular challenge to policymakers due to its multi-sectoral nature and the necessity of reaching a variety of stakeholders to influence outcomes. Despite the clear evidence of the benefits of investments in ECD, there is not an existing consensus on how policymakers can holistically design ECD policies. Yet, there is a growing body of evidence on what policies matter most for developing strong ECD systems (see Section IV for a detailed review of the evidence available). SABER-ECD is designed to provide policymakers with the tools and analysis to meet these challenges and identify areas for policy attention to promote healthy and robust development for all children during their early years.

26. **Given that children's development in the early years occurs across multiple domains and can be influenced by a range of actors and interventions, it is necessary to understand how a country's ECD system functions in its entirety to impact a child's development and opportunities in life.** Analysis of ECD policies and programs in isolation can, of course, yield useful information; SABER-ECD, however, is designed to analyze the ways that different policies and programs interplay and influence children's development. This comprehensive assessment is critical because policy decisions in one area have implications in others. A decision to improve standards and tighten compliance mechanisms for preprimary school personnel and facilities, for example, can have multiple implications, including: for the level of financing required for ECD interventions, the institutions required to prepare personnel and the level of parental interest in enrolling children.

27. **Based on a comprehensive review of the literature, three policy goals that matter most for effective ECD systems are identified** (see Section IV for an in-depth review of the literature). The three essential policy goals for all systems to achieve are: (a) *Establishing an Enabling Environment*; (b) *Implementing Widely*; and (c) *Monitoring and Assuring Quality*. Taken together, these goals form a coherent system that addresses the constraints to achieving effective ECD policies (such as fragmented policy, limited and uneven access to services and poor quality assurance mechanisms).

Scope of the Work and Definitions and Terms

28. **Scope of the Work** – SABER is designed to assess existing policies of participating countries. The global scope of the SABER initiative necessitates an approach that allows for a large amount of data to be collected from countries in a relatively short period of time. While there is some scope to collect information on the implementation of policies, SABER does not currently verify outcomes at the household level. The SABER-ECD Team recognizes the valuable role of such data and, where possible, secondary data from household level surveys and data from the service delivery level have been incorporated into the analysis³. In addition, secondary data are utilized in country reports to provide appropriate context to analysis and recommendations.

29. **The Team also recognizes the distinction between policies “on paper” and the actual implementation of these policies in a country.** Many countries in the world have well-defined policies, but still have poor implementation, due to resource constraints, flawed service delivery and/or a lack of quality assurance mechanisms. Within the SABER-ECD data collection instruments, questions are designed to identify these discrepancies; the focus of the analysis, however, is more on policy intent than on policy implementation⁴.

30. In addition to the design of the data collection instruments, SABER-ECD country reports will contain a section comparing ECD policies with related ECD outcomes when possible. Figure 7 shows an example comparison for Tanzania. This comparison is not meant to imply causality, but, rather, to show that some policies may not be achieving intended objectives.

³ For example, indicators from the Multiple Indicator Cluster Survey (MICS) are incorporated into the Policy Classification Rubric to ensure that ECD outcomes are accounted for (percentage of births attended by a skilled attendant, percentage of children immunized with DPT3, percentage of the population consuming iodized salt, for example).

⁴ For example, the requirements for establishing a preschool center in a country may be very strict. In reality, however, only a minor proportion of operating centers may fulfill these requirements; such a discrepancy could indicate a problem with mechanisms to enforce compliance with standards or a problem with information and monitoring systems. The SABER-ECD data collection instruments contain a series of questions designed to allow for such gaps between policy and practice to be identified.

Figure 6: Comparison of Policies with ECD Access and Outcomes in Tanzania

Policy	Outcomes
Tanzanian policy complies with the International Code of Marketing of Breastmilk Substitutes	Rate of exclusive breastfeeding until the age of six months: 50%
Tanzania has a national policy to mandate the iodization of salt	Household consumption of iodized salt: 43%
Preprimary school is officially free in Tanzania, but it is not compulsory	Preprimary school enrollment: 33%
Young children are required to receive a complete course of childhood immunizations	Children with DPT (12-23 months): 91%
There is a policy mandating the registration of children at birth in Tanzania through the Registration Insolvency Trusteeship Agency	Completeness of birth registration: 22%

31. **Categorizing country policies by level of development** – It is important to note that participating countries in SABER-ECD will not receive an overall score or rating on their level of ECD policy development and there will be no index that ranks countries. Rather, SABER-ECD will present countries with an analysis of their level of development within specific policy goals and levers. Regional and international comparisons will be used to draw upon best practice and lessons learned to discern country-specific options to improve ECD policies and outcomes.

32. **There is no unique path to ECD policy development** – There are different ways for countries to address each of the three policy goals and associated policy levers to achieve an advanced level of ECD policy development. While the SABER-ECD analysis compares all countries using the same data and same policy classification rubric, it is not designed to present countries with a one-size-fits-all approach to ECD policy development. Countries with a more centralized system, such as Uzbekistan or Peru, will need different solutions than decentralized countries, such as Brazil or India. For this reason, SABER-ECD can be implemented at the sub-national level, where appropriate (for example, at the level of State in Nigeria). Depending on each country’s context, there are different solutions and approaches to reach the goal of ensuring that all children have the opportunity to reach their full potential. By drawing on relevant regional and international comparisons and a benchmarking exercise of top-performing and rapidly-improving ECD systems, the team aims to provide participating countries with a range of options to consider.

33. **Definition of ECD programs and policies** – SABER-ECD is a multi-sectoral initiative, with a focus on the full range of sectors which impact a child’s development, including health, nutrition, education

and social protection. *ECD policies* are generally designed to promote the survival, growth and development of young children, prevent the occurrence of risks and ameliorate the negative impacts for children exposed to risks (Engle et al, 2007). *ECD programs* can be directed at disadvantaged children or the entire population. ECD programs can work directly with children (examples include growth monitoring programs or preprimary school), or can work with parents or caregivers to improve parenting skills or provide education. Services can be provided via center-based approaches, home visits, group sessions or advocacy and communication campaigns designed to result in behavior change.⁵

34. **Age of focus** – Within the community of ECD practitioners, academia, and policymakers, there is some debate over the exact age range that ECD programs and services should cover. Some propose that ECD interventions should begin at birth, while others propose that interventions should start even earlier, at conception. Similarly, there is debate as to whether ECD interventions should target children until the age of 5 or 6 – or later, covering the transition years into primary school up to the age of 7 or 8. SABER-ECD will focus on the first six years (starting in pregnancy through 83 months of age) of a child’s life. The SABER-ECD Team recognizes the importance of attention to a child’s 7th and 8th year of life, when concerns over transition to primary school are acute. SABER-ECD will focus on the policies and programs which affect children prior to school entry, with a limited examination of the transition to primary school. Policies affecting the early primary years are covered within other SABER domains.

Introducing Three Key ECD Policy Goals

35. **Establishing an enabling environment is the foundation for effective ECD policies, providing the mechanisms and means to design and implement ECD policy, deliver services and monitor outcomes.** Many of the features of an enabling environment relate to the function of government that is connected to the production of “public-goods” and the basic rationale for public-sector intervention (Brinkerhoff, 2009). A country’s enabling environment can encourage diverse participation and service uptake, promote efficient service delivery, and ensure adequate financing and institutional capacity. In the context of ECD, establishing an enabling environment entails developing an adequate legal and regulatory framework to support ECD provision. Coordination within sectors and across institutions is necessary to ensure effective service delivery (OECD, 2011, 2006; UNESCO, 2006). Finally, the availability of adequate fiscal resources and systems to allocate financing will determine the extent to which the enabling environment supports the ECD system.

36. **The goal of implementing widely refers to the extent of coverage as well as the scope of programs offered and the extent to which access is equitable.** Many advanced industrialized countries have expanded universal ECD services, especially in the areas of health and education (UNICEF, 2008). While developing countries have dramatically expanded access to preschool provision in the past decade, many still face the challenge of how to take small pilot interventions to scale to reach all eligible children. Implementing widely not only refers to coverage, but also the scope of programs offered and the extent to which children’s holistic development is addressed through the existing interventions. A

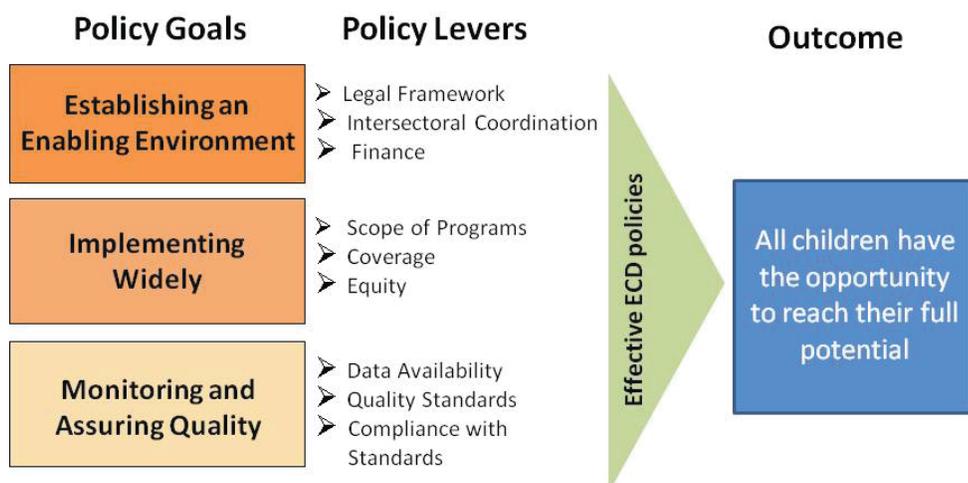
⁵ For more information on strategic entry points for ECD services, see Naudeau et al (2011).

robust ECD system should include policies that support programs in all essential sectors and target all groups (e.g., pregnant women, infants and toddlers, preschoolers and caregivers). Moreover, high degrees of coverage are needed to reach the entire population equitably, with particular attention to children from disadvantaged and minority backgrounds as well as those with special needs (OECD, 2001; OECD, 2006).

37. **Monitoring and assuring quality is essential to protect children’s well-being and to promote their development and learning.** Often, particularly in light of political and budget pressures, policymakers focus efforts on expanding access to ECD services. While expanding access is critical, it must be done with a commensurate focus on ensuring quality. A focus on access – at the expense of quality – jeopardizes the very benefits that policymakers hope children will gain through preschool and other ECD interventions. Evaluations of preschools from settings as diverse as Guinea, Cape Verde and Bangladesh record associations between measures of quality and cognitive outcomes (Jaramillo & Tietjen, 2002; Aboud, 2007). In contrast, if programs are not of high quality, the impact on children can be negligible, or even detrimental. In many countries, a large proportion of ECD services, particularly ECCE, are provided by the private sector; for these systems, well-defined and enforced monitoring and quality assurance systems are especially critical to ensure that the standards for programs and service delivery are met. The goal of monitoring and assuring quality refers to the data availability and systems to monitor ECD outcomes across children, the development of quality standards for ECD service delivery, and systems to monitor compliance with established standards.

38. **For each policy goal, a set of actions, or policy levers, are identified that decision-makers can act upon in order to strengthen ECD.** Figure 8 presents the SABER-ECD analytical framework comprising the three core ECD policy goals and nine associated policy levers that support the achievement of these goals.

Figure 7: SABER-ECD Policy Goals and Levers



39. **These ECD policy goals and associated policy levers were selected using the following criteria:**

- *Potential to impact* – The SABER-ECD Team provides the evidence-base for all policy goals, levers and indicators. The Team reviewed evidence from impact evaluations and institutional analyses and conducted a benchmarking exercise of top-performing and rapidly-improving systems. It is important to note, however, that evidence from impact evaluations is not available for all areas of the analytical framework. There are promising interventions that have not been rigorously evaluated, while some recommendations are derived from theory and experience. In addition to evidence from impact evaluations of specific interventions, the identification of policy goals and levers is based on guidance from experts and best practice from high-functioning ECD systems with strong ECD outcomes.
- *Priority for resource allocation* – Government financial resources are limited, even within the wealthiest countries. Policy goals and levers, therefore, must demonstrate a clear linkage to improving ECD outcomes through reasonable expenditure. While strict cost-effectiveness and cost-benefit analysis have not been conducted to justify each policy goal and policy lever, the highlighted goals and levers have been considered in light of competing policy priorities.
- *Actionable* – As noted previously, ECD occurs in a broad context and is influenced at the micro and macro level. The policy goals and levers presented in SABER-ECD are those that governments can influence directly through policy decisions and resource allocations.
- *Combined Coherence* – Finally, the three policy goals and associated policy levers provide a coherent package, with mutually reinforcing components that policymakers can aspire to achieve.

What Policies Matter Most? A Review of the Evidence

40. This section presents the key components of ECD policy that matter most for each policy goal and lever. A series of indicators and sub-indicators are used to measure a country's level of development. The specific indicators and sub-indicators are presented in detail in the annex.

Box 1 presents an abbreviated list of key interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors. Note that most of the items listed are policies or laws that would be covered within a country's legal framework (though a few items, such as affordable childcare are more correctly characterized as programs or interventions and would require implementation in addition to laws or policy documents).

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote integrated ECD interventions for young children and their families?
Healthcare
<ul style="list-style-type: none"> • Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well-child visits
Nutrition
<ul style="list-style-type: none"> • Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
<ul style="list-style-type: none"> • Parenting programs (during pregnancy, after delivery and throughout early childhood) • High-quality and affordable childcare, especially for working parents • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
<ul style="list-style-type: none"> • Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation and access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc)
Child Protection
<ul style="list-style-type: none"> • Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Policy Goal 1: Establishing an Enabling Environment

41. Through the enabling environment, government can support civil society, set incentives and policies that encourage private investment, support marginalized and disadvantaged populations and affect the extent to which power and resources are devolved from national to sub-national levels of government (Brinkerhoff, 2009). Important features of the enabling environment for an ECD system include: the existence of a legal and regulatory framework to support ECD; coordination within sectors and across institutions to ensure effective service delivery; and, the availability of financial resources and systems to allocate financing.

Policy Lever 1.1: Legal Framework

42. **The legal framework of an ECD system comprises all of the laws and regulations which can affect the holistic development of young children.** The laws and regulations which impact ECD are diverse because of both the array of sectors which influence ECD and because of the different constituencies that ECD policy must target, including pregnant women, young children and parents and caregivers of young children (Britto, Yoshikawa & Boller, 2011; UNESCO, 2007). In some countries, a specific ECD policy or law is enacted to ensure that all children are guaranteed access to essential interventions to promote healthy development. In other countries, rights and services are guaranteed through laws and policies in separate sectors (Vargas-Baron, 2005).

43. **Evidence suggests that universal provision of health services is the best way to ensure access for all pregnant women and young children.** Providing free, high quality maternal, newborn and child health services removes financial barriers to access and increases utilization (WHO, 2005). It can also be an effective way to promote equity in access, without compromising the quality of service provision (OECD, 2006). Often the cost or location of services prohibits families from accessing preventive care and treatment.

44. **The promotion of early childhood development begins before a child is born and, as such, it is critical to reach women of childbearing age and pregnant women with the services they need to deliver healthy babies and to care for children after birth.** Most maternal deaths occur during childbirth and the immediate postnatal period – this is also when most stillbirths and newborn deaths occur (WHO, 2010). These maternal deaths leave children without mothers and have dramatic and lasting implications for the child’s development – but many of them are preventable and could be avoided if women had access to quality healthcare during pregnancy and delivery. Key interventions include antenatal visits during pregnancy (ideally at least 4), screening to prevent mother-to-child transmission of HIV (and other STDs) and skilled attendants at the time of delivery.

45. **Proven interventions and policies exist to prevent and treat the three main causes of death for children below five years of age – diarrhea, pneumonia and malaria** (WHO, 2010). Despite the known prevention and treatment strategies, too many children die from these highly preventable diseases each year. A complete course of childhood immunizations (mandated and available free of charge in accessible locations, mandatory well-child visits and the distribution of insecticide treated bed nets to prevent malaria, are all important components of healthcare for young children. In addition, clean water and adequate sanitation are important to prevent diarrhea, worms and other diseases that can be water born and take a toll on young children.

46. **National laws and regulations can be used to promote appropriate dietary consumption by pregnant women and young children.** As outlined in Box 1, the iodization of salt, fortification of foods with iron, and laws regarding the marketing of breast milk substitutes, are all examples of how regulations and laws can be used to promote better nutrition for young children.

47. **Increasing breastfeeding practices and complementary feeding for infants and young children can reduce infant mortality rates and promote healthy development.** An analysis of international

data, for example, demonstrated that if the rate of exclusive breastfeeding until the age of six months were increased to 90% worldwide, an estimated 13% of all child deaths could be prevented each year (Black, Morris, & Bryce, 2003). Results from a trial in Honduras show improved motor development for children exclusively breastfed (Dewey et al, 2001). The International Code of Marketing of Breast Milk Substitutes provides countries with clear guidance on how to structure policies and regulatory frameworks to encourage breast feeding and infant feeding according to WHO guidelines and adherence is monitored by the International Baby Food Action Network.

48. **In Brazil, dramatic and sustained success in increasing evidence-based infant feeding has been achieved in the last three decades.** The average duration of breastfeeding has improved from two months in 1975 to 10 months in 2010. This success was achieved through a persistent multi-pronged strategy that included political leadership, participation from celebrity and influential media persons, community education campaigns, outreach to medical personnel and changes to laws to comply with best practice to promote evidence-based feeding of infants.⁶

49. **Ensuring that pregnant women and young children’s diets include adequate iodine and iron substantially and positively impact children’s development** (Walker et al, 2007). Despite this clear evidence, an estimated 30% of households in the developing world do not consume iodized salt, putting 41 million infants at risk for developing iodine deficiency. Iodine Deficiency Disorder (IDD) is the primary cause of preventable mental retardation and brain damage, and also increases the chance of infant mortality, miscarriage and stillbirth. IDD can be prevented through the consumption of small but regular amounts of iodine over a lifetime. Universal salt iodization is the most cost-effective way to deliver iodine to a country’s population, with an estimated cost of just .05 cents per person per year (Horton, Alderman and Rivera, 2008). National laws can be modified to effectively promote or mandate the iodization of salt.

50. **A number of countries have achieved remarkable success in reducing IDD in just a few years through universal salt iodization, including Bangladesh, China, Jordan, Laos and Nigeria.** In China, the coverage of iodized salt increased from 54% in 1995 to 95.2% in 2002 through the Government of China Salt Iodization Project. This effort included three State laws and 34 provincial regulations. In addition to legislation, the program promoted direct cooperation between salt producers and local government, an enforcement team of 25,000 people to assure that legally produced salt reached the market, and national licensing scheme to ensure adequate distribution (Laviolette & Mannar, 2008).

51. **Iron deficiency anemia significantly impedes young children’s development and is one of the most pervasive nutritional problems in the world.** An estimated 50% of pregnant women and 40-50% of young children in developing countries are iron deficient. Anemia increases the risk of maternal death during childbirth and is linked to low-birth-weight and impaired physical development. Iron-folate

⁶ For more information on breastfeeding promotion in Brazil, see Rea, M.F., and Araujo, MFM. 2005 “Implementation of Breast-Feeding Practices: From International Recommendations to Local Policy.” In *Nutrition and an Active Life: From Knowledge to Action*, ed. Friere, W. Washington, DC.: PAHO.

supplements during pregnancy can prevent anemia in the mother and neural tube defects in the fetus. Iron supplementation has shown positive effects on children’s motor, socioemotional and language development (Walker et al, 2007). Improved consumption of iron can be achieved through fortifying wheat or maize flour, soy or fish sauce, rice or through the use of sprinkles. There are currently a limited number of examples of national-level success with iron fortification, but a six-month trial in South Africa reported better motor development for infants who received iron-fortified porridge than infants who received non-fortified porridge (Faber et al, 2005).

52. **The benefit to cost ratios for both salt iodization and iron fortification are significant** and show that countries can expect significant returns to investments. As presented in Table 2, the per capita cost of salt iodization is estimated to be as low as USD .05 cents per year.

Table 2: Benefit to cost ratio for salt iodization and iron fortification

Micronutrient Fortification	Number of people affected worldwide	Solution cost (per person per year)	Benefit: cost ratio	Cost per year	Benefits per year
Salt iodization	380 million	USD 0.05	30:1	USD 19 million	USD 570 million
Flour fortification	1.4 billion	USD 0.12	8:1	USD 167 million	USD 1.34 billion

Source: Horton, Alderman and River, 2008.

53. **Poverty risks for families with young children are the greatest during the period from when a child is age 0 to 3, particularly in the period immediately following birth.** In countries with little or no paid leave policies, the birth of a child imposes relatively higher costs on average-earning families (OECD, 2011).⁷ Low-earners and single parent families are commonly at the highest risk. In many countries, policies are still designed under the assumption that one parent will be able to stay home to care for children; during the last 50 years, however, the female proportion of the workforce has increased dramatically in many parts of the world. A conservative estimate places the number of children below the age of 14 living in households where both adults work outside the home at 930 million, with 340 million of these children aged 6 or younger (Heymann, 2006).

54. **In the child’s first year of life, interaction with parents (or a caregiver substitute) is the main source of stimulation; accordingly, government policy should ensure adequate flexibility and compensation so that parents have the resources to select appropriate care for their children** (Mustard, 1999, 2003, 2006; Carnegie Corporation, 1994). A recent study of paid leave for new mothers in 141 countries shows that an increase of leave to the equivalent of 10 paid full-time weeks is associated with 9 to 10% lower rates of neonatal mortality, infant mortality and under-five mortality (Heymann, Raub and Earle, forthcoming). This evidence holds even in high-income countries, with relatively low morbidity and mortality risks for young children (Tanaka, 2005 and Ruhm, 2000).

⁷ Parental leave policy not only affects the care a child receives, but also labor force participation and career advancement, particularly for women.

55. **Countries approach parental leave following child birth differently**, with some systems providing months or years of publicly financed leave and others leaving the decision up to the private sector. In a study of 184 countries, Heymann and McNeil (2012) find that just six countries do not guarantee at least some paid time off for women upon the birth of a child. 60 countries mandate between 14 and 25 weeks of paid leave and 41 countries (mostly in Europe) mandate 6 months or more of combined maternity and parental leave entitlements. Parental leave for fathers is significantly less common than for mothers: just 54 countries provide paid leave specifically for fathers and 42 of these countries provide two weeks or less.

56. **While paid parental leave is an important policy to support young children's development, in many countries the impact of such a policy is severely constrained by the structure of the economy and workforce.** In many low- and middle-income countries a significant portion of the work force is employed in the informal sector. In many higher income countries, a significant portion of the workforce is employed part-time and thus ineligible for paid maternity leave. For these reasons, paid parental leave following childbirth is considered by some to be a less important issue for many low- and middle-income countries. Despite this concern, as countries develop and economies grow, workforce participation will become more formalized and it will be important to have appropriate policies in place. The benefits of paid parental leave policies extend beyond the individual benefits for young children and their families. Research shows that women are more likely to return to the same employer when they have access to better family leave policies, which reduces the lost investment for employers who might lose employees following the birth of a child. In addition, improved child health outcomes and reduced healthcare costs for children benefit the State (Heymann & McNeil, 2012).

57. **It is important to protect pregnant women beyond the provision of parental leave and include job protection, anti-discrimination laws and guaranteed rights for new mothers to breastfeeding breaks, for example.** On a national level, low-income countries around the world have shown that it is feasible to make these guarantees. Paid leave for new mothers is guaranteed in 50 low-income countries, breastfeeding breaks are guaranteed in 38 low-income countries, a night work wage premium is mandated in 18 countries, and leave for family needs is guaranteed in 11 countries. (Heymann & McNeil, 2012). In recognition of the limited impact of parental leave policies in many countries, the SABER-ECD framework considers alternative policy mechanisms to support parents, such as conditional cash transfers (CCTs), tax credits or interventions to provide targeted support to poor families. In addition, the subsidization of services (such as high-quality childcare) is another way to provide families with choice as to how to best care for young children.

58. **Policies to promote enrollment in preprimary school are critical to ensure children arrive to primary school prepared to succeed.** Investments in children's early learning have been proven to promote school readiness and better education outcomes (Lynch, 2005). Participation in quality ECD programs is linked to improved attention and learning outcomes, as well as higher completion rates and school attainment levels (Kagiticbasi, Sunar & Bekman, 2001; Schweinhart et al, 2005; Aboud, 2006; Vegas & Petrow, 2008; Berlinski, Galiani & Gertler, 2009). In many countries, children enter primary school underprepared and, as a result, they underperform. When children enter school with low levels of school readiness, they are more likely to score poorly, repeat grades and drop-out; in addition, the

effects can be detrimental for the overall classroom environment, not just those children who are ill-prepared (Wentzel and Wigfield, 1998; Reynolds et al, 2001; Heckman & Masterov, 2007). Increasing preprimary school enrollment has the potential to yield significant benefits to education systems as children grow older. Analysis of PISA 2009 results, for example, reveals that school systems that have a 10 percentage-point advantage in the proportion of students who had attended preprimary school score an average of 12 points higher in the PISA reading assessment (OECD, 2011). Free preprimary education – which is the policy standard across most of Europe – is recommended by internationally by UNICEF, OECD and the Consultative Group on Early Childhood Care and Development.

59. **An effective child and social protection system ensures that the rights and needs of young children are represented.** Some form of birth registration is generally required for children to obtain a birth certificate and access to services, protection and opportunities throughout life. Estimates indicate that as many as one-in-three children below the age of five worldwide are not currently registered and, as a result, are denied access to the services and protection they need to grow and thrive (UNICEF, 2011). Social protection policies also are important to promote the protection and participation of children with disabilities and special needs, who otherwise may be discriminated against or excluded from receiving needed services.

60. **A country's legal framework is a critical pathway through which to promote child protection.** One of the first critical components of a child protection system is mandated birth registration. A second critical component is the extent to which domestic violence is prevented and prosecuted – robust – and enforced- domestic violence prevention laws are critical to keep children and their mothers safe in the home. Children also need special provisions within law enforcement and judicial systems to ensure their protection and fair representation. Important features of judicial systems include specialized advocates for young children and child-friendly courts. Training for law enforcement officials, hotlines that are accessible to all children and ombudsman are all important mechanisms that can help to provide children with protection.

61. **In addition to child protection policies, a country's legal framework should promote the social protection of children.**⁸ Young children, due to their age and limited ability to communicate, are especially vulnerable to violence and exploitation. It is critical for governments to track levels of child violence and neglect and to have systems in place to intervene to protect children, when needed. When parents are unable to care for children, it is essential that some sort of public provision exist to ensure that children's minimum needs for living are met through a child welfare system. The components of an established child welfare system include the following: a system to identify and monitor at-risk children, a housing system and mechanisms to reach children in need with necessary services.

62. **Social protection is important both for orphans and vulnerable children and for children with special needs.** Policies to identify children with special needs to allow for early intervention are critical, as are legal guarantees to protect the rights of children with special needs and promote their access to ECD services. For some children, an approach that mainstreams them into standard classrooms and

⁸ Footnote explaining distinction between social and child protection.

facilities will be important, while for others, some special accommodations will need to be made or specialized services provided.

Policy Lever 1.2: Inter-sectoral Coordination

63. **Inter-sectoral coordination is an important policy lever through which to influence a country's enabling environment because children's development cannot be adequately addressed through interventions via any single sector.** Reviews and case studies point to several important components for multi-sectoral ECD frameworks, including: a high-level political endorsement to ensure the prominence of ECD on the national agenda; a defined institutional anchor; and, the inclusion of stakeholders from a range of sectors in policy development and implementation with clearly delineated responsibilities (Naudeau et al, 2011).

64. **Policy decisions and interventions in ECD often span multiple ministries: typically health, education and social protection/welfare.** As such, coordination across multiple ministries is needed (Hall, 1996). In many countries, Ministries of Health are the primary agency of relevance for children below the age of 3, with prenatal care, childbirth, immunizations and growth monitoring programs being the primary entry points for service delivery and contact. Once children reach preschool age (3-6 in most countries) the Ministry of Education often becomes the most relevant ministry. Roles and responsibilities of different government institutions for ECD often are not clearly delineated, which can lead to overlap and inefficiencies (Kamerman, 2005; UNESCO, 2006).

65. **While it is clear that children's development occurs across different domains and requires interventions in multiple sectors, the evidence is less clear on the best way to achieve intersectoral coordination, suggesting that a contextualized and country-specific approach is best.** In some countries, a completely integrated multi-sectoral approach to policy coordination and service delivery for young children may be the most effective. In other countries, the creation of clear and well-functioning coordinating mechanisms between different sectors may be adequate. The right approach for a centralized system may not work in a decentralized system. Regardless of the specific institutional arrangements, some mechanisms to promote coordination across sectors and institutions are essential. This type of intersectoral coordination is also important to facilitate longitudinal tracking and long-term service provision and follow-up for children. Box 3 describes three different approaches to coordinating across sectors from Jamaica, Tanzania and Chile.

Box 3: Different Approaches to Coordinate Across Sectors: Jamaica, Tanzania and Chile

Jamaica

The Early Childhood Commission (ECC) was established by an act of parliament in 2003 to develop standards and regulations for ECCE facilities, advise the Minister of Education on policy matters related to early childhood, assist in the planning of strategies and monitor the implementation of programs. In 2005, parliament passed the Early Childhood Act, which proscribes the policies, regulations and standards governing ECD in Jamaica. By law, The ECC includes representatives of all key ministries, the executive branch, the opposition political party, non-state actors and ECD experts. This broad inclusion

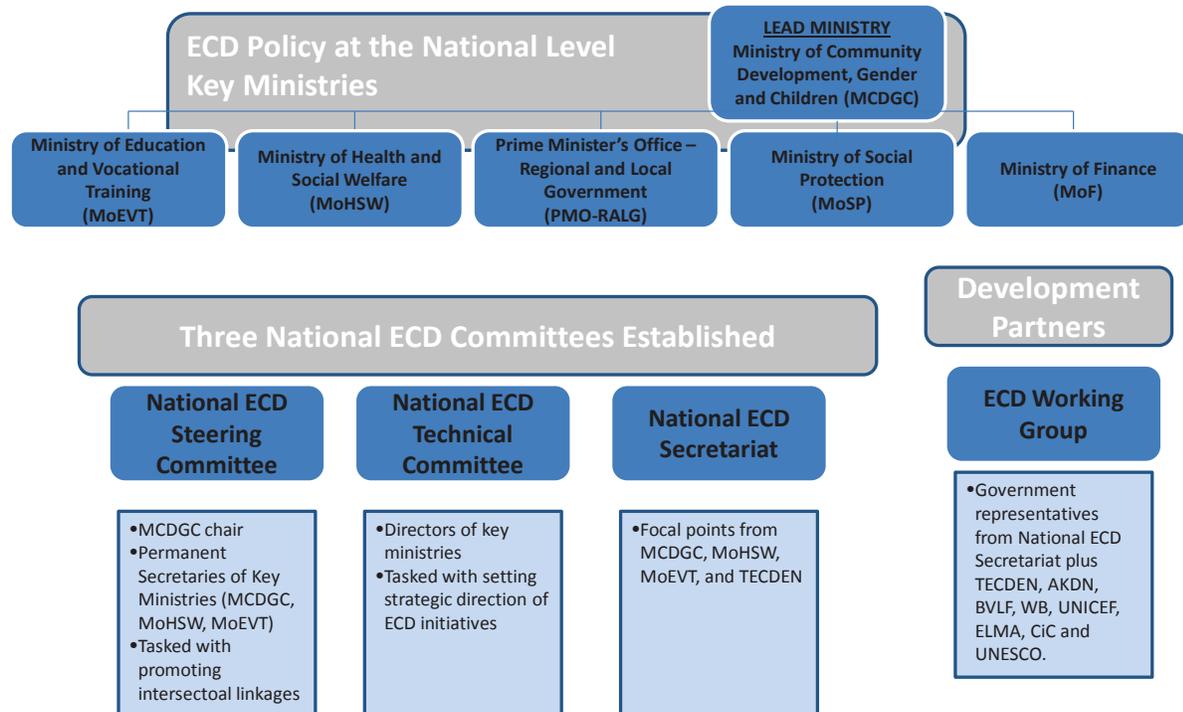
is critical to the efficacy and sustainability of the Commission’s work- through the political party in charge changed mid-way through the process, it was not disrupted. Critically, the ECC also has legislative authority to enforce standards and impose sanctions, including financial penalties (Naudeau et al, 2001).

Tanzania

In Tanzania, the Ministry of Community Development, Gender and Children (MCDGC) has been selected as the coordinating ministry for ECD in Tanzania. Focal points have been established in key ministries, including in the Ministry of Education and Vocational Training, Ministry of Health and Social welfare, the Ministry of Finance and the Prime Minister’s Office-Regional and Local Government.

In 2006, three national committees on ECD were established: The National Steering Committee, The National Technical Committee and The National ECD Secretariat. As described in Figure 9, these committees are tasked with: setting policies for ECD, establishing standards for service delivery, monitoring access to ECD services and quality of ECD services and playing a coordination role across different entities and agencies. The Steering Committee meets semi-annually to conduct business and the Technical Committee and ECD Secretariat meeting quarterly. When the Steering Committee approves a policy and/ or strategy, it is sent to the Cabinet Secretariat for approval. None of the committees produce periodic progress reports. In addition to the formal mechanisms for coordination, the ECD focal points within each ministry regularly communicate and this positive working relationship is noted by development partners as a key factor in the successful inter-sectoral coordination in Tanzania, relative to neighboring countries.

Figure 8: ECD Coordination at the national level in Tanzania



Tanzania’s ECD policy, the Integrated Early Childhood Development Policy (IECDP), was drafted in 2010

after a multi-year consultative process. It is a holistic policy which includes the sectors of education, health, nutrition and social and child protection. As of November, 2012, the IECDP is awaiting approval from Parliament. There is no ECD-specific budget allocation or dedicated ECD staff within the MCDGC. The infrequency of meetings and lack of progress to pass the IECDP and develop an implementation plan suggest that the MCDGC may not have the resources necessary to fulfill its mandate and serve as a strong institutional anchor.

Chile

In 2005, Chile introduced a new inter-sectoral policy for ECD called *Chile Crece Contigo* (“Chile Grows With You”, CCC). The multi-disciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40% of households key services, including free access to preprimary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multi-sectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels there are institutional bodies tasked with supervision and support, operative action, as well as development, planning and budgeting for each respective level. The *Chile Crece Contigo* Law (No. 20.379) was created in 2009.

66. **Aligned and comprehensive policy planning is critical to ensure that children’s holistic development is promoted.** Accordingly, an explicitly-stated multi-sectoral ECD strategy and/or policy can support effective coordination across sectors (UNESCO-OREALC, 2004). Alternatively, it is possible to achieve comprehensive policy planning through individual sectoral strategies, as long as the policies and interventions for young children are clearly delineated – and mechanisms to coordinate across policies in individual sectors exist. However it is achieved, a holistic policy framework to promote ECD can reduce duplication of efforts across sectors and maximize scarce financial, human and material resources (Neuman, 2007). Planning paradigms that support the delivery of integrated ECD services, including health, nutrition and early child stimulation, can ensure maximum returns for human capital investments while also promoting efficiencies in the delivery of ECD services (Naudeau et al, 2011).

67. **There are benefits to establishing a clear institutional anchor to coordinate ECD across sectors and institutions.** Different government entities each have a different role to play in ECD service delivery and oversight. Depending upon the context in each country, the appropriate choice of institutional anchor varies. Some countries designate a line ministry – generally education or social welfare – to lead ECD efforts. In many countries such as Brazil, Kenya, New Zealand and Sweden, the education ministry is the lead agency and provides continuity between the early childhood and primary years. In other countries, the Ministry of Planning may serve as the institutional anchor, as is the case in Cameroon, Chile, and Côte d’Ivoire. Alternatively, establishing an inter-sectoral ECD taskforce or an entire ECD agency can facilitate coordination between different sectors. A relatively new approach is to create a new independent commission or to house ECD in the office of the president or prime minister, as is the

case in Jamaica and Chile. Depending upon the context in each country, the appropriate choice of institutional anchor varies. Regardless of which type of anchor is selected, it is important that the designated anchor be adequately resourced in terms of financial endowment, political capital and human resources (Vargas-Baron, 2005). It is critical to ensure that whatever entity is tasked with leadership is given a clear mandate, provided with adequate resources (financial and human capital) to fulfill its mandate and afforded the requisite power and influence to make policy and funding decisions (UNESCO-OREALC, 2004).

68. Inter-sectoral coordination is important not just at the national policy level, but also at the regional level and at the point of service delivery – this is particularly true in decentralized systems.

The combined delivery and technical integration of interventions can improve efficiency, increasing cost-effectiveness and impact through synergies between interventions (Jones et al, 2003; Tulloch, 1999). Inter-sectoral coordination at the level of service delivery is particularly important in contexts where mothers and young children are difficult to reach and have limited contact with medical or other service delivery personnel. Making the best use of every contact with mothers and children to deliver appropriate interventions requires strong coordination between programs and across sectors (Bryce et al, 2003). Integrated service delivery – either through co-operation or co-location – can reduce the cost burden for service providers and for clients by minimizing the time and travel costs to access services (OECD, 2011).

69. Evidence from a range of studies suggests that cross-sectoral integration of interventions at the point of service delivery is beneficial.

In Jamaica, amongst a group of 9 to 24 month old children who were stunted, those receiving both nutritional supplements and stimulation scored higher on developmental tests than children receiving only one or neither (Grantham-McGregor, 1997). Follow-up of the study cohort at ages 7-8, 11-12 and 17-18 found that children receiving the stimulation and nutrition components maintained improved cognitive and educational performances over time; in comparison, for children who received only the nutrition component, the positive effects faded out after age 7 (Walker et al, 2007). Similar results were found in Vietnam by intervening consecutively with nutrition and educational interventions (Watanabe et al, 2005).

70. Inter-sectoral coordination also entails developing effective mechanisms for collaboration between state and non-state actors.

In most countries, ECD is provided by both state and non-state service providers. A coherent policy can help coordinate efforts across sectors to ensure that all children receive the full scope of services they need and that all service providers know and follow regulations and norms (Brinkerhoff, 2009). In countries where a significant portion of ECD service delivery is handled via non-state actors, this issue is particularly important. In many countries, Early Childhood Care and Education (ECCE) services are delivered via private organizations and businesses. And in many low-income countries a significant portion of health, nutrition and early learning programming for young children is delivered via international or charitable institutions. There are different ways to promote coordination between state and non-state actors; in Tanzania, for example, the national ECD civil society organization, Tanzania Early Childhood Development Network (TECDN), holds a seat on the National ECD Steering Committee, along with key government officials.

Policy Lever 1.3: Finance

71. **Monitoring and comparing the level of ECD financing in countries is difficult because ECD expenditure is linked to different sectoral budgets and domains.** In addition, ECD interventions range widely in content and intensity (Naudeau et al, 2011). Government choices on the quantity and modalities of ECD finance can also be linked to other long-run government priorities, such as increasing female labor participation – this feature of ECD policy further complicates the task of how to define spending to be “counted” as ECD spending. As with most fiscal policies, the quantity and allocation mechanisms for ECD finance have implications for the relative burden of finance for different segments of a country’s population – policymakers need to keep this consideration in mind when weighing different options related to ECD finance.

72. **While a minimum level of financial resources is important to ensure that children have access to a minimum standard of resources and materials, high levels of finance, alone, do not guarantee good outcomes** (Garcia & Valerio, 2012). Studies drawing on data from international education assessments, for example, show a weak, if any, relation between overall educational spending and student learning, even when controlling for family and school factors (Hanushek & Kimko, 2000; Hanushek and Luque, 2003; Woessmann ,2000; Fuchs & Woessman, 2004). Accordingly, the SABER-ECD analysis of systems of ECD finance looks not only at how much money is allocated to ECD priorities, but also how financial resources are allocated. In order to reap the potential returns of ECD investments, countries need coherent financing strategies that can promote sustained access to quality services. In recent research on finance for ECD, Valerio & Garcia (2012) identify three key characteristics of effective ECD finance strategies: sustainability, equity in access, and administrative simplicity.

73. **Despite the overwhelming evidence of the importance of reaching children during the early years and the high returns to investments in ECD, the vast majority of the world’s governments do not allocate adequate financing to meet the needs of young children.** Analysis of public spending on family benefits and education in OECD countries show a strong trend towards under-investment in young children. In 2007, social spending per child from birth to age 18 averaged \$152,000 in OECD countries. Approximately 25% of this spending was transferred to children between the ages of 0 and 5; 33% was transferred to children aged 6-11; and, 39% was transferred to children aged 12-18. Data from the EFA Global Monitoring Report 2007 reveal that in most countries around the world, preschool investments represent a relatively minor proportion of overall education spending, ranging from less than 1% to less than 10% of total education spending. Most countries spend significantly more money financing primary, secondary and higher education than on financing for preprimary education. This has equity implications in many systems where poorer students are less likely to reach higher levels of education.

74. **OECD governments spend an average of 2.36% of GDP on ECD services for young children and their families,** according to the report *Doing Better for Children II* (OECD, 2006). The average expenditure on preschool for children aged 3-6 is 0.49% of GDP. Evidence from another OECD study, *Starting Strong II*, suggests that a public investment of 1% of GDP is the minimum required to ensure provision of quality early childhood care and education services; this figure is supported by studies from the European Commission Network on Child Care and Other Measures to Reconcile the Employment

Responsibilities of Men and Women (1996) and the Consultative Group on Early Childhood Care and Development (2008).

75. **Countries draw upon a range of public and private resources to fund ECD services.** Belfield (2006) identifies four principal categories of funding for ECD programs: public, private, public-private partnerships, and international agencies. Private funds come predominantly from user fees paid by households, but also from industry, foundations, community groups, and NGOs. In most countries, private funds are the predominant source of funding for ECCE (OECD, 2006; UNESCO, 2006; Vargas-Baron, 2008). Public funds can originate from the federal, state, municipal or district level and can be mobilized through different mechanisms, including taxes and lotteries and fees (Valerio & Garcia, 2012). Revenue sources have implications for predictability and sustainability of funding, as well relative burden for the public.

76. **Public funds can be channeled to service providers and participants using a variety of mechanisms.** Direct modalities for the allocation of public funds include: budget line allocations, block or earmarked grants and matching funds (Belfield, 2006). Funds can also be allocated through the use of vouchers or through subsidies for specific programs or program elements (UNESCO, 2007; Tayler & Bennett, 2006). On the demand side, governments can transfer funding to families through a variety of mechanisms, including cash transfers (direct or conditional), in-kind payments, vouchers or public services and favorable tax treatment in the form of allowances (OECD, 2011). A host of OECD countries also allocate substantial funding to families via parental leave policies (Kamerman, 2000). Beyond direct provision of finance, government resourcing can also include financial incentives to encourage other actors to finance or participate in ECD service provision (Brinkerhoff, 2009).

77. **The fiscal budget is a crucial tool for public policy management and demonstrates the policy priorities of a government.** Financial allocations are a very clear mechanism through which a government can signal its commitment to its youngest citizens. In Moldova, the Government has prioritized finance for early learning opportunities for young children and significantly increased the number of children reached with ECD services. The Moldova Education Sector Strategy, which was endorsed by the Education for All Fast Track Initiative (EFA FTI) in 2005, includes a strong ECD component. In 2006, Moldova received a USD 8.8 million grant from EFA FTI to improve access to high-quality early childhood education; key components of the program included: the renovation of 65 preschool institutions, distribution of materials to 600 preschools, training for more than half of all managers and teachers in preprimary schools in the country and participatory approach to coordinate across stakeholders. As a result, enrollment in ECD programs increased from 61% in 2003 to 75% in 2009, with more than 20,000 new children enrolled during the time period. The program prioritizes interventions for the most vulnerable children, including the poor, those living in rural areas, ethnic minorities and children with disabilities, and emphasizes community mobilization. By 2015, the Government of Moldova has set even higher goals, aiming to increase the enrollment rate for preschool programs to 78% for 3-6 year-old children and to 98% for 6 and 7 year olds.

78. **The level of public finance provided for ECD has clear implications for access and coverage, as well as for quality of service provision.** Due to large positive externalities and the potential of market

failure without some government support, ECD is often publicly provided. Providing maternal, newborn and child health services (of good quality) free at the point of delivery removes financial barriers to access and increases utilization (WHO, 2005). Providing universal services can also promote equity in access, without compromising the quality of service provision (OECD, 2006). Direct public funding for ECD services can afford several additional advantages, including: more effective governmental steering of early childhood services; economies of scale; improved national quality; more effective training for ECD service delivery personnel; and, more equity in access compared with parent subsidy models (OECD, 2006). There is some evidence that in systems where private or community-based provision is the dominant vehicle for ECD services, there are generally less opportunities for staff training, which can be detrimental to program quality (OECD, 2006).

79. **Criteria for funding allocations and transparency in the budget process are key elements of a finance system.** Countries can base budget allocations off of historical allocations, population levels, differentiating needs based on income levels or other criteria. It also is important to examine what criteria are used to make budget allocation decisions between regions within a country. The issue of inter-sectoral coordination is also highly relevant within a country's budgeting process. Given that the overall budget for ECD is drawn from disparate sectors in most country contexts, it is critical that mechanisms exist to coordinate budgeting and allocations amongst key agencies.

80. **The level of ECD finance and mechanisms of finance have a range of implications at the level of service delivery, affecting not just access, but also quality.** Low salaries for early childhood educators prevail in most countries; these low wages, combined with poor training and supervision, tend to result in higher staff turnover costs in preschool centers than in primary and secondary education institutions. This turnover can be detrimental to children's development and also results in inefficiencies in service provision, as resources are wasted on frequent re-hiring and re-orienting of staff (OECD, 2006; Oberhuemer et al, 2010). Given that in most systems salaries for ECCE personnel form the bulk of budget expenditure, salary levels have significant implications for overall funding levels.

Policy Goal 2: Implementing Widely

81. *Implementing Widely* refers to three inter-related policy levers: the scope of programs and policies; the degree of coverage (as a share of the eligible population) of different policies and programs; and the extent to which different sub-groups have equitable access to ECD. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education and child and social protection and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should assure high degrees of coverage and reach the entire population equitably – especially the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

82. **The scope of ECD programs in a country refers to the extent to which programs are established in all important areas of development and target all groups of relevant beneficiaries.** Based on an extensive review of evidence, SABER- ECD assesses the extent to which countries have established key programs to reach ECD stakeholders in the following four areas: health, nutrition, education, and child and social protection. For each sector, a series of specific interventions have been

identified which individually yield high returns and positively impact children's development. While each individual intervention may not be relevant for every country – for example, distribution of mosquito nets is important in countries where malaria prevalence is high but not in countries where malaria is not a public health issue – most interventions will be relevant for most countries.⁹ Specific interventions have been chosen based on two factors: importance for child development and proven efficacy of interventions¹⁰ through the review of individual impact evaluations and through broad reviews of interventions, such as the Copenhagen Consensus.¹¹

83. A well-developed ECD system will have differentiated interventions to reach pregnant women, infants, toddlers and children just before school entry, as well as parents and caregivers. To reach all beneficiaries, ECD programs must be targeted to diverse populations and designed to reach parents and young children (Britto, Yoshikawa & Boller, 2011; UNESCO, 2007). Different interventions are needed at different stages of children's development (See Section I).

84. In addition to reaching young children, reaching parents and caregivers with messages on young children's development and positive parenting can significantly improve outcomes for children. Stimulation for young children occurs through responsive and increasingly complex (and developmentally appropriate) interactions between caregivers and children (Young, 2002; Landry et al, 2006). These interactions enhance child development and promote the growth of cognitive and socioemotional skills, which, in turn, influence later academic and employment outcomes (Grantham-McGregor et al, 2007; Heckman, 2006). Affectionate parent-child relationships in which children receive encouragement, support and appropriate instructions are correlated with smoother schooling transitions, better academic grades and reduced behavior problems (Pianta, Nimetz and Bennet, 1997; Pianta & Harbers, 1996). Efforts to promote positive parenting practices have demonstrated impacts on cognitive skills, social adjustment and academic performance (Meeks-Gardner et al, 2003; Kagitcibasi,

⁹ In instances where an indicator is not relevant for a country, as is the case with malaria, the indicator will simply be removed from the analysis.

¹⁰ For example, Vitamin A is necessary to promote normal growth and development, tissue and bone repair, healthy skin and eyes and immune responses. Vitamin A deficiency is the leading cause of preventable blindness in children and increases the risk of disease and death from severe infections (WHO, 2005). The administration of Vitamin A twice yearly has been proven to promote child survival (Black, Morris and Bryce, 2003) and the launching of "Child Health Weeks" through which children receive doses of Vitamin A every six months, has substantially reduced Vitamin A deficiency in a number of countries.

¹¹ In 2008, a panel of economic experts was tasked to rank series of proposals presented to confront global development challenges. The comparisons went beyond a simple cost-effectiveness focus, estimating benefit-to-cost ratios using a common metric, which permitted comparisons across different sectors with different outcomes. All five of the proposed investments in nutrition were considered among the ten most productive investments from a list of 30 potential investments and nearly all of the top ten investments are related to ECD. Top 10 identified investments included: i) Micronutrient supplements (vitamin A & zinc); ii) The Doha development agenda; iii) Micronutrient fortification (iron and salt); iv) Expanded immunization coverage for children ; v) Agricultural R&D on micronutrients; vi) Deworming and nutrition programs at school ; vii) Lowering the price of schooling ; viii) Increase and improve girls' schooling ; ix) Community-based nutrition promotion; x) Provide support for women's reproductive role .

Sunar & Bekman, 2001). Home activities that provide learning opportunities have demonstrated positive effects on children's literacy and numeracy at age 5 (Sylva et al, 2008).

85. Emerging evidence on the prevalence and impact of maternal depression suggests that interventions and policies to support mothers and prevent and treat depression could yield high returns and should be strongly considered within ECD systems. The impacts of maternal depression are significant for young children worldwide (Lancet citation). The prevalence of maternal depression in low-and middle-income countries is high across regions, including: 15-28% in Africa and Asia (Husain, Creed & Tomenson, 2000) and 35-50% in Latin America (Wolf, DeAndraca & Lozoff, 2002). Maternal depression can interfere with the bonding and attachment process between a mother and child and negatively impact a mother's ability to carry out the management functions of parenting. Maternal depression has been linked with reduced language ability and poor performance on cognitive and behavior tasks for toddlers and with behavior problems and risk for depression and other mood disorders in later childhood and adolescence (Huang, et al. 2006).

86. Across a range of contexts, psychosocial interventions to address maternal depression have succeeded. In Jamaica, community health workers visited mothers in their homes on a weekly basis for a year, to discuss parenting issues and demonstrate play activities – mothers who received at least 25 visits were significantly less likely to develop symptoms of depression than mothers with fewer than 25 visits (Baker-Henningham et al, 2005). In Pakistan, community outreach workers were trained to provide weekly social support based counseling for 8 weeks to depressed women – these sessions resulted in a significant reduction in depressive symptoms (Ali et al, 2003). Successful interventions to reduce maternal depression and/or promote mother-child bonding have also been recorded in Taiwan (Chen et al, 2000), Uganda (Bolton et al, 2003) and South Africa (Cooper et al, 2002).

Policy Lever 2.2: Coverage

87. Promoting the survival and healthy development of young children requires that interventions operate at scale to provide high levels of coverage. Each year, an estimated 8.8 million children die worldwide before their fifth birthday – and at least two-thirds of these deaths could be prevented with improved coverage of proven healthcare and nutrition interventions (Black, Morris & Bryce, 2003). The efficacy and design of interventions required to prevent these deaths are widely proven and accepted, and in most countries, available, but often not at scale.

88. Failing to ensure high levels of access to ECD services has significant costs for individuals' and countries' economic and social development in the short, medium and long term (UNESCO, 2011). Within the education sector, for example, high levels of coverage in preprimary school are important to ensure maximum benefits to investments in education and ECD. When children come to school unprepared to succeed, not only are their own chances of success limited, but the influence on classroom dynamics and the experiences of all children in the classroom can also be detrimental (Wentzel & Wigfield, 1998; Reynolds et al, 2001).

89. **To assess the level of coverage provided by a country's ECD system, secondary data sources such as UNICEF's Multiple Indicator Cluster Survey (MICS), can be used.** ECD access and outcomes are used as proxies to measure the extent of coverage in each country. Key questions include:¹²

- i. **What is the level of access to essential health interventions for pregnant women?** Key indicators that will be analyzed using MICS data include: the rate of births attended by skilled attendants, the percentage of pregnant women who benefit from at least four antenatal visits and the percentage of HIV+ pregnant women and HIV-exposed infants who receive ARVS for the prevention-of-mother-to-child-transmission of HIV (PMTCT).
- ii. **What is the level of access to essential health interventions for young children?** Key indicators that will be analyzed using MICS data include: the percentage of children below five years of age with diarrhea who receive oral rehydration and continued feeding, the percentage of children covered with expanded immunization programs, the percentage of children below five years of age with suspected pneumonia who receive antibiotics, and the percentage of children (in at-risk areas) who sleep under an insecticide-treated bed net.
- iii. **What is the level of access to essential nutrition interventions for young children and pregnant women?** Key indicators that will be analyzed using MICS data include: the Vitamin A supplementation coverage rate for children 6-59 months of age, the percentage of children below the age of 6 months who are exclusively breastfed, the percentage of the population which consumes iodized salt and the percentage of pregnant women who are anemic.
- iv. **What is the net enrollment rate in preprimary education?** Analysis of the PISA 2009 results suggest that those school systems that perform the best and provide equitable learning opportunities to all students are also those that provide more inclusive access to preprimary education. Widening access to preprimary education can improve overall performance and equity by reducing socioeconomic disparities among students. However, if extending coverage compromises quality, the effectiveness of education systems can be undermined.

Policy Lever 2.3: Equity

90. **Inequalities in child development begin during the prenatal period and, without any compensatory interventions, increase over time.** These disparities are compounded when children experience multiple risks. To prevent disparities, governments need to allocate more resources to high-quality ECD programs for the most disadvantaged children (Engle et al, 2011). The most effective and cost-efficient time to address inequality is early in life. Reducing inequalities requires early interventions that are integrated to decrease risks and promote child development. Disadvantaged children benefit the most from investments in the early years (Naudeau et al, 2011). The benefits for poor children who participate in quality ECD programs include: higher school attainment and completion (Kagitcibasi, Sunar & Bekman, 2001) and improved attention and better learning outcomes (Vegas & Petrow, 2008; Berlinksi, Galiani & Gertler, 2009). The benefits can extend beyond young children and yield results for other at-risk segments of a population. ECD programs can also serve as a useful policy tool to reach marginalized populations in society, including immigrant families. Since the economic value of ECD programs is often highest for those least likely to receive services, comparing coverage by wealth group

¹² For information on the specific interventions that will be examined, please see the Policy Classification Rubric in the Annex. In the future, child and social protection indicators (e.g., level of birth registration, parental disciplining practices and children's exposure to violence) may also be analyzed.

can demonstrate far more about the effectiveness of a policy or intervention than examining only the average coverage level for the entire population. For this reasons, SABER-ECD looks closely at the degree to which coverage of ECD services is equitable, comparing by sub-region, gender, socioeconomic status, between urban and rural areas and for children with special needs.

91. **Around the world, social and economic disparities are associated with negative health and economic indicators during adulthood.** Engle et al (2011) present data showing that children in the highest income quintile within countries are more likely to have quality stimulation in the home, more than twice as likely to attend preschool, and have higher language performance compared to children in the lowest income quintiles. These findings are consistent with the conclusions reached by the WHO Commission on the Social Determinants of Health.

92. A recent analysis of MICS3 data from 37 low and middle-income countries found similar results. Significant inequalities were found in access to early learning and parenting resources by SES, urban-rural location and maternal education levels. In 24 countries, the participation rate of children attending early learning programs is two times higher for urban children than rural children; in 26 countries, the participation rate of wealthy children is two times higher than poor children; and, in 17 countries it is two times higher for children whose mothers have a secondary education or higher. In addition, compared to rural families, the availability of parenting resources is twice as high for urban families (Nonoyama-Tarumi & Ota, 2010).

93. **These findings suggest that certain children face multiple disadvantages: they are enrolled in preschool and their home environments do not facilitate learning.** Interestingly, significant inequality was not found for parenting activities, parental supervision or healthcare between families with different socioeconomic status, mother's education level or by urban-rural location. This disparate data regarding parenting activities and parenting resources (which compared, for example, parents telling stories in the home, as compared to books being available in the home) supports the idea that good parenting practices and stimulating environments for children can be promoted even in the face of minimal resources. Nonoyama-Tarumi & Ota (2010) compared access to healthcare using coverage for essential immunizations; given the global success in the last several decades in increasing access to immunizations across populations, this finding is not surprising.

94. **In most countries, enrollment rates in preprimary school do not vary significantly by gender; despite this trend, there are important gender considerations in regards to the equity dimension of ECD service provision.** Enrollment in ECCE from an early age can help to promote gender equality early in life and establish patterns of girls attending school. In addition, given the clear benefits of ECD interventions in all sectors, ensuring girls access health and nutrition services and are enrolled in ECCE at a young age improves chances of success in primary school and increases the likelihood that a girl will complete a full course of schooling. Beyond young girls' enrollment in ECCE, the provision of affordable and high-quality childcare has been demonstrated to positively impact secondary schooling rates for older female siblings who might otherwise be pulled out of school to care for younger siblings. A study in Kenya, for example, showed that increasing the availability of childcare increased primary and

secondary school enrollment rates for older girls who would otherwise be engaged in providing care for younger siblings (Lokshin, Glinskaya & Garcia, 2000).

95. In order to examine the level of equity in ECD service provision in countries, a combination of survey data from MICS and administrative data can be used to evaluate equity in the following areas:¹³

- i. **Comparison of access to ECCE by sub-regions.** Data can be used to compare the ratio of ECCE enrollment for the regions with the highest to the regions with the lowest ECCE enrollment rates.
- ii. **Comparison of access to ECCE by gender.** Data can be used to compare the ratio of enrollment in ECCE girls and boys.
- iii. **Comparison of access to key ECD services between urban and rural areas.** In many countries, there are significant discrepancies in access to essential services between urban and rural populations.
- iv. **Comparison of access and ECD outcomes by socioeconomic levels.** In order to assess differences in SES the ratio of access for the richest quintile to access for the poorest quintile can be compared for indicators such as birth registration, skilled attendants at birth, underweight prevalence and enrollment in center-based ECCE.
- v. **Access to services for children with special needs.** Data will be collected to track the special services established for children with disabilities and special needs, and to track enrollment levels of these children.

96. By comparing coverage for various sub-groups of the population, governments can gain insight into the efficacy of a policy or intervention to see if the hardest to reach, most in need and most likely to benefit young children are reached. When data are available differentiating access by special groups, governments can learn more about policy efficacy than by looking at average national coverage levels alone.

Policy Goal 3: Monitoring and Assuring Quality

97. **Evidence from a range of context shows that the quality of ECD programs is directly related to better cognitive and social development in children.** Ensuring the quality of ECD programs is essential because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental. Three policy levers are important for a country to monitor and assure quality: data availability; quality standards; and, compliance with standards.

Policy Lever 3.1: Data availability¹⁴

98. **Accurate, comprehensive and timely data collection can promote more rational and effective policy-making.** This can result in improved decision-making regarding: the volume and allocation of

¹³ The SABER-ECD team strongly considered including access to preprimary school by gender. Based on a review of international data, the team decided not to include this indicator, as there are very few countries worldwide in which the level of access to preprimary school varies significantly by gender. Rather, upon entry to primary school and secondary school, the issue of disparities in enrollment by gender becomes more apparent.

¹⁴ Within the SABER-ECD Policy Classification Rubric, the indicators for Policy Lever 3.1, Data Availability, are aligned with some of the indicators included in the policy levers of Legal Framework, Coverage and Equity to allow for comparisons of policies and implementation and to serve as a cross-reference to check the validity of data that are collected.

public financing, the best way to reach children most in need (due to socioeconomic circumstances, special needs, etc), staff recruitment and training and quality and adherence to standards (Tayler & Bennett, 2008). Collecting multi-sectoral data on the specific needs of young children and on the scope and quality of existing ECD services can yield useful information to design new ECD services or to modify existing ones in the most relevant ways (Naudeau et al, 2011). Similarly, monitoring the provision and quality of health services and of health outcomes can be used by governments and development partners to assess and reassess target populations' needs over time and adjust the provision of ECD services accordingly. According to an extensive review of initiatives in child health, the planning of sound child health programs requires relevant data at the sub-national level to assess local epidemiological profiles, health system capacity and community preferences (Bryce et al, 2003). Relevant data on program outcomes will also help to ensure that the approaches that work best can be identified and scaled (Naudeau et al, 2011).

99. **Effective information systems collect both survey and administrative data.** Both survey and administrative data can provide critical inputs into the policymaking process. Survey data, such as household surveys, can be used to gather in-depth information on the lives and circumstances of young children. In particular, survey data can be used to gather information on the home environment (examples include breastfeeding rates, violent discipline rates or the home learning environment), teaching quality in ECCE centers or treatment patterns in health centers. Administrative data can provide information on service uptake levels and access to services by entire populations or subgroups.

100. **A rigorous impact evaluation in Mozambique demonstrates the potential importance of data collection.**¹⁵ In 2008, the World Bank, in partnership with the Ministry of Education and Science, launched an impact evaluation of a community-based ECD intervention implemented by Save the Children in Gaza province, a rural area of Mozambique. Baseline data highlighted the extensive cognitive and language delays of disadvantaged children relative to more advantaged children, as well as the need for ECD interventions to help close the gap and prevent further disparities from emerging. A few days after these findings were presented to the Government of Mozambique and development partners in Maputo in March 2010, the Minister of Education requested support from the World Bank to finance and design a new ECD project. The impact evaluation findings, released in 2012, showed that children enrolled in preschool were better prepared for primary school than children who did not attend preschool. They also were more likely to start primary school on time, by age 6. Based on the results of the impact evaluation, the Government and its partners have designed a new multi-sectoral ECD strategy. With support from the World Bank, the Ministry of Education has begun work to expand the community-based preschool model to 600 communities in 2013–2015.

101. **Well-developed information systems should be capable of tracking access to services by sub-groups of the population.** The ability of a system to track the access and outcomes of children based on socioeconomic status, location, gender or disability will impact a system's ability to ensure that all children's needs are met. Monitoring of inequities is essential to ensure that the children most in need are being reached (Victoria et al, 2003). Tracking the success of interventions in reaching targeted

¹⁵ For more information, see Martinez, Naudeau & Periera (2012) and World Bank (2012).

populations gives a more full picture of the success of an intervention than by looking at national averages only.

102. **It is important for governments to collect data on child outcomes.** Monitoring child outcomes can serve the following purposes: i) to establish a baseline and document the magnitude of the problem; ii) to evaluate the impact of existing interventions; and, iii) to assess the specific types of ECD interventions that are most effective and cost-effective in a given context or for specific populations and to inform the policy dialogue for future planning (Naudeau et al, 2011). Development should be assessed as comprehensively as possible whenever feasible because a child's development in one domain often acts as a catalyst for development in another. Children slow to develop in one domain may have limited capacity to express what they have learned in other domains (Naudeau et al, 2011). However, it is important not to use this information for high-stakes decisions such as whether or not a child may begin primary school.

103. **Given the holistic nature of children's development, it is important for Government to design information management systems that are capable of tracking individual children comprehensively, with mechanisms to respond to their needs.** As an example, the new ECD policy in Chile, Chile Crece Contigo, includes a bio-psychosocial development support program that tracks the development path of all children who are covered by the public health system (75% of Chile's children). The health sector plays a central role in the CCC, providing most of the services and screening, but the intervention allows for differentiated support to the most vulnerable children, tracking their development comprehensively and intervening with multi-sectoral services when necessary.

Policy Lever 3.2: Quality Standards

104. **Standards for ECD service delivery are essential to provide guidance and continuity so that all young children and their families are guaranteed a minimum level of quality.** Quality standards can also be an important way to signal the value of ECD services to families. Standards can include infrastructure components, requirements for personnel, guidelines for curricula or service delivery and guidance on materials development and usage, for example.

105. **The issue of quality – and relevant perceptions of quality – is influenced by the context in which ECCE services are provided** (Naudeau et al, 2011; Dahlberg, Moss, & Pence, 2000). Accordingly, it is important for standards, curricula, learning materials and teaching methods to be adapted to local cultural contexts and realities. Despite the interplay between culture, quality and context, there are common structural, organizational and process elements of quality that predict child development outcomes including their physical, cognitive, linguistic and socioemotional development (Myers, 2004; 2006). Some key elements of quality are described in Table 3.

Table 3: Process elements of quality

Structural Variables	Adult-child ratios, group size, physical environment and availability of equipment and pedagogical materials
Caregiver Variables	Initial education, training, mentoring/supervision and wages
Program Variables	Program intensity, parent involvement, language of instruction, curriculum, daily routine and health/nutrition inputs
Process Variables	Caregiver-child and child-child interactions

Source: Adapted from Naudeau et al, 2011.

106. **Evidence from a range of contexts suggests the importance of ensuring quality in ECCE** (Vandell & Wolfe, 2000; Peisner-Feinberg et al, 1999; Love, Schochet, Meckstroth, 1996). While high-quality childcare is associated with a range of favorable outcomes, including early competence in math and reading, cooperation with adults and ability to initiate and sustain positive exchanges with peers, poor-quality childcare, in contrast, is associated with poorer development outcomes (Shonkoff & Phillips, 2000). Results from PISA 2009 from 59 countries suggest that participation in preprimary education is particularly strongly associated with reading performance at age 15 in those countries where policies have sought to improve the quality of preprimary education. An assessment of 1500 children from ten countries (three in developing countries) identified program quality as an important contributor to children’s cognitive development (Montie et al, 2006).

107. **Clear learning standards for what children should know and be able to do** can help teachers understand what they should be doing in the classroom and clarify their responsibilities and goals (Kagan & Britto, 2005). To ensure maximum efficacy, these standards should be aligned to curriculum. Standards that are established and monitored at the national level can encourage consistent quality across different service providers.

108. **Many of the standards for ECD service delivery in health, nutrition and social and child protection are not ECD-specific.** There are not, for example, in most countries, health centers that serve young children exclusively; rather, all health facilities are guided by certain standards which are not specific to the age of the client. Similarly, health professionals are generally required to undertake training on healthcare for young children within standard medical training programs. For this reason, the analysis of quality standards for ECD within the SABER-ECD initiative is slightly more heavily weighted towards the education sector than other sectors. Many of the best practice recommendations for health and nutrition service delivery, however, are incorporated within other components of this framework (for example, examining whether Government policy includes breastfeeding promotion in health centers or nutrition laws within the legal framework).

109. **All ECD systems should have clear requirements to enter professions which serve young children, as well as opportunities for ongoing professional development.** Settings that have qualified and trained ECD professionals yield improved cognitive and social development outcomes (NICHD, 2002; Blau, 2001; Lamb, 1996; Olds et al, 1993; Peisner-Feinberg et al, 1999; Schweinhart, 2005). An established public authority to regulate pre-service training for professionals can promote adherence to

standards and quality across a large system. Some form of pre-service practicum can be helpful to allow service delivery personnel – for example nurses or preprimary school teachers – an opportunity to practice applying theory. A system to provide mentoring to new early childhood professionals can also help support new professionals and promote collegial environments and the transfer of knowledge from more experienced professionals to less experienced professionals.

110. Established infrastructure and service delivery standards for centers providing ECD services can ensure that all children are guaranteed at least a minimum level of quality and safety. Key service or program standards for the provision of ECCE include: student to teacher ratios, standards for clean water and sanitation, facilities to deliver nutrition interventions, adequate space for all students and ensuring the overall safety of the learning environment. To enhance the early development and learning environments, adequate play and learning materials are needed, as well as caregiver training to use these materials effectively and to learn to create contextually-appropriate pedagogical supports from locally-available resources. In both single- and multi-country research studies, the variety and quantity of learning materials available in preschools have been found to be positively correlated with children’s cognitive development (Montie et al, 2006). In addition, small class sizes and high caregiver-to-child ratios are structural inputs associated with positive child outcomes (Myers, 2004). Quality is particularly important for the most vulnerable children.

111. Established registration and accreditation procedures for ECD facilities provide a mechanism to ensure that facilities serving young children and their families can be inspected and evaluated. It is critical for public authorities to have some mechanism to keep track of the number – and status- of facilities serving young children. Registration and accreditation mechanisms can be used to ensure personnel and facilities meet established requirements.

Policy Lever 3.3: Compliance with Standards

112. All systems should be able to monitor compliance with established standards. Without mechanisms to monitor and enforce compliance with standards, the quality of services children receive will be compromised. SABER-ECD evaluates the degree to which systems are able to monitor compliance with the standards described in Policy Lever 3.2 and the extent to which enforcement covers state as well as non-state provision.

113. In many countries, the reality of service delivery on the ground does not conform to established standards. For this reason, SABER-ECD seeks out information on the physical status of facilities (for example, what percentage of health posts or preprimary schools are equipped with potable water or electricity) and the training qualifications of ECD service delivery personnel. In many countries, the actual child-to-teacher ratio significantly exceeds the established ratio, often reaching levels as high as 50, 70 or even 100 children per teacher. In Figure 9, the number of children of preprimary age per preprimary teacher is presented for 111 countries for which data are available. As Figure 9 shows, just 23 countries are equipped with one teacher per 20 children (or less). While Figure 9 overstates actual child-to-teacher ratios in classrooms (because it is based on the entire preprimary school population, rather than enrolled children), it does show the scale at which countries need to train and recruit preprimary teachers – and ensure compliance with established personnel standards.

Figure 9: Number of total children eligible for preprimary school per preprimary teacher

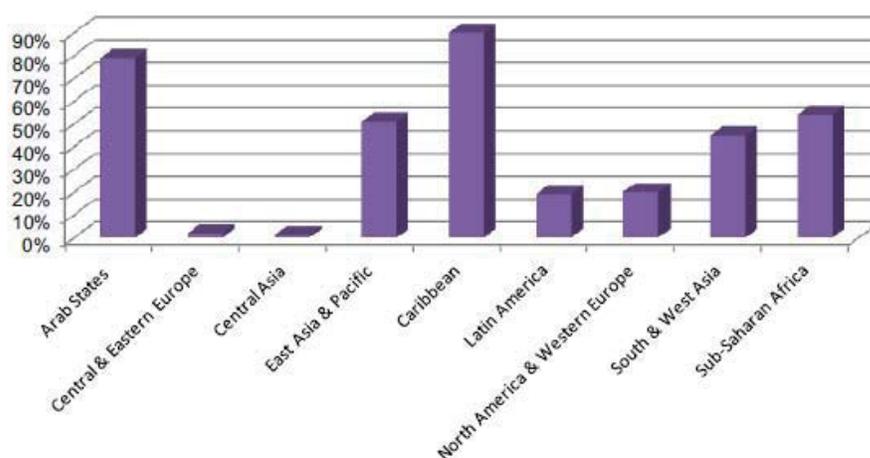


COUNTRIES WITH ONE TEACHER FOR NO MORE THAN 30 CHILDREN	COUNTRIES WITH ONE TEACHER FOR 31 TO 40 CHILDREN	COUNTRIES WITH ONE TEACHER FOR 41 TO 100 CHILDREN	COUNTRIES WITH ONE TEACHER FOR 101 TO 500 CHILDREN	COUNTRIES WITH ONE TEACHER TO MORE THAN 500 CHILDREN
23 countries	33 countries	18 countries	27 countries	9 countries
Antigua & Barbuda Bahamas Bulgaria Cape Verde Cuba Dominica Ecuador Georgia Grenada Guyana Kazakhstan Latvia Lebanon Liberia Lithuania Maldives Mauritius Republic of Moldova Russian Federation Saint Lucia Saint Vincent & the Grenadines Seychelles Lithuania	Algeria Angola Argentina Armenia Azerbaijan Bahrain Brazil Cape Verde Chile El Salvador Guatemala Indonesia Jamaica Kenya Macedonia FYR Malaysia Mexico Mongolia Morocco Nicaragua Panama Peru Romania Samoa Serbia Solomon Islands Suriname Thailand Uruguay Uruguay Vanuatu Viet Nam	Bolivia Bosnia & Herzegovina Botswana Cameroon China Colombia Dominican Republic Ghana Honduras Jordan Lao PDR Lesotho Lithuania Montenegro Palestine Philippines Sao Tome & Principe Sweden	Bahrain Bhutan Burundi Cambodia Congo Cote d'Ivoire Egypt Ethiopia Fiji Guinea Guinea-Bissau India Iraq Kyrgyzstan Madagascar Myanmar Nigeria Sierra Leone Somalia Sri Lanka Sudan (pre-accession) Syrian Arab Republic Tajikistan Tanzania Togo Turkey Uganda	Burkina Faso Central African Republic Chad DRC DR Congo Ethiopia Mali Niger Yemen

Source: "Closing the Trained Teacher Gap." A report produced by the Global Campaign for Education and Education International (2012).

114. **Given the extent to which ECD is provided by the private sector in many countries, enforcing standards and monitoring compliance are critically important to ensure that all children receive quality care and education in their early years.** As Figure 10 shows, the proportion of ECCE provided by non-state¹⁶ entities is high across almost every region, with the exception of Eastern Europe and Central Asia, and reach as high 75% in Arab countries and 85% in Caribbean countries. While data are not available to show the extent of private sector provision of health services for ECD, anecdotal evidence from preliminary SABER-ECD analysis in countries shows that the proportion of children receiving care in non-state health facilities is high in many countries.

Figure 10: ECCE enrollment in privately-provided facilities



The proportion of children enrolled in pre-primary education who are in private institutions varies greatly by income level, and even more so by region.
Source: UNESCO EFA Global Monitoring Report 2011: The hidden crisis: Armed Conflict and Education

115. **Complying with ECD standards is an issue, not only for low-and middle-income countries to address but also for high-income countries.** In 2008, UNICEF produced “The Child Care Transition - A League Table of Early Childhood Education and Care in Economically Advanced Countries” (UNICEF, 2008). Presented as a report card, the study discussed the opportunities and risks faced by the increasing number of children placed in childcare during their early years throughout the OECD countries. The report proposed a series of 10 internationally applicable benchmarks for the provision of ECCE and presents data on those benchmarks from 25 OECD countries. Five out of the 10 benchmarks are related to quality and are presented in Table 4. These benchmarks represent minimum standards for ECCE facilities rather than a guarantee of quality and, for the most part, they relate to out-of-home institutional care rather than informal home-based or community-care. The benchmarks do not include home visiting programs, programs targeting at-risk children, or measures of parent involvement. Despite these caveats, Table 4, provides us with an interesting view as to the level of compliance with

¹⁶ This includes all provision that is not public and through the State and could include private for-profit, private not-for-profit, community-based care or care provided by religious or charitable institutions.

international benchmarks of ECCE quality in OECD countries. The results suggest that compliance with ECD standards is an issue which many countries- regardless of income status, struggle with.

Table 4: Benchmark Indicators of ECCE Quality in OECD Countries

	Slovenia	Japan	Mexico	Italy	Republic of Korea	Portugal	Spain	Germany	Austria	Belgium	Finland	Norway	France	Denmark	Hungary	Netherlands	United Kingdom	New Zealand	Iceland	Sweden
Subsidized and regulated child care services for 25% of children under the age of 3										x	x	x	x	x		x	x	x	x	x
Subsidized and accredited early education services for 80% of 4 year olds		x		x		x	x	x	x	x		x	x	x	x		x	x	x	x
80% of all childcare staff trained		x	x	x	x	x	x		x		x		x		x	x	x	x	x	x
50% of staff in accredited early education services holding relevant qualification			x		x	x	x	x		x		x	x	x	x	x	x	x	x	x
Minimum staff-children ratio of 1:15 in pre-school education								x	x		x	x		x	x	x		x	x	x
Total Number of Benchmarks Met	0	2	2	2	2	3	4	4	4	4	4	5	5	5						

Source: Adapted from UNICEF (2008)

Methodology: Data Collection and Analysis at the Country Level

116. Based on the review of evidence contained within this paper, a methodology to analyze and compare ECD policy development across countries has been developed. The SABER-ECD approach to data collection and analysis at the country level involves the following steps:

Step 1: Stocktake

117. Take stock of the ECD programs and policies that already exist in a specific country. Two instruments are used to collect data:

i. SABER-ECD Questionnaire on ECD Programs

This instrument is used to develop a list of ECD interventions within sectors (health, nutrition, education and social and child protection) and to gather in-depth information on the institutional arrangements and coverage of key interventions in each sector. It collects information across sectors on public and private interventions for different stages of children’s development. The

instrument allows for an extensive listing of programs within each sector, as well as in-depth information on select interventions. Within each sector, standardized information is gathered on interventions, including: the primary service provided, target beneficiary, number of beneficiaries, geographic scope of coverage, operating budget, per capita cost, evidence of impact or evaluation, quality assurance mechanisms, pre-service and in-service training requirements for personnel, source of finance and institution managing the intervention.

ii. SABER-ECD Questionnaire on ECD Policies

This instrument gathers detailed information on policies, finance levels and quality assurance frameworks within each of the critical sectors. The instrument asks for names of documents to verify any information collected via interview and questions within are designed to provide some cross-references and validation.

Step 2: Analyze

118. **In many countries, ECD interventions are not coordinated across sectors, either between implementing agencies or at the level of service delivery.** Interventions also often are not aligned with policies, due to either the limits of policy planning or divergent management mechanisms. A comprehensive analysis of the policy environment for ECD should include a review of the interventions that are implemented in a country to promote ECD. The SABER-ECD Team has designed two complementary tools to gather information on both ECD programs and policies in each participating country.

- i. The SABER-ECD Program Typology** presents countries with an analysis of the scope and institutional arrangements of existing ECD interventions. Using this Typology, data collected via the SABER-ECD Questionnaire on ECD Programs are analyzed to present comparative and comprehensive information on existing ECD interventions. This information can be further used to do a situation analysis, identify gaps in coverage for certain beneficiaries or across sectors, map interventions by state or non-state actors, coverage or location, and to compare different interventions.
- ii. The SABER-ECD Policy Classification Rubric** presents countries with a comprehensive analysis of ECD policies at the national and/or sub-national level to evaluate the level of development within the three ECD policy goals and nine policy levers.

Step 3: Identify Options:

119. Based on the *Program Typology* and *Policy Classification Rubric*, and regional and international comparisons, country-specific policy options are identified to further inform ECD policy dialogue within each of the three ECD policy goals and associated levers.

The SABER-ECD Program Typology

120. Once adequate information has been gathered on existing ECD programs within each country, programs can be characterized according to a set of main attributes. This list of characteristics is not exhaustive but the standardized approach is designed to mediate the difficulty inherent in comparing

ECD programs which vary in scope, coverage and intensity (Naudeau et al, 2011). This exercise is designed to help policymakers map the scope of existing programs and allow for systematic comparison of the wide variety of ECD programs that can exist in a country. The tool is flexible to allow policymakers to map interventions by specific criteria of interest, including any of the following: state vs. non-state, sector, region, target beneficiaries, targeting mechanisms, overall cost or per capita cost. The exercise can be used to identify gaps in interventions or areas of oversupply.

121. Interventions can be grouped according to their domain and scope or mapped by specific criteria of interest to policymakers. Interventions can also be classified into the following three classifications: sectoral, multisectoral or comprehensive.¹⁷

- **Sectoral** programs are typically independent interventions in specific sectors such as health, or education, often led by government agencies or NGOs with low inter-institutional coordination. Examples of these include preschool education and nutritional supplements.
- **Multi-Sectoral** programs involve the implementation of multiple interventions in several sectors in a coordinated way, where the focus is reaching children with systematic interventions during early childhood. They can vary in the degree of coverage, some being targeted to vulnerable populations while others are universal in coverage. They require a high degree of inter-agency coordination.
- **Comprehensive** programs are those with a comprehensive approach to ECD involving all essential sectors. Such programs are tailored to the specific needs of each child, following individual ECD growth trajectories to ensure that all children receive adequate support. They require a high degree of inter-agency coordination and integration across sectoral policies.

ECD Policy Classification Rubric

122. The policy classification rubric is a tool to collect data on ECD programs and policies within a country and determine the extent to which the country has developed –or is developing – adequate ECD policies to ensure all children have the opportunity to reach their full potential. Table 6 summarizes the number and scope of indicators that are used to assess the level of development within each policy lever.¹⁸ The data collected through the program and policy questionnaires are input into the rubric, along with additional secondary data collected from relevant sources. For each indicator, countries will receive a score; these scores will be averaged to form a score for each policy lever (1-4, with 1 corresponding to a “latent” level of policy development and 4 corresponding to an “advanced”

¹⁷ It is important to note that these categories represent a continuum of possible ECD interventions; some programs may not fall exactly within the description of one category. In these cases, we use our best judgment to classify them into one of the four categories, but recognize that improved information may affect this classification.

¹⁸ The detailed draft Policy Classification Rubric is presented in the Annex with all indicators and sub-indicators listed.

level of policy development) and the policy lever scores will then be averaged to form a score for each policy goal.

Table 5: SABER-ECD Policy Classification Rubric

ECD Goal	Policy	Policy Lever	Scope of Indicators
Establishing an Enabling Environment		Legal Framework	7 indicators (14 sub-indicators) that assess the extent to which laws and regulations are in place to protect young children and promote healthy development.
		Coordination	4 indicators (4 sub-indicators) that evaluate the level of coordination across sectors, at the level of service delivery, mechanisms for coordination with non-state stakeholders and the existence of an ECD strategy and institutional anchor.
		Finance	4 indicators (10 sub-indicators) that assess the extent to which adequate financing is provided, transparency of the budget process, sustainability of revenue, mechanisms to transfer funding and the relative burden of finance on segments of the population.
Implementing Widely		Scope of Programs	2 indicators that assess the extent to which interventions target all relevant beneficiaries and are established in all essential areas of focus.
		Coverage	4 indicators (11 sub-indicators) that assess the coverage of essential ECD interventions.
		Equity	5 indicators (9 sub-indicators) that assess equity in ECD service provision across regions, socioeconomic status, urban-rural locations, gender and children with special needs.
Monitoring and Assuring Quality		Data Availability	4 indicators (with 2 sub-indicators) that assess a country's monitoring and evaluation system and ability to track key ECD data accurately.
		Quality Standards	5 indicators (13 sub-indicators) that assess quality standards for personnel, learning standards and curricula, infrastructure, service-delivery and accreditation/registration.
		Compliance with Standards	3 indicators (6 sub-indicators) that assess the ability of the system to monitor and enforce compliance with established ECD standards.

123. **Within the rubric, the Team has tried to balance the primary data collected regarding policies and laws with secondary data reflecting ECD outcomes in a country.** For example, using the policy instrument, information is collected on a country's laws regarding salt iodization. The use of secondary data from the Multiple Cluster Indicator Survey (MICS) will allow for the comparison of laws with outcomes by showing what percentage of the population consumes iodized salt.

124. **One of the challenges facing SABER-ECD data collection is accurately reflecting what is actually occurring on the ground in a country.** For this reason, many questions in the data collection instruments seek to assess the extent to which "in law" rules that guide ECD are reflected in practice. For example, a country's laws may guarantee all children access to preprimary school, but in reality, only a minor proportion of young children may be enrolled in school, due to cost barriers, inadequate distribution of preschools around the country or poor quality reducing parental demand. The rubric is designed to accommodate these types of considerations to present a balanced report on ECD policy in each country.

Table 7: SABER-ECD Deliverables

Product	Description
Country and regional reports and presentations	For each country a country report (15-17 pages), including a 2-page overview, and a PowerPoint presentation will be created. Country reports will synthesize a country's policy development within the three key ECD policy goals, provide regional comparisons and present policy analysis and options to strengthen ECD. Regional reports will build on country-level analysis and explore common challenges across geographic regions.
Research articles and publications	In-depth analysis will explore the relationships between different aspects of ECD policies and the education system and human development outcomes. This research will be published in multiple forms, ranging from working papers, to policy briefs, to academic journals, to books.
Website – with global database of early childhood development policies, data and graphic analysis	A key aim of the SABER-ECD Initiative is to produce datasets that diverse audience groups can easily access, understand and utilize for their own needs. Data collected will be publicly available and will be broken down into a number of different output channels and able to be manipulated to generate customized analysis.
Database of country programs and policies.	One of the primary aims of SABER is to generate accessible information on ECD programs and policies so that countries can learn from common experiences. As such, the Team will collect information on notable ECD programs and policies and amass information into a searchable database. By accessing relevant information about existing ECD initiatives, countries can learn lessons from each other; by facilitating this process, the Team aims to expand knowledge-sharing and improve program and policy design.
Library of laws and policy documents.	For each country, data collection will include gathering copies of ECD laws, regulations, and policy documents for each country. It is hoped that this library can be used as a tool through which countries can access documents and guidance from facing similar policy and regulatory challenges.

Linkages with Other World Bank Initiatives, Other SABER Domains and Development Partners

128. Throughout the process of developing the SABER-ECD framework and instruments, an effort has been made to utilize existing sources of information where possible to avoid duplication of efforts and to reduce the burden of information demanded from participating countries. Accordingly, a significant number of indicators within the policy classification rubric are incorporated from secondary data sources such as the MICS, DHS and UIS. In addition, international monitoring reports are used to

supplement or verify information provided by countries for policies related to breastfeeding promotion, salt iodization, parental leave policy and iron fortification.

129. **In light of the multi-sectoral nature of SABER-ECD, the team has collaborated with Bank colleagues in Health Nutrition Population (HNP) and Social Protection (SP) and within regions.** The team is also coordinating with other SABER policy domains, namely SABER-Teachers, SABER-Finance, and SABER-School Health and School-Feeding.

130. **In terms of collaboration with external partners, the SABER-ECD team has consulted with ECD experts working at international agencies, NGOs and research institutions on the draft analytical framework.** At UNESCO, for example, a group of colleagues are coordinating the Holistic Early Childhood Development Index (HECDI), which is designed to develop a set of indicators for monitoring country progress towards Education for All Goal 1. The World Bank sits on the inter-agency technical advisory committee and on several working groups for the different sub-scales under development. Colleagues at UNICEF are perennially engaged in monitoring children's development and country policies. The SABER-ECD team has held several meetings to coordinate with the HECDI team and the monitoring team at UNICEF to review documents, share feedback and discuss potential alignment around some common indicators.

Conclusion

131. The foundations for human development are laid in the early years. When young children are protected and receive adequate nutrition, stimulation and healthcare, they grow strong and are able to learn and become productive citizens. When young children do not have healthy early childhood experiences, the impact on life outcomes can be severely detrimental. As countries around the world strive to ensure that all children reach their full potential, they can learn from each other how to design and implement effective ECD policies. SABER-ECD aims to contribute to this learning. This framework paper has presented the evidence to support three essential ECD policy goals that all countries should strive to meet – Establishing an Enabling Environment, Implementing Widely and Monitoring and Assuring Quality – and the associated policy levers and indicators countries can use to measure progress towards meeting these goals.

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Appendix: SABER-ECD Policy Classification Rubric

POLICY GOAL 1: ESTABLISHING AN ENABLING ENVIRONMENT									
PG1 Score:	POLICY LEVER 1.1: LEGAL FRAMEWORK			Scoring				Reference	
	Indicator	Sub-Indicator	Latent	Emerging	Established	Advanced	Source	Main Question number	Supporting Question number
PL 1.1 Score:	a. Do national laws and regulations promote healthcare for pregnant women?	i) Is there a policy that guarantees pregnant women free antenatal visits and skilled delivery?	No	Only one free service (either antenatal or skilled delivery)	Both free antenatal visits and skilled delivery		Instruments	83	
		ii) Are standard health screenings provided for HIV and STDs for pregnant women?	No		Yes	Yes and there are standard follow-up procedures and referrals to services	Instruments	82	
	b. Do national laws and regulations promote healthcare young children?	i) Are young children required to receive a complete course of childhood immunizations?	No		Yes		Instruments	80	
ii) Are young children required to have well-child visits?		No		Yes	Yes, and on a regular basis ¹	Instruments	81	25, 84	
	c. Do national laws and regulations promote appropriate dietary consumption	i) Do national laws comply with the International Code of Marketing of Breast Milk Substitutes?	No	Few provisions law ² or some provisions voluntary	Many provisions law or law	IBFAN ³	97		

¹ Recommendations from high-performing countries inform well-child visits at the following intervals of age: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 18 months and then each year thereafter.

² i) Many provisions law or law: legislation encompassing all or nearly all provisions of the International Code and the clarifications and additions from subsequent resolutions, ii) Few provisions law or some provisions voluntary, adoption of a voluntary code or health policy encompassing all or nearly all provisions of the International Code with no enforcement mechanisms; adoption of only a few provisions of the International Code as law.

³ International Baby Food Action Network

				importance of a multi-sectoral approach to ECD exists but a multi-sectoral ECD strategy has not been endorsed					is costed.				
	b. Has an institutional anchor been established to coordinate ECD across sectors?		No	Yes	Yes and staff officially appointed	Instruments	8,9	10-17					
	c. To what extent are interventions coordinated at the point of service delivery to ensure that children receive integrated services?	i) Are there any regular coordination meetings between the different implementing actors at the sub-national level? ii) Is there any integrated service delivery manual/guideline (i.e. any sort of common plan of action)?	No	Infrequent coordination meetings	Regular coordination meetings attended by all actors	Instruments	6	14					
	d. Is there a mechanism for collaboration between state and non-state stakeholders?		No	There are consultation meetings involving non-state stakeholders	There are strong coordination mechanisms ⁶	Instruments	7	5					
PL 1.3 Score:	POLICY LEVEL 1.3: FINANCE												
	Indicator	Sub-Indicator	Latent	Emerging	Established	Advanced	Source	Main Question number	Supporting Question number				

⁶ Such as special task force, regular consultation meetings, and/or national coordinating committee that include non-state stakeholders)

	<p>growth monitoring and promotion programs; mosquito bed net distribution programs⁸)?</p>		0-1 nutrition intervention	2-3 nutrition interventions	4 essential nutrition interventions	All essential nutrition interventions and all are included in an integrated menu of services	Instruments	Program Instrument and 103, 99	5	
<p>b. Do essential nutrition programs exist in the country to target all beneficiary groups? (breastfeeding promotion; micronutrient support/food supplementation for pregnant women; complementary feeding for children; feeding in preprimary schools; healthy eating and exercise programs)</p>			0-1 education intervention	2-3 education interventions	3-4 essential education interventions	All essential education interventions and all are included in an integrated menu of services	Instruments	Program Instrument and 41	5, 42, 43	
<p>c. Do essential education programs exist in the country to target all beneficiary groups? (home visiting to provide parenting</p>										

⁸ If malaria is not prevalent in country, disregard bed net program and score as is. If malaria is health issue in country, to earn score of *Established*, country must have 5 essential health interventions (*Emerging*: 2-4 interventions)

	messages; early stimulation/care for children below 3; primary education for children below 6; teacher training programs)																			
	d. Do essential child and social protection programs exist in the country to target all beneficiary groups? (Positive parenting education/domestic abuse prevention; programs for OVCs, interventions targeted at children affected by HIV/Aids; anti-poverty (CCT) programs; child welfare system)			0-1 protection intervention	2-3 protection interventions	3-4 essential protection interventions	All essential protection interventions exists	Instruments	Program Instrument and 119, 129	19, 24										
POLICY LEVER 2.2: COVERAGE																				
PL 2.2 Score:	Indicator	Sub-indicator	Latent	Emerging	Established	Advanced	Source	Question number	Supporting Question number											
	a. What is the level of access to essential ECD health interventions for	i) What is the rate of births attended by skilled attendants? ii) What percentage of pregnant women benefits from at least four antenatal visits?	Less than 50%	51% to 70%	71% to 89%	90% and above	MICS	-	-											
			Less than 50 %	51% to 70%	71% to 90%	91% and above	MICS	-	-											

	pregnant women?	iii) What percentage of HIV+ pregnant women and HIV-exposed infants receive ARVs for PMTCT?	Less than 30%	31% to 50%	51% to 79%	80% and above	UNAIDS	-	-
	b. What is the level of access to essential ECD health interventions for young children?	i) What percentage of children under five years of age with diarrhea receive oral rehydration and continued feeding?	Less than 21%	22% to 40%	41% to 84%	85% and above	MICS	-	-
		ii) What percentage of 1-year-old children is immunized against DPT? (corresponding vaccines: DPT3β)	Less than <50%	51% to 70%	71% to 90%	91% and above	MICS	-	-
		iii) What percentage of children below five years of age with suspected pneumonia receives antibiotics?	Less than 25%	26% to 50%	51% to 90%	91% and above	MICS	-	-
		iv) What percentage of children less than five years of age (in at-risk areas) sleeps under an ITN?	Less than 15%	16% to 50%	51% to 84%	85% and above	MICS	-	-
	c. What is the level of access to essential ECD nutrition interventions for young children and pregnant women?	i) What is the Vitamin A supplementation coverage rate for children 6-59 months of age?	Less than 40%	41% to 70%	71% to 90%	91% and above	MICS	-	-
		ii) What percentage of children is exclusively breastfed below the age of six months?	Less than 20%	21% to 40%	41% to 49%	50% and above	MICS	-	-
		iii) What percentage of the population consumes iodized salt?	Less than 25%	26% to 50%	51% to 89%	90% and above	MICS	-	-
	d. What is the gross enrollment rate in preprimary education?	iv) What percentage of pregnant women have anemia?	40% and above	10% to 39%	5% to 9%	0% to 4%	WHO Global Database on Anemia	-	-
			Less than 35%	35% to 59%	60% to 80%	81% and above	UIS9	-	-

POLICY LEVER 2.3: EQUITY									
Indicator	Sub-indicator	Latent	Emerging	Established	Advanced	Source	Question number	Supporting Question number	
e. What is birth registration rate? (children below 5 years)		Less than 36%	37% to 71%	72% to 90%	91% and above	MICS			
PL 2.3 Score:									
a. Is there equity in access to ECCE services at the sub-national level?	i) What is the ratio of preprimary enrollment at the sub-national level for the regions with the highest and lowest enrollment?	Greater than 1.6	Greater than 1.1, but less than or equal to 1.6	Equal to or less than 1.1	1	Instruments	48 (Program Instrument Excel File)		
b. Is there equity in access to ECCE services by gender?	i) Is there equitable access to preprimary school for boys and girls?	Greater than 1.5	Greater than 1.1, but less than or equal to 1.5	Equal to or less than 1.1	1	Instruments	49	-	
c. Are ECCE services provided in a way that accommodates children's special needs and promotes access for all children?	i) Is there an inclusive education policy to cater to the needs of special needs children within regular ECCE services? ii) Is curriculum or teaching materials translated into major language groups?	No	Yes	Yes	Yes, policy exists and at least 81% of special needs children have access to ECCE ¹⁰	Instruments	110	51	
d. Is there equitable access to ECD services between socio-economic levels	i) What is the ratio of birth registration comparing richest to poorest? ii) What is the ratio of skilled attendants at birth comparing richest to poorest? iii) What is the underweight prevalence in children	Greater than 3	Greater than 1.6, but less than 3	Greater than 1.1, but less than 1.5	1	MICS	-	-	
		Greater than 3.6	Greater than 1.8 but less	Greater than 1.1 but less	1	MICS	-	-	
							77	52, 76	

¹⁰ To receive an advanced score, data must be available for Q. 51 to adequate coverage for special needs kids

		comparing richest to poorest?		than 3.5	than 1.7					
	e. Is there equitable access to ECD services in rural and urban areas?	i) What is the ratio of birth registration for urban regions to rural regions? ii) What is the ratio of urban to rural access to improved sanitation facilities?	Greater than 1.6 Greater than 2 or less than 0.7	Greater than 1.1, but less than or equal to 1.6 Greater than 1.4 but less than 1.9 or 0.8	Equal to or less than 1.1 Greater than 1.1 but less than 1.3 or 0.9	1 1	MICS MICS	- -		
PG 3	POLICY GOAL 3: MONITORING AND ASSURING QUALITY									
Score:										
PL 2.1	POLICY LEVER 3.1: DATA AVAILABILITY									
Score:										
	Indicator	Sub-indicator	Latent	Emerging	Established	Advanced	Source	Question number	Supporting Question number	
	a. Are relevant administrative and survey data collected on access to ECD?	i) To what extent are administrative data collected on access to ECD (i.e. number of young children in child welfare system; number of children with special needs who have access to ECD services; number of children who benefit from well-child visits; number of children benefitting from Vitamin A supplementation; number of women benefitting from prenatal nutrition interventions; number of children enrolled in preprimary school by sub-national region, by mother tongue language, or by rural and urban; average number of students per teacher; and level of financial commitment to ECD	2 or fewer indicators are collected and available	3 to 4 indicators are collected and available	5 to 6 indicators are collected and available	7 or more indicators are collected and available	Instruments	23, 31, 45-51, 93, 104, 116		

	c. Are data collected to measure child development (cognitive, linguistic, physical, and socio-emotional)?		No	Data are collected for only 1 development domain	Data are collected for 2 to 3 development domain	Data are collected for all 4 development domain	Instruments	78 (part 1)	23	
	d. Are individual children's development outcomes tracked?		No			Yes	Instruments	78 (part 2)		
PL 3.2	POLICY LEVER 3.2: QUALITY STANDARDS									
Score:	Indicator	Sub-Indicator	Latent	Emerging	Established	Advanced	Source	Question number	Supporting Question number	
	a. Are clear learning standards established for ECCE?	i) Do standards for what students should know and learn exist?	No		Yes		Instruments	64	44	
		ii) Is there one or more preprimary curricula that have been approved or are available for teachers to use?	No		Yes	Yes and is evidence-based	Instruments	65, 66		
		iii) Is the preprimary curriculum coherent and continuous with the curriculum for primary education?	No		Yes		Instruments	67		
	b. What are the requirements for ECCE professionals and are opportunities for professional development available?	i) What are the entry requirements to become a preprimary teacher?	Primary school completion or less / no requirements	Completion of high school	Completion of high school with vocational training in ECD	Formal tertiary training with specialization in ECD	Instruments	68	73	
		ii) Is there regular in-service training for ECCE professionals to develop pedagogical and	No		Yes, every two years	Yes and is mandatory every two years or	Instruments	69	70	

	teaching skills?				more frequent			
	iii) Is there a public authority in charge of regulating pre-service training for ECCE professionals?	No	Yes			Instruments	72, 73	
	iv) Is some form of pre-service practicum or fieldwork required?	No	Yes			Instruments	71	
c. Are health workers¹¹ required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)?		No	One type of health worker	2-3 types of health worker	All types of health workers receive training	Instruments	91	
d. Are there established infrastructure and service delivery standards for ECCE facilities?	i) What is the required child-to-teacher ratio?	No standard	More than 15:1	15:1	Less than 15:1	Instruments	55	
	ii) What is the required minimum number of hours of preprimary education per week?	No standard	Less than 15 hours	15 hours or more		Instruments	54	
	iii) Do infrastructure standards exist?	No	Yes	Yes and includes all elements of infrastructure standards ¹²	Yes and includes all elements of infrastructure standards and access to potable water and functional hygienic facilities	Instruments	56-59	
d. Are there established		No		Yes	Yes and includes mechanisms	Instruments	62	61

¹¹ Types of health workers to consider for this indicator: Doctors/Nurses; Extension health service workers; Midwives; Psychologists

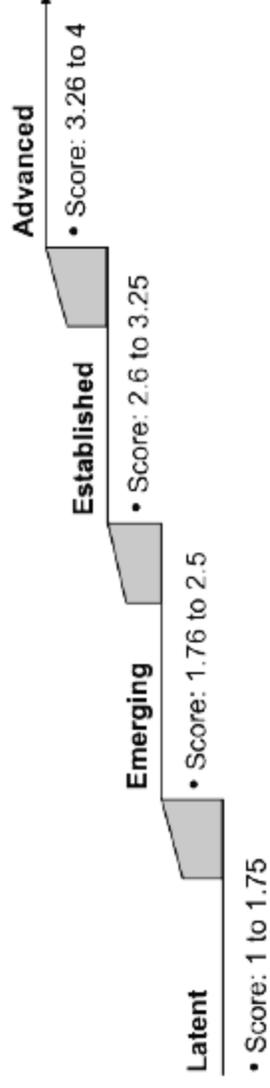
¹² Elements of infrastructure standards for ECCE centers include: roof, floor, structural soundness, windows, building materials, connection to electricity.

	registration and accreditation procedures for both state and non-state ECCE facilities?							to reward quality improvement			
	e. Are there rigorous registration procedures for health facilities?	i) Do construction standards exist for all health facilities?	No	For hospitals only	For hospitals and health centers	For hospitals, health centers and health posts	Instruments	Instruments	90		
POLICY LEVER 3.3: COMPLIANCE WITH STANDARDS											
PL 3.3 Score:	Indicator	Sub-indicator	Latent	Emerging	Established	Advanced	Source	Question number	Supporting Question number		
	a. Do ECCE professionals comply with established pre-service training standards/professional qualifications?		No compliance or unknown	Less than 50% of teachers comply	Between 51% and 85% compliance	Over 85% compliance	Instruments	74, 75			
	b. Are state ECCE facilities required to comply with established service delivery and infrastructure standards and registration and accreditation procedures?	i) Do average child-to-teacher ratios comply with established standard?	No compliance or unknown	Compliance with established standard of more than 15:1 ratio	Compliance with established standard of 15:1 ratio	Compliance with established standard of less than 15:1 ratio	Instruments	63	30, 53		
		ii) Do preprimary schools comply with the established minimum number of opening hours of preprimary education per week?	No compliance or unknown	Compliance with established standard of less than 15 hours	Compliance with established standard of 15 hours or more		Instruments	63	30		
		iii) What percentage of preprimary facilities comply with infrastructure standards?	Less than 60%	Between 61% to 75%	Between 76% to 90%	91% and above	Instruments	60	30, 61		
	c. Are non-state ECCE facilities	i) Do average child-to-teacher ratios comply with established	No compliance	Compliance with	Compliance with	Compliance with	Instruments	63	30, 53		

required to comply with established service delivery and infrastructure standards and registration and accreditation procedures?	standard?	or unknown	established standard of more than 15:1 ratio	established standard of 15:1	established standard of less than 15:1		
	ii) Do preprimary schools comply with the established minimum number of opening hours of preprimary education per week?	No compliance or unknown	Compliance with established standard of less than 15 hours	Compliance with established standard of 15 hours or more	Instruments	63	30
	iii) What percentage of preprimary facilities comply with infrastructure standards?	Less than 60%	Between 61% to 75%	Between 76% to 90%	Instruments	60	30, 61

Guidelines for Rubric Scoring

1. Scores for sub-indicators, indicators, policy levers, and policy goals should be marked directly in rubric for easy reference in the future.
2. For each sub-indicator- decide score: **Latent: 1 point, Emerging 2 points, Established: 3 points, Advanced: 4 points**
3. Take average of sub-indicators for overall indicator score
4. Take average of all indicators within each policy lever for overall policy lever score
5. Take average of 3 policy lever scores for each policy goal score
6. Use the following delineation of each score to indicate level of development



Source: Vegas, et al. 2011.

The Systems Approach for Better Education Results (SABER) initiative collects data on the policies and institutions of education systems around the world and benchmarks them against practices associated with student learning. SABER aims to give all parties with a stake in educational results—from students, administrators, teachers, and parents to policymakers, business people, and political leaders—an accessible, detailed, objective snapshot of how well the policies of their country's education system are oriented toward delivering learning for all children and youth.

This report focuses specifically on policies in the area of Early Childhood Development.

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