



Helping children since 1937

Capacity Statement

Early Childhood Care and Development¹

Global Overview

The early years of a child's life constitute the most formative period of the life cycle. These years serve as a time of rapid growth and development, providing the foundation for a lifetime. At the same time, young children are particularly sensitive to the negative effects of undernutrition, poor care, and ill treatment during this time.² Particularly in South Asia and Sub-Saharan Africa, children face poverty, poor health and nutrition, and related social factors which can hinder their early development and contribute to lifelong and even intergenerational disadvantages.³ As a result, it is estimated that one third of all children under five in the developing world, or over 200 million children, are not attaining their developmental potential.⁴

Recognizing that the first years of life are critical to development, increasing attention is being placed on the importance of early childhood care and development (ECCD) programs. Typically addressing the prenatal through eight years age range, ECCD programs aim to provide holistic programming to support the physical, social and emotional, and cognitive development of young children. ECCD programs can take a number of forms, from formal preschool classes and transition classes in the first years of primary school to community-based play groups for younger children, parenting education to improve care at home, and health interventions for young children. Targeting young children and their parents, as well as older siblings and other caretakers, these programs help to bridge the gap between the more isolated health interventions of the first year of life and the start of primary school.

Commonly cited benefits of ECCD programs such as enhanced school readiness, enrollment, and completion are important; however, the benefits are even more wide ranging and fundamental. They improve child health and nutrition by helping to ensure proper health care and psychosocial stimulation. By providing social interaction and opportunities for exploration, they promote higher intelligence. Furthermore, there is evidence that ECCD programs can have a powerful effect on reducing social inequality.⁵ They can help compensate for early nutritional or emotional deprivation, making such programs all the more important for disadvantaged children. They can help to ensure that the rights of young children are protected. Moreover, as access to such programs tends to be

¹ Prepared by Judy Chang and Pamela Young, May 2010

² UNESCO. 2007. Education for All Global Monitoring Report.

³ Grantham-McGregor S, Cheung YB, Cueto S, Glewwe P, Richter L, Strupp B. Developmental potential in the first 5 years for children in developing countries. *Lancet* 2007; 369: 60–70.

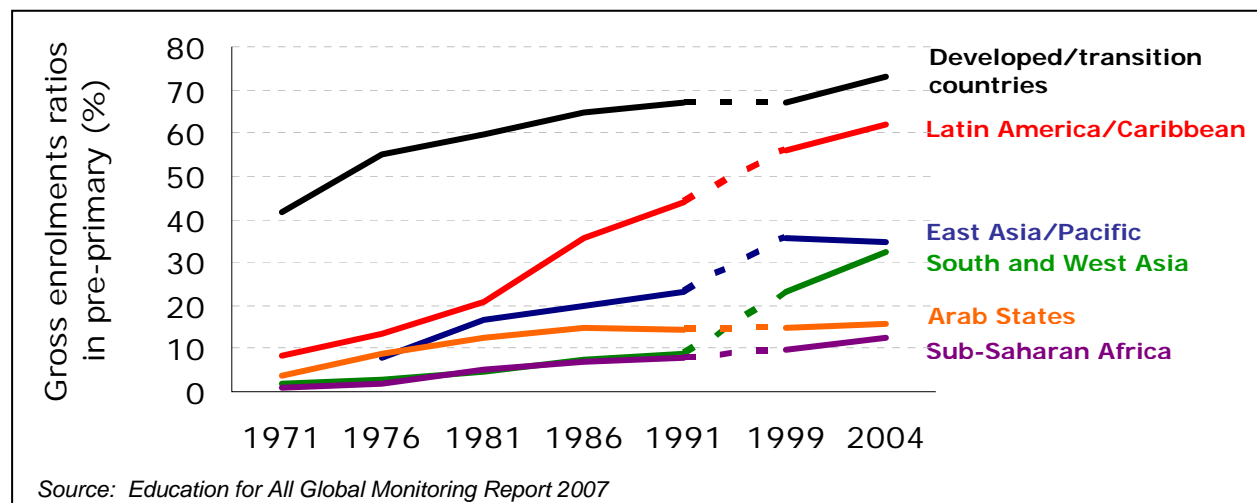
⁴ *Ibid.*

⁵ UNESCO. 2007. Education for All Global Monitoring Report.

fairly equal between genders, they also help to reduce gender inequality, improving access to basic health care for girls and encouraging both genders to begin primary school at an appropriate age.⁶ In the longer term, ECCD programs also help to delay the age of first pregnancy for young women and promote the empowerment of women, thus creating intergenerational benefits.⁷

Further support for ECCD was galvanized with its inclusion as the first of six Education for All Goals. More than 150 countries signed the declaration in 2000, committing them to, among other things, expand and improve early childhood care and education, especially for the most vulnerable and disadvantaged children, by 2015.

Despite the evidence on the benefits of ECCD programs, they still face a number of challenges. As shown in the figure below, huge variations among regions exist in access to these programs. Moreover, within countries, socioeconomic barriers remain, limiting access to ECCD programs, especially for the poor and disadvantaged who stand to gain the most from such programs.



In addition, because of the holistic nature of ECCD programming, instilling institutional responsibility within key sectors remains a challenge. For example, although returns on investment of ECCD programs are higher than other education investments, investment in pre-primary education still accounts for less than 10% of total spending on public education.⁸

Plan's Approach

As a child-centered community development organization, Plan International is at the forefront of ECCD programming. As one of Plan's eight core areas of programming, ECCD fuels cross-sectoral integration, encompassing aspects of education, health, nutrition, and protection.

Following the "*4 Cornerstones to Secure a Strong Foundation for Young Children*" model,⁹ Plan works to invest in young children and create a strong foundation for their lifelong health, education, and productivity. The four components of this model are:

⁶ UNESCO. 2007. Education for All Global Monitoring Report.

⁷ The World Bank. 2008. Africa's Future, Africa's Challenge: Early Childhood Care and Development in Sub-Saharan Africa.

⁸ UNESCO. 2007. Education for All Global Monitoring Report.

⁹ Consultative Group on Early Childhood Care and Development. <http://www.ECCDgroup.com/aboutus.asp>

1. **Start at the Beginning.** Integrate early stimulation, child development, and parenting information into prenatal, early health, nutrition, and education services by:
 - Providing access to parenting programs that address holistic child development, particularly for the most vulnerable families;
 - Improving services for young children and families including early stimulation, health, nutrition and child care.
2. **Get Ready for Success.** Ensure access to at least two years of quality early childhood care and development services prior to formal school entry, beginning with the most vulnerable and disadvantaged children.
3. **Improve Primary School Quality.** Increase investments and improve the transition from home or preschool to primary school and the quality of learning in Grades 1 – 3 by:
 - Providing teachers with knowledge about early childhood care and development during in-service and pre-service training,
 - Giving children adequate learning materials, and
 - Ensuring smaller sized classes.
4. **Include Early Childhood in Policies.** Address early childhood in all national policies and plans across sectors, including Poverty Reduction Strategy Papers (PRSPs), Education for All Plans (EFA), and Fast Track Initiative Plans (FTI). Assure adequate resources and multi-sectoral coordination by ensuring that Early Childhood is integral to development and macroeconomic planning and budgeting.

Plan's ECCD Programs

Plan's ECCD work focuses on improving the availability, accessibility, quality, and utilization of ECCD programs and services. To achieve these objectives, Plan utilizes a wide array of strategies, from infrastructure construction and improvement to caregiver training and parent education.

Our programs increase the availability and accessibility of ECCD programs by creating and supporting a range of ECCD programs in areas where ECCD programs are not widespread. For example, as detailed in the case study below, our BRIGHT project is addressing the need for pre-schools by including them within 132 primary school complexes throughout rural Burkina Faso. By including these pre-schools as a key element of the schools, Plan is helping to encourage the regular inclusion of early childhood programming within the education sector.

Case Study - BRIGHT I & II: Burkinabè Response to Improve Girls' Chances to Succeed Burkina Faso (2006-2012)

The BRIGHT project began in March 2006 and aimed to improve access to quality education for girls in Burkina Faso. The \$22.5 million project was funded by the Millennium Challenge Corporation.

During the first phase of the project (2006-2009), Plan and its partners constructed and supported 10 *bisongos* (pre-school centers). The highly successful pilot program included the provision of school feeding to the children attending the *bisongos*, as well as capacity building support to the Ministry of Social Affairs and National Solidarity (MASSN). The *bisongos* prepare children under 5 for entry into the formal education system by exposing them to an ECCD curriculum, and they have also freed women and girls from childcare duties, allowing them to attend literacy trainings and primary education classes.

The second phase of the BRIGHT project began in October 2009 and will build on the successful pilot of *bisongos* from the first phase. Under BRIGHT II, Plan and its partners will build, equip, and support 122 *bisongos* in all of the BRIGHT communities. 366 volunteer *bisongo* instructors or “*petite mamans*” are being selected from among members of Associations of Mother Mentors and will be responsible for the supervision of daily activities and providing care and support to the young children. They will receive a 21-day training which prepares them to lead and engage students in ECCD activities. The *petite mamans* also learn about hygiene and early childhood nutrition practices.

We also support the creation and promotion of home-based and community-based ECCD programs. Such programs are often more accessible for vulnerable populations than center-based preschool programs because of their proximity to rural populations. Community awareness and mobilization activities, emphasizing the importance of ECCD activities, build on the services to increase utilization.

For example, Plan Nepal supports home-based ECCD activities for children under 3 years. Home-based ECCD facilitators, who are often female community health volunteers, are trained and receive a monthly stipend. Mothers’ groups use community mapping to identify households with children under 3. The parents and other caretakers are then trained, through monthly home visits over the course of one year, on early stimulation. There are 73 home-based sites, each working with a group of 20-25 households each year.

In the Philippines, Plan implemented a highly successful project to create an integrated ECCD delivery system. As detailed below, the project focused on establishing a home-based ECCD model, as well as improving center-based activities.

Case Study - Forging Family & Community Partnerships for ECCD Philippines (2002-2005)

In 2000, only 4.6% of 0-6 year old children in Plan-assisted communities had access to ECCD, and malnutrition remained alarmingly high at 31% among children under 5. Even when ECCD was accessible, services were of low quality, often due to lack of support from local village officials.

In July 2002, the Forging Family and Community Partnerships for ECCD Project was initiated to create an integrated ECCD delivery system. The DfID-funded pilot project was implemented in 15 selected villages across 8 municipalities in the provinces of Isabela, Masbate, Western Samar, and Southern Leyte. Major interventions of the project focused on establishing the home-based ECCD model, improving center-based services, and building functional coordinating bodies that would provide effective management for the ECCD system.

In the first year, the project conducted action research on issues confronting children, their families, and communities while also initiating advocacy for ECCD. During the second and third years of implementation, the project organized ECCD coordinating committees and home-based ECCD services in the form of parenting education and supervised neighborhood play. In addition, efforts were made to improve the quality standards in community center-based ECCD services (i.e. day care centers, preschools, health clinics, weighing posts, etc.). In the final year, the project focused on the promotion of best practices among Child Development Workers (CDWs, particularly Parent Volunteers) and the institutionalization of the whole ECCD System. In addition, throughout the project’s life, home-based ECCD such as neighborhood playgroups, family day care programs, parent education, and home visiting programs were organized.

Over four years, the project was able to achieve the following results:

- Improved nutritional status of children. In 2003, 30% of 0 to 6 year-old children in Sorsogon suffered from severe malnutrition. This figure was reduced to 7% in 2004 and 4% in 2005
- Community Participation in ECCD increased on average to 28%. In the Samar province, the target population's participation in ECCD increased from 6% to 60%.
- The percentage of accredited ECCD centers increased from 40% to 100%. Over the course of the project, 15 centers were accredited or re-accredited.
- The overall strengthening of support to duty bearers enabled the provision of ECCD services in a more sustainable manner.

In all of our ECCD programs, Plan promotes the quality of services through interventions such as teacher/caregiver training, promotion of parental involvement, provision of appropriate learning materials and toys, and work towards meeting local quality standards. In 2009 alone, Plan and its partners trained 13,476 early childhood teachers and volunteers. In China, the newest training strategy is the use of a rural-urban ECCD support network. A 2009 pilot project aiming to improve the quality of ECCD services in rural areas utilized the direct technical support of successful ECCD centers in urban areas to train and support more than 1,000 rural ECCD teachers.

Finally, to increase our reach and impact, Plan's ECCD programs strive to integrate with existing health and education programs. For example, in Paraguay, Plan has recognized the importance of engaging both formal and community health services in the implementation of ECCD programs. Early stimulation and child protection issues are integrated into the activities of community health volunteers. These volunteers make monthly home visits during which they train parents to use simple toys and materials found around the home. Mothers receive training on child development and parent-child communication, as well as on simple activities that they can use to support their child's development.

Policy and Advocacy

In addition to its ECCD programming, Plan actively engages in policy work and advocacy at all levels. At the international level, Plan International serves on the Executive Board of the Consultative Group on Early Childhood Care and Development, a global inter-agency consortium which works to improve early childhood policy and practice focusing on children in disadvantaged circumstances.

At the regional level, Plan International's Asia Regional Office, in conjunction with UNESCO's Pacific Regional Bureau of Education, UNICEF's East Asia and Pacific Regional Office, the Open Society Foundation, and Save the Children launched the Asia-Pacific Regional Network for Early Childhood (ARNEC) in 2008. This regional early childhood professional network serves as a platform for the sharing of knowledge on effective policies and practices. In Africa, Plan is an active member of the Steering Committee of the Association for the Development of Education in Africa's (ADEA) Working Group on ECCD.

In our program countries, Plan is similarly engaged in national policy and advocacy around ECCD. Moreover, awareness raising and mobilization at community level are key components of Plan's ECCD activities. For example, in Rwanda, where the concept of ECCD is just developing, Plan has worked with UNICEF, CARE, the Ministries of Women and Family Support, Education and Health, and others to draft the country's first Early Childhood Care and Development Policy. At community level, Plan Rwanda has worked with local leaders to encourage communities to attend

meetings on child development, engaging even fathers, who traditionally do not participate in the care of their children.

In Brazil, Plan supports the government in providing quality early childhood programs for young children. Plan's focus for community-based childcare centers lies in the areas of teacher training; infrastructure improvement; supplying with appropriate toys, materials, and equipment; and strengthening the participatory governance of the centers. Plan works to make sure that these community preschools meet quality standards for accreditation and engages in lobbying to ensure that the government will assume responsibility for running, maintaining, and monitoring these schools, as part of its constitutional responsibility to provide nationwide access to preschool education. In many areas of the country, community pre-schools reach a much higher proportion of children than formal pre-schools.

ECCD in emergencies

ECCD is also a major component of Plan's emergency response strategy. Falling under Plan's core emergency response areas of education and child protection, ECCD programs serve as a key mechanism for restoring a sense of normalcy and promoting healing among young children.

In the immediate response phase, temporary ECCD centers are often set up in conjunction with child-friendly spaces as an initial safe space for young children. For example, as detailed in the case study below, Plan was able to set up temporary ECCD centers within 10 days of the devastating earthquake in Pakistan in 2005.

Case Study - Supporting Community Learning in Earthquake-affected Areas Pakistan (2005-2008)

On October 8, 2005, Pakistan suffered one of the worst natural disasters in its history. An earthquake affecting Pakistan-administrated Kashmir and the North West Frontier Province left more than 70,000 people dead and 2.8 million more internally displaced. As part of its response to this earthquake, Plan Pakistan implemented the Supporting Community Learning in Earthquake-Affected Areas program in the Mansehra district of Pakistan.

In the area of ECCD, the earthquake response program aimed to open 100 ECCD centers for children 3-6 in the affected region. These ECCD centers would serve as a hub for education, health, hygiene, livelihood, and other activities. Caregivers were chosen and trained, and a Community Education Committee was formed in each community to run the ECCD center. Lady Health Workers, nurses, and health educators were also involved in conducting home visits and encouraging parents to send their children to the ECCD centers.

Within 10 days of the earthquake, Plan and its local partner NGO Mountain Institute for Educational Development (MIED) had established ECCD centers in the Siran Sialkot tent village for the children of internally displaced families. During this initial stage, 10 ECCD classes comprised of more than 370 children were running in this camp. A month after the earthquake, the first permanent ECCD center opened in Siran Valley.

In the early stages, the project faced huge challenges in gaining parents' interest and cooperation in ECCD activities, as there was little understanding of the purpose or benefits of such programs. However, as awareness grew, participation followed suit. The increasing participation was attributed to growing awareness of the effectiveness of the activities being carried out. As appreciation grew, demand for ECCD centers in more communities also increased.

In addition to the benefits for the children, the ECCD centers, which operated for 3 hours each morning, provided mothers a safe place to leave their children while they took care of other reconstruction activities. The ECCD centers helped children to heal from the disaster, and have also helped to increase their awareness of health and hygiene and to increase subsequent school enrollment. Parents have become more involved in the progress of their children, and children themselves enjoy the ECCD activities. The children are playing again and seem happier and more confident.

In the longer-term reconstruction and rehabilitation phase, Plan works to establish or re-establish permanent ECCD programs. For example, in the aftermath of the December 2004 Tsunami, Plan Thailand worked through the Education Services Area Office and pre-existing ECCD centers to improve the quality and utilization of ECCD. The centers were re-equipped, caregivers were trained, and awareness-raising activities were held to increase demand for quality ECCD services. The project was highly successful, with positive results recognized by parents and government officials alike. In particular, the programs were especially well received by minority and vulnerable groups in the intervention areas, as they had little access to other options for childcare or education. In recognition of the high quality of care and teaching provided at Plan-supported ECCD centers, the local government committed to expanding Plan's model into all ECCD centers in the area.

Plan also successfully supported ECCD activities within Indonesia's tsunami reconstruction and rehabilitation efforts, as detailed in the case study below.

**Case Study - Meeting Healthcare Needs in Communities and IDP Camps of Post Tsunami Aceh
Besar
Indonesia (2004-2009)**

Following the Indian Ocean Tsunami of December 2004, Plan International implemented a three-year, American Red Cross-funded project in seven coastal sub-districts of Aceh Besar, Indonesia. Aimed at improving maternal and child health, ECCD activities constituted an important component of the project. In support of the District Health Office, the project revitalized 89 Posyandu (integrated service posts incorporating both health and ECCD services) in 55 villages.

Through the project, 584 Posyandu cadres were trained on topics such as improved parenting and ECCD techniques, development of ECCD tools/toys, and child health education for mothers of children under five. In addition, information, education, and communication (IEC) and behavior change communication (BCC) activities promoted increased utilization of the revitalized facilities, as well as improved maternal and child health and parenting behaviors.

Integrated into a larger government network of Posyandu and Polindes throughout the province, the project-supported facilities have become fixtures in the 55 targeted post-tsunami villages, with high utilization rates and measurable improvements in health behaviors. An independent final evaluation found that Posyandu were functioning effectively—mothers regularly brought their children to Posyandu for ECCD activities and regular check-ups (i.e., child immunization, growth monitoring, etc.), with attendance rates at biweekly sessions ranging from 60 to 100 percent of the relevant population.

Finally, Plan is increasingly using ECCD as part of its disaster risk reduction activities. For example, as part of a three-year, European Commission-funded project, Plan is working in the disaster-prone Barguna Sada Upazila of Bangladesh to build capacity in effective delivery of ECCD services in disaster-prone areas, as well as to promote parental awareness on child care and development in disasters. Ultimately, the project aims to create an ECCD model for disaster-prone areas, and to

promote the adoption of disaster risk reduction components in all NGO ECCD programs in disaster-prone areas of the country. The project will benefit approximately 300,000 people, including 18,000 young children, 60,000 mothers and caregivers, 800 parenting facilitators, and 200 pre-school teachers.