

Planning Policies for Early Childhood Development:

Guidelines for Action



Emily Vargas-Barón



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DEDICATION

Dr. Aníbal Vargas-Barón
Mrs. Ingeborg Raven de Vargas-Barón

My parents were committed to helping children achieve their full potential. Their teachings about how young children learn and develop continue to guide and inspire me. As policies for improving child development are implemented around the world, I hope one day all children will be able to join me in saying that their parents helped them achieve their potential and fulfil their dreams.

Emily Vargas-Barón

FOREWORD

The evidence is clear: it is in the early years that the fundamentals of children's emotional, intellectual, social and physical development are laid. Without good parenting, health, nutrition and education, developmental delays can occur that rarely can be corrected later.

For too long, children's early years have been the sole responsibility of their parents and extended family. In today's societies poverty, disease, malnutrition, civil strife and the breakdown of traditional structures place major constraints on parents and communities. The development and safety of children are jeopardized on a daily basis. Parents, families and communities under stress may not be able to respond adequately to the needs of young ones.

Many early childhood development (ECD) programmes, particularly in rural and poor urban areas, aim to address these challenges. However, programmes are often limited and unevenly distributed. Wide differences exist in programme quality, and many suffer from inadequate funding, poor co-ordination, and unsustainability. In light of increasing interrelationships between individuals' needs and rights and national development processes, especially for poverty reduction and economic growth, governments are assuming greater responsibility for ensuring the needs and rights of young children are met. Governments play a particularly crucial role in creating enabling environments that allow children to develop into healthy, well-balanced and responsible adults.

National ECD policies or policy frameworks can be important tools for creating enabling environments and advocating for adequate funding of large-scale ECD interventions. Integrated and participatory approaches to ECD policy planning are of key importance to achieving successful policy development and implementation. The holistic nature of child development requires the involvement of multiple partners across ministries, parents, communities, non-governmental organisations, and other stakeholders.

ECD Policies and Policy Frameworks can address critical issues such as ensuring equitable and high-quality ECD services are accessible to parents and vulnerable children. They can give priority to parent education and support. Policies often include provisions for building effective co-ordination systems for maximizing the use of resources. They usually call for integrated approaches to ECD training, curricula and methods. The policy planning process often promotes the expansion of national and international investment in ECD, including private sector resources. Finally, most policies establish ECD indicators, databases, evaluation and monitoring systems and action research programmes.

Today, many countries are aware of the interconnectivity between early childhood development and national development processes. In Sub-Saharan Africa, several nations have developed or are developing ECD Policies or Policy Frameworks (e.g. Burkina Faso, The Gambia, Ghana, Kenya, Malawi, Mauritania, Mauritius, Namibia, Senegal and Tanzania). Some countries are testing strategies for the cost-effective delivery of national ECD programmes (e.g. Guinea, Eritrea, Kenya, Lesotho, Mali, Mauritania, Madagascar, Rwanda and Senegal). The Association for the Development of Education in Africa (ADEA)¹ Working Group for Early Childhood Development (WG/ECD) has assumed the challenge of promoting integrated and holistic early childhood development within the context of national policy development and implementation using Poverty Reduction Strategies or Sector Wide Approaches.

This book was inspired by a collaboration of UNICEF's Regional Office for West and Central Africa, UNESCO/BREDA, and the ADEA WGECD to enhance national capacity for planning ECD policies in Burkina Faso, Mauritania and Senegal (2003–2004). During this project, the author and sponsors identified the need for policy guidelines for nations. These guidelines are based on policy planning experiences in the fields of ECD, education and health in Africa and other world regions. UNICEF and UNESCO sponsored the preparation and publication of this book, and it forms part of UNESCO's programme for ECD policy and systems development. This

collaboration demonstrates a growing interest and willingness among agencies to work together in a co-ordinated way to improve child development.

This book provides rich material that will be very useful to anyone who is committed to moving ECD forward in the developing world.

Jeannette Vogelaar

Chair, ADEA Working Group on Early Childhood Development

¹ The Association for the Development of Education in Africa (ADEA) concerns a partnership between African ministries of education and training and funding agencies. This partnership aims to contribute to improving education in Africa through enhanced policy dialogue and better co-ordination with and between funding agencies. ADEA works through a number of technical working groups that focus on specific issues that are crucial to education reform in Africa. The Working Group on Early Childhood Development (WGECD) is one of these groups.

PREFACE

These Policy Guidelines for early childhood development (ECD) are a “roadmap” for helping governments and other stakeholders to collaborate in establishing policies that will ensure all children achieve their full potential.

The purpose of these Guidelines is to provide an ECD Policy Toolkit for national planners of governmental and non-governmental organisations (NGOs) to help them:

1. Conduct participatory processes for policy planning that include institutions of government and civil society at all levels
2. Prepare National ECD Policies or Policy Frameworks with strategies for filling critical gaps in services for vulnerable children and for guiding the development of comprehensive and culturally appropriate ECD programmes, and
3. Insert concepts of the integrated approach to ECD into related cross-sectoral and sectoral policies and plans.

These Guidelines emphasize the importance of planning to meet the needs of ALL children. Priority is given to helping vulnerable children living in high-risk situations. An integrated and life cycle approach to child survival and development is presented throughout these Guidelines. Parent education and support and holistic child development activities that include health, nutrition, sanitation, education, and child and women’s rights and protection are emphasized. Guidance for preparing children for success in school and work is also addressed, in line with the Millennium Development Goals (MDGs), and the goals of Education for All (EFA), Poverty Reduction Strategies (PRS), and other cross-sectoral and sectoral policies.

Each country has a unique ECD policy situation but general processes for policy planning tend to be quite similar. After presenting introductory concepts, these Guidelines provide practical suggestions for conducting activities during the Five Phases that have been found to be common to successful processes for ECD policy planning:

- Phase I: Preparation
- Phase II: ECD Situation Analysis and Consultation Preparation
- Phase III: Community, Regional and National Consultations
- Phase IV: Policy Drafts and Consensus Building
- Phase V: Policy Approval and Adoption

Each phase has several activities that are roughly sequential, although some of them can begin earlier than presented. The Annexes provide tools to help planners prepare an effective National ECD Policy or Policy Framework.

Policy preparation is not an end in itself. Rather, the adoption of a National ECD Policy or Policy Framework is only the first step in a long-term process for expanding and improving services for young children and their families.

Emily Vargas-Barón

ACRONYMS

ADEA	Association for the Development of Education in Africa
CDO	Community Development Organisation
CGECCD	Consultative Group on Early Childhood Care and Development
CSO	Civil Society Organisation
DHS	Demographic and Health Survey
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDVU	Early Childhood Development Virtual University
ECI	Early Childhood Intervention
EFA	Education for All
FBO	Faith Based Organisation
FGC	Female Genital Cutting
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICBF	Colombian Institute for Family Welfare
IECD	Integrated Early Childhood Development
IT	Information Technology
MDG	Millennium Development Goals
MEP	Monitoring and Evaluation Plan
NGO	Non-Governmental Organisation
NPA	National Plan of Action
OECD	Organisation for Economic Co-operation and Development
OVYC	Orphans and Vulnerable Young Children
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
SSA	Sub-Saharan Africa
SWAps	Sector-Wide Approaches
TOT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WG/ECD	Working Group on Early Childhood Development of the ADEA
WHO	World Health Organisation

Chapter 1

Introduction



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If survival depended solely on the triumph of the strong, then the species would perish. So the real reason for survival, the principle factor in the “struggle of existence,” is the love of adults for their young.

Maria Montessori, Italian preschool educator, 1870–1952

Throughout the world, as nations search for ways to improve the development of vulnerable young children, they are seeking to create strong and effective policies for early childhood development (ECD).² They are using ECD policy planning as a way to maximize resource use, increase national and international investments in children, and improve and co-ordinate comprehensive programmes. Indeed, National ECD Policies and Policy Frameworks can help countries improve the status of children through providing bold new strategies to expand and improve essential services.³ It has been found that ECD Policies are especially effective when they are developed with the full participation of governments, institutions of civil society, parents, and communities.

Purposes of these Guidelines

At their most essential level, these Guidelines are a “roadmap” or “toolkit” for helping national governments, civil society organisations (CSOs) and other stakeholders to collaborate in establishing ECD Policies that will ensure all children survive and achieve their full potential.

National ECD policy planners often are unsure about how to proceed. They wonder whether to develop an ECD Policy or a Policy Framework. They want to know how to organise an effective policy planning process and how to select stakeholders that should be involved in consultations at community, regional and national levels. Some want to learn about effective ways to deal with political realities and build a strong consensus. They are aware they need to draft a credible policy that will help them to maximize current budgetary resources while attracting increased investments for children’s services. Above all, they want to ensure their policy will be implemented and effective.

The **primary purpose** of these Guidelines is to provide an ECD Policy Toolkit for national ECD planners that will help them to:

1. Conduct participatory processes for policy planning that will include institutions of government and civil society at all levels
2. Prepare National ECD Policies or Policy Frameworks with strategies to fill critical gaps in services for vulnerable children and guide the development of comprehensive, integrated and culturally appropriate ECD programmes and networks, and
3. Insert concepts of the integrated approach to ECD into related cross-sectoral and sectoral policies and plans.

These Guidelines emphasize the importance of planning for meeting the needs of ALL children. Priority is given to helping vulnerable children living in high-risk situations.

These Guidelines are not prescriptive.⁴ They do not tell countries what content to include in their policies. Each nation must be the architect of its own generational commitment to its young. Differing national values, political and institutional realities, and socio-cultural and economic conditions will affect each country’s decisions regarding its policies for maximizing children’s services. However, these Guidelines do suggest topics that should be included in ECD Policies, and they provide some principles for organizing ECD policies in ways to ensure they will be implemented. These Guidelines do not dictate specific ECD strategies or explain how to design, implement or evaluate programmes, but they do suggest ways to establish strategies for developing programme initiatives. These Guidelines provide ideas regarding how to identify new national and international donors during the planning process, help them learn new ECD concepts, and assist them to consider new roles in supporting ECD over time.

No single approach to policy formulation will fit all nations. However, by applying policy-planning processes that have been effective elsewhere, a nation can improve its chances of achieving its goals. Planners should modify the recommendations in these Guidelines to fit their

own national situations. Also, ECD policy preparation is not an end in itself. The process is not completed when the ECD Policy has been adopted. Rather, policy adoption is only a first step in a collaborative, on-going, and long-term process that should lead to expanding and improving services for young children and their families.

Intended Audience for These Guidelines

These Guidelines have been prepared for a wide array of ECD stakeholders, with a primary emphasis upon national ECD planners, including:

- Planners and leading specialists in national ministries of finance, education, health and nutrition, sanitation, children's and women's rights, family development, rural and urban development and other ministries with responsibilities for the well-being of young children and parents
- Directors and specialists in national and international non-governmental organisations (NGOs) with programmes for ECD and parent education
- Specialists, professors and leaders of ECD programmes in institutions of civil society, such as associations, institutes, universities, teaching colleges and unions
- Directors and specialists in multilateral and bilateral agencies that support ECD policy formulation and programming in developing nations, and
- Professors and students in the field of international ECD, education, health, nutrition, sanitation, children's rights, and related fields.

These Guidelines are experimental in the sense that this is the first time they have been provided in a document. The author welcomes comments and suggestions for change.

Scope of these Guidelines

The scope of these Guidelines is from the beginning of pregnancy until children reach eight years of age. More will be presented below about this life cycle approach. These Guidelines include all major areas of child survival and development including health, nutrition, education, sanitation, and child and women's rights and protection.

After this introductory chapter, these Guidelines provide practical suggestions for conducting activities during the **Five Phases** that have been found to be common to successful processes for ECD policy planning:

Phase I: Preparation

Phase II: ECD Situation Analysis and Consultation Preparation

Phase III: Community, Regional and National Consultations

Phase IV: Policy Drafts and Consensus Building

Phase V: Policy Approval and Adoption

Each phase has several activities that are roughly sequential, although some activities can begin earlier than presented. A series of Annexes provide tools regarding the contents, processes, and methods used in each phase to help planners prepare an effective National ECD Policy or Policy Framework.

The Needs and Justification for ECD Policies

In most developing countries, few national leaders are fully aware of the overwhelming needs of vulnerable young children. This is due in part to the difficulty of assessing the status of young children. Comprehensive data about children's needs rarely are gathered, analyzed, and used for policy and programme planning. Accurate data usually are lacking regarding: prenatal education and care; birth outcomes including low birth weight; infant and child developmental delays and disabilities; care giving practices and infant status; child care and preschool quality; health and nutrition status; home and community sanitation; and children's rights and juridical protection.

Consequently, leaders of developing nations tend to focus only on a few of the circumstances affecting child survival and development from the period of pregnancy to eight years of age. Even though abundant international studies have revealed that poor child development is correlated with poverty, illiteracy, community conflict, family violence, chronic ill health, and malnutrition, unfortunately vulnerable children remain "invisible" unless extraordinary efforts are made to reveal their plight.

Child survival and development can be improved through implementing policies that help institutions and communities to identify and meet essential developmental needs of children and parents. The urgency to develop ECD Policies or Policy Frameworks and to expand and improve programmes is growing in most developing nations. Millions of children who live in poverty lack:

- Parents prepared for positive parenting
- Infant stimulation, nurturing care, and pre-school education
- Primary health care and nutrition services
- Clean, hygienic and safe environments
- Intensive services to meet children's special needs, and
- Preparation for success in school.

Without ECD Policies and effective Annual ECD Action Plans, it is unlikely that the urgent needs of children living in poverty will be met. As a result, one or more generations of vulnerable children could be lost. In some countries of Sub-Saharan Africa (SSA) and South Asia, hopes for national development will be dashed if children are not prepared for success in school and life. In many nations, internally displaced families or refugees resulting from wars and large natural disasters underline the urgent need to address the requirements of all young children and their families. Furthermore, the potential for conflict in nations with "youth bulges", where youngsters are not prepared for productivity and citizenship, will rise dramatically.⁵ Millions of children affected by HIV/AIDS lack adequate parenting, essential nurturing for good development, and consequently, they wander their countries without basic skills or hope.

Children in Vulnerable Circumstances

As noted in the UNESCO/OECD Early Childhood Policy Review Project, "Early Childhood Care and Education is now regarded as an effective strategy for reducing poverty and social inequity, addressing their causes from the start."⁶ However, most of the vulnerable children living in severe poverty currently lack early childhood services. They are at risk of becoming delayed in their development or are already developmentally delayed. They are unready for school and tend to repeat grades and drop out early. Many children with severe developmental delays living in low-income communities are not identified until well after the age of three, and tragically by then their delays and learning disabilities have become permanent or are very difficult to reverse. Depending upon the country, the incidence of severe disability or developmental delay can range from five to 35 percent of the children.⁷ Many more have mild to moderate developmental delays. Higher rates of delay are often seen in camps for internally displaced families or refugees and

areas affected by famine. In such situations, mild to severe delays often go undiagnosed. Consequently, programmes have not been developed to address their particular needs.

Most young children who are not “ready to learn” have experienced one or more barriers to their development, including:

- Fragile physical status (e.g., low birth weight, malnutrition, chronic ill health);
- High-risk family situations (e.g., poverty status, refugees, internally displaced or immigrants, adolescent mothers or fathers, single parents, low levels of maternal formal education, substance abuse, family violence, child abuse or neglect, etc.)
- Environmental risk (e.g., insecticides or other chemical or biological agents, lead poisoning, smoke and pollution, etc.) or
- Identified mild, moderate or severe delays (e.g., social-emotional, physical, perceptual, cognitive or language delays).

The survival and developmental prospects of children—the odds that they will reach school age with the basic cognitive, social and emotional skills necessary for success—reflect the capacities, resources and supports available to their families. Put another way, the economic, health, mental health, nutritional and educational status of families drive the trends for child survival, development and school readiness. The literature on ECD and education is replete with references to poor school performance on the part of children living in poverty. Usually most of the blame for poor achievement scores and low literacy levels is placed on schools: their administrators, teachers, curricula, teaching methods, testing approaches, etc. However, abundant research suggests that most learning problems begin long before children enter school.⁸ **The key to improving school performance is to invest in the families of young children.**

Some health, nutrition and learning problems begin before birth. A pregnant teenager who lacks adequate prenatal care, nutrition, and family support is, along with her child, at an increased risk of death or of giving birth to a low birth weight infant who is fragile and slow to develop. Without early childhood services, surviving infants will be at a high risk for becoming developmentally delayed due to inadequate stimulation, chronic ill health or malnutrition. Usually, several of these factors occur within the same child. Evaluation research on well-designed ECD programmes with home visiting and multiple intervention modes have revealed positive programme effects on child development and parenting outcomes.⁹ Promising and evidenced-based models now exist in many countries. With respect to child care, recent research has revealed that in general, parenting capacities are highly predictive of social, emotional and cognitive development, and they may well be more important than participation in centre-based child care, especially when the quality is quite low.¹⁰ Where child care is of high quality it is associated, along with good maternal care giving, with children’s normal mental development and caregivers’ ratings of children’s positive social competence.¹¹ Therefore, it is critically important that strategies for achieving good child development and school readiness include parenting education, quality child care and basic health, nutrition and sanitation services.

Furthermore, millions of young children living in poverty lack clean water and sanitation facilities. As a result, many die from illnesses and diseases related to sanitation, such as diarrhoea and malaria. The percent of children using improved drinking water sources averages 82 percent worldwide, but only 57 percent of children in SSA can access clean water. The percent of children using adequate sanitation facilities averages 61 percent, but only 34 percent in South Asia and 53 percent in SSA.¹²

In countries throughout the world, the major gap in the “safety net” of programmes for achieving child survival, development and school readiness is the age range from pregnancy to three years of age. ECD Policies should consider placing emphasis on increasing national investment in community-led, cost-effective and culturally competent programmes for pregnant women and children from birth to three years of age.

Who are the most vulnerable children?

Each nation's list of vulnerable children will be different, and the percentages of these children will vary widely. For purposes of ensuring that all of them are given special attention within a National ECD Policy or Policy Framework, it is important to identify at the outset, who they are, where they live, and how many require specific services. These data are difficult to obtain because few national assessments have been conducted, especially in developing nations. However, where they have been conducted, Demographic and Health Surveys (DHS) with the education component often yield valuable data. For policy purposes, it will be important to define the different types of vulnerable children in each nation. Vulnerable children can include the following and other groups of children, depending upon national situations:

- Children living in severe poverty and often in rural areas, whose parents earn less than \$1 per day total 21 percent of the world's population, varying from 50 percent in SSA to virtually none in industrialised nations.¹³
- Low birth weight children (<2,500 grams) are at a very high risk for developing delays and disabilities. However, the incidence of low birth weight is not recorded in many nations or is under-reported. The world average is 16 percent, but statistics range from 30 percent in countries of South Asia to seven percent for industrialised countries.¹⁴
- Malnourished children usually become developmentally delayed and chronically ill. Using only one measure of malnutrition, "stunting," the worldwide average is very high at 31 percent. It ranges from 44 percent in South Asia to 38 percent in SSA.¹⁵
- Children affected by HIV/AIDS and other diseases include orphans, children whose parents can no longer care for them, infected infants who are ill or test positive but may become normal. UNICEF estimates that an astonishing 11 million children have been orphaned by HIV/AIDS in SSA.¹⁶
- Children affected by conflicts live in communities, internally displaced persons camps, refugee camps, and guerrilla camps, sometimes as child soldiers. Over 80 percent of the civilian population impacted by conflict are children and women. In 2004, over 76 nations were experiencing conflict or post-conflict transition.¹⁷ These children require special attention for developmental delays. The majority of the world's 121 million unschooled children¹⁸ live in countries with conflicts.
- Children in abusive labour may live at home or with their employers but all of them lose their childhood and most do not attend school. The percentage of child labour among children from five to 14 years of age is especially high in SSA, ranging from 30 percent in Madagascar to 65 percent in Niger.¹⁹
- Mendicant children who are part of a religious tradition or are put out to beg by adults are of particular concern in West Africa, and no statistics on them exist.
- Street children often have fled homes with family violence, severe poverty or hunger. Others are orphans. Reliable statistics are not available, but they are a significant population in countries from Brazil to India and Viet Nam.
- Children who are physically, sexually or emotionally abused suffer especially in societies where family violence has become a way of life.

International Agreements and Rights Regarding ECD

The legal justification for children's rights was established when they were identified as part of the United Nations Universal Declaration of Human Rights adopted by the UN General Assembly in 1948. It stated, "All human beings are born free and equal in dignity and rights" and "motherhood and childhood are entitled to special care and protection." The family was considered to be "the natural and fundamental group unit of society." Subsequently, children's rights

were reaffirmed as basic human rights and educational rights in the Declaration of the Rights of the Child adopted by the U.N. General Assembly in 1959; Covenant on Civil and Political Rights, 1961; Covenant on Economic, Social and Cultural Rights, 1961; Convention on the Rights of the Child, 1989; and the Dakar Framework for Action and the World Education Conferences for Education for All, held in Jomtien, Thailand in 1990 and Dakar, Senegal in 2000.²⁰

The Dakar Framework for Education for All (EFA) calls in Goal One for: *Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children*. In spite of this Declaration, the tendency has been to leap over Goal One and move quickly on to Goal Two for: *Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality*. What is overlooked is the fact that investment in ECD is the critical foundation for school readiness and achieving success in school and life. This is the reason that the first two EFA goals are presented with ECD first. Two additional documents have important implications for children's rights: Salamanca Statement and Framework for Action, adopted by the UNESCO World Conference on Special Needs Education, 1994, and The Hague Recommendations Regarding The Education Rights Of National Minorities, 1995 dealing with the education rights of ethnic and linguistic groups, which is still under discussion.

Although most of the Conventions and Declarations for children are well established in most countries through legislation, declarations and decrees, unfortunately enforcement, monitoring and reporting tend to be exceedingly weak. Considerable work is urgently required to expand actions for vulnerable children, and especially those living in poverty, war zones or ethnic minority groups. ECD Policies could help to build effective systems of accountability to enforce international legal frameworks for children.

A Brief History of ECD Policy Development

Unofficial policies for early childhood services have existed for hundreds of years. Elements of ECD policy are found in the historical record since the Italian Renaissance and the rise of a merchant class that created orphanages with education and skills training programmes. By the nineteenth century in Europe, two major early childhood traditions had emerged that were led mainly by organisations of civil society and the private sector. One tradition featured orphanages and full day centres providing early care and protection for children with special needs. The other tradition offered early education, usually in the form of preschools and kindergartens. Initial ECD policy elements began to be developed in the late nineteenth century, and they expanded quickly during the 20th century with the rise of industrialization and the progressive entry of women into the labour force. Today, many nations of Europe, the Americas, and Asia have national policies and highly regulated ECD services. They tend to be related to specific sectors including preschool education; primary health care services for infants and toddlers; family resource centres and parenting education programmes; women's and infants nutrition programmes; special health care services for children with disabilities, developmental delays or chronic ill health; and sanitation and safety for home and community-based programmes. Some national ECD programmes in industrialised nations are highly integrated, such as the U.S. Head Start Programme, Canada's First Nations ECD Programme, and the child development systems of New Zealand, Finland, Denmark and Sweden, to name just a few.

In some developing nations of Latin America, the Middle East, and Asia, official policies for children's services began to be adopted in the late 1960s and 1970s. For example, in the developing world, the first national-level agency to promote integrated national ECD programmes and policies appears to be the Colombian Institute for Family Welfare (ICBF) that was established in 1968.²¹ This semi-autonomous, cross-sectoral institute is affiliated with the Presidency, the Ministries of Health and Education, and the National Planning Department. It is funded mainly through a payroll tax. From its inception, ICBF developed integrated programmes for health,

nutrition and early education, and these were brought under Colombia's first National Policy of Child Care that was formally established in 1979. The international spread of the integrated approach to ECD policy planning essentially began in the late 1970s. Since then, some nations in all world regions have adopted cross-sectoral approaches to ECD policy.

The EFA movement noted above began in the late 1980s and grew rapidly after the Jomtien, Thailand conference in 1990. The movement initially called for placing a greater emphasis upon early learning and it promoted centralized ECD policies with a major focus on preschool education. With the adoption of the MDGs and the Dakar Framework for Action for Education for All at the World Education Conference in 2000, a more participatory and integrated approach emerged for ECD policy formulation. Many studies highlighting the importance of taking this approach have influenced planners in many nations. Now most countries are using the integrated approach to formulate their National ECD Policy or Policy Framework.

The Integrated Approach

The integrated approach to ECD is essential first and foremost because holistic child development includes all areas of growth: perceptual, physical, mental, linguistic, emotional and social. It seeks to ensure that each child will be healthy, well nourished, and live in a clean and safe environment. The integrated approach fundamentally seeks to build cross-sectoral co-ordination systems, promote programme innovation, overcome gaps in knowledge, services and resources, and build cost-effective programmes that are culturally appropriate. Countries find the integrated approach to ECD policy planning helps all sectors contribute to improving child survival, growth, development and success in school. Collaborative planning builds a sense of "policy ownership" on the part of decision makers, parents and members of ECD programmes. In addition, new ideas emerge for programme co-ordination and integration at local levels.

Until the late 1960s, few international activities were designed to improve ECD, and they focused mainly on primary health care or preschool education. In the 1970's, experimental early intervention programmes began to yield promising, more holistic approaches for improving child development.²² These approaches included home visits or group sessions with parents on infant stimulation, quality early education and care, health care, food supplementation and nutrition education.

In 1972, the first integrated research programme for improving the development of children from zero to three years of age was developed in low-income neighbourhoods of Bogotá, Colombia by the Colombian Institute for Family Welfare, Harvard School of Public Health, and High/Scope Educational Research Foundation, with technical and financial support from The Ford Foundation.²³ This model included health services for all children in the study, each of whom had at least one older malnourished sibling. The groups were: 1) a control group that received only health care, 2) a group whose family received health care and nutritional supplements, 3) a group that received health care and home visits on infant stimulation, and 4) a group that received health care, nutritional supplementation, and home visits. Follow-up measurements at three and six years of age were conducted. Research results revealed that children who received nutritional supplementation only or infant stimulation through home visits only developed better than controls, but the children who received both interventions developed the best. These results persisted at six years of age without further interventions after age three.

From around 1976 onward, this groundbreaking project began to influence many institutions in Colombia and around the world. It inspired the development of the Ford Foundation's Child Survival and Fair Start Programme, and ultimately, the establishment of the Consultative Group on Early Childhood Care and Development (CG). Also, many integrated programmes were developed in other nations of Latin America, the United States, Canada, Turkey, India and the Philippines among others. Increasingly, people understood that to ensure good child development, holistic programmes including health, nutrition, infant stimulation and education are

necessary to meet the needs of vulnerable children. This understanding then influenced policy formulation in various countries.

Since the 1970s, the integrated approach to early childhood development has grown both horizontally and vertically. At the country level, **horizontal growth** translates into a requirement to include all relevant ministries and inter-ministerial bodies that deal with young children, their families and special needs. Usually the following ministries or governmental offices will participate in ECD policy planning: Finance, Planning, Justice Education, Health and Nutrition, Sanitation and Water, National Solidarity, Family Welfare or Development, Rural Development, Urban Development, and others. Units of government at provincial, district and community levels are included. Importantly, civil society organisations (CSOs) including universities, institutes, NGOs, religious organisations, professional associations, and others become fully involved. Because some ECD services are privately managed, such as pre-schools, crèches and clinics, the private sector participates. Also, Chambers of Commerce, corporations and charitable and corporate foundations can become leaders for child rights and development.

Vertically, the span of service provision has grown from birth to three or five years of age to a larger range of from preparation for pregnancy and prenatal services to eight years of age. Prenatal services are included in order to establish policies for improving birth outcomes as a basis for good child development. From birth onward, ideal ECD services have become continuous. They assess, serve, track and support children to age eight to ensure they reach their full potential and transition well into primary school.

The **integrated approach to ECD** may be characterized as:

Providing comprehensive services. Services usually include infant stimulation, parent education and early education in homes and centres, health and nutrition education and care, sanitation, and juridical protection against abuse, exploitation and violence. In communities, each service should be seamlessly reinforced and supported by the others.

Ensuring continuity of care. Well co-ordinated or integrated systems should provide a continuity of care from the prenatal period to eight years of age, with special emphasis on prenatal to age three due to rapid brain and general child development. Equal emphasis should be given to the development of both girl and boy children, and all forms of gender discrimination should be avoided. In regions where girl children are “missing” or have higher rates of ill health, malnutrition and developmental delays, special emphasis should be given to ensuring the survival and development of the girl child.

Offering parent and caregiver education and community involvement. Programmes usually provide parent and caregiver education that includes behavioural skills development and knowledge building. They involve mothers, fathers, caregivers and families as partners in child-focused development. Communities are engaged in the design, planning, implementation, monitoring and evaluation of integrated ECD programmes leading to strong community “ownership” of the programmes.

Accessing culturally appropriate programmes. All ethnic, linguistic, economic and religious groups should be able to access ECD services. The contents of parent and early education programmes should be derived from local cultures, and cross-cultural resources should be adapted to fit local cultures and languages. Requiring culturally appropriate ECD systems prevents the imposition of un-adapted foreign ECD programme models.

Serving special needs children. Services should be tailored to meet the needs of orphans and those affected by HIV/AIDS. Children and women in conflict situations should be given prior-

The ideal ECD system is developed with full parental participation. It is comprehensive, continuous, culturally appropriate, and community based. Parents should become the first and best nurturers, stimulators and educators of their children.

ity for receiving prenatal and child development services, such as the Child Friendly Spaces Programme of UNICEF.²⁴ Programmes should provide inclusive services for children with disabilities, street children and other special needs children.

However, most nations are far from attaining this ideal. The integrated approach to ECD policy planning should help create strategies for building co-ordination systems to achieve this goal. This can include forging inter-agency councils and programme collaboration and integration, especially at the local level. Some nations may be able to develop integrated systems and semi-autonomous institutes at the national level as in Colombia, but in most countries this has been difficult to achieve.²⁵ **Examples of major goals for an integrated approach to ECD policy development include:**

1. Providing strategies, procedures, standards, regulations and legislation that will enable the development of comprehensive programmes for children.
2. Harmonizing the goals, objectives and strategies of government agencies and institutions of civil society.
3. Integrating ECD policy elements into the agendas of each sector to ensure they are considered routinely in sectoral decision-making processes.
4. Helping national governments respond more quickly and effectively to demands for local ECD services, especially for vulnerable children and their parents.
5. Maximizing the use of scarce financial, human and material resources by providing guidance for combining administrative roles and services to the same populations and enabling the training of polyvalent field leaders and workers.
6. Building co-ordination systems that help programme designers, administrators, field workers and evaluators work together in teams to achieve ECD goals.

Cross-sectoral work for ECD can be integrated into larger-scale national policy agendas at several different points of entry:

- National policy planning for overcoming and eradicating severe poverty
- National economic planning for achieving higher productivity, and
- Existing cross-sectoral agreements that deal with children or families (e.g., services for HIV/AIDS affected populations, policies for refugees and internally displaced families, national nutrition plans, etc.).

Policy integration should not be equated with combining, creating or eliminating ministries, although for political reasons that may occur. Integration usually assumes different forms at varying administrative levels, and it is dependent upon the stage of governmental and sectoral decentralisation in the country. To be effective, an ECD Policy must specify organisational roles and responsibilities for each level. In summary, the integrated approach to ECD policy development can be led at the national level through councils and institutions devoted to collaboration. It can be designed, organised and guided at provincial and regional levels, and adapted, implemented and evaluated at local levels. Due to varying institutional cultures, each country will be different in its approaches to collaboration, co-ordination and integration.

The Life Cycle Approach to ECD Policy Planning

The life cycle approach is important for designing programmes that support the entire family and achieve cumulative impact over time. When applied to ECD policy planning, the life cycle approach usually includes four main initial periods: Prenatal and perinatal; zero to three; three to five; and six to eight years as well as parent education and support.

*Prenatal and Perinatal Period*²⁶

It is critically important to improve birth outcomes, reduce infant mortality and lower rates of low birth weight infants to ensure survival, improve development, and to reduce poverty and health care costs. In countries throughout the world, most impoverished pregnant adolescents and women lack prenatal care. Prenatal care averages 70 percent worldwide, but in South Asia it averages only 54 percent and in SSA the rate is 66 percent. Furthermore, worldwide only 58 percent of women have a trained birth attendant. In South Asia only 35 percent of women are attended by a trained person, and in SSA only 42 percent. It is not surprising that the rate of maternal mortality averages 400 per 100,000 births, and infant mortality averages 56 per thousand. The under-five mortality worldwide averages 196 per thousand births. In SSA the rate is an overwhelming 262 per thousand, 250 in the Middle East and North Africa, 244 in South Asia, and 207 in East Asia and the Pacific. In contrast, in industrialised countries it is 39 per thousand.²⁷

Research shows that prenatal health care begun during the first trimester, with nutritional supplementation as needed and home visits for prenatal education on infant development, health, nutrition and parenting skills, can significantly reduce infant and maternal mortality, decrease the rate of low birth weight infants (<2500 grams), and prepare parents for positive parenting.²⁸ Although carefully controlled research is needed, experience has shown that high-risk, vulnerable children whose parents participate in such programmes need less intensive post-natal parent education and support services. The cost of saving one premature, low birth weight infant requiring intensive hospital care often pays for well-child check-ups and assessments for hundreds of children.

Zero to Three: Rapid Brain Growth and Parent Education

Most of the brain's pathways for learning and balanced social and emotional functioning are developed during the critical period from pregnancy to age three.²⁹ Developmental delays should be prevented or identified and reversed during this period of rapid brain growth. It becomes increasingly difficult to reverse delays after age three. Parent education and support is essential during this early stage of development, especially for parents of vulnerable and high-risk children who live in poverty or are affected by conflicts, famine or chronic diseases. Some programmes for parents of children zero to three years of age have improved rates of child survival, and have achieved impressive gains in child development, health and nutrition, school achievement, and ultimately economic productivity and reduced delinquency.³⁰

Three to Six: Emphasis on Child Care and Preschool Education

Evaluations of preschool programmes have also demonstrated positive results. In Nepal, 90 percent of the children who attended non-formal preschools enrolled in primary schools but only 70 percent enrolled who had not attended preschool. By grade two, some 80 percent of the children who had attended preschool were still in school whereas only 40 percent of those who had not attended preschool were still enrolled. Girls benefited more from preschool attendance than boys, although both profited from attending.³¹ In India, the Mahila Samakhya preschool programme of Bihar State for scheduled castes and other low-income families achieved increased child enrolment in preschools and later in primary school, increased parental involvement in schools, improved immunisation records, and improved treatment of diarrhoea.³²

Although no evidence exists that working mothers seriously neglect their children, it is now acknowledged that "...maternal employment in the first six months of an infant's life may be associated with later developmental problems...."³³ Especially for this reason, family leave laws are needed to help ensure mothers have enough time to nurture and bond well with their newborns. Industrialised nations are increasingly instituting family leave legislation and policies.

Developing nations rarely have family leave laws but they should give consideration to establishing them. Where mothers work outside of the home, ECD Policies should help ensure they receive parent education, quality child care and preschool education for their young children. If high-risk, vulnerable children lack consistent and caring adults in their lives, they may develop cognitive as well as social and emotional delays. Policies need to include a special focus on these children. The provision of essential minimum standards for centre-based early care and education should also be included in the ECD Policy or related legislation.

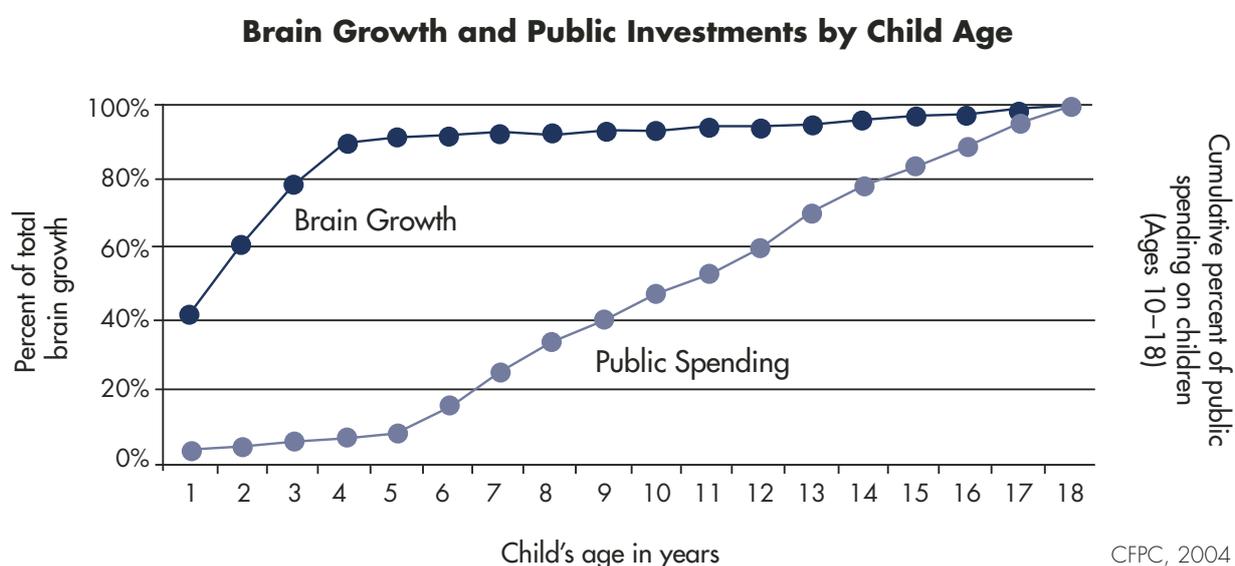
Children caught in situations of family violence can develop life-long psychological scars and later repeat such behaviours in their homes. National attention to ending family violence is essential. To the extent possible, ECD Policies should call for a system of referrals to specialists trained in conducting child and family assessments, providing services for family support, and teaching positive parenting skills. This approach may be preferable to establishing separate child protective services that tend to overlook child development needs and focus mainly on issues of child custody, injury prevention, criminal justice, foster parents and orphanages.

Six to Eight: School Readiness and Transition to School

A culturally appropriate programme for transition from home to school is essential. Research shows that children who live in poverty are far less ready for school than others from middle and upper income homes whose mothers have more formal education.³⁴ Thus parents living in poverty usually require parent education and support to help their children achieve their full potential in school.

Increasing Investment in Young Children

To ensure a nation's children develop well, adequate investment in ECD is essential. However, a study by the Child and Family Policy Center (CFPC) shows that although brain growth and general child development is most important during the initial stages of life up to three to five years of age, the amount of public spending for that period in 12 states of the United States was vastly inferior to investment in later years.³⁵ These results mirror those in many other nations where far greater emphasis is placed on investing in formal education from ages five or six forward. It is instructive to compare national investments in children from zero to five years with funding



for children from six to 14 or up to 18 years. The contrast is always shocking. Public spending is far greater for the older years despite the fact that because so little is invested in the early years children are not ready for school, and often they have severe delays in their development. These children tend to repeat grades and drop out, causing educational costs per child to rise dramatically thereby reducing the funds that can be devoted to improving the early child development. The World Bank has estimated that in West African nations, the funds that would be saved by reducing grade repetition would be sufficient to pay for quality parenting education and pre-school programmes for young all children in each nation.³⁶

In nations with high rates of infant and child mortality, low birth weight, child morbidity, developmental delays, malnutrition and chronic ill health, **parent/child programmes or centres** of adequate quality and cultural competence should be considered as policy strategies. Such programmes could:

- 1) Conduct home visits for screening, identifying, assessing and tracking high-risk and developmentally delayed children, newborn to age five
- 2) Identify, support and track high-risk pregnant teens and women and their children
- 3) Map existing programme resources and project potential resource alternatives
- 4) Offer parent education and support
- 5) Provide universally accessible programmes and intensive activities for high-risk families and fragile children, zero to three/five
- 6) Ensure effective referrals and linkages are made to improved basic services
- 7) Link and involve parents in schools, and
- 8) Conduct regular monitoring surveys of families' service requirements, access and utilization at the community level.

The Participatory Approach

The degree of nationwide participation in planning an ECD Policy is one of the most important criteria for evaluating whether or not a policy is credible. Throughout history, monarchs, dictators, central planners, and even external funding agencies enunciated policies for countries. Until the 1970s, parents, communities, service providers, and NGOs seldom participated in preparing policies that would directly affect their lives. Government policies prepared by a small group of planners isolated in a ministerial unit or a donor agency rarely meet peoples' needs or achieve their goals. Ultimately, failed policies do not meet governments' interests and they become relegated to dusty volumes that are forgotten in ministerial bookcases. **Many studies of failed, centrally planned reforms in education and health have demonstrated that it is critically important to undertake widespread consultation and consensus building exercises with all major stakeholders at all levels.**³⁷

There are many reasons for ensuring participatory policy planning processes are employed. Once stakeholders are consulted and accept a consensus, chances are far greater that they will become committed to the policy, will advocate for it, and will be guided by it for several years. Consulting stakeholders throughout a nation is essential to forming a "critical mass" of people and institutions that will support the policy. During consultations, stakeholders help identify and analyze priority needs and they develop a sense of "policy ownership." Subsequently, they will identify with "their points" in the policy and will usually help to promote the policy. Through helping with policy advocacy, national political and opinion leaders of all tendencies often will support increasing investments in children's services and ensure the policy is implemented. Participation helps institutions of government and civil society maximize the use of existing resources, discover new resources, and create opportunities for developing new integrated programmes, partnerships and networks. International donors will feel more confident about investing in children's services. Through learning about children's needs, policy issues and programmes, public demand will increase for essential children's services. This demand will begin a "virtuous cycle" as expanded public interest in and support for the policy will encour-

age government leaders to increase investments in children. Basically, when people throughout a nation are consulted, they begin to internalise the main lines of the ECD Policy. They feel they are a useful part of a national movement. The policy, ultimately, helps them structure their work and their lives.

To conduct an effective participatory process for ECD policy planning, it is essential that planners be committed to consultation and consensus building. From the outset, they must be convinced of the importance of including parents, communities, institutions of civil society and the private sector in all steps of policy planning.

Achieving Policy Alignment

Increasingly, international organisations are focusing on attaining the MDGs and targets specified in national PRSPs, Sector-Wide Approaches (SWAs),³⁸ HIV/AIDS Plans and other policies. Several of the MDGs are directly or indirectly related to improving ECD outcomes. In order to achieve the MDGs in developing nations, investment in ECD will need to be greatly expanded. In **Annex II: ECD Indicators Linked to MDGs** are presented and several are related to ECD. The MDGs are at a very high level of generality because they were chosen as “proxies” for many other indicators and sub-indicators that are linked to them. The lists of indicators in PRSPs tend to be more sensitive to national realities. After reviewing indicator lists in PRSPs of several SSA nations, the author found that from 30 to 70 percent of the indicators are related to the integrated approach to ECD. To achieve PRSP targets in each of these nations, significantly expanded investments in ECD will be needed. National ECD Policies and Policy Frameworks should be carefully aligned and articulated with the MDGs, national cross-sectoral policies and plans such as: PRSPs, policies for orphans and vulnerable children (OVYC) and HIV/AIDS,³⁹ women’s and families’ development, national economic policies, and others. To the extent possible, they should also be consistent with sectoral policies, plans and SWAs, for education, health, sanitation, water, agriculture and rural development, urban and municipal development, and other pertinent sectors.

Of particular importance is the judicious use of PRSP indicators in National ECD Policies. (See **Annex XII: Definitions and Guidance for Selecting Policy Indicators.**) Each nation with a PRSP already has made a considerable investment in identifying indicators, describing their measures, establishing their targets, gathering and analyzing data, and preparing reports. It is advisable to include MDG and PRSP indicators in ECD Policies, and then add others to fill in gaps to assess national policy results, prepare Annual Action Plans, and report to international agencies.

Policies also should take into account relevant regulations, standards, decrees, legislation, and other official documents related to young children. As possible, ECD Policies should seek to embrace the major points of those documents, note and deal with gaps, overlaps and unnecessary duplication, identify and resolve points of conflict, and provide effective policy co-ordinating mechanism(s) for services for young children and their families. More detailed work on guidelines, manuals, and regulations should be called for in the Annual ECD Action Plan.

ENDNOTES

² Many terms have been used in policies to refer to services for children’s early years including: “early childhood care and education,” “early childhood education and care,” “early child development,” “early childhood development,” and other variants. Because the requirements of mothers and children from pregnancy to age eight include “early education and care” as well as parent education, home visits on nutrition, health and infant stimulation, community-based services, and a plethora of health, nutrition, sanitation and protective services, the author has opted to use the term “early childhood development.” This term is widely employed, embraces all sub-fields related to young children, and permits the use of an integrated approach for achieving holistic child development.

³ When the text refers to “National ECD Policies,” it implicitly includes “National ECD Policy Frameworks” though this is not always stated. See **Annex III: Basic Definitions for ECD Policy Planning** for definitions

of ECD Policies and Policy Frameworks and a discussion on how to choose to develop a policy or a policy framework.

⁴ Due to space limitations, these Guidelines do not contain extensive analyses of existing ECD Policies. The author plans to conduct future studies on ECD Policies and Policy Frameworks in a series of nations.

⁵ Sommers, M. (June 2002). *Children, Education and War: Reaching Education for All Objectives in Countries Affected by Conflict in Conflict Resolutions and Reconstruction Unit, Working Papers, No. 1*. Washington, DC: World Bank.

Vargas-Baron, E. and McClure, M. (1998). "The New Heroics of Generational Commitment: Education in Nations with Chronic Crises" in *Education as an Humanitarian Response*, Retamal G. and Aedo-Richmond, R. eds. London: Cassell.

⁶ UNESCO. (2004). *Implementation Guidelines for the UNESCO/OECD Early Childhood Policy Review Project*. Paris: UNESCO. This project is being conducted in Brazil, Indonesia, Kazakhstan, and Turkey.

⁷ Vargas-Baron, E. (1992). *An Investment Plan for the Young: The Austin Project*. Lyndon Baines Johnson Library. Austin, Texas.

⁸ Shonkoff, J.P. & Phillips, D. (Eds.) (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Washington, DC: National Academy Press.

⁹ Stephens, S.A. (2001). "Implementing and Evaluating Variations of Proven and Promising Home Visiting Models," Center for Assessment and Policy Development.

¹⁰ Klein, L. G. Ed. (2002). *Set for Success: Building a Strong Foundation for School Readiness Based on the Social-Emotional Development of Young Children*. Kansas City: Ewing Marion Kauffman Foundation.

¹¹ NICHD Early Child Care Research Network. (May 2002). "Child-Care Structure: Process—Outcome: Direct and Indirect Effects of Child-Care Quality on Young Children's Development." *Psychological Science*, Vol. 13, No. pp. 199–206.

¹² UNICEF. (2004). *The State of the World's Children*. New York: UNICEF.

¹³ UNICEF. *The State of the World's Children*. Ibid.

¹⁴ UNICEF, *The State of the World's Children*. Ibid.

¹⁵ UNICEF. *The State of the World's Children*. Ibid. (below minus two standard deviations from medium height for age of reference population)

¹⁶ UNICEF. *The State of the World's Children*. Ibid.

¹⁷ UNICEF. *The State of the World's Children*. Ibid.

¹⁸ Vargas-Barón, E. and H. Bernal Alarcón. (in press for 2005). *From Bullets to Blackboards: Education for Peace in Latin America and Asia*. Washington, DC: Inter-American Development Bank. UNICEF.

State of the World's Children, Ibid.

¹⁹ UNICEF. *The State of the World's Children*. Ibid.

²⁰ United Nations. (1948). *United Nations Universal Declaration of Human Rights*, New York:

United Nations; UNESCO. (2000). *Dakar Framework for Action*, World Education Conference. Dakar: UNESCO.

²¹ Arango, M. (1990). *Child Care Policies: The Colombian Case*. Paper prepared for the International Conference on Child Policies, Gotemburg, Sweden. Fort Lauderdale: International Centre for Education and Human Development, CINDE/USA.

²² Olmsted, P. P. (1980). *Parent Education: the Contributions of Ira J. Gordon*. Washington D.C.: Association for Childhood Education International.

Gordon, I. J. (March-April, 1969). "Stimulation via Parent Education." *Children*.

Gordon I. J. & J. R. Lally. (1967). *Intellectual Stimulation for Infants and Toddlers*. Gainesville, Florida: Institute for Development of Human Resources. University of Florida. Gainesville, Florida.

Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Programme*. Monographs of the High/Scope Educational Research Foundation, 11. Ypsilanti, MI: High/Scope Press.

Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (2002). *Early Childhood Education: Young Adult Outcomes from Abecedarian Project*. *Applied Developmental Science*, 6, 42-57.

²³ Super, C.M, M. Herrera, G. and Mora, J.O. (1992). "Long-Term Effects of Food Supplementation and Psychosocial Intervention on the Physical Growth of Colombian Infants at Risk of Malnutrition," *Annual Progress in Child Psychiatry and Child Development* 1991, pp. 160-189. New York: Bruner/Mazel, Publishers. For ethical reasons, it is impossible to replicate this program, yet it is a landmark study.

²⁴ UNICEF. (2001). "The Effects of Armed Conflict on Early Childhood." *State of the World's Children*. New York: UNICEF.

²⁵ ICBF website: <http://www.icbf.gov.co/ingles/general.asp>

²⁶ Various terms are used: "prenatal" refers to the period during pregnancy and before childbirth (antenatal is used in the United Kingdom); "perinatal" refers to the period from approximately the 28th week of pregnancy to one month after birth, and "postnatal" refers to the period immediately after or soon after childbirth.

²⁷ UNICEF. *The State of the World's Children*. Ibid.

²⁸ CEDEN. (1989). *Evaluation of the Prenatal Education Programme*. Austin: CEDEN.

²⁹ Shonkoff, Ibid.

³⁰ Following are a few of the many useful references that could be provided:

Love, J. L. et al. (June 2002). *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start*, Administration on Children, Youth and Families, Washington, DC: U.S. Department of Health and Human Services.

Campbell, F. A., Ramey, C. T., Pungello, E. P., Sparling, J., & Miller-Johnson, S. (2002). Early Childhood Education: Young Adult Outcomes from the Abecedarian Project. *Applied Developmental Science*, 6, 42-57. This article presents the findings concerning intellectual functioning and academic achievement of the participants at age 21 as well as findings concerning "life success" measures such as educational attainment, occupational outcomes, teen parenthood, and social adjustment.

Barnett, W. S. (1996). *Lives in the balance: Age-27 benefit-cost analysis of the High/Scope Perry Preschool Programme* (Monographs of the High/Scope Educational Research Foundation, 11). Ypsilanti, MI: High/Scope Press.

³¹ Save the Children. (2003). *What's the Difference? An ECD impact study from Nepal*. Kathmandu, Nepal: Save the Children.

³² Janssens, W. (May, 2004). Social Capital and Early Childhood Development. Amsterdam Institute for International Development. PowerPoint presentation at the World Bank.

³³ National Scientific Council on the Developing Child. (2004). *Young Children Develop in an Environment of Relationships*, Working Paper #1. Waltham, Massachusetts: Brandeis University. <http://www.developingchild.net/reports.shtml>

³⁴ Coley, R.J. (March 2002). *An Uneven Start: Indicators of Inequality in School Readiness*, Policy Information Report. Princeton, New Jersey: Educational Testing Service.

³⁵ Bruner, C. et al. (February, 2004). *Early Learning Left Out: An Examination of Public Investments in Education and Development by Child Age*. Des Moines, Iowa: Child and Family Policy Centre.

³⁶ Jaramillo, A and Mingat, A. (April 2003). *Early Childhood Care and Education in Sub-Saharan Africa: What Would it Take to Meet the Millennium Development Goals?* Washington, DC: World Bank.

³⁷ Crouch, L. and Healey, F. H. (1997). *Education Reform Support*, vols. 1 to 6. Washington, DC: U.S. Agency for International Development.

³⁸ Sector Wide Approaches (SWAs) constitute a country-led effort for comprehensive, sector-wide planning and coordinated investment among donors (usually including an investment pool) with an agreed upon sectoral policy framework and strategies that use harmonized implementation mechanisms.

³⁹ The author is currently working with Tanzanian specialists to begin the development of the first national cross-sectoral policy for vulnerable young children with emphasis upon children affected by HIV/AIDS. It is hoped that this approach will result in useful lessons for other nations facing similar challenges.

Chapter 2

The Five Phases of Participatory ECD Policy Planning



The goal of planning an ECD Policy is not to produce a national policy document. It is to improve the lives of children and families.

Chapter 2

Phase I: Preparation



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We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop.

Mother Teresa, Macedonian and Indian missionary, 1910 –1997

Before beginning Phase One, the following annexes should be read:
Annex III: Basic Definitions for ECD Policy Planning and
Annex IV: Tips for Successful Policy Planning.

Checklists are presented at the beginning of each Phase. They may be used for policy guidance and for assessing the status of the planning process. The steps of each phase are presented roughly in sequential order but they can be undertaken earlier, depending upon Planning Team decisions. Generally the activities in each Phase should be completed before beginning the next Phase.

PHASE I: PREPARATION

Activity Checklist for Phase I: Preparation	Begun	Completed
1.1 Designate National Leader for ECD Policy development		
1.2 Choose the ministerial "home" for ECD policy planning		
1.3 Select an External Policy Advisor		
1.4 Design initial organisational structure for policy planning		
1.5 Establish or reaffirm and convene ECD Council		
1.6 Identify all key stakeholders		
1.7 Select Planning Team Leader and members		
1.8 Designate Planning Team's committees, chairs and members		
1.9 Prepare Planning Team's first Work Plan		
1.10 Prepare Plan for National ECD Forum and its meetings		
1.11 Plan and conduct training sessions for Planning Team		
1.12 Prepare first Investment Plan for policy planning process		
1.13 Convene initial meeting with all potential donors and NGOs		
1.14 Draft first outline of National ECD Policy		

1.1 Designate national leader for ECD policy development

The initial decisions of a policy planning process should be made after consulting with all key people. These decisions are eminently political because the support of national leaders will be needed at every step of the process. Often the head of state, the cabinet, a planning ministry, a children's council or a particularly strong ministry will take the lead in making or approving these initial decisions. Sometimes the responsibility for policies for children has already been delegated to a specific ministry. External partners can play an advisory role but they should neither intervene nor be perceived to be intervening in this eminently national decision making process.

One of the first decisions of Phase One is to select a high-level national leader for ECD policy development. S/he will be the symbolic leader of what will become an ECD movement and should receive strong support for playing this role. The ECD policy leader often is one of the following: current or former President; Prime minister; Vice-President; Head of the Cabinet; leading parliamentarian or minister (i.e., Minister of Finance, Education or Health), or a revered national leader (i.e., Bishop Desmond Tutu of South Africa). Although such leaders are essential for con-

vening people, validating the organisational structure for policy planning, and helping to secure protected budgetary support for policy development, they rarely become engaged in drafting the policy. Their roles can include facilitating the initial organisational effort; inviting people to contribute to policy planning; appearing at ceremonial events, such as the National ECD Forum; helping ensure the National ECD Policy is adopted by the appropriate body; announcing the new policy; and enabling advocacy and rapid policy implementation. Usually national leaders have political as well as child development goals in mind, as was the case of President Wade in Senegal who espoused the development of community *Cases de Tout Petits* (Learning Centres for Young Children) and President Lleras Restrepo in Colombia when he founded the Colombian Institute for Family Welfare. Through assessing the leader's political goals and giving him or her appropriate recognition, high-level support for children's policies and programmes can be secured.

Because naming the leader of the ECD Policy movement is a highly political matter, it is also important to try to involve some leaders of most major national political parties or groups. Their support should be requested. They should be regularly informed of policy planning activities and asked to provide their advice and ideas. When the policy is publicly announced, if possible, they should be asked to stand with current leaders to demonstrate national unity for children. If universal approval of the ECD Policy can be achieved, the likelihood of maintaining long-term support for it will be greatly improved.

1.2 Choose the ministerial "home" for ECD policy planning

The following criteria have been used in various countries to select the ministerial home for planning a National ECD Policy or Policy Framework. The Ministry:

- Has been delegated official responsibility for formulating ECD policy.
- Possesses a broad mandate for addressing issues related to the young child.
- Is considered to be the strongest ministry in the ECD field.
- Has led the development of integrated approaches for ECD.
- Works well with the ministry or agency that manages the national budget.
- Has a strong Minister who can convene other ministers and build policy support.
- Has been a competent and collaborative ministry for co-ordinating ECD.
- Has oversight or direct responsibility for achieving decentralised ECD services.
- Will be best able to provide technical and financial support for the ECD Policy.
- Is acknowledged to be able to work in a transparent and participatory manner.

Usually, the Minister of the selected Ministry becomes the National Co-ordinator for the policy development process. However, the Minister rarely if ever co-ordinates day-to-day activities. S/he delegates this role to a major director within the Ministry who becomes the Policy Co-ordinator and leads the Planning Team. Sometimes the Policy Co-ordinator delegates a trusted planning specialist to head the Planning Team. The Policy Co-ordinator ensures the process moves forward in a timely manner, approves major planning steps, invites people to meetings and convenes meetings, ensures cross-sectoral participation, and participates in consultations and consensus building exercises. The Policy Co-ordinator must be involved in all aspects of the policy planning process.

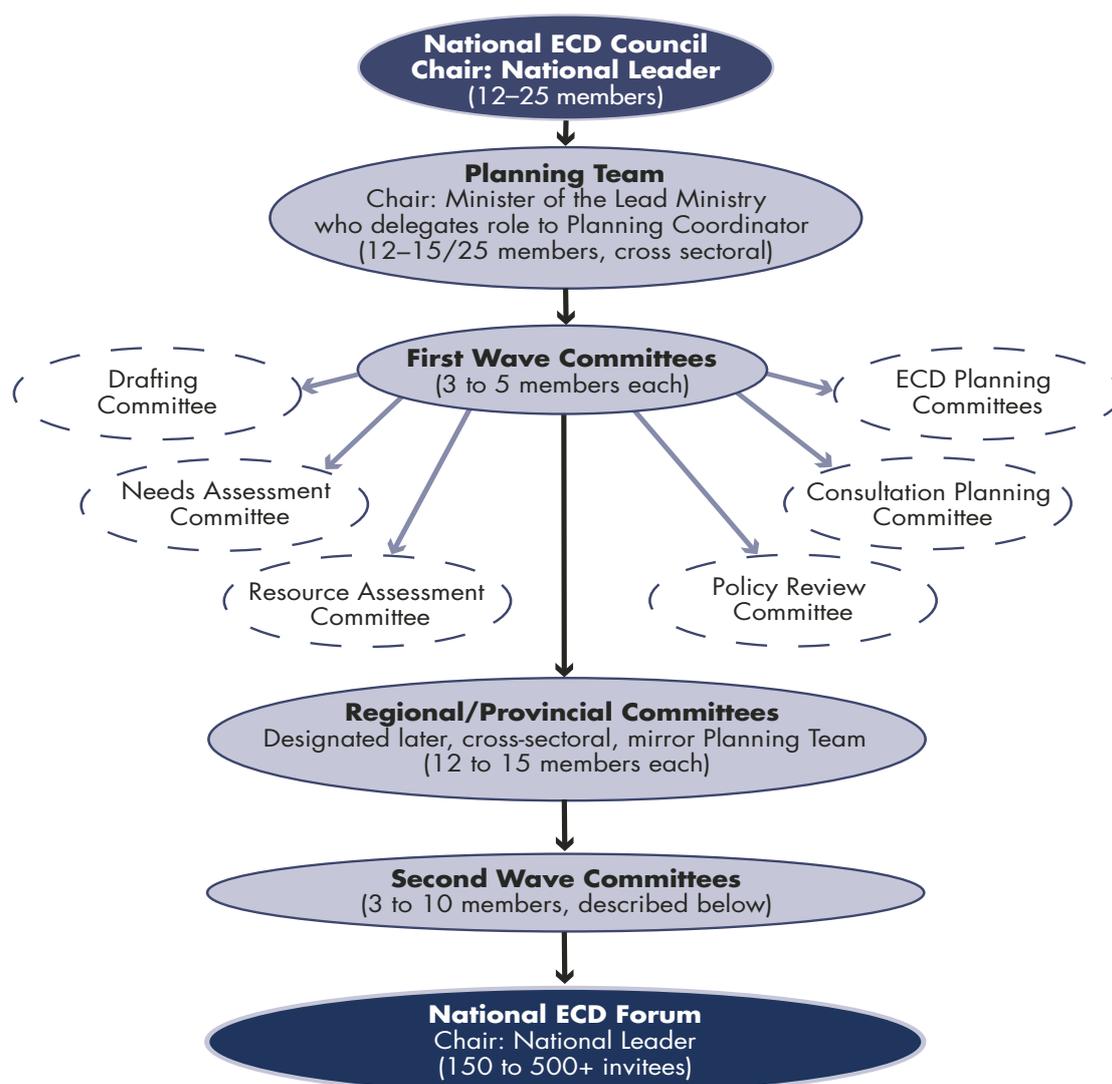
1.3 Select an External Policy Advisor

An External Policy Advisor should be selected as early as possible in the planning process. Often, external partners provide support for hiring the Advisor. However, the final selection of the Advisor should be in the hands of the Planning Team. For reasons of accountability, the Advisor

should report to the lead Ministry and the Planning Team as well as to the external partner that supports the Advisor's work. The Advisor helps guide the Planning Team and other groups during the planning process. Even though national specialists usually are technically competent to do the work, they are deeply involved in current activities, local policy alternatives, and political situations. For these reasons, it can be difficult for them to perceive their full range of options or to act on them. An External Advisor brings valuable experiences from other nations, conducts training sessions, reviews documents for completeness and practicality, and assists national leaders to build new relationships with other agencies, both national and international. The Advisor usually plays useful roles for promoting positive communications, helping ensure meetings are held, and mediating between groups, if required. Serial advisory visits are likely, with on-going email support and document review. If possible, the visits should continue until the policy is fully adopted and the Annual Action Plan is approved. An External Policy Advisor can assist up to three nations in a region at the same time. Joint training workshops can be held leading to productive synergy across country Planning Teams.⁴⁰

1.4 Design initial organisational structure for policy planning

The following chart presents a model organisational structure for ECD policy planning. Many variants have occurred, but usually the following groups are developed:



Each of these groups will be described below and in Annex V: Model Terms of Reference for Policy Planning Units and Consultations.

Some nations, such as Burkina Faso, also establish a **Policy Review Group** at the national level with 50 to 100 members representing an array of public, private and civil society organisations. This group reviews the Situation Analysis and ECD Policy drafts, provides technical advice, gives informal technical approval, and acts as a sounding board. It enables widespread participation and helps build consensus and support for the policy. It has proven to be very useful in Burkina Faso but it must be emphasized that this group did not and should not replace nationwide meetings for consultation and consensus building.

1.5 Establish or reaffirm and convene ECD Council

In some countries, a cross-sectoral council or committee for young children and families already exists. However, often it is not fully representative and balanced in composition. If a council does not exist, then a provisional Council should be established for purposes of policy planning. The Chair of the National ECD Council should be the national ECD leader. Criteria for selecting Council members should include the following: Ministers of all relevant ministries, including: Finance or Planning, Education, Health, Nutrition, Sanitation, Environment/Water, Justice and others related to child protective services, National Solidarity, Family or Social Welfare, Women's Development, Urban and Rural Development, Agriculture or similar ministries that may deal with young children and families. Representatives from regional and municipal associations as well as national NGOs, institutions of higher education, civic groups, professional associations, and leaders of the private sector should be included. The roles and membership of the ECD Council will evolve during the planning process. Provisions should be included in the ECD Policy either for the continuation of this Council or its metamorphosis to a more comprehensive ECD Council that meets policy requirements. Sometimes, a sub-council composed only of Ministers is created, depending upon national traditions.

1.6 Identify all key stakeholders

The process of identifying key stakeholders is critically important for structuring the leadership of the policy planning process, subsequent consultations, and consensus building exercises. Although many stakeholders are obvious, others are not. In addition to people who usually contribute to ECD policy planning it should include those who will benefit from it. These individuals and groups may prove to be instrumental in policy advocacy, public education, and policy implementation. They may be highly effective in conveying knowledge and information, demonstrating behavioural changes or specific attitudes that will sway others.⁴¹ Stakeholders for ECD policy planning should include representatives from the following sectors at all levels:

Public Sector

- Ministry of Finance or Planning
- Ministry (or Ministries) of Education
- Ministry of Health
- Institute or division of the Ministry of Health that deals with Nutrition
- Ministry of Sanitation, Environment and Water
- Ministry of Justice and others related to child protection
- Ministry of National Solidarity, Family Welfare, Women's Development, Urban and Rural Development, Agriculture or similar ministries dealing with children
- National statistics institute or department
- Provincial or regional governments, agencies and associations

- Leaders of minority or majority ethnic, linguistic, class or religious groups
- District or municipal governments, agencies, associations and programmes

Civil Society

- Parents
- Parent/teacher groups
- Children and youth groups
- Councils and associations for special populations of vulnerable children
- National and international NGOs
- Universities, research institutes and higher education associations
- Key professional associations for teachers, health care, special health therapies,
- Community development organisations (CDOs)
- Civic groups such as Rotary
- Unions and syndicates concerned with children's welfare
- Religious leaders and faith-based organisations (FBOs)

Private Sector

- Preschools, clinics, private education establishments, orphanages, and others
- Financial institutions, businesses, commercial entities, and corporations
- Mass media and public relations firms
- Private sector associations such as the Chamber of Commerce, health associations, private preschool and school associations

The interests, goals, and current and potential roles of each stakeholder should be identified in order to ensure they are taken into account for consultations and consensus building. Each person and group has one or more leading issues. By giving them a voice and listening to them respectfully, even though the final policy may not include all of their points, they will remember the respect they were accorded and they will be more likely to support the consensus reached.

1.7 Select Planning Team Leader and members

Almost invariably, the lead Ministry designates a director to become the Planning Team Co-ordinator. This person should be a respected and competent technical authority who is committed to ECD policy planning. S/he should have strong leadership, team building and meeting management skills, and also be diplomatic yet firm. The Planning Team usually has from 12 to 25 senior ECD specialists. Representatives of all relevant ministries must be included, as well as a good balance of civil society and private sector institutions. It is advisable to include at least one leader in media and public relations work. This person may not participate in all technical discussions but s/he will help design the Plan for Policy Advocacy and Social Communications. For purposes of convening the group frequently and enabling fruitful dialogue, it is best not to exceed 15 people. However, in order to have sufficient members for each Committee (described below), Planning Teams often have up to 25 members. Some may participate mainly in specific committees.

The members of the Planning Team should be proven leaders with a track record of collaboration and consensus building. They should be dedicated to the integrated approach to ECD. However, if this is not the case, they should receive focused training during the initial planning period. Through engaging them in the planning process, they often acquire knowledge and develop new leadership and technical skills. Because they are "late converts" to ECD, they can become strong supporters, help secure new resources, and lead new ECD activities. For example, in one country

as a result of participating in the Planning Team, a major national NGO joined with ministries, a health association, parent-teacher associations, and CDOs in developing a new national parent education programme. Sometimes one individual can represent more than one constituency but this should be clearly stated at the outset to ensure that all are in agreement with this.

All members of the Planning Team should be fully involved with the entire process. However, some members of the Planning Team may be unable to participate at times or may be less interested in some aspects of the work. Such people should be informed regularly of the group's progress, kept aware of everyone's positions and concerns, and consulted regarding their area of primary interest. International partners that support the process may be present in Planning Team meetings from time to time, but they should be *ex-officio* members without voting power. Many donors can and should be key supporters of the policy planning process. It is common for donor partners to host meetings, provide office services, and fund consultative meetings throughout the country.

1.8 Designate Planning Team's committees, chairs and members

Usually members of the Planning Team participate on more than one committee during the policy-planning period. Additional people can be asked to participate on specific committees, depending on their expertise and commitment.

First Wave Committees

The following committees are essential at the beginning of the planning process:

- *Drafting Committee*

This Committee prepares all drafts of the policy. The lead drafter should be a highly skilled author of policy documents in education, health or economic development, and should be a government employee or a national consultant—but *not* an international advisor. Two to three additional members of the Planning Team (or special recruits) representing key ECD sectors should help the Lead Drafter. They usually are given short-term consultancies or are seconded from ministries.

- *Needs Assessment Committee*

This Committee includes all sectors, identifies child-related statistics and studies, and leads the national assessment of children and families, focussing on vulnerable children.

- *Resource Assessment Committee*

This Committee leads the identification, review and analysis of institutions, groups and individuals providing services for pregnant women, infants, young children and families.

- *Policy Review Committee*

The Policy Review Committee identifies and analyzes all policies, plans, regulations, standards, laws and legislation related to children, including gaps and future needs. It notes responsibilities for legislation and setting standards and guidelines,

including issues related to eligibility, entitlements, registration and licensing. It also analyses issues of decentralisation, including roles and responsibilities.

- *Consultation Planning, Implementation, Analysis and Reporting Committee*

This Committee plans and organises consultations at community, provincial, regional and national levels; analyzes results, prepares and distributes reports; and ensures results are taken into account for drafting the ECD Policy or Policy Framework.

- *ECD Planning Committees*

Some Planning Teams decide to create sectoral committees. However, the following committees using the integrated approach are preferable. Each committee focuses on its period across all sectors, assesses recommendations from consultations and consensus building sessions, assists with identifying key strategies, and provides elements for drafting the relevant section of the policy. The committees usually include: *Prenatal Education and Care Committee; Zero to Three Year Committee; Three to Six Years Committee; Six to Eight Years Committee; and Special Needs Children.*

- *Regional Committees*

Committees mirroring Planning Team committees can be set up at regional levels to help with consultations and consensus building exercises as well as to build greater collaboration and improved decentralised planning.

Second Wave Committees:

Later, other Committees of the Planning Team will be developed to outline agreed-upon strategies, programme areas, special initiatives, and other sections of the policy. The establishment of Committees will depend upon the dynamics of the planning process and the relative strengths of the Planning Team and the Drafting Committee.

- *Committee for ECD Organisational Structures*

This Committee considers options for cross-sectoral organisational structures and promotes co-ordination, networking and integrated programme design. It explores ways to build community leadership, parent involvement and district-level co-ordination.

- *Committee for Parent Education and Support*

Because many countries require parent education and support, this area often becomes a major ECD Policy strategy, and some policies establish a Parent Education System.

- *Committee for Pre- and In-service Training*

This Committee prepares ideas for the ECD Policy's plan for sectoral and cross-sectoral ECD pre- and in-service training, curriculum and educational materials development.

- *Committee for Action Research, Monitoring and Evaluation including Results, Indicators, Measures and Targets*

This Committee prepares the Plans for ECD Action Research, Monitoring and Evaluation, and drafts indicators, measures and targets for consensus building exercises.

- *Committee for Policy Advocacy and Social Communications*

This Committee prepares the draft Plan for Policy Advocacy and Social Communications, and prepares initial culturally derived communications.

- *Investment Planning Committee*

In accordance with decisions regarding strategies and programme areas, this Committee prepares draft financial simulations and charts for review and consensus building.

1.9 Prepare Planning Team's first Work Plan

Once constituted, the Planning Team should prepare the first version of its **Work Plan**. It will be revised many times during the planning process. It should be very simple to ensure everyone will understand it easily (See **Annex VI: Sample Work Plan for Planning Team**). The Work Plan should cover the entire planning process and include a section on the strategy for approving and adopting the ECD Policy. Each country differs regarding how it adopts policies, and unless carefully planned, policy approval and adoption can be delayed for months, if not years, as was the case in Ghana. The Work Plan should be distributed widely to ensure complete transparency, build enthusiasm among stakeholders, and attract new volunteers.

1.10 Prepare Plan for National ECD Forum and its meetings

Preparing an ECD Policy constitutes a national movement involving people in every region of the country. By holding a National ECD Forum at the beginning of the policy-planning period, full participation by all stakeholders is encouraged, including persons who will be unable to join all activities but whose contributions are needed and wanted. Greater "ownership" of the policy and transparency is achieved. People who become involved feel well informed and truly invited to help implement the ECD Policy after it is approved and adopted. The Forum can establish a "safe place" for dialogue, consensus building, and creating new partnerships and networks. However some nations convene the Forum only at the end of the process to review, and in some cases, informally approve the proposed National ECD Policy. Participants consider all final recommendations and this helps build a strong consensus among groups through positive dialogue. They achieve agreement on specific amendments and pave the way for preparing the final document that will be proposed for official adoption. The Forum can also be used to announce the ECD Policy and conduct policy advocacy.

1.11 Plan and conduct training sessions for Planning Team

Training for the ECD Policy Planning Team and others usually will be required and funds should be dedicated for this purpose. The External Advisor and other ECD specialists should provide the training. In regions with high-level expertise in participatory ECD policy planning, regional

specialists can be used, leading to a cross-fertilization of experiences as well as networking. Training usually is required in the following areas: participatory processes for ECD policy planning; ECD systems co-ordination and integration; MDGs and PRSPs as well as other cross-sectoral and sectoral policies and their indicators; status of vulnerable children and emerging needs; research results from successful ECD programmes; alternative national pre- and in-service training systems; policy advocacy and social communications planning; policy research, evaluation and monitoring; national-level policy indicators; financial projections and donor co-ordination, and preparation of Annual ECD Action Plans, and other topics. The goals of these training activities are to convey knowledge, ensure Planning Team members share the same information, identify their capacities and points of view, build enthusiasm for the planning process, empower them to carry the process forward, and begin to forge a common vision through informal dialogue during training activities.

1.12 Prepare first Investment Plan for policy planning process

The duration of the planning process is usually from 1.5 to 2 years, and the budget should cover the entire process. Planning budgets vary greatly due to differing national costs, availability of volunteers, seconded personnel, and other types of in-kind support, including meeting places, food, travel, materials, equipment, and the like. An outline of activities and cost categories is provided in **Annex VII: Typical Budget Outline for ECD Policy Planning**. To the extent possible, commitments to cover anticipated costs should be secured during Phase I. The budget should be reviewed every three to six months because unexpected expenses will be incurred. When resources are promised, follow-up should be made quickly because unless funds or materials are delivered expeditiously they tend to be diverted to meet other pressing priorities.

1.13 Convene initial meeting with all potential donors and NGOs

Once the budget is approved, a meeting should be held with all potential donors and international NGOs. Donors investing in policy planning later tend to provide funding for policy implementation. To present compelling arguments for support, it is essential that the nation present its counterpart contributions in terms of budget, personnel secondment, donated space, supplies and other costs. All donor agencies that have provided past support for ECD should be invited to this meeting as well as donors to other socio-economic development activities. Often these groups would support ECD programmes but have not done so because the government lacked a credible ECD Policy. Once involved, they may become vitally interested in supporting the ECD Policy.

Every effort should be made to reach out to as many of the following types of agencies as possible: multilateral donors and UN organisations; bilateral agencies; embassies; regional organisations; international NGOs; charitable and corporate foundations, and benefactors associated with the ECD movement. UNICEF, UNESCO and ADEA are united in playing leadership roles in ECD Policy Planning and in assisting nations to convene meetings with other donors. However, it is essential that substantial additional support for the ECD policy planning process be secured in each country.

1.14 Draft first outline of National ECD Policy

Toward the end Phase I, the first outline of the ECD Policy should be prepared by the Drafting Committee and then reviewed by the Planning Team. This will open discussion within the Planning Team about key elements for the vision statement, goals, objectives, strategies and programme areas. It will help each member prepare for the tasks ahead and will assist individuals

to begin to think as a group. Those who contribute to preparing the outline will feel empowered to express personal commitments and hopes. This helps communicate their positions and objectives, which is essential for building group consensus. Also, each member's abilities will become better understood. During planning processes, new leadership always emerges from the Planning Team. Members should support each other and also help to identify, motivate and promote new ECD leaders who will be very important for subsequent policy implementation.

A model outline is provided in **Annex VIII: General Outline of a National ECD Policy**. All policy outlines will vary in accordance with national realities. If the ECD Council and Lead Ministry have decided to prepare a Policy Framework focusing on unifying and filling gaps in the current web of policies, plans and regulations, then appropriate modifications should be made in the outline, and the section on policy analysis should be expanded. The outline will be modified many times over during the policy planning process. However, it is essential to develop a commonly agreed upon framework from the outset, especially for purposes of guiding the Planning Team, conducting consultations, and reporting transparently to national leaders, stakeholders and donors. The Chair should be open to all options and facilitate dialogue, along with the External Advisor, who should help to ensure all points are given full consideration.

At this early point, the Planning Team should begin to forge a common vision for ECD that will be modified as consultations and consensus-building exercises proceed. This initial vision will sustain people as they work late at night to meet deadlines. It is the fundamental commitment of each person to the nation's children and the planning process that will result in an approved and adopted ECD Policy.

ENDNOTES

⁴⁰ Vargas-Baron, E. (February 29 2004). *Final Report: Project to Support National Policy Planning for Early Childhood Development in Three Countries of West Africa*. The Hague: ADEA-WG/ECD.

⁴¹ For example, they may encourage others to register their children upon birth, go to regular well-child checkups, participate in parent education programmes, and teach others the techniques they have learned.

Chapter 2

Phase II: ECD Situation Analysis and Consultation Preparation



***There is an eternal dispute between those who imagine
the world to suit their policy, and those who correct
their policy to suit the realities of the world.***

Albert Sorel, French historian, 1842–1906

PHASE II: ECD SITUATION ANALYSIS AND CONSULTATION PREPARATION

Activity Checklist for Phase II: ECD Situation Analysis and Consultation Preparation	Begun	Completed
2.1 Plan and conduct assessment of children's needs		
2.2 Plan and conduct ECD Resource Assessment		
2.3 Plan and conduct ECD Policy Review		
2.4 Prepare initial data analysis and interpretation		
2.5 Prepare initial draft Situation Analysis for review		
2.6 Prepare nation-wide policy consultations		
2.7 Begin initial interviews with key ECD leaders		
2.8 Revise Work Plan of the Planning Team		

An ECD Situation Analysis usually is presented in the first section of the ECD Policy. It is composed of three parts:

1. Assessment of Children's Needs
2. ECD Resource Assessment
3. ECD Policy Review.

The respective committees of the Planning Team should meet together often to plan, exchange information, and prepare analyses. This strengthens the Planning Team, improves each study, and ensures analyses are linked wherever possible. Once the studies are underway, planning for nation-wide consultations and interviews can begin.

2.1 Plan and conduct assessment of children's needs

The assessment of children's needs includes sectoral and cross-sectoral analyses of the status of young children and families. First, the Committee for Assessing Children's Needs should develop a strategy to identify and locate all statistics, needs assessments, plans, research reports, evaluation studies and other documents. This strategy usually includes visits to institutions such as: ministerial offices that have planning documents with statistics; university faculties, libraries and documentation centres; national statistical and research institutes; institutes or programmes that conduct household surveys; websites and documents of national and international donors and NGOs; and major international research groups that have conducted studies on the nation's children. Information should be identified at the national level and in regions, districts and communities, where often more data is available than initially thought. Due to the difficulty of obtaining information on children separate from service information, both are listed below. Service resource information should be shared with the Resource Committee. Information should be gleaned on education, health, nutrition, sanitation, children's rights and juridical protection, with respect to:

- Prenatal and perinatal period: Amount, coverage and type of prenatal care and education services; gaps in service coverage by population type and geographical area; age and education of mothers; maternal and neonatal status; infant and maternal mortality and morbidity; low birth weight and other birth outcomes; birth registration; initial post-natal health service provision up to three months of age; availability and use of intensive services for infants with low birth weight, disabilities or developmental delays at birth; and related information.

- Birth to age three: Types, amount, coverage of parent education and support services; quality or performance standards and service coverage of parent education and support programmes; specialised services for children with delays, malnutrition, chronic ill health or disabilities; infant crèches or other child care programmes; types, amount and coverage of primary and special health services including well-child check-ups; infant and toddler assessments, referrals, services, tracking, and follow-up; immunisation status and gaps; nutritional education, assessment, and services for rehabilitation; basic sanitation services (water, waste, environmental dangers for infants); juridical protection laws or codes; and so forth.
- Age four to six: Continuation of above-listed activities for parent education and support; services for children with developmental delays, malnutrition, chronic illnesses, or disabilities; participation in quality child care or preschool education or lack thereof; parent involvement in preschool management; religious or private preschool services; child safety, health, and nutrition issues; preparation for transition from home or preschool to school; preschool sanitation practices, and other issues.
- Age seven to eight: Presence/absence of home to school programmes; population and geographical coverage; parent involvement in the schools (range and type: goals/objectives setting, planning, budget, curriculum and educational materials review, support for teachers, administrators, teachers' aides, evaluation of finances and programmes, review of annual learning outcomes, and achieving annual objectives); enrolment in primary education (gross/net enrolment, gender, rural/urban, grade repetition, attrition, primary completion rates, etc.); school health, nutrition, safety, latrine and sanitation services; inclusive education; and so forth.
- Specialized populations of vulnerable children: Statistics on the status of children in special situations: children traumatized by war or community violence; children affected by HIV/AIDS; mendicant or street children; children with disabilities (e.g., landmines); abusive child labour; children with chronic diseases; and others.

Few nations have comprehensive databases regarding pregnancies, births and birth outcomes, and children from zero to eight years of age. With the exception of the DHS, existing statistics tend to be basic health usage rates and preschool education enrolments—and often they are incomplete. Typically, many gaps and inconsistencies exist in data sets needed for policy formulation. Because of this, some nations conduct a preparatory needs assessment that covers the above-listed topics at national, regional, institutional and local levels. The surveys may be comprehensive or focus on a specific sector (e.g., health, prenatal education and care, or preschool education) or age grouping (e.g., parenting education for birth to three) or special need (e.g., children affected by violence or HIV/AIDS or children with disabilities). In addition, needs assessments should identify barriers, challenges and problems. During Consultation Workshops (See **Section 2.6 below**), new demands for information and statistical data will arise. It is important to respond to these requests and, as possible, include these people in helping to plan rapid needs assessments. Needs assessments sometimes collect “notional data” that can be used as placeholders and replaced later by more accurate statistics. Usually, individuals involved in these studies will use the outcomes. This sense of ownership can encourage them to collaborate with others to achieve policy consensus and to help implement the ECD Policy. Most nations' ECD Policies include a strategy for gathering comprehensive and reliable data sets on pregnancy, births and young children.

2.2 Plan and conduct ECD Resource Assessment

The Resource Assessment Committee first designs a strategy to identify ECD resources:

- Institutions with ECD services at national, regional, provincial, district, and community levels: government ministries and other agencies, national and international NGOs, professional associations, universities, institutes, unions, religious groups, community development organisations and private ECD businesses.
- Networks and partnerships that could be integrated into the ECD Policy.
- Human resources in terms of trained specialists (i.e., programme directors, trainers of trainers, parent educators, certified and uncertified preschool educators, child assessment specialists, physical, language and occupational therapists, health educators, medical personnel, nutritionists, evaluators, communicators, sanitation specialists, children's protective services and rights specialists, and others).
- Training programmes, their capacity and potential for expansion and improvement.

After identifying all ECD institutions, programmes and networks, the Committee should obtain information about each one. Either a full national survey should be conducted or structured interviews of large-scale or innovative programmes will be sufficient. The following information should be obtained: goals and objectives; major activities and services; programme personnel; programme coverage in terms of population types/numbers and geographical areas; nature of monitoring, evaluation and reporting; primary service outcomes/results, and general overall budget and percentage of funding by type (e.g., \$100,000/year: 50% regional government, 25% ministry, 15% national NGO, 10% community). Projections should be prepared and recommendations offered regarding: perceived unmet needs for policy and programme development; expanded outreach and services possible with more support; improvements that programmes want to implement; incentives for services or programme personnel needed; pre- and/or in-service training needed, and future roles that programmes are willing to play in policy advocacy, programme design, etc. During Consultation Workshops, additional resources will be identified and integrated into the Resource Assessment.

2.3. Plan and conduct ECD Policy Review

The Policy Review Committee should conduct activities to identify and review all relevant documents including: national and provincial policies and plans; executive decrees; legislation and laws; funding mechanisms for services for children and families (e.g., corporate, property or individual taxes, tariffs, subsidies or other methods employed to fund programmes for young children); regulations, standards and enforcement mechanisms; public advocacy policies for public education; and policy co-ordination bodies, activities or networks. All of these should be analyzed with regard to:

- Policy content areas, gaps, unnecessary duplications, and future requirements
- Possible policy or programme conflicts within and across sectors, the reasons for them, and consideration of ways they might be resolved
- Strategies selected, their utility, conditions required to carry out those strategies more successfully, and strategies that were not included
- Laws, legislation, decrees, regulations, standards or other mechanisms developed to achieve specific results, and measures conducted to enforce them
- Reasons the foregoing attained or did not achieve intended results, and recommendations for legal mechanisms and other methods of enforcement
- Points of policy collaboration, co-ordination and integration, or lack thereof

- Effectiveness and efficiency, or lack thereof, and
- Overall impacts and results, including both successes and failures, and reasons some did not accomplish more of their goals.

Lessons learned from this analysis should be used to guide the ECD policy planning process, including how to achieve better co-ordination, collaboration and integration.

2.4 Prepare initial data analysis and interpretation

After completing the assessments and before drafting their studies, the Committees should share their analyses and tentative results. One unified Situation Analysis on the status of children and families, programme resources, and existing policies will be prepared for the ECD Policy. Reference can also be made to research results from other nations because they may help to interpret national data and prepare policy strategies. In some nations, the three studies prepared for the Situation Analysis are unique documents that are so well conceived and drafted that they merit separate publication. They can raise awareness about the needs of vulnerable children and the requirements for developing a national ECD Policy. Early publication is especially recommended because the separate analyses can present greater detail. The Situation Analysis in the ECD Policy must be brief and focused. Data that pertain especially to regions or provinces may not be included in the Situation Analysis but they will be useful for presentation in Consultation Workshops, preparing the policy and the Annual ECD Action Plan, and for designing future programmes. Study documents should be placed in an ECD documentation centre because questions may arise that can be answered through conducting later analyses.

2.5 Prepare initial draft Situation Analysis for review

Based on data analyses, interpretation and chart preparation, the first draft of the Situation Analysis should be prepared by the Drafting Team. This draft first should be reviewed by the three Committees, revised, and then reviewed by the entire Planning Team. Based on their comments, a second draft should be prepared. Then a larger group, such as the National Review Committee, if one is created, should be convened. This larger group should include all planning and research groups, statistical institutes, institutions reviewed, and representatives of groups connected with policies and plans that were assessed. After this review, the Situation Analysis should be revised, and along with Consultation results, used to prepare the first draft of the ECD Policy.

2.6 Prepare nation-wide policy consultations

Nation-wide ECD Consultation Workshops are the most important part of preparing a National ECD Policy. The Planning Team plays a critical role in planning, organizing and convening the consultations. The Consultations Committee should include specialists from all major ECD sectors. It also is helpful to have the leader of the Drafting Team, members of Situation Analysis Teams, and the Ministry of Finance (or Planning), and other ministries that play pivotal roles in ECD.

In the past, most policy planners only consulted top government leaders. Sometimes, they consulted subject-matter specialists, a few regional leaders and statisticians. Basically, planners were rewarded for preparing a comprehensive, politically acceptable and technically well-drafted document. Usually, their policies met the requirements of external funding agencies but most of them were never implemented. And if they were, they often did not achieve their goals. Because few people outside of the highest levels of central government ever saw these policies, their

strategies and programme priorities did not guide decision making at other levels. Were they to receive a copy of the policy, regional and local administrators did not understand their roles and responsibilities—if any were specified for them. Failed education, economic and health reforms of nations throughout the world demonstrate that unless citizens adopt policy goals and strategies as their own, national policies will be stillborn.

Early experiments in participatory, nation-wide policy planning revealed that consultation at all levels results in greater policy ownership, better policy implementation, and improved chances of achieving policy goals. Consequently, methodologies have been developed to guide effective Consultation Workshops that are usually convened at national, provincial, district and community levels. The long-term uses of consultations include the following:

- Building a national vision for improving the status of all children
- Identifying local, district, provincial and regional leaders
- Motivating citizens to consider the needs of and opportunities for their children
- Building local demand for information on children for future planning activities
- Developing support and enthusiasm for achieving ECD Policy goals
- Empowering local citizens to work together to begin new initiatives for children
- Encouraging individuals to prepare themselves for ECD service
- Identifying new sources of funding support for children at all levels
- Building collaborations, co-ordination channels and integrated approaches, and
- Creating the setting for later partnerships and network development.

Consultations provide a structure for long-term development that goes well beyond the ECD Policy itself. If well planned and organised, they become an intervention that helps ensure investments in children will be expanded.

The Committee should prepare the **Consultation Strategy and Plan**. Guidance for planning and holding consultations is provided in **Annex X: Community, Regional and National Consultations**. Timelines tend to be kept if the Consultation Strategy and Plan is prepared well ahead of time. It is essential to present the Plan to government agencies and as many national and international donors as possible. Separate donor meetings held by the lead Ministry with each potential donor often are most productive. Others who are contributing to children's issues should be noted. Each donor should receive a brief outline of the ECD Policy Planning Process, the Consultation Plan, and a detailed planning budget. Typical budget items for a Consultation may be found in **Annex X**.

After deciding the dates and location of each Consultation, the Drafting Team and related committees should prepare statistical reports on the status of children, resources available, and policy impacts in each region. Ideally, these mini-situation analyses should be sent to each participant well beforehand for reflection on regional needs and information gaps. This will help them begin to outline their goals, strategies and programme areas for the future. They should also be brought to the Consultation Workshop and presented orally and visually to “set the stage” for small group work and discussions. If the authors are present, the feedback will help them improve the Situation Analysis. Often people participating in consultations will know of additional data sets or studies and will be able to fill information gaps. For those areas where critical information is lacking, participants can provide “notional data” that can be used as placeholders, noting that in the future reliable statistics will be used. When accurate community data is lacking, regional statistics can be used, explaining their limitations.

2.7 Begin initial interviews with key ECD leaders

When the consultations are planned, questionnaires should be prepared and administered by the Planning Team to members of the ECD Council and other leaders in government, civil society and the private sector. This personal touch will engender support for the ECD policy planning process and encourage leading decision makers to feel their ideas will be taken into account. The

Interview Format should include questions eliciting key respondents' recommendations regarding: the vision for ECD; needs of parents, pregnant women and infants; child stimulation, health and nutrition; home and community sanitation; preschool education; and transition to school. They should be asked about national goals and objectives for ECD; strategies for meeting major needs; and programme areas for priority attention. The results of these interviews should be collated rapidly for use in preparing the policy, along with the results of Consultation Workshops.

2.8 Revise Work Plan of the Planning Team

All members of the Planning Team should help to revise the Work Plan at the end of Phase II. Through this exercise, members begin to share the same mental framework for the policy planning process. Usually, many issues are negotiated during these discussions. The revised Work Plan should be distributed widely to ensure stakeholders know what changes have been made and continue to support the process.

Chapter 2

Phase III: Community, Regional and National Consultations



*A policy is a temporary creed liable to be changed,
but while it holds good it has got to be pursued with
apostolic zeal.*

Mohandas K. Gandhi, Indian philosopher, 1869–1948

PHASE III: COMMUNITY, REGIONAL AND NATIONAL CONSULTATIONS

Activity Checklist for Phase III: Community, Regional and National Consultations	Begun	Completed
3.1 Prepare and conduct consultations		
3.2 Prepare and conduct key respondent interviews		
3.3 Draft reports on consultations and interviews		
3.4 Prepare Synthesis Report on Consultations		
3.5 Finish Child Needs Assessment, Resource Assessment and Policy Review		
3.6 Prepare first draft of ECD Policy		
3.7 Revise Work Plan of the Planning Team		

3.1 Prepare and conduct consultations

All Consultation Workshops at national, regional/provincial and district/community levels should be planned carefully following the steps outlined in **Annex X: Community, Regional and National Consultations**. It should be possible to hold all consultations during a four to six month period. Some Planning Team members may prefer central planning and at first they may find consultations to be a “waste of time.” They should attend at least one Workshop so they may experience participants’ enthusiasm and the richness of their recommendations. Usually, each Consultation leads to modifications in the next one because this is an iterative process. It is important to maintain the schedule of consultations and avoid skipping groups or meetings. If people know their region or community is to be included, and then they are skipped, they will be disappointed and possibly less supportive of the policy.

3.2 Prepare and conduct key respondent interviews

After conducting initial interviews with ECD leaders, it is important to widen the scope to include key decision makers in other fields: the Minister of Finance, the director of national planning, directors of large NGOs, Chamber of Commerce directors, the leaders of all political parties, presidents of banks, corporations, and large businesses, presidents of universities and institutes, directors of public relations and mass media firms (television, radio, newspapers, and cyber cafés), religious and civic leaders, educators, doctors, dentists, jurists, lawyers, and others. These key respondents should be promised that their observations will be kept confidential, and that the report will provide an overall analysis rather than individual comments. This will encourage them to speak with candour and provide recommendations. In addition to topics listed under **Section 2.7** for key respondent interviews, these leaders should be asked to provide advice on ways to expand national investments for children, regulations and laws, and types of specialized programme components that should be developed. Approached in this way, many leaders will make novel recommendations and some may volunteer to help implement them.

3.3 Draft reports on consultations and interviews

As noted in **Section 9** of **Annex X: Community, Regional and National Consultations**, the reports on the consultations should be prepared and sent to all participants. In addition, they should be

disseminated to the entire Planning Team, National ECD Council, and others centrally concerned with the drafting of the ECD Policy. Similarly, the results of interviews with ECD directors and specialists as well as national decision makers should be analyzed, interpreted, and presented in a report.

3.4 Prepare Synthesis Report on Consultations

On the basis of Consultation Workshops and interviews, an overall Synthesis Report on Consultations should be prepared to help identify key elements for inclusion in the first draft of the ECD Policy. This report should focus especially on recommendations regarding: national vision; goals and objectives; policy strategies; programme areas, and indicators. These “common elements” will reinforce the need to include policy strategies such as: developing a national parent education programme; expanding and improving health, nutrition and preschool education for children living in poverty; or instituting a system for early assessment and intervention for children with developmental delays and disabilities, as well as other strategies. Some topics not mentioned frequently in consultations or interviews can be, nonetheless, very important. Statistical analyses may reveal major additional needs. Research from other countries with similar problems may suggest yet other potential new strategies and programmes. The ECD Policy should take a forward-looking stand and promote special strategies or programme areas. Examples of potentially “forgotten areas” could include ECD programmes for internally displaced children in a conflict zone, training for birthing specialists, and preschool certification.

The Synthesis Report on Consultations should list those elements that are of great importance to each geographical area, cultural or linguistic group, and special populations, such as severely impoverished families, parents with children with developmental delays or disabilities, caregivers of children affected by HIV / AIDS, etc. The ECD Policy will be unable to address all of their problems because it must identify and build consensus around national priorities for children. However, it also must ensure that special needs are addressed. It is exceedingly challenging to identify national ECD priorities when childhood problems and needs abound and resources are scarce.

3.5 Finish Child Needs Assessment, Resource Assessment and Policy Review

The consultations will identify additional statistics, studies, and observations about the status of children throughout the nation as well as hitherto unknown services and programmes for children. Talented ECD leaders, institutions vitally interested in children’s welfare, and regional or provincial policies that should be knit into the ECD Policy, will also be spotted. The **Children’s Needs Assessment** should be revised to include information gleaned from the consultations. Statements about the needs and problems of pregnant adolescents and women, children ages zero to eight years, parental care giving practices, the programmes that serve them, and gaps in services will reinforce statistical evidence and provide powerful arguments for establishing policy goals, objectives, strategies and programme areas. The **Resource Assessment** will need to be updated and completed at this time by adding programmes, personnel and others identified during the consultation process. Although much of the information and charts will not be included in the policy, this information will be essential for successful policy implementation. Regional policies, regulations and guidelines that were identified during the consultations should be added to the **Policy Review**.

3.6 Prepare first draft of ECD Policy

Upon completing the consultations, interviews, Synthesis Report, Child Assessment, Resource Assessment and the Policy Review, the first draft of the ECD Policy should be prepared by the Drafting Team. The first draft should be sent to Planning Team members for review and include the following sections. Other sections will be added later after agreement has been reached on main elements of the policy. For details regarding these sections, refer to **Annex VIII: General Outline of a National ECD Policy**.

- Table of Contents (Show complete list of sections, noting those yet to be drafted.)
- Introduction
- ECD Situation Analysis: The Status of Children and Families; Analysis of Current Services and Resources Devoted to Children and Families, and Review and Analysis of Policies, Plans, Laws and Regulations
- National ECD Policy Vision
- National ECD Goals and Objectives
- Policy Strategies
- Programme Areas
- Policy Indicators, Measures and Targets (Sketch in some possible items.)

Other sections will be drafted and shared later, although work can begin on them at this point. They should not be presented until consensus has been reached on these first sections, mainly because a lot of time can be lost drafting sections that subsequently will be changed.

3.7 Revise Work Plan of the Planning Team

After conducting the Consultation Workshops, preparing all reports, and completing and distributing the first draft of the ECD Policy for review, the Planning Team's Work Plan will need to be revised.

Chapter 2

Phase IV: Policy Drafts and Consensus Building



*Education is the most powerful weapon which you
can use to change the world.*

Nelson Mandela, former President of South Africa

PHASE IV: POLICY DRAFTS AND CONSENSUS BUILDING

Activity Checklist for Phase IV: Policy Draft and Consensus Building	Begun	Completed
4.1 Review of first draft of policy by Planning Team and others		
4.2 Prepare second draft of policy		
4.3 Add organisational structure for policy implementation		
4.4 Add policy indicators, measures and targets		
4.5 Add Monitoring and Evaluation Plan		
4.6 Plan strategy and conduct consensus-building meetings		
4.7 Prepare third draft of ECD Policy		
4.8 Add ECD Training Plan		
4.9 Add Policy Advocacy and Social Communications Plan		
4.10 Consider needs for legislation, standards and guidelines		
4.11 Add Investment Plan		
4.12 Add Donor and Partnership Co-ordination Plan		
4.13 Hold second (possibly third) round of consensus meetings		
4.14 Prepare penultimate draft of ECD Policy		
4.15 Request final review by government & civil society leaders		
4.16 Plan and organise National ECD Forum		
4.17 Prepare first draft of Annual ECD Action Plan		
4.18 Revise Work Plan of Planning Team		

4.1 Review of first draft of policy by Planning Team and others

Once again, these steps need not be accomplished sequentially. After the Planning Team reviews the first draft of the policy, the Drafting Team should revise it and send it rapidly to members of the National Review Committee if one has been established, participants in Consultation Workshops, and leaders who were interviewed. Deadlines should be given to avoid falling behind schedule. Concurrently, the Planning Team should consider the organisational structure for policy implementation. For this, see **Annex XIV: Roles and Responsibilities of ECD Co-ordinating Structures**. The Planning Team should study strategies for establishing such structures and their roles and responsibilities.

4.2 Prepare second draft of policy

Upon gathering nationwide comments on the first policy draft, inevitably some of them will conflict with others. It may be advisable to hold small group meetings to achieve consensus before proceeding further. When there is general agreement on basic elements, then the second draft of the ECD Policy should be prepared. Once revisions are completed, new sections can be added. They usually include the following:

- Cross-sectoral Organisational Structure for Implementing the ECD Policy
- Monitoring and Evaluation, Reporting and Follow-up for Co-ordination, Supervision and Revision of the ECD Policy and/or Annual Action Plans
- Policy Research Plan.

4.3 Add organisational structure for policy implementation

Based on discussions with the Planning Team and key respondents, the organisational structure for policy implementation should be drafted next. Guidance for this section is included in **Annex XIV: Roles and Responsibilities of ECD Co-ordinating Structures**.

4.4 Add policy indicators, measures and targets

The ECD Policy should include a list of indicators, measures and targets to help ensure it will be accountable and will achieve its objectives. Many suggestions will have been gleaned from previous policy reviews (especially MDGs, PRSPs and sectoral policies and plans); analyses of child status; resource reviews; Consultation Workshops; interviews; and international sources. **Annex XII: Definitions and Guidance for Selecting Policy Indicators** should be reviewed before beginning to select indicators, measures and targets. The most frequently used national-level policy indicators are provided in **Annex XIII: Policy Indicators**. In ECD Policies, usually only a few “lead indicators” are selected. The list rarely exceeds 60 indicators, and usually it is shorter. This is mainly because it is very costly to track a large number of indicators at the national level, and trained personnel seldom are available in sufficient numbers at local, provincial and national levels for data gathering, analysis and reporting.

Indicators must “communicate well.” They should help people understand what the nation is trying to achieve through improving ECD. National-level indicators should have a strong “proxy power.” Most national indicators function as “proxies” or as “lead indicators” for other “sub-indicators” that may be used at district, community or programme levels. National level indicators should be able to cluster together a series of sub-indicators not included in the ECD Policy. They should, if possible, be relatively easy to measure using existing data gathering processes or service delivery systems. **The ECD Policy should present indicators for strategies for each stage of the life cycle and for special populations. Indicators pertaining to health, nutrition, education, sanitation, and child protection will be needed at every level.**

4.5 Add Monitoring and Evaluation Plan

Each ECD Policy should include a Monitoring and Evaluation Plan (MEP) that outlines the follow-up system. The main goals of the MEP are to ensure data will be gathered and analyzed to assess policy targets and help prepare the Annual ECD Action Plan. The MEP should help to achieve policy implementation, promote policy flexibility, and build national planning competence. It should not be viewed as punitive but rather as a source of information for improving services. Geographical areas or programmes that are “under-performing” should be given additional technical advice rather than reprimanded. Each ECD programme should have an MEP that is linked to local, regional and national reporting systems. The system for these linkages should be presented in the policy.⁴²

Consensus should be reached regarding the placement of the **Unit for ECD Policy Implementation and Evaluation** that will carry out these functions and also draft the Annual Action Plan. It can be located in the lead ministry or a separate semi-autonomous institute. The Unit should assist ECD programmes, and ensure that monitoring and evaluation are linked with co-ordination and supervisory processes. It should call regular meetings for programmes to identify problems, report results, and celebrate achievements. Databases and analyses should be developed to prepare policy arguments for expanding investments in children, conducting programme planning activities, implementing programmes, and ensuring reporting and follow-up work is conducted at all levels. At least **five to 10 percent** of the national investment in ECD should be devoted to evaluation research, monitoring, statistical reporting, and follow-up systems.

Nations need to gather data to assess new policy targets. It is recommended that National ECD Policies include a section for the training of **Community ECD Teams** that will conduct assessments linked to services in health, nutrition, parent education, child development, sanitation and other topics. These Teams can be trained to conduct simple but important monitoring and evaluation activities for birth registration, screening, linking children and families to essential health, nutrition and parent education services, and recording, tracking and following up services rendered. The Teams' supervisors can guide and evaluate services, ensure accurate data are gathered, and send data to district or provincial offices for analysis and transmission to all levels. For this, systems design, monitoring and evaluation instruments, training manuals, community manuals, and supervisory manuals must be developed. All of these points should be included in the MEP.

At this point, the **Policy Research Plan** should also be drafted, including a list of action research topics of priority importance to achieving ECD Policy goals. Most of the Plan's contents will have been identified during the Situation Analysis. However, during consultation and consensus building exercises, new research topics will emerge, and some will receive high priority. Stakeholders who request certain research studies usually will support those studies and will use their results.

4.6 Plan strategy and conduct consensus-building meetings

Once the second draft of the ECD Policy has been completed, the Planning Team should review, revise, and disseminate it to reviewers and other key stakeholders. Although many methods for consensus building exist, some of them are ineffectual in certain cultural settings. Thus only general guidance for consensus building will be presented. It is important to ensure that all who need to play a role in forging agreement are present in consensus building meetings. If any individuals are left out by design or by mistake, usually they will oppose the results of the consensus building exercise. To the extent possible, consensus should be achieved first within the Planning Team. Subsequently, larger consensus building meetings can be held. Sometimes these meetings are best held according to the type of stakeholder: government representatives together, then NGOs, universities, and so forth. In other cases, mixed groups are preferable. If a National Review Committee has been established, it can conduct larger-scale consensus building meetings.

The following approach for consensus building has been useful in many settings:

1. Ask each stakeholder to explain his or her special areas of policy interest.
2. Conduct an exercise to identify areas of agreement or virtual agreement with regard to vision, goals and objectives, strategies and programme emphases. Often participants will not be aware of their many points of agreement.
3. Identify areas of disagreement or points they wish to see modified.
4. Ask each person to clarify the exact nature of his or her disagreements. Encourage him or her to present positions in a positive manner. Avoid anger and outbursts. Ensure each person is listened to with respect and warmly thanked.
5. Once each point has been clarified, ask for a general discussion and seek to forge a consensus or a compromise. To the extent possible, follow cultural norms for consensus building. In some cultures, techniques for consensus building are effective and permit a full airing of views. In others, vociferous arguments are the norm, followed by group agreement that is binding. In a few cultures, no system may exist or confrontation may be avoided, and skilful facilitators will be needed.
6. In any cultural situation, seek consensus through open dialogue, with differing groups presenting their suggestions for agreement. Then use points of agreement as a basis for compromise and for achieving a common understanding.
7. If need be, a short-term committee can be formed to hammer out an agreement. This committee should report back to the Planning Team.

8. When consensus is reached, it should be clearly stated in the meeting and written down on a flipchart for all to see. It should then be recorded in a meeting report that also lists all who were present. This report can be distributed widely. Sometimes it is preferable simply to prepare the next draft of the ECD Policy with points of consensus absorbed into the text.
9. If points of disagreement remain, they should be taken up in the next round of consensus building meetings until general agreement is achieved.

4.7 Prepare third draft of ECD Policy

Once consensus has been attained regarding the content of the chapters of the second draft, the following final sections should be prepared and added to the document:

- ECD Training Plan
- Policy Advocacy and Social Communications Plan
- Investment Plan
- Donor and Partnership Co-ordination Plan

4.8 Add ECD Training Plan

ECD Policies and Policy Frameworks usually present an **Integrated Pre- and In-Service Training Plan** as a major intervention strategy. In most nations, separate sectoral training programmes for certain early child development topics already exist. The Resource Analysis should assess current training resources including facilities, personnel, travel support, consultants, materials, and equipment. For historical reasons, some training centres may have developed wasteful or duplicative infrastructures and services. Planning Teams should look for opportunities to expand training services, to maximize resource use, and to achieve economies of scale through integrating some of them. Through combining training systems, major cost savings and quality improvements often can be achieved. Integrated ECD training can also promote joint programme planning and implementation at community levels.

Sometimes interest is expressed in expanding or reinforcing an existing training centre in order to establish a new **National ECD Training Centre** that will prepare trainers of trainers, personnel to serve in sectoral programmes, sectoral personnel to train field staff in cross-sectoral programmes, and polyvalent personnel who will train polyvalent field staff in integrated programmes. Most nations will want to develop a system of **Regional ECD Training Centres** or mobile training programmes that will provide both sectoral and cross-sectoral training at the regional and local levels. While the National ECD Training Centre and universities usually have a disciplinary emphasis to ensure trainers of trainers of high quality are prepared, regional centres usually place greater emphasis upon training polyvalent community personnel. This approach helps ensure sectoral programmes will have well-prepared personnel who can also contribute to cross-sectoral training programmes and participate in polyvalent teams.

Both pre- and in-service training should be included in the Training Plan. Pre-service training may appear to be easier and lower in cost than in-service training. However, in nations with scarce financial and technical resources where many community workers must be trained, lengthy pre-service training can become very expensive, can take people out of their communities, and lead to a loss of local capacity. The preparation of local field staff though decentralised, short-term pre-service training followed by frequent and continuous in-service training has many benefits. Usually, dedicated field personnel who remain in their communities will help ensure programmes meet local needs and will uplift their communities over time. Supervisors can play dual roles as trainers and supportive guides. When supervisory systems are combined

with in-service training, monitoring and evaluation, major economies can be achieved. To do this, usually supervisors must be retrained to play supportive training roles as well as conduct observations and oversee programme activities.

In-service training and supervisory systems should be linked with pre-service training systems to ensure they use the same culturally appropriate curricular contents, methods, materials and media. In most nations, new programme contents will be needed to improve ECD services. Plans for **Curriculum, Materials and Methods Development** can be included in the Training Plan or in the strategy sections for age ranges and special needs groups. In some nations, the development of training centres will be linked with the creation or expansion of **National and Regional ECD Resource Centres** to prepare new programme contents and demonstrate ways to make and use educational materials.

ECD training systems should be linked with well-designed incentives for ECD personnel. Provisions regarding salaries, benefits, bonuses, promotions, awards, and further training opportunities should be included in the Training Plan. It should also call for the development of **ECD Personnel Regulations**. This will help ensure that incentives for personnel training and long-term retention will be established.

4.9 Add Policy Advocacy and Social Communications Plan

An ECD Policy or Policy Framework should include an innovative **Policy Advocacy and Social Communications Plan**. These actually are two separate plans but they overlap a great deal. It is useful to combine them for purposes of presentation. The goal of the **Policy Advocacy Plan** is to build support for the ECD Policy with key decision makers and citizens throughout the nation. Community and regional consultations build interest in ECD but co-ordinated media messages also will be needed. Policy advocacy roles for CSOs and private sector organisations should be outlined in the Plan. Public relations firms and national media outlets can provide guidance, seconded personnel, airtime and newspaper supplements.

The goal of the **Social Communications Plan** is to provide focused ECD messages for community sensitisation and education on topics such as: the importance of early and quality prenatal education and care; ensuring children are registered at birth; how to participate in parent education programmes; key activities for good infant and child development; information on early and continuous child preventive health care; stopping negative practices such as FGC; nutritional needs of each developmental stage; how to assess child care and preschool quality; how to prepare a child for success in school; and ways parents can ensure girls and boys complete primary education. The Social Communications Plan should outline a few key messages regarding ECD; target specific high priority populations to receive the messages; open communications between ECD programmes and people who need them; provide ways to publicize programme achievements, and advocate for expanding investments in programmes “that work,” thereby linking social communications with policy advocacy.

4.10 Consider needs for legislation, standards and guidelines

In most nations, an ECD Policy or Policy Framework and an Annual Action Plan are insufficient to produce all of the changes required to meet national ECD goals. In these nations, it is important to prepare lists of needs for legislation, executive decrees, standards, and guidelines. Often these are explicitly called for in the ECD Policy. However, legislative details usually are developed under the activities of Annual Action Plans. By dovetailing the ECD Policy and Annual Action Plans with legislation, decrees, standards and guidelines, the chances of achieving ECD goals can be greatly enhanced.

4.11 Add Investment Plan

The ECD Policy or Policy Framework should include an **Investment Plan** with supporting charts (See **Annex IX: Alternative Matrices for an ECD Policy**). The Investment Plan should outline strategies to achieve the ECD Policy's goals and targets. In virtually all ECD Policies or Policy Frameworks, **a principal strategy is to expand the resource base in terms of financial, human and material resources.**

The Investment Plan should outline a **national budgetary process** that specifies the roles and responsibilities of institutions at local, district, provincial, regional and national levels. Successfully describing this budgetary process could be a major contribution toward building long-term commitment to ECD. If a **National Fund for ECD** is to be created, it should be presented in this section. Various approaches can be considered for establishing a National Fund for ECD:

- Ministry of Finance (or Planning) establishes an annual contribution (percentage or amount) from each participating ministry or a special Presidential budget.
- A tax can be imposed (3 to 10 percent) on monthly payrolls (not individual salaries) of international enterprises and/or national businesses.
- A special budget can be added to the Lead Ministry for planning, funding, co-ordinating, managing, and evaluating integrated ECD programmes.
- Bilateral and multilateral donors, foundations, businesses, corporations, professional associations, religious groups, municipal associations, Chambers of Commerce, mayors' associations, Rotary and others can contribute to the Fund.

General budgetary information should be provided for each strategy in the ECD Policy: ⁴³

1. Total amount of funding required for each major programme area.
2. Aggregated costs for: personnel, infrastructure, and other costs.
3. Percentage of current and/or potential funding sources by type (government, NGO, international donors, and others).

The goal is to provide "orders of magnitude" of resource needs rather than detailed budgetary plans. General budgets, broken down by major type of expenditure, will help to guide governmental budgetary planning and donor co-ordination. The ultimate goal of these charts is to give a "range of potential costs" in order to defend increases in national, regional, provincial, district, and community/municipal budgets for children. Most bilateral and multilateral donors expect to see anticipated costs for major programmes under each Policy Strategy, and they will request this information if it is not provided.

To prepare realistic budgets for each major strategy, it is advisable to project potential costs for current programmes, planned service expansions, new components, and new programmes. World Bank specialists have prepared a simulation programme for projecting alternative national ECD costs.⁴⁴ Using current global budgets for health and education, the matrices in this simulation permit projections to be prepared for: 1) parent education programmes at the community level for infants and children, zero to three years of age, and 2) centre-based preschool services for children three to six years of age. The model does not provide projections for prenatal/perinatal services, health and nutrition services for vulnerable children, sanitation services, special populations of vulnerable children, such as those affected by HIV/AIDS, street or mendicant children, abused children, children with malnutrition, chronic diseases or ill-health, developmental delays or disabilities. Consequently, all such services presented in the ECD Policy must be projected separately. Also, projections will be needed for essential costs related to planning, management, co-ordination, networking, evaluation, monitoring and reporting. Some training costs are roughly calculated within the World Bank simulation, but other types of training will have to be projected separately. A formula for calculating ECD funding by level and region would be helpful, if reliably prepared. It must be equitable and based upon assessments of child needs and

regional resource requirements. However, most nations constructing their first ECD Policy will lack the information and consensus building capacity that are required to prepare and apply such a formula. Its development could become a future goal under an Annual ECD Action Plan.⁴⁵

4.12 Add Donor and Partnership Co-ordination Plan

A **Donor and Partnership Co-ordination Plan** is essential for implementing an ECD Policy or Policy Framework. The National ECD Council usually leads donor co-ordination, in close collaboration with the Lead Ministry and the Unit for ECD Policy Implementation and Evaluation. All current and potential bilateral and multilateral donors, embassies, international NGOs, charitable and corporate foundations, and other benefactors should be identified, contacted at the outset, and kept informed of the policy planning process. Donors assisting with planning expenses usually also provide useful policy suggestions and support for policy implementation. The Co-ordination Plan should state donor co-ordination goals for ensuring that investments in ECD contribute to achieving targets of the ECD Policy and Annual ECD Action Plan. It should seek to develop a “mosaic of funding support” for all programme areas. It should establish a regular schedule of meetings with donors for reviewing progress under the ECD Policy and Annual ECD Action Plan. The Donor Co-ordination Plan should encourage the use of common and transparent systems for pooled or “basket” funding; programme planning and management; monitoring and evaluation; and a common framework for programme and financial reports. It should note that donors preferring to provide funding for separate projects might do so within the donor co-ordination system in order to avoid unnecessary duplication. The Partnership Development Plan should provide recommendations and a small fund for developing sound partnerships. Partnerships between government, NGOs, universities, and others can help a nation rapidly expand and co-ordinate its ECD services. Recommendations for creating successful partnerships are provided in **Annex XI: Guidance for Building Successful Partnerships**.

4.13 Hold second (possibly third) round of consensus meetings

The next draft of the ECD Policy should be circulated to the Planning Team, key ECD decision makers, the Ministry of Finance, and others who previously were consulted. Transparency must be maintained to avoid the growth of opposition to the policy. A second round of consensus building meetings is usually required. Financial projections, programme areas, indicators or targets could become points of contention. A third round of consensus building meetings may be needed to ensure that all points of view are aired, and to reach amicable agreement. Some sectoral representatives may become intractable regarding some issues. In such instances, the ECD Council or another authority will have to make a final executive decision. If wished, a note about the opposing view can be provided in the final text of the ECD Policy, along with the executive decision. It is advisable to include some aspect of the “losing side’s” position in the Annual ECD Action Plan, and to make every effort to include the person or agency in future activities.

4.14 Prepare penultimate draft of ECD Policy

On the basis of all recommendations, the results of consensus building meetings, and executive decisions (if needed), the penultimate, well-edited draft of the National ECD Policy or Policy Framework should be prepared and reviewed by the Planning Team.

4.15 Request final review by government and civil society leaders

Once revised, the penultimate policy draft should be sent to the National ECD Council or other government leaders who will approve it. These leaders should have reviewed earlier versions and provided comments. Thus they usually request only a few final changes that may deal with major policy decisions, investment strategies, structural issues or areas for collaboration, co-ordination and integration.

4.16 Plan and organise National ECD Forum

In **Annex V: Model Terms of Reference for Policy Planning Units and Consultations, Section 6**, an outline of main National ECD Forum activities is presented. Preliminary guidance for preparing the Forum was provided in **Phase I: Section 1.10**. In some nations, the Forum is held to approve the National ECD Policy or Policy Framework prior to its formal adoption. In other nations, it is held to celebrate its adoption and to conduct policy advocacy. If approval of the final wording of the policy is pursued, small group consensus building work may be needed or large group consensus can be reached through a process of offering formal amendments. Typically, interest groups will want to insert special phrases regarding specific types of problems related to children in difficult circumstances. Hopefully, all major policy issues will have been resolved during prior consensus-building sessions, and most participants will support the key policy strategies. The Forum serves as a ceremonial occasion to undertake policy advocacy. Often billboards are posted throughout the country, and sessions of the Forum are broadcast on radio and television. If possible, the President and past presidents, Prime Minister, leaders of all political parties, and the entire national cabinet will stand together for the nation's children. This display of national unity for children helps achieve long-term policy impact because the policy receives the support of past, current and quite likely, future national leaders. Often a Presidential Declaration of significantly increased investment in children's programmes is announced at the Forum. National attention helps promote regional dedication to children's issues as regional and local leaders begin to perceive children as "national priorities." It is ideal if the Annual ECD Action Plan is ready at the time of the Forum in order to announce priority initiatives.

4.17 Prepare first draft of Annual ECD Action Plan

The Planning Team should prepare a **Work Plan** to draft the **Annual ECD Action Plan**.⁴⁶ Work on the Action Plan can begin earlier, but previously drafted Plan sections must be reviewed in light of the final policy document. The Planning Team should address concrete plans for expanding, improving, combining and even eliminating existing ECD programmes. New programmes under the Plan should begin to be designed at this time. The **Annual ECD Action Plan** establishes the actions, steps and programmes required to implement ECD Policy strategies. It should be derived from the draft ECD Policy as well as information gained through consultations and consensus building. It should include planning details inappropriate for inclusion in the long-term ECD Policy. A generalized outline for an Annual ECD Action Plan is presented in **Annex XV: Outline for Annual ECD Action Plan**. An approach for preparing Action Plan annexes is presented in **Annex XVI: Model Matrix for Presentation of Action Plan Details**. Every effort should be made to identify opportunities for cross-sectoral programme co-ordination, collaboration or integration. This review is an opportunity to explore possible synergies, common goals and cost-savings by eliminating duplicative administrative systems. Detailed guidelines for co-ordination, collaboration and integration should be placed in the Action Plan. During subsequent years, the Action Plan will be reviewed and results assessed leading to further refinements. Depending upon budgetary traditions, it is often advisable to provide a two-year Action Plan, and then update the second year at the end of Year One. This permits greater continuity and

biennial budgets can be prepared, thus reducing some uncertainty regarding future funding and helping improve programme implementation. Some nations prepare three to five-year Action Plans but they tend to become quite general. When ministries fall behind in programme implementation, they often shelve their long-term Plans.

4.18 Revise Work Plan of Planning Team

The final revision of the Planning Team's Work Plan should be made at this time. Special attention should be given to reviewing and adjusting the approval and adoption process for both the ECD Policy and the National ECD Action Plan.

ENDNOTES

⁴² Programme evaluation details are not included in the ECD Policy. Local, regional and national programmes will require technical help to prepare their MEPs. Through an iterative process, programme indicators and results will help to modify policy indicators but they will not replace policy indicators especially because they must respond to local evaluation needs.

⁴³ Detailed budgets should not be provided in the ECD Policy because it should last for several years (usually five to ten years) and such detail would cause it to become quickly out-of-date. Budgetary details should be placed in the Annual ECD Action Plan and in programme designs.

⁴⁴ Mingat, A. and Jaramillo, A. (23 May 2003). A Description of the Costing Model for ECCD. Washington, DC: World Bank.

⁴⁵ Recommendations for carefully tailored country by country policy simulations will be presented in a future document currently under preparation.

⁴⁶ The Annual ECD Action Plan sometimes is called an ECD Operational Plan or a National ECD Plan of Action. These terms are inter-changeable.

Chapter 2

Phase V: Policy Approval and Adoption



A journey of a thousand miles begins with a single step.

Lao Tzu, Chinese philosopher, 604–531 BC

PHASE V: POLICY APPROVAL AND ADOPTION

Activity Checklist for Phase V: Policy Approval and Adoption	Begun	Completed
5.1 Prepare final draft of policy		
5.2 Finalize plans for National ECD Forum		
5.3 Consult widely first draft of Annual ECD Action Plan		
5.4 Revise Action Plan as soon as possible		
5.5 Contact all donors and partners		
5.6 Hold national ECD Forum and activities for policy approval		
5.7 Revise, complete and seek approval of ECD Action Plan		
5.8 Secure formal adoption of ECD Policy (and Action Plan)		
5.9 Set up ECD Policy Implementation and Evaluation Unit		
5.10 Hold first donor and partner co-ordination meeting		
5.11 Disseminate policy messages through media		

Processes for policy approval and adoption are different in each country. The steps presented below can help to achieve timely policy adoption and implementation.

5.1. Prepare final draft of Policy

After receiving recommended changes from leaders of government and civil society, the final ECD Policy should be prepared for submission to appropriate national authorities for formal approval and adoption. If the National ECD Forum will be the final body for policy approval, then it will review this draft, and the policy will be finalized after the Forum. If the Annual ECD Action Plan is ready for submission for approval, it is good to complete it at this time in order to begin Plan implementation immediately after the National ECD Forum. Quick follow-up is essential for maintaining momentum.

5.2. Finalize plans for National ECD Forum

Plans for the National ECD Forum should be completed. If additional funding must be secured to meet financial, personnel and material resource requirements for holding the Forum, then fundraising efforts should be completed at this time.

5.3. Consult widely first draft of Annual ECD Action Plan

The first draft of the Annual ECD Action Plan should be circulated to all key stakeholders. Local, regional and national-level consultations should be convened throughout the country or regional stakeholders should be brought to the capital to present their issues. As needed, consensus meetings should be held. Usually, because extensive consultation and consensus building was conducted to prepare the ECD Policy, consultations for the Action Plan tend to proceed rapidly.

5.4. Revise Action Plan as soon as possible

As soon as the consultations and consensus building meetings have been completed, the Action Plan should be revised.

5.5. Contact all donors and partners

All current and potential donors should be contacted and briefed about the ECD Policy. Representatives of bilateral and multilateral donors, international and national NGOs, charitable and corporate foundations and other benefactors should be asked if they wish their financial and other support announced at the National ECD Forum. This request can lead to securing considerable additional support as potential donors realize the impact they could have if they are listed as principal founding supporters. Donors should anticipate this opportunity in their budgetary plans for the year that the National ECD Policy will be adopted and announced.

5.6. Hold National ECD Forum and activities for policy approval

The National ECD Forum should be held and all activities for policy approval concluded. The announcement of the policy and of national and international support for children should have a major impact in the country, particularly if it is followed by a rapid implementation of the Action Plan.

5.7. Revise, complete and seek approval of ECD Action Plan

If the first Annual ECD Action Plan has not already been finalized, it should be completed and approved soon after the public announcement of the ECD Policy.

5.8. Secure formal adoption of ECD Policy (and Action Plan)

If the ECD Policy has not been formally adopted as yet, it should be adopted at this time. It is essential to avoid long delays in policy adoption because delays have occurred in several nations. This tends to cause a loss of momentum as hope wanes and ministries and donors lose interest. Worst of all, pregnant women, vulnerable children and their families, who urgently need ECD services, will go unaided.

5.9. Set up ECD Policy Implementation and Evaluation Co-ordination Unit

The **Unit for ECD Policy Implementation and Evaluation** (or a semi-autonomous institute) should be established as soon as the ECD Policy is adopted. Usually, considerable work will have occurred before this point, and the first staff members of the Unit will be ready to begin activities. The ECD Council (or a new Council established by the ECD Policy) should be convened, and all of the plans for policy implementation should be put into effect.

The Unit's establishment should be announced widely. If a **National ECD Fund** has been created, its managerial rules and regulations should be established, along with a solicitation and proposal review system.

5.10. Hold first donor and partner co-ordination meeting

As soon as the Unit for Policy Implementation and Evaluation is formed, the first donor and partnership co-ordination meeting should be held to present a “funding mosaic” of all current government, NGO, civil society and private sector investments as well as international donor funding. The parts of the mosaic that remain unfunded should be noted clearly, and a dialogue should begin among members of the ECD Council and representatives of the government and donors about how to fill these gaps. Individual follow-up visits with each potential donor should be made at this time to encourage contributions.

5.11. Disseminate policy messages through media

To demonstrate that rapid policy implementation is moving forward, it is advisable to design, field test, revise and disseminate key ECD messages through radio, television and print media. In many nations, the radio remains the most important medium for reaching vulnerable populations in both rural and urban settings. Once many new, improved and expanded ECD programmes, services and training activities are underway, each achievement should be announced through the media, relating results to the implementation of the nation’s ECD Policy.

Chapter 3

Conclusion



If we are to teach real peace in this world, and if we are to carry on a real war against war, we shall have to begin with the children.

Mohandas K. Gandhi, Indian philosopher, 1869–1948

With every day that we fail to create policies to help young children achieve their full potential, we fail to build peace and human development in the world.

Therefore, it is critically important to move forward quickly to prepare and implement policies for improving the status of vulnerable young children. The world has turned a blind eye for far too long to this major world issue. Many outstanding leaders have spent their lives issuing declarations, holding international conferences, and framing unimplemented policies. It is time to act and put children first.

We have explained how ECD Policies or Policy Frameworks and Annual ECD Action Plans can become highly effective; especially when they are forged by parents, communities, and institutions of civil society in partnership with government at all levels. At the same time, government leaders must realize that in order to achieve their goals for poverty reduction and economic productivity, they must rapidly increase their investments in children. These leaders require, however, strong public support to empower them to “stand up for children” because they face many competing demands for budgetary resources.

This means that a national ECD movement is essential in order to give leaders the support they need to advocate consistently for improving children’s development. These Guidelines have provided many of the elements required to mount a successful national ECD movement. In the end, creating and sustaining a national movement for child development is our calling and our responsibility... simply because we are aware of the plight of millions of vulnerable children and because we know how to do this work with our hands.

Annexes

Tools For ECD Policy Planning



*Human beings are like parts of a body,
created from the same essence.
When one part is hurt and in pain,
the others cannot remain in peace and be quiet.
If the misery of others leaves you indifferent
and with no feelings of sorrow,
You cannot be called a human being.*

Moslih Eddin Sa'adi (1184–1291) Persian poet

ANNEX I

References and Resources

- Amponsah, Margaret. (2004). Assessment of the Current Coordination and Supervision of ECD Programmes in Ghana. Unpublished Master's degree Major Project Report, Victoria, British Columbia, Canada: University of Victoria.
- Arango, Marta. (1990). Child Care Policies: The Colombian Case. Paper prepared for the International Conference on Child Policies, Gotemburg, Sweden. Fort Lauderdale: International Centre for Education and Human Development, CINDE/USA.
- Bassant, VD & Moti, M. (2000). A Case Study on ECD Policy in Mauritius. The Hague: ADEA-WG/ECD.
- Boakye, J.K.A., Adamu-Issah, M. & Etse, S. (15 March 2001). A Case Study on ECD Policy Development in Ghana. The Hague: ADEA, WG/ECD.
- de los Angeles-Bautista, F. (2004). *Early Childhood Care and Education in South-East Asia: Working for Access, Quality and Inclusion in Thailand, the Philippines and Viet Nam*. Bangkok: UNESCO.
- Colleta, N. J, Balachander, & J. Liang, X. (1996). *The Condition of Young Children in Sub-Saharan Africa: the Convergence of Health, Nutrition and Early Education*. Washington, D.C.: World Bank.
- Evans, J. L., with Meyers, R.G. & Ilfeld, E.M. (2000). *Early childhood Counts: A Programming Guide on Early Childhood Care for Development*. Washington, DC: World Bank. (includes CD-ROM).
- Hyde, K. A. L. & Kabiru, M. (2003). *ADEA Quality Study: ECD as an Important Strategy to Improve Learning Outcomes*. The Hague: ADEA, WG/ECD.
- Jaramillo, A & Mingat, A. (April 2003). Early Childhood Care and Education in Sub-Saharan Africa: What Would it Take to Meet the Millennium Development Goals? Washington, DC: World Bank.
- Mingat, A., Jaramillo, A. (2003). A Description of the Costing Model for ECCD. Washington, DC: World Bank.
- Myers, Robert. (1995). *The Twelve Who Survive: Strengthening Programmes of Early Childhood Development in the Third World*. Ypsilanti, Michigan: High Scope Press, 2nd edition.
- National Scientific Council on the Developing Child. (2004). *Young Children Develop in an Environment of Relationships*, Working Paper #1. Waltham, Massachusetts: Brandeis University. <http://www.developingchild.net/reports.shtml>
- Pence, A. R. (2004). ECD Policy Development and Implementation in Africa. In *Early Childhood and Family Policy Series*, No. 9. Paris: UNESCO.
- Pence, A. R. & Marfo, K. (Eds.). (in press). Capacity Building for ECD in Africa [Special Issue]. *International Journal of Educational Policy, Research and Practice*.
- Pressoir, E. (2004). Early Childhood Development: Promising Experiences in West and Central Africa. Dakar: UNICEF WCARO.
- Pressoir, E. (2002). L'Education Parentale: Volet incontournable de l'approche intégrée pour le développement du jeune enfant. Dakar: UNICEF BRAOC.
- Republic of Malawi. (February 2003). *National Policy on Early Childhood Development*. Lilongwe: Ministry of Gender and Community Services.
- Save the Children. (2003). *What's the Difference: An ECD Impact Study from Nepal*. Kathmandu: Save the Children, Norway.
- Second International Conference on Early Childhood Development. (28–31 October 2002). *Asmara Early Childhood Development Conference Documents: Declaration, Overview and Synthesis Statements*. Asmara: Conference on Early Childhood Development.

Second International Conference on Early Childhood Development. (28–31 October 2002). *Recommendations Workshop Group on Integrated ECD: Policy, Planning and Research*. Asmara: Conference on Early Childhood Development. (Available from the author.)

Shonkoff, J.P. & Phillips, D. (Eds.) (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Washington, DC: National Academy Press.

Torkington, K. (2001). *WG/ECD Policy Project: A Synthesis Report*. The Hague: ADEA, WG/ECD.

UNESCO. (2000). *Dakar Framework for Action, Education for All: Meeting Our Collective Commitments*.

World Education Forum, Dakar, Senegal. Paris: UNESCO. <http://www.unesco.org/education/efa>.

UNESCO. (2004). *Implementation Guidelines for the UNESCO/OECD Early Childhood Policy Review Project*. Paris: UNESCO.

UNESCO. *Policy Briefs on Early Childhood and Early Childhood Family Policy Series*: <http://www.unesco.org>.

UNESCO. *Early Childhood Care and Education in E-9 Countries: Status and Outlook*. Paris: UNESCO.

UNICEF. (2004). *Early Childhood Resource Pack: A Training Tool Ensuring Young Child Survival, Growth and Development through Integrated Programmes*. New York: UNICEF.

UNICEF. (2003). *Parenting Education Toolkit*. New York: UNICEF.

UNICEF. (2004). *State of the World's Children*. New York: UNICEF.

Vargas-Barón, E. (February 29 2004). *Final Report: Project to Support National Policy Planning for Early Childhood Development in Three Countries of West Africa*. The Hague: ADEA-WG/ECD.

Vargas-Barón, E. (22 November 2004). *Policy Analyses and Recommendations on Early Childhood Development and HIV/AIDS in Mainland Tanzania and Zanzibar*. Unpublished manuscript. Dar es Salaam: report prepared for the Country Support Team for ECD and HIV/AIDS and UNICEF.

Vargas-Barón, E. (October 2002). *Working Group on Integrated Early Childhood Development Policy Planning and Research: Recommendations*. Second International Conference on Early Childhood Development. Eritrea: Association for the Development of Education in Africa.

Young, M. (1996). *Early Child Development: Investing in the Future*. Washington, D.C.: World Bank.

Young, M. (2002). *From Early child Development to Human Development*. Washington, D.C.: World Bank.

ANNEX II

ECD Indicators Linked to MDGs

Goal 1 Eradicate extreme poverty and hunger

Target 2 under this MDG is: Halve, between 1990 and 2015, the proportion of people who suffer from hunger. Target 2 includes the indicator: Prevalence of underweight children under five years of age.⁴⁷

Goal 2 Achieve universal primary education

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. The indicators include: net enrolment ratio in primary education and the proportion of pupils starting grade one who reach grade five. Children need to be “ready for school” in all respects in order to enrol in and complete primary school, without grade repetition.

Goal 3 Promote gender equality and empower women

Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. Indicators include: ratios of girls to boys in primary education that requires that girls be ready for school as well as boys.

Goal 4 Reduce child mortality

Reduce by two-thirds, between 1900 and 2015, the under-five mortality rate. The three indicators are: Under-five mortality rate; infant mortality rate, and the proportion of one-year-old children immunised against measles.

Goal 5 Improve maternal health

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio. The two indicators are: maternal mortality ratio and the proportion of births attended by skilled health personnel.

Goal 6 Combat HIV/AIDS, malaria and other diseases

Target One: Have halted by 2015 and begun to reverse the spread of HIV/AIDS. Indicators include: HIV prevalence among pregnant women ages 15 to 24 and ratio of school attendance of orphans to school attendance of non-orphans ages 10 to 14. Clearly, prenatal education and care plus attention to children affected by HIV/AIDS needs to be a part of comprehensive National ECD Policies.

Target Two: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases. Indicators include child-related measures of prevalence and death rates associated with malaria and tuberculosis as well as the proportion of the population in malaria risk areas using effective malaria prevent and treatment measures.

Goal 7 Ensure environmental sustainability

Target Two: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Indicators include: Proportion of population with sustainable access to an improved water source, urban and rural, and proportion of population with access to improved sanitation, urban and rural. Water and sanitation are essential areas for every National ECD Policy.

Reference

⁴⁷ The World Bank website succinctly states: Malnutrition plays a role in more than half of all child deaths. Malnutrition in children is caused by consuming too little food energy to meet the body’s needs. Adding to the problem are diets that lack essential nutrients, illnesses that deplete those nutrients, and undernourished mothers who give birth to underweight children. Raising incomes and reducing poverty is part of the answer. But even poor countries need not suffer high rates of child malnutrition. They can make big improvements through such low-cost measures as nutrition education and micronutrient supplement and fortification. Other things that help include improving the status and education of women, increasing government commitment to health and nutrition, and developing an effective health infrastructure.

ANNEX III

Basic Definitions for ECD Policy Planning

Policy planning is an art based on experience and careful analyses of past policy failures and successes. Over the years, definitions regarding policies, policy frameworks and their main component parts have been developed. To prepare for launching the five phases of participatory policy planning, a brief review of these definitions is presented.

Definitions of ECD National Policies and Policy Frameworks

A **National ECD Policy** is a high-level plan that is officially adopted. At its most basic level, it includes:

- A Situation Analysis regarding the status, problems and needs of children and families
- A National ECD Vision that is well-defined and shared
- Goals and objectives that respond to identified problems and needs
- A statement of leading strategies, programme development areas, and desired results in terms of indicators that will guide activities and help to meet goals
- ECD administration, co-ordination and organisational structures at all levels
- Training systems and activities
- Investment strategy and provision for the mobilization and allocation of resources: human, institutional, financial and material
- Policy advocacy and social communications
- Donor and partnership co-ordination, and
- Policy monitoring and evaluation system, and a system of accountability to measure the attainment of policy results.

To develop a good ECD Policy, creativity and imagination are needed. After consulting all major stakeholders, reviewing alternative paths, and achieving consensus, a National ECD Policy states commonly agreed upon decisions. It flexibly guides current and future planning decisions, policy implementation, policy advocacy and evaluation. An ECD Policy identifies and guides general programme development areas, and it provides a framework for programme co-ordination strategy, structure, financing and procedures.

However, an ECD Policy does not include detailed operational descriptions of programmes or particulars for programme design, implementation and evaluation. These are found in Annual Action Plans or in programme descriptions and manuals. An authority such as a constitution, legislature, parliament or executive order can establish a national policy.

A **National ECD Policy Framework** is especially useful for nations that have a full array of well-developed cross-sectoral and sectoral policies dealing with children's issues. It can also be useful for nations that want to embrace existing policies and fill in notable gaps in policies. It should include most if not all previously established sectoral and cross-sectoral policies, plans and strategies.

Basically, a Policy Framework addresses all of the key elements of a National ECD Policy, as listed above. It emphasizes the establishment of a shared Vision that reaffirms and orders national policy priorities, and outlines common strategies and standards. All relevant high-level, cross-sectoral and sectoral policies and legislation should be reviewed. Major policy and co-ordination gaps, conflicts and duplications should be identified. On the basis of consultation and consensus building, decisions should be made to reinforce selected existing policies, set priorities among policy areas, establish major strategies and standards, and fill policy gaps with new programmes that are either integrated into relevant policies or newly featured in the Policy Framework. The Policy Framework should also sharpen or reorient systems for implementation, service usage, training, co-ordination, advocacy and evaluation and monitoring. Inevitably, new sectoral policies, plans and strategies will emerge over time. Thus Policy Frameworks should be flexible and include provisions to ensure that close co-ordination will be developed and new policies embraced.

Countries need to decide whether to develop a National ECD Policy or a Policy Framework. In most cases, it will be fairly clear which will be needed. In general, nations with the following characteristics should consider preparing a National ECD Policy:

- Nation lacks an adequate array of sectoral and cross-sectoral policies dealing with vulnerable children and mothers, from prenatal to age eight.
- Nation exhibits a low level of public understanding regarding the status and needs of vulnerable children, and the types of programmes that can serve them.
- Nation has major qualitative and quantitative gaps in services for vulnerable children.
- Nation needs to reconsider national strategies for ensuring all children develop well.

- Nation's sectoral and cross-sectoral policies were developed without widespread consultation of stakeholders and consensus building.

Countries that decide to establish a National ECD Policy should also embrace other existing sectoral or cross-sectoral policies in early childhood areas, provide guidance to the nation regarding their roles, and help develop new programmes to fill service gaps.

A **National ECD Policy Framework** should suffice in nations where robust sectoral and cross-sectoral policies exist in all major ECD areas or where only a few gaps need to be filled. In countries with advanced policy and programme development for vulnerable children and families, policy challenges usually are related less to policy gaps but rather to service gaps and inter-agency priority setting, co-ordination, integration and accountability. If national leaders find it difficult to decide upon establishing an ECD Policy or a Policy Framework, an external policy advisor can assist them to conduct an initial analysis that will help guide this decision.

Distinctions between Policies and Large National ECD Programmes

In some nations, where high-level leadership is championing a large national ECD programme or planners are devoted to specific programmes, it is common for them to confuse programme promotion with policy planning for ECD. Sometimes policy planners initially think that the objective of a policy development exercise is to establish a major programme as the central focus of the National ECD Policy. A large programme merits having a realistic programme plan and design, and to be included in the Policy. However, it does not constitute a national policy covering all aspects and sectors of child and family development from prenatal to age eight. All sectoral and cross-sectoral activities and age spans must be included in an ECD Policy. Provision for embracing current and suggested national programmes should be made under Policy Strategies. Should a major leader attempt to force the use of a programme as national policy, then special efforts should be made to explain how the programme will have greater force if it is included under a major strategy within a national Policy. The programme will become more sustainable because it will be codified within a National ECD Policy and programme support will be strengthened through broad-based consultation and consensus building.

Definition of a National Policy Vision Statement

A Vision Statement is the broadest and most general goal of an ECD Policy or Policy Framework. It embraces all ECD fields and it states the ideal national goal for children's outcomes. The Vision can link the ECD Policy with other national policies. It rarely provides details about strategies, leaving this for later definition.

Example of a policy vision statement:

"It is the policy of (nation's name) that all children will achieve their full developmental potential, will be healthy, well-nourished and safe, and will be prepared for achieving success in school and life. This vision and the policy strategies presented below will be reflected in all related policies, plans and decrees of government and in all collaborations with institutions of civil society and the private sector for poverty reduction to benefit vulnerable children and their families."

A Vision Statement should unite people throughout the nation to achieve leading ECD goals for the development of all children. It should motivate them, encourage them to work together, give them hope, and contribute to guiding their life paths.

Definition of National Policy Goals

National ECD Policy Goals state the ultimate ends sought by the Policy. They must be clearly stated and unambiguous. The Policy Goals declare national priorities, provide broad mandates, and give clear direction. Only a few major goals should be listed. All Policy Objectives and Strategies will be linked to a specific Goal.

Examples of Policy Goals:

Goal 1: The Government will work with all health providers to ensure all mothers will begin prenatal health care, nutrition and education services during their first trimester as well as receive support from certified birthing specialists.

Goal 2: The Government will ensure that all children zero to three years of age will be registered at birth, receive regular health care and well-child check-ups, timely and complete immunisations, adequate nutrition, and nurturing infant stimulation and early childhood education through community-based parent education and support.

Definition of National Policy Objectives

A Policy Objective is a statement of intention to achieve one aspect of a Policy Goal. One or more Policy Objectives should be stated for each Policy Goal. Objectives provide greater specificity than the Goal and they relate to the current country situation. They provide enough information to be able to link results and measurable indicators to them.

Strategy Level Four: Six to eight years (73 to 96 months)

Includes the items above plus school readiness, transition to school, parent support and involvement in schools, school health nutrition, safety, sanitation, and inclusive education.

This strategic approach is used to ensure no age range is left out or under-prioritized. It affords each Planning Team an opportunity to consult stakeholders at all levels about each age range: their perceptions regarding prevailing needs, special problems in the community for certain ages or types of children, mothers, fathers or family networks.

2. Thematic Strategies

Some strategies pertain to special thematic areas, such as children affected by:

- HIV/AIDS (orphans, infected children, caregiver issues, schooling and health)
- Mendicant or street status
- War, violence, displacement or refugee status
- High risk of developmental delays or disabilities
- Major diseases (malaria, tuberculosis, sleeping sickness, etc.) or
- Abuse or family violence.

3. Intervention Strategies

A few intervention strategies that cut across age ranges and themes are used in most ECD Policies, for example:

- Cross-sectoral parent education strategy for all age ranges that combines existing services and addresses service gaps
- Strengthened pre- and in-service training systems for polyvalent field personnel who can provide integrated services
- Research and evaluation to provide information for future policy revision and programme improvements, and
- Policy advocacy and social communications.

4. Sectoral Strategies

For most nations sectoral strategies are the line of least resistance, but they tend to create barriers for using an integrated approach to early childhood policy. To the extent possible, sectoral strategies should play subsidiary and supportive roles. Sectoral strategies can be included if the nation needs to give clear direction to a sector within an integrated approach. For example, a sectoral strategy could state: *The Ministry of Education will collaborate fully with the Ministry of Health to ensure that parent education includes quality health, nutrition and sanitation education and that health personnel help to train polyvalent community parent educators linked to health posts.*

Examples of a strategy statement:

To achieve Goal One and its objectives, the Government will expand its prenatal health and education services to ensure they are present in primary health care posts throughout the nation and collaborate with private health care providers to serve all pregnant women in the nation. Under this strategy, the Government will:

1. Ensure adequate pre- and in-service training for health providers and community health educators/parent educators through establishing regional training systems and networks
2. Prepare and distribute culturally appropriate prenatal and parent education materials for use in communities by all public and private health providers, and
3. Monitor and evaluate prenatal health and education services.

Strategies can provide guidance at national, regional and community levels within a country. As appropriate, they should be linked to PRSPs, MDGs, and other cross-sectoral and sectoral policies. They can help achieve decentralised programme development, collaboration, co-ordination and integration. The world-wide trend toward greater decentralisation and community-based programmes supported by government at all levels, reinforces the importance of forging Policy Strategies that embrace children's and families' needs and promote the delineation of roles and responsibilities at all levels.

National ECD Policies and Annual ECD Plans of Action

Policy development and annual planning are linked closely. Annual planning is variously called "annual operational planning" or "annual action planning." Either term is acceptable, but for purposes of these Guidelines, the term "Action Planning" will be used. Annual action planning should be linked directly to the National ECD Policy. Annual action planning should be more detailed and prescriptive than a National Policy. An Annual ECD Action Plan is best prepared when a National ECD Policy already exists. However, the first Action Plan can be developed at the same time as the Policy and finalized when the Policy has been approved and adopted. Mauritania prepared its first ECD Action Plan parallel to its National ECD Policy. It is not a good idea to wait until after the ECD Policy is adopted to prepare the Action Plan because momentum

can be lost. The Planning Team usually is capable of managing both processes. Their memories will be fresh from consultation and consensus meetings, thereby helping them to prepare a realistic and responsive first Action Plan. The policy and annual planning processes are iterative and preparing the documents together will help to improve each and to delineate the borders between policy and annual action planning. Furthermore, the participatory processes used for national policy planning are very similar to those used for annual action planning. During five or more years, Annual ECD Plans will modify the ECD Policy, requiring that a new national policy planning process be conducted. Finally, some nations opt to prepare a two-year ECD Action Plan. For the second year, the plan is modified, and a new year two is added. This helps ensure that programme development and evaluation is continuous.

Examples of national policy objectives:

Related to Goal 1, it is the objective of the Government and collaborating institutions and communities to:

Objective 1.1: Expand prenatal health, nutrition and education services in order to ensure all pregnant women are served.

Objective 1.2: Increase training services to expand the number of certified birthing specialists.

Related to Goal 2, it is the objective of the Government and collaborating institutions and communities to:

Objective 2.1: Ensure all children are registered and assessed upon birth for length/weight, Apgar score, and developmental status.

Objective 2.2: Ensure all children receive regular well-child check-ups, primary health care services, and timely and complete immunisations.

Objective 2.3: Assess the nutritional status of all infants and toddlers during well-child check-ups, and for malnourished or at-risk children, provide nutritional supplementation and stimulation services.

Objective 2.4: Provide regular developmental assessments for all children and parenting education programmes for parents of all at-risk or vulnerable children, including education on infant stimulation, health, nutrition, and sanitation.

Policy Strategies

ECD Policy Strategies are broad and long-term plans of action for organizing human, financial and material resources to achieve Policy Goals and Objectives. Strategies outline the major steps for implementing policy goals and for resolving policy issues, dilemmas or quandaries. They describe briefly who will do what, how, where, and sometimes, when. As possible, it is important to build on existing strategies and resources, both institutional and human. However, gaps in services for children and families exist in all nations, and new strategies also will be needed. Strategies are linked to Policy Goals and Objectives. They serve as an umbrella for programme areas and their objectives, results, indicators, measures and targets. Strategies also establish guidelines for the structure and elements of the Annual ECD Action Plan. Strategies should:

- Meet priority problems and needs of children, their families and communities
- Relate to the current goals, status, capabilities and needs of primary service systems for children and families
- Consider optimum and realistic conditions needed to achieve Policy Goals and Objectives
- Identify key actors and sectors that can contribute to strategy implementation
- Consider ways to maximize the use of current resources before identifying new actions that will require additional resources
- Find innovative ways to build integrated efforts to achieve ECD Goals, and
- Identify ways to promote and recognize public support for ECD.

Four different types of strategies can be used in an ECD Policy: age range, thematic, intervention, and sectoral strategies. Each nation's planners will select strategies considered to be most advantageous for its situation.

1. Strategies Related to Initial Age Levels of the Life Cycle

These strategies are highly recommended for use. It is valuable to establish strategies for each age level. This helps ensure a holistic and cross-sectoral approach will be taken and the "whole child" and family will be considered at each major developmental stage. The stages usually are divided into the levels presented below. The age levels selected may vary from country to country.

Strategy Level One: Prenatal to post-natal

Includes preparation for pregnancy from the first trimester to birth, birthing services, assessment, birth registration, and immediate post-natal health and developmental assessment services.

Strategy Level Two: Birth to three years (zero to 36 months)

Includes infant stimulation, parenting education and support services, home/compound visits, centre-based community services, specialized services for children with malnutrition, chronic ill health or diseases, developmental delays or disabilities, home cleanliness, community sanitation, protective services for children in abusive or vulnerable situations, crèches, and child care, and education services as needed especially for mothers who work outside of the home.

Strategy Level Three: Three to six years (37 to 72 months)

Includes the items above plus developmentally appropriate parenting activities, preschool education, and preparation for transition to primary education.

ANNEX IV

Tips for Successful Policy Planning

Because participatory policy planning is an art that requires diplomacy, tact, skill, perseverance and dedication, a few general tips are offered:

Structure your intent well. You can be “correct” with respect to all of your goals and technical points of view but unless you organise your steps wisely, work well with colleagues, and assume responsibility for your results, you will not achieve success.

Express your points clearly and in a culturally appropriate manner. Define words clearly for all participants, from parents and community leaders to provincial and national leaders. If they do not understand you, they will drop out of the planning process. Work in the local language and prepare community leaders to handle policy consultations and consensus building exercises. Parenting and childrearing is eminently familial and communal. Activities that appear to be foreign to ethnic, linguistic, social or religious groups ultimately may be rejected.

Conduct a transparent process. Unless the policy planning process is fully transparent, people will suspect they are being manipulated. It is easy for caring people to overstep their bounds and exclude other points of view rather than seek to achieve consensus. It is precisely at these points when external advisory support is needed to help ensure transparent processes are maintained.

Share information. As a corollary to transparency, open access to information on the planning process and its contents is essential at all times. A good way to do this is to begin and end all meetings with a review of “common understandings.” If some people do not agree, then open dialogue should occur until agreement is reached.

Be prepared for a long-term commitment. Ensure that all who lead the policy planning process realize from the outset that it continues during policy implementation, evaluation and revision. This should be seen as a positive challenge. If some people do not feel up to assuming this long-term role, then it is best that others be selected for leadership.

Identify the interests of all stakeholders. Seek to identify the interests of all major stakeholders in order to ensure they are fully represented in the planning process.

Help to build consensus. From the outset, it is essential to identify areas of disagreement or potential disagreement among managers of the planning process. Seek consensus through focusing on common interests and using those as a basis for compromise and consensus building.

Find synergies among sectoral programmes for children. Search for opportunities for programme co-ordination, collaboration and integration. This can yield exciting collaborations and integrated programmes, and ultimately help to articulate the ECD Policy’s key strategies.

Promote innovation and enthusiasm. It is essential that people find the policy planning process to be personally rewarding. Promote innovation and enthusiasm for new activities and seek to recognize personal contributions and leadership.

Be practical and realistic while you innovate. Be sure to include recommendations within the ECD Policy or Policy Framework for practical steps to design and implement programmes. Place a strong emphasis on building effective workforce training systems for all levels of service delivery, monitoring and evaluation. Try to identify potential costs, training and workforce salary requirements along with the potential benefits of proposed policy changes or programmes. This approach can help to avoid later disappointment over unrealistic plans. Secure strong support from the Ministry of Finance and key external donors as you finalize budget planning.

Identify and motivate new leaders. Identify and support the emergence of new leadership for ECD at all levels. Recognize new leaders and empower them within the National ECD Action Plan by delegating duties and resources for their activities.

Develop new partnerships and networks. During the planning process, opportunities for new partnerships and networks will arise. A fund can be established to promote network development. Such collaborations often lead to finding new ways to integrate ECD programmes.

ANNEX V

Model Terms of Reference for Policy Planning Units and Consultations

Elements for Terms of Reference are presented below for the following policy planning units:

1. National ECD Council
2. National Ministry in Charge of Co-ordinating Policy Preparation
3. ECD National Planning Team
4. Drafting Committee
5. National Review Committee (optional)
6. National ECD Forum

1. National ECD Council

Composition:

The National ECD Council is composed of (state number of) persons from leading central and regional government institutions, directors of civil society institutions, and private sector leaders in all ECD areas: Education, Health, Nutrition, Sanitation and Water, Juridical Protection, Social Action/Welfare, Women's and Children's Rights, and others. The Council will be chaired by: (designate: President, Prime Minister, Minister, Statesman, etc.). The Council's Secretariat will be the Ministry of XXX, officially charged with co-ordinating ECD policy planning.

Tasks:

- Lead overall planning for the National ECD Policy or Policy Framework, deciding which to do.
- Designate the National ECD Co-ordination ministry or agency, if not already designated.
- Receive quarterly reports from and guide the National ECD Co-ordinator and Planning Team.
- Help Co-ordinator and Planning Team overcome problems and build support for policy planning.
- Approve the fundamental organisational structure and strategies of the Policy.
- Review Policy drafts emphasizing the final version and provide comments to Planning Team.
- Ensure Policy is officially and speedily approved and adopted.
- Lead post-policy development, if the Council retains its status after the Policy is enacted. If not, assist with transition to a new form of cross-sectoral leadership body that will guide ECD.
- Review and approve the first Annual ECD Action Plan and ensure it is implemented by guiding cross-sectoral co-ordination, institutional roles, and approving systems, regulations and legislation.
- Ensure the evaluation and monitoring system is established and functioning.

2. National Ministry in Charge of Co-ordinating Policy Preparation

Composition:

The National Co-ordination for ECD policy planning is delegated to XXX Ministry. It will collaborate closely with all other relevant ministries, agencies, NGOs and institutions of civil society and the private sector to ensure full participation by all stakeholders. The National Co-ordinator will be Minister XXX, and the Director of XXX Division of the Ministry will be the Adjunct National Co-ordinator, direct the Planning Team and lead day-to-day operational and collaboration activities. Under the supervision of Minister of XXX and in full collaboration with the National ECD Council, the National Co-ordinator will have the following tasks:

Tasks:

- Co-ordinate development of all activities for ECD policy planning.
- Function as Secretariat of the National ECD Council.
- Select and support the work of External Advisor.
- Establish, lead and convene National Planning Team (and National Review Committee, if used).
- Ensure widespread participation in policy planning and preparing Annual Action Plan.
- Prepare terms of reference for the National ECD Planning Team, Drafting Committee and other Planning Team Committees (as needed), National Review Committee (if used), Consultants, National ECD Forum, and Community, Provincial/Regional and National Consultations.
- Develop budget with Planning Team and secure funding, materials and seconded personnel.
- Assist Planning Team with Consultation Workshops and consensus building meetings.
- Organises and manage National ECD Forum.
- Conduct policy advocacy and social communications activities during policy planning process.

3. National ECD Planning Team

Composition:

The National ECD Planning Team is composed of XX technical leaders in: education, health, nutrition, sanitation and water, juridical protection, women and children's rights, and others. Under the leadership of the National Co-ordinator and Adjunct National Co-ordinator, senior technical directors in relevant ministries, institutions of civil society including NGOs, universities, institutes, professional associations, private sector and international NGOs and specialists in donors' offices, will conduct the following tasks.

Tasks:

- Establish and guide work of the Drafting Team and other Planning Team Committees.
- Develop and revise Work Plan for conducting all phases of ECD policy planning.
- Prepare analysis of status of children: needs assessment, resource assessment and policy review.
- Work closely with and guide activities of national consultants.
- Provide elements for budget for policy planning process and assist to secure resources required.
- Draft first outline of the National ECD Policy or Policy Framework.
- Plan, organise, and convene Consultation Workshops and consensus building meetings.
- Prepare and send Consultation Reports to participants and integrate results into planning process.
- After consultations and with Drafting Team, propose alternative positions and wording for Policy vision, goals, objectives, strategies, programme areas, indicators, measures and targets.
- Prepare strategies for age ranges; special needs children, and thematic or operational strategies.
- Guide preparation of successive drafts of National ECD Policy (or Policy Framework).
- Prepare Training Plan, Policy Advocacy and Social Communications Plan, Research, Monitoring and Evaluation Plan, financial and resource projections for Investment Plan.
- Work closely with stakeholders and provide monthly reports on progress, challenges and options.
- Conduct consensus building meetings at all levels with key stakeholders.
- Secure support for policy planning process from institutions and colleagues in other organisations.
- Assist National Co-ordinator and ECD Council to plan and convene National ECD Forum.
- Finalize National ECD Policy or Policy Framework and prepare Annual Action Plan.
- Assist with approval and adoption of the Policy and approval of Annual Action Plan.
- Assist with presentation of and advocacy for Policy and Plan to national and international partners.

4. Drafting Team

Composition:

The Co-ordinator in collaboration with the Planning Team names the Drafting Team. Its members usually belong to the Planning Team, and because their time commitment is substantial, they are either seconded or become paid national consultants. The Planning Team guides the Drafting Team.

Tasks:

- Draft successive outlines and versions of the National ECD Policy or Policy Framework.
- Document the Policy development process.
- Ensure all recommendations for the policy are recorded and considered.
- Prepare situation analysis: needs assessment, resource review and policy review with committees.
- Synthesize situation analysis and prepare documents for Consultation Workshops.
- Prepare all Policy drafts, in collaboration with Planning Team and its respective committees.
- Draft lists of Policy indicators, matrices and budget in collaboration with respective committees.
- Submit versions for review by Planning Team, Co-ordinator, National Review Committee and others, and revise them according to consensus reached.

5. National Review Committee (optional)

Composition:

The National Review Committee is an expanded version of the ECD Planning Team. It includes the Planning Team and other ECD stakeholders including technical specialists and directors of government, CSO institutions including religious organisations, NGOs, FBOs, professional associations, universities, institutes, and private sector institutions at all levels. It usually includes community and regional programmes serving children and families and international NGOs. Interested donors are often invited to meetings. The National Co-ordinator, helped by the Planning Committee, supervises the Committee.

Tasks:

- Review studies on child status: needs assessment, resource assessment and policy analysis.
- Review each draft of National ECD Policy and make recommendations for improvement.

- Comment on planning process and recommend points for inclusion.
- Forge consensus: vision, goals, objectives, strategies, programme areas, indicators, etc.
- Provide support for organizing and convening National ECD Forum.
- Conduct policy advocacy activities with others who are not in this Committee.

6. National ECD Forum

Composition:

The Forum includes stakeholders from government, civil society and the private sector at all levels in the nation from community, district, and province/region to the national level. The National ECD Council with the help of the National Co-ordinator and the Planning Team convenes the Forum. It usually has from 150 to 500+ members. The National ECD Forum may be called at the beginning of the policy planning process for purposes of consultation and at the end either for final review and approval of the National ECD Policy or Policy Framework or formally celebrating its adoption. The Forum is usually led by the Chair of the ECD Council and is prepared by the Co-ordinator with the help of the Planning Team.

Tasks:

- Provide ideas for preparing the National ECD Policy or Policy Framework.
- Engage in national-level consultations and provide information for Policy development.
- Assist with consensus building during Forum and throughout society.
- Review penultimate version of the Policy and provide final recommendations (optional).
- Approve, on behalf of the Forum, the final wording of the Policy and recommend its adoption.
- Celebrate adoption of Policy and engage in widespread policy advocacy.
- Help attract greater resources to implement Policy and Annual ECD Action Plan.

ANNEX VI**Sample Work Plan for Planning Team**

The Work Plan should be kept very simple. It has four essential dimensions: Time/Deadlines, Activity, Responsibility and Observations. Other aspects can be added. Some prefer to develop a PERT Chart (Programme Evaluation and Review Technique). However, when complexity is added, the Work Plan can become an end in itself. A complicated format can lead to frictions and slow down the planning process.

The following format for Work Plans is simple to use. Work Plans should be modified at the end of each main Phase and more often, if necessary. Usually, more details are added after each phase is completed in light of evolving circumstances.

Date	Activities	Responsible Organisation or Group	Observations
XX/YY/ZZ-XX/YY/ZZ	Reaffirm National ECD Policy Leader	National Child Council	Prime Minister strongly supports ECD
XX/YY/ZZ-XX/YY/ZZ	Select Policy Co-ordinator	Ministry of Children	Ministry of Children has official mandate
XX/YY/ZZ-XX/YY/ZZ	Select Planning Team Chair and Members	National Child Council, Ministries of Children, Education, Health, Sanitation, Social Welfare and Nutrition Institute, NGO Network, CSO Network, Higher Education Association, Parents' Association, etc.	Gather and review nominations, invite selected candidates to meeting, etc.
XX/YY/ZZ-XX/YY/ZZ	Hold preparatory Planning Team meeting	Ministry of Children and designated Chair	Hold meeting on XX/YY/ZZ

ANNEX VII

Typical Budget Outline for ECD Policy Planning

ECD Council

Quarterly meetings

Meeting-related expenses are usually an in-kind donation of the Lead Ministry.

Planning Team

Weekly meetings at first, reducing to biweekly as committee work proceeds.

Meeting space and other meeting costs are usually contributed by the Lead Ministry and/or donors.

Members are usually volunteers or are seconded from their agencies for part of their time.

Travel, if needed for any members to attend meetings (e.g., regional representatives)

Materials, copying, communications (Internet, telephone, fax, postage), equipment

National Review Committee

Occasional meetings according to need for review

Meeting space, communications, copying and materials are usually contributed by the Lead Ministry.

Consultants

Include travel, per diem and honoraria

Consultants are often funded by external donors who support ECD Policy development.

External Consultant

Lead Policy Drafter

Specialized consultants

Materials, Copying, Communications, Equipment

National ECD Forum

Number of one-day meetings by expected costs

A ministry in collaboration with NGOs and some donors often assumes costs.

Travel and *per diem*

Materials, Copying, Communications, Equipment

Community, Regional/Provincial and National Consultations and Consensus Building Sessions

Small honoraria for local, district and regional representatives to replace a day of salary

Consultations have proven to be the hardest item to fund. Meetings should be held with donors, international NGOs, Embassies and others interested in ECD.

Travel to meetings, as needed

Per Diem for overnight stays, if required

Food for lunches and coffee/tea breaks, receptions

Materials, Copying, Communications, Equipment

ANNEX VIII

General Outline of a National ECD Policy

Many different types of outlines can be developed for a National ECD Policy in accordance with administrative traditions in a country, national needs, and planning priorities. The following suggestions are offered to help the Planning Team prepare its outline. Most of the elements that should be included in the policy are listed below.

Title Page

Table of Contents

Acknowledgements, Acronyms and Foreword

Executive Summary

Introduction

- Present justifications for investment in the integrated approach to ECD. (The holistic vision of child survival and development is presented as a primary reason for using an integrated approach.)
- Explain importance of meeting the needs of each age range: prenatal; 0–36 months, 3–6 years, and 6–8 years).
- Provide statement on ECD sectors: education, health, nutrition, sanitation, juridical protection and rights for pregnant women, young children, mothers, and importance of meeting age range needs.
- Link ECD to MDGs, PRSPs, EFA, and other sectoral national plans of action, UNDAF, regional development plans, and other on-going planning processes in the country.
- Provide brief statement on national history of commitment to planning and policy development for young children and mothers, and existing structures established to provide services for this field.
- Introduce priority groups of vulnerable children in country (e.g., children in severe poverty, pregnant adolescents, divorced or widowed single mothers, children with low birth weight, children with delays in physical, language, cognitive and socio-emotional development; young children in abusive child labour; mendicant and street children; children living in conflict zones, displaced persons camps and refugees; children affected by HIV/AIDS including AIDS orphans; children with disabilities; children abused physically or emotionally; mutilated or sexually abused children; rural nomadic or other ethnic groups living in severe poverty, and others).
- Describe briefly participatory process undertaken to develop the National ECD Policy: analyses, consultations, consensus building, agreements, approval and adoption.

ECD Situational Analysis

- The Status of Children and Families
 - Statistical analyses and studies on pregnant adolescents and women and children birth to age eight, by stages: zero to age three, three to six, and six to eight.
 - Statistics on status of children and families for each major national cultural and/or geographical region, with breakdowns by age range, gender and rural/urban.
 - Special statistics and studies on vulnerable children and families and initial outline of status of children requiring special strategies to meet their needs.
 - Listing of gaps and inconsistencies in statistics and studies that require further research.
- Analysis of Current Services and Resources Devoted to Children and Families (including types of services by age stages and by sector, geographic and demographic coverage, budgets and human resources currently in place)
 - Governmental services and resources in all ECD fields (education, health, nutrition, sanitation, and protective services) at district/community, regional/provincial level, and national levels by ministry.
 - Civil society services and resources at district/community, regional/provincial and national levels by ministry.

- Private sector services and resources at district/community, regional/provincial, and national levels by ministry.
 - ECD Networks.
 - Co-ordination structures or systems already officially established, or developed informally, noting their achievements, challenges and options for the future.
 - Gaps in service coverage.
 - Types of existing services that should be expanded geographically.
 - Types of existing services that should be improved with respect to quality.
 - Services needing additional components to become more integrated or provide better services.
 - Services for linkage to create integrated services, especially in district and communities.
 - Priority needs for additional resources (in general—detail is placed in section on investments).
 - Needs for additional co-ordination, leadership and collaborative systems.
- Review and Analysis of Policies, Plans, Regulations and Laws
 - Sectoral policies, plans and regulations.
 - Education (parent education, child care and preschool education, primary education, integrated adult literacy, pre and in-service education for all levels).
 - Health (prenatal, birthing, primary and special health care services, HIV/AIDS, etc.).
 - Nutrition (nutritional assessment, supplementation, infant stimulation, tracking).
 - Sanitation (water, waste, environmental protection).
 - Juridical protection, children's rights and mother's rights.
 - Other policies for nation's young children and families for: women, social action, community solidarity, and urban and rural development.
 - Cross-sectoral policies and plans.
 - Relationship of ECD with Poverty Reduction Strategies and EFA.
 - Millennium Development Goals.
 - Regional policies or plans and others.
 - ◆ Current gaps in policies and plans or legislation.
 - ◆ Areas of overlap, unnecessary duplication.
 - ◆ Areas of conflict or disagreement between policies, plans, regulations, laws
 - ◆ Work needed to harmonise policies and plans.

National ECD Policy Vision

- Present the National ECD Vision for children and provide brief justification for this vision.

National Policy Goals and Objectives

- List all primary policy goals, and under each one, its objectives.
- Provide buttressing arguments about how each goal is linked to ECD Situational Analyses and to the results of nation-wide consultations at community, regional/provincial and national levels.

Policy Strategies

- List and briefly describe all strategies:
 - Age range strategies are best for planning co-ordinated and integrated programme approaches, e.g., prenatal/perinatal, zero to three, three to six, and six to eight.
 - Thematic strategies enable targeting special groups of vulnerable children, e.g. children affected by HIV/AIDS, street or abused children, girls in difficult circumstances, etc.
 - Intervention strategies, e.g., national pre- and in-service training strategy, parent education and support strategy, research and evaluation strategy, etc.
 - When based upon consultations, priority may be placed upon strengthening a major sectoral strategy and while also building cross-sectoral co-ordination. Potentially, the sectoral approach can undercut the attainment of cross-sectoral collaboration, co-ordination and integration unless efforts are made to forge strong cross-sectoral agreements.

Programme Areas

- Outline major programmatic approaches to be developed for each policy goal and its objectives and strategies. They can be grouped in various ways. Some prefer to note them by their status:
 - Existing programmes to be expanded to cover more geographic areas or populations
 - Existing programmes that will be improved or will have new components added to them

- New sectoral programmes
- New integrated programmes, and
- New systems for Co-ordinating and integrating programmes, especially at local and district levels, with national and regional support.
- Describe each programme area briefly, including objectives, activities, populations to be served (i.e., ethnic groups, gender emphases, income levels, high-risk groups) and geographical areas.
- Present detailed information in matrices on policy goals, objectives, strategies and their programme areas. For examples: **Annex IX: Alternative Matrices for an ECD Policy.**

Policy Indicators, Measures and Targets

- List and briefly describe each strategy, policy indicators, measures and targets for policy monitoring and evaluation. The full description of policy indicators, measures and targets will be developed later in a separate document providing far greater technical detail.
- See **Annex IX** for detail on ways to array this information in matrices.

Cross-Sectoral Organisational Structure for Implementing the ECD Policy

- Provide Chart and presentation of **organisational structure**, listing: 1) essential members (government and institutions of civil society and private sector), and 2) precise roles and responsibilities for each of the following and other structures required for national ECD co-ordination: National ECD Co-ordinating Council (or equivalent); Regional and/or Provincial ECD Co-ordinating Groups/Councils/Committees, and District or community ECD Committees.
- Present Chart and presentation on **ECD Policy Implementation and Evaluation Unit** (Secretariat) including location, roles and responsibilities, including but not limited to:
 - Serve as Secretariat for National ECD Co-ordinating Council and primary contact point or regional, provincial, district and community councils and committees
 - Plan, prepare and guide review of Annual ECD Action Plan
 - Co-ordinate all activities under policy and Annual Action Plan
 - Guide evaluation and monitoring, collaborating with national research institute, and
 - Commission specific studies to address knowledge needed to improve planning.

ECD Training Programme

- Describe co-ordinated training programme for areas such as parent education, community service providers that can help build greater programme co-ordination and integration at local levels. Sectoral training for preschool teachers, home health care workers, protective services specialists, and other ECD personnel, can be enriched through adding components from other sectors.
- Note all institutions for pre-service training concerned with initial provider preparation for sectors and polyvalent personnel, describing training collaborations and presenting training activities for promoting programme integration.
- For in-service training, usually more important and longer-term than pre-service training, describe training of trainers system, roles of supervisors, links with pre-service training centres, the outreach system, including regular workshops, continuous and decentralised services, and methods to ensure culturally appropriate training, flexibility and district-management.
- Describe community outreach system of combined in-service training and supportive supervision to reduce costs and unnecessary duplication.
- Discuss competency-based, behavioural training methods to achieve training goals.
- Consider including National ECD Resource Centres or ECD Curriculum and Materials Development Centres in this section to ensure linkage with training systems.

Monitoring and Evaluation, Reporting and Follow-up for Co-ordination, Supervision and Revision of ECD Policy and/or Annual Action Plan

- Present organisational structure responsible for monitoring and evaluation. (This may be described in ECD Co-ordinating Unit noted above.)
- Describe briefly the assessments, surveys and other data gathering mechanisms to be used.
- Describe methods for reporting and on-going feedback through regular monitoring, evaluation and reporting activities with communities, districts to provinces/regions and the national level.

Policy Research Plan

- List priority research topics on ECD identified through ECD situational analysis, consultation workshops and consensus-building meetings.
- Give brief guidance regarding how research work could be accomplished and provide timelines.

Policy Advocacy and Social Communications Plan

- Provide Policy Advocacy Plan to build continuous support on the part of citizens and key decision makers for ECD Policy and Annual ECD Action Plans.
- Focus Social Communications Plan on sensitizing citizens to key messages for achieving policy goals and programme objectives.
- Provide list of institutions to be involved, including public relations organisations, private sector groups, and media organisations as well as ECD institutions.

Investment Plan

- Provide general information about resource requirements to meet Policy Goals.
- Note creation of a National ECD Fund (if to be established).
- See possible matrices for use in **Annex IX: Alternative Matrices for an ECD Policy:**
 - Human resource requirements (current and needed personnel)
 - General budgetary requirements (in thousands of US\$ or local currency), and
 - Actual or potential sources of financing, by government (specify levels), civil society organisations, community contribution, and international donors.

Donor and Partnership Co-ordination Plan

- Outline Plan for national donor co-ordination for National ECD Policy.
- Explain briefly leadership and meeting mechanisms.
- Outline partnership approach, and if possible, Partnership Fund to support partnership formation.

Conclusion

- Reaffirm policy vision, goals, objectives, strategies and results to be achieved.
- Make statement calling for preparation of Annual ECD Action Plans.
- Describe briefly approval and adoption process, noting when, where policy adopted (fill in last).
- Provide final comments.

Annexes

1. Lists of persons and groups consulted for preparation of National ECD Policy at national, regional/provincial and district/community levels.
2. Lists or statements pertaining to Situation Analysis. These can include national level information and provincial or regional breakdowns, if required.
 - a. Status of children statistics
 - b. Resource lists of current programmes, and
 - c. Policies, plans, regulations, laws, etc.
3. Policy Charts, such as:
 - a. Goals, objectives, strategies and programme areas
 - b. Programme areas' indicators, measures and targets, and
 - c. General Investment Plan for the ECD Policy.
4. Lists of roles and responsibilities of ECD Organisational Structure and charts as needed.
5. First Annual Action Plan (if ready).
6. Charts related to Training Plan, Policy Advocacy and Social Communications Plan, ECD Research Plan, Monitoring and Evaluation Plan, Donor Co-ordination Plan, and other sections, as needed.
7. Bibliography

ANNEX IX**Alternative Matrices for an ECD Policy****Sample Chart of National IECD Goals, Objectives, Strategies, Programme Areas, Indicators, Measures and Targets**

The following chart is an example of the type of chart that can be prepared as an Annex for a National IECD Policy. It often is best to break it into two charts. The first would present Goals, Objectives and Strategies. The second chart would present only Strategies, Programme Areas, Indicators, Measures and Targets. Targets can be expressed in terms of phases, if wished. Once this chart is prepared, Strategies can be linked to the Financial Chart to provide budgetary implications of the strategies and their programme areas.

Goals	Objectives	Strategies	Programme Areas/ Responsibility	Indicators	Measures	Targets
IECD Co-ordination						
Prenatal/perinatal						
Zero to Three						
Three to Six						
Six to Eight						
Special Attention to Vulnerable Children <i>(List by type of child/ situation)</i>						
Pre- and In-service Training Programme						
Research Plan						
Monitoring and Evaluation Plan						
Policy Advocacy & Social Communications						
Donor Co-ordination						

Financial Chart

Projections of global financial needs regarding personnel salaries and benefits, training, consultants, infrastructure, equipment, materials and other recurrent programme costs should be made and presented in a synthesised manner for planning purposes. In order to make these projections, targets will need to be established for each programme area, noting its population and geographical coverage. Calculations and projections should be presented in a separate annex or document as a record of assumptions made and methods use to prepare the estimates. They will need to be refined over time as more information is gathered on actual programme costs.

Strategies	Programme Areas	Personnel & Related Costs (benefits, training and consultants)		Infrastructure, Equipment & Materials		Other Recurrent Costs	Total Annual Budget	Current and Potential Budgetary Sources		
		Number by Types	Budget \$	Types	Budget \$			Budget \$	Total \$	Government NGOs
	Sector or Institutions Responsible									

ANNEX X

Community, Regional and National Consultations

ECD Consultation Workshops are inherently complex because they deal with several sectors at the same time, but by using a simple approach, they can be made manageable and exciting. Essentially, by considering all sectoral areas within each age level or policy theme, workshop participants are able to focus on the “whole child” and “whole family” in the community context. People who are not subject matter specialists can intuitively understand this holistic approach, and specialists can visualize how to meet social problems and needs of children at each age and developmental level. This approach helps everyone to begin to think of ways to co-ordinate and integrate programmes because nutritionists sit next to parents who talk with health specialists, religious leaders and NGO representatives. The Planning Team and Lead Ministry should lead Consultation Workshops. Logistics should be planned in close collaboration with other national directors, regional/provincial administrators, and district/community leaders.

1. Consultation Workshop Objectives

The basic objectives for holding Consultation Workshops in each zone can include to:

For the National ECD Policy:

- Identify perceptions about major problems and needs of pregnant adolescents and women, children and their families in all ECD areas by age levels (prenatal; zero to three; three to six; and six to eight), by children with special needs, and by cross-cutting activities, such as training.
- Develop a global vision for nation’s children.
- Identify key goals and objectives for attaining that vision.
- List key strategies and programme areas to achieve goals and objectives.
- Gain recommendations regarding policy indicators for measuring results.
- Identify previously unknown additional programmes and resources devoted to ECD.

For the planning process:

- Inform people throughout country about: 1) integrated approach to ECD, 2) status of children and families in their region/community, and 3) planning process for National ECD Policy.
- Build long-term support for National ECD Policy or Policy Framework.
- Receive general recommendations for Policy from communities and cultures rarely consulted.
- Promote creation of national, regional, provincial, district and community co-ordination, coalitions, partnerships and networks.
- Identify formal, informal and potential leaders and start-up programmes for ECD at every level within country, and bring them into national ECD movement.

2. Geographical Coverage, Cultural and Linguistic Contexts, and Number of Consultations

Every nation has different consultation requirements and resource limitations requiring that hard choices be made. It is essential to hold the following:

- One or more consultations at national level to ensure all main actors are consulted.
- One or more consultations per province but if this is not possible, hold one or more consultations per major administrative or cultural/linguistic region. In Burkina Faso, four major regional consultations were planned for four major linguistic zones: Moore, Dioula, Fulfulde and Gulmancema.
- One or more community-level consultations in each province or region.

Some nations are able to hold more consultations than others because they have a more highly developed infrastructure and system for holding regional and community-level workshops. In some nations, it has been necessary to invite regional representatives to national-level meetings because there was a lack of appropriate meeting and hotel facilities at the regional level. It is, however, always preferable to hold decentralised consultations where people live and work. Money is saved on travel and people feel more empowered to participate in their own environment. They also feel honoured to be visited to gain their recommendations and support. This usually is particularly true of under-represented ethnic and linguistic groups whose ideas seldom have been requested by national leaders. Workshops should be held in the language(s) of each region to enable people to participate and contribute effectively.

3. Participants and Size of Consultation Workshops

By using a small group approach, it is possible to invite **from 30 to 75 participants**. Small groups are formed. Usually, no more than 15 people can work productively in a small group, and from 10 to 12 is best. Therefore, 75 participants

should be the upper limit. Meeting spaces will be needed for both plenary and small group sessions. Participants should include representatives of the following:

National

- All relevant ministries and governmental agencies
- National and international NGOs currently or potentially in ECD fields
- CSOs: professional associations, mayors' groups, religious groups, women's groups, unions, etc.
- Private sector: preschools, schools, businesses, corporations, media, Chamber of Commerce, etc.
- Parents and youth (in the capital city)

Regional/Provincial

- The same plus any and all relevant regional or provincial co-ordination groups and networks
- Governors, regional administrators
- ECD programme personnel at this level
- Parents and youth (regional capital)
- School administrators and teachers (regional capital)

District/Community

- The same plus ECD services, health workers, preschool teachers, midwives, parent educators, etc.
- District/Community leaders
- Parents and youth (community)
- School administrators and teachers (community)
- Local religious leaders and other formal or informal community authorities
- NGOs or other organisations working in the area

4. Length of Consultation

At a minimum, consultations should last at least one full day. It is preferable to plan Workshops for two to three days' duration, if possible. Often, meeting traditions require formal opening and closing sessions, and because the ECD policy planning process has its political dimensions, it is important to give local, regional and national leaders a chance to express their support for ECD. This can take up a good part of the first morning and the last afternoon. Lunch and coffee breaks tend to be quite long in some countries. Holding a two to three day meeting gives participants many opportunities to dialogue informally, build initial consensus about policy matters, and begin to plan for future collaborations. In many countries, it is during these informal moments that the real meeting business takes place. The Workshops are a learning process as well as a planning process. It is best to give people time to absorb messages and mull over what the ECD movement could mean to their and their children's lives.

5. Budget

The budget for the consultations should be prepared at the outset and modified as they are held. Typical budget items for consultations include:

- Consultant honoraria, travel and per diem (if national consultants are included)
- Travel and per diem for central staff to the consultation
- Participant travel and per diem
- Flipcharts stands (at least 5) and lots of pads, markers, masking tape, writing pads, pencils, simple folders for participants (optional) and other workshop materials
- Copying costs
- Overhead projector, PowerPoint projector and video equipment, if needed (usually can be lent)
- Postage, telephone, faxes, Internet expenses for emails (may be donated)
- Food for reception, coffee breaks (may be donated), and
- Rental of meeting hall (may be donated).

6. Agenda and Workshop Methodology

The meeting traditions of each country must be respected. People have expectations about what they will hear, how they will be treated, how they will be able to participate (or not), and what kinds of dialogue will occur. Small group sessions are not always part of this tradition, but once participants understand they are free to participate, invariably they do so. People will arrive with expectations and internal checklists of meeting results they want for their communities or programmes. At the outset, it is important to clarify Workshop Objectives and prepare people for active participation. In small group sessions in some nations, only one person will speak at a time. In others, everyone speaks at the same time, and in yet others people shout at the top of their lungs. In some countries, people are totally task-oriented and are able to focus immediately on the activity. In others, people wait to get to know each other, feel the rhythm and spirit of the group, and after quite a while begin to talk and work productively together. But in virtually all cultures, people will contribute actively if the opportunity to participate and Workshop tasks are explained clearly

to them. The **Agenda** can include the following points. The two first presentations set the tone of the meeting. They must be short in order to maximize the use of time and convince people that the conveners' interest is in hearing their comments and recommendations.

Opening session (Plenary)

Welcome speeches

Introduction to the Workshop (Plenary)

Presentation by the Planning Team Chair or similar person on: (15 minutes)

- Brief history of ECD policy development in nation
- Workshop objectives
- Contents of Workshop Folders, filling out of questionnaire, if not already submitted
- Importance of each participant's active contribution
- How their recommendations will be used to prepare the National ECD Policy
- How Policy should help create, expand and improve programmes for children and families
- The integrated approach to ECD
- How ages and stages will be the focus of the Workshop
- The importance of identifying problems and needs of children and pregnant adolescents and women in each region

ECD Situation Analysis (Plenary)

- Presentation by Technical Specialist (PowerPoint is useful): (15 minutes)
- Present prevailing national and regional statistics and ECD Situation Analysis for the region.
- Request that participants identify additional problems and needs.

First Small Group Session: Regional or Community Problems and Needs of Children and Pregnant Adolescents and Women (by age level): (1–2 hours)

Divide the plenary into five small groups, asking people to sign up for one of the five groups. The Workshop Facilitator should ensure the groups are roughly equal in size. People should remain in these groups throughout the Workshop unless they state that they want to change: a) prenatal/perinatal; b) zero to three; c) three to six, d) six to eight, and e) children with special needs (list some options). Each group first "elects" a Group Leader and a Reporter who presents session results in the Plenary. Roles can rotate within the small group, thereby giving several people a chance to use leadership skills. Planning Team members should sit with each group, take notes but not intervene except to encourage and praise participation, and provide orientation, if needed. The group lists prevailing problems and needs pertaining to its age level or special need themes. The Reporter's presentation should be prepared with input from all participants.

Report of First Small Group Session (Plenary): (1 hour)

Request each small group to report (5 minutes each), and then open dialogue. (Facilitator)

Second Small Group Session: National Vision for Nation's Children

Introduce the topic with examples of brief vision statements. (Facilitator)

Hold small group discussions and ask groups to list key points for the Vision Statement.

Ask the Reporter to prepare presentation with input from all participants.

Report of Second Small Group Session (Plenary) (1 hour)

Request each small group to report (5 minutes each), and then open dialogue. (Facilitator)

Third Small Group Session on Types of Goals and Objectives Needed to Achieve Vision

Introduce the topic on types of goals and objectives, leaving it open for discussion. (Facilitator)

Hold small group discussions to list goals and objectives for the nation, region and community.

Ask the Reporter to prepare presentation with input from all participants.

Report of Third Small Group Session (Plenary) (1 hour)

Request each small group to report (5 minutes each), and then open dialogue. (Facilitator).

Fourth Small Group Session on Strategies and Programmes Required to Achieve Goals and Objectives

Introduce the types of strategies and programmes for consideration, leaving it open-ended. (Facilitator)

Hold small group discussions to list potential strategies and programmes, including existing programmes.

Ask the Reporter to prepare presentation with input from all participants.

Report of Fourth Small Group Session (Plenary) (1 hour)

Request each small group to report (5 minutes each), and then open dialogue. (Facilitator)

Fifth Small Group Session on Policy Indicators for Measuring Programme Results

Introduce indicators noting what they are and how they are used. Although many fear that community-level people will be unable to do this exercise, they can and will do it. Hold small group discussions to list potential indicators. Ask the Reporter to prepare presentation with input from all participants.

Report of Fifth Small Group Session (Plenary): (1 hour)

Request each small group to report (5 minutes each), and then open dialogue. (Facilitator)

Final Recommendations from the Workshop (Plenary)

Ask for additional comments or suggestions that occurred to them during Workshop.

Closing Session: Final declaration by Facilitator or Planning Team Chair

- Present a synthesis of results of small group and plenary sessions.
- Thank everyone and state that many items suggested but not mentioned in the synthesis were carefully noted and will be taken into consideration for the ECD Policy.
- Announce that a Workshop Report will be sent to all participants.
- Promise that policy drafts will be circulated for comment in each region/community.
- Encourage each participant to share workshop papers, talk with others about the Workshop and the ECD movement, and hold follow-up gatherings with colleagues, friends and community members.
- Ask them to send additional suggestions from meetings and discussions to Planning Team.

Official Closure of Workshop by leading dignitaries

Workshop Evaluation: (5 minutes)

7. Workshop Preparatory Activities

Workshop preparation activities usually include the following activities:

- Contact local collaborating organisations, and with their help find Workshop venue and hotel.
- Select a Workshop Facilitator to help with preparatory activities and guide Workshop sessions.
- Draft terms of reference for Workshop.
- Prepare invitations to Workshop.
- Write brief description of Workshops including transparent planning process, the importance of community and regional consultations, Workshop objectives, and small group activities.
- Prepare general agenda to accompany invitation.
- Draft ECD Situation Analysis for nation, and add statistics and an analysis for each region.
- Prepare brief questionnaire on ECD resources and service needs (see outline below).
- Develop list of participants and their contact information.
- Send invitations to participants asking them to reflect on young children's needs, along with: Workshop Description, Agenda, Situation Analysis, and ECD Policy Outline (Drafting Team).
- Finish detailed Agenda to guide remaining preparatory activities.
- Invite specific persons to open and close Workshop and offer to prepare notes for their remarks.
- Prepare Workshop presentations and copy all handouts.
- Draft and copy instructions for leading small groups.
- Draft a sign-in sheet with contact information for mailing Consultation Report to each person.
- Draft a Workshop Evaluation Form (no more than one page in length).
- Select contents of participants' folders, copy papers and stuff folders.
- Ensure there are enough flipcharts, pads of paper, markers and masking tape.
- Arrange for lunches, coffee breaks and perhaps an evening reception.

8. ECD Questionnaire for Participants

The questionnaire should be no more than two pages long. It should be filled out before the Workshop, but time should be provided for this before the Workshop. Those who may have difficulty writing should provide their answers orally to a literate person. Following are some items that could be included:

1. Name of programme, centre or other activity for children or pregnant women
2. Checklist of type of programme (prenatal education and care; birthing service; primary health care post; infant stimulation service; parent education home visits or group sessions; child care centre; preschool education centre; nutrition assessment and supplementation services; programme for parent involvement in schools, etc)
3. Address/Telephone/Fax
4. Name of director
5. Services provided (provide a list and two places for specifying others)
6. Number of children served by sex and age, if available
7. Number of parents served (mothers/fathers)

8. Number of service personnel by type (doctor, nurse, nutritionist, parent educator, preschool teacher, sanitation specialist, HIV/AIDS worker, etc.)
9. Length of waiting list (if any)
10. Major needs of the programme, potential for expansion, areas of potential improvement
11. Future plans of the programme: geographical extension, growth in coverage, teacher training programme, new construction, add toy lending library, personnel, etc.
12. Additional comments

This information will help fill in gaps in the National ECD Situation Analysis, and will help link programmes, identify needs for resources, in-service training, and collaboration with other programmes.

9. Follow-up Activities:

The Workshop Report should be prepared immediately afterward, noting the recommendations of each small group. Gather flipchart pages from each group speedily in order to capture ideas presented. The Planning Team and Drafting Committee (for consideration in the policy) should review the Report and send it to each participant and regional and local authorities (mayors, religious leaders, directors of community organisations, school administrators, others) to inform them about the Consultation Workshop. This transparency and search for consensus ultimately will be appreciated and can help develop strong support for the ECD Policy. Each successive policy draft should be sent to participants or groups of participants for their comments. This will demonstrate respect for their opinions and will result in strong long-term support for the ECD Policy. With each reading of the policy, people become increasingly convinced they CAN make a difference in children's lives.

ANNEX XI

Guidance for Building Successful Partnerships

A useful strategy for implementing National ECD Policies and meeting Policy Goals is to develop public-private partnerships for designing and implementing priority programmes. Often, a special fund is established for this purpose. Fortunately, the conditions and elements for designing, developing and nurturing successful partnerships now are well understood.

The **cultural context of partnership** at both local and national levels is all-important. Careful attention should be given to studying successful approaches for creating public-private partnerships in each context to help ensure their long-term sustainability. In multi-ethnic nations, partnership approaches will differ from sub-region to sub-region. They should be considered in each context before launching new partnership initiatives. Furthermore, the cultural context for developing partnerships at the national level may be quite different from cultural contexts in provincial or community settings; therefore, in many nations, it may be essential to carry out quite different partnership strategies in various parts of the country. For a nation that decides to promote the development of public-private partnerships for ECD, a set of strategies, plans and funding approaches will be required. At a minimum, these should encompass the following areas:

- Identifying and convening potential partners with an emphasis on inclusiveness
- Specifying methods for giving equitable support for financial resources, goods and services
- Providing recommendations on how to design and implement partnerships, and
- Developing a system for monitoring and evaluating partnerships to ensure accountability, transparency and the measurement of results.

Within this context, some steps for developing sustainable public—private partnerships have been gleaned from reviewing hundreds of successful educational partnerships developed across a wide array of sectors.⁴⁸

Full participation in all partnership processes

Representatives of each public and private institution involved in a partnership should participate in all planning, implementation and evaluation processes. Although institutions must retain their independence, they should seek to build balanced and reciprocal relationships. The leadership styles of partner institutions will be of critical importance to ensuring high levels of long-term participation. Leaders who value teamwork, clear communications, shared programme management, transparency and accountability usually establish strong, long-lasting and successful partnerships.

Shared vision, expectations, roles and objectives create a climate of trust

First, new partners must build a shared vision and shared expectations. Then, clear roles and responsibilities should be outlined. These roles and responsibilities usually will differ, but they should be given equal value in the eyes of all partners. Potential objectives for the partnership should be identified by each partner, and then brought together to create a list of objectives that will be pursued in common. These roles, responsibilities and objectives must be reviewed and reinforced frequently in order to ensure the partnership stays on track. A relationship of trust must be developed and maintained or the partnership will falter, and ultimately fail.

Clearly identified benefits for all partners

To the extent possible, benefits for all partners should be clearly identified, described, reviewed and achieved. The benefits for each partner usually will differ due to varying expectations. By attaining expected short and longer-term benefits for their institutions' programmes, partners usually will want to maintain the partnership.

Sources of financial and other support specified

To the extent possible, financial and other resource support from public and private donors should be established at the outset and clearly communicated to all partners. As noted above, a separate fund may be established for partnerships, with guidelines for accessing resources, transparent management, accountability, and results measurement. Additional sources of support usually are identified over time, but initial support for generating partnerships is essential.

Periodic inter-personal relations and consistent rules of engagement

Exchange visits and meetings between partner institutions should be carried out periodically especially to maintain the momentum of partnership activities and to engage the active participation of public and private decision makers. Well-understood and consistent rules of engagement and communication are required. Virtual communications, although useful for day-to-day communications, are not sufficient to maintain partnerships. Good personal relationships lead to inter-institutional commitment and achieving shared objectives.

Partnership programme

Each partner should establish a partnership programme focused on achieving agreed upon objectives. This programme should promote a willingness to take risks and innovate in order to ensure the partnership will be creative and sustainable. Programme contents may evolve over time and they will need to be adjusted flexibly and transparently by the partners.

Flexible Partnership Action Plan

The partnership programme should have an Action Plan with a specified duration. It should have clear steps or phases, list specific activities in sequence and all responsible parties, and provide deadlines for activity completion. The Action Plan will need to be revised periodically to meet evolving needs and take advantage of interim results.

Accountability: internal and external partnership assessment

All partners should establish mutually agreeable results and indicators of success. Using consistent results measurement, each partner institution should assess its own and their partners' participation, achievements and challenges. Assessments should be shared and used to plan future activities, improve effectiveness and efficiency, and revise partnership relationships, as needed. Periodically, external evaluations will be useful to identify additional results, trends across institutions, and prepare reports to donors.

Openness to adding new partners

Although a major effort should be made at the outset to identify all potential partners from public and private sectors, usually additional institutions appear as the partnership gains success. Exclusivity can lead to harming or ending even excellent partnerships; therefore, developing systems for flexibly integrating new partners over time is essential.

Conclusion

By using prevailing cultural systems for building balanced reciprocal relations between institutions of the public and private sectors, successful ECD partnerships can be created, developed and maintained. They must be transparent, equitable, beneficial and accountable. They can help the public sector to expand services, improve quality, achieve greater equity, and build more efficient and effective services. They cannot, however, replace the essential role of the public sector to guarantee good health, education and safety for all of the nation's children.

ENDNOTE

⁴⁸ Emily Vargas-Barón. (1998). State Financing of International Higher Education Partnerships for Trade and Development, *Technology and the Educational Workplace: Understanding Fiscal Impacts, Yearbook of the American Educational Finance Association*. Thousand Oaks: Corwin Press.

ANNEX XII

Definitions and Guidance for Selecting Policy Indicators

This Annex presents definitions for essential terms and guidance on how to select policy indicators.

Definitions

What is a result?

A result describes the desired condition of children, parents, families or community service systems, i.e., the well being of groups of people.

Examples:

- Children are born healthy and full-term.
- Children are healthy, well nourished and developing normally by three years of age.
- Parents nurture, feed, and develop their children well.
- Community service systems support parents and families and help to achieve good child development for school readiness.
- Communities have enough quality family and centre-based early care and education services to meet demand (preschools and child care).
- Quality parent education and early education services help ensure children are ready for school.
- Schools involve parents and help children transition to school.
- Children are healthy well-nourished and ready for school.
- Children achieve success in school through grade three (two) without missing classes, repeating grades or dropping out and by passing third (second) grade examinations.
- Water for children is plentiful and clean.
- Children formerly in the streets (or another situation) are safe, protected, nurtured, developing well, and ready for achieving success in school.

What is an indicator?

An indicator is a measure, a benchmark that quantifies, classifies or calculates the achievement of the result. An indicator is expressed as an amount.

Examples:

- Rate of pre-term infants
- Percent of low-birth weight infants
- Percent of children with developmental delays
- Percent of children who are severely malnourished
- Rate of children with developmental disabilities
- Percent of parents with improved parenting skills
- Percent of families supporting parents and children
- Percent of towns and rural areas with health services providing complete well-child check-ups on a regular basis for all children
- Percent of children needing care who are able to access and receive sustained quality child care.

What is a measure?

A measure is expressed as a way to quantify an indicator by assigning numbers to relationships and thereby permitting an assessment of the amount of achievement of an indicator.

Examples:

- Percent of pre-term infants in X year as reported by the Ministry of Health.
- Number of children, parents or communities served by a service as reported by Y Ministry.
- Rate of improvement of child development from one time to another as assessed by programme X or household survey Y.
- Percent of children weighed and measured by nutrition programme X and found to be malnourished.

The source of the measure is always given. As possible, a **baseline** (current status of children, etc. under the measure) is provided. If the data are available, it is advisable to present the **trend line** (in the form of a chart on changes in the measure from one point in time to another point in time). If no baseline or trend line is available, this should be noted in the ECD Policy, and work for securing a baseline should be included in the Policy's **Plan for Research, Evaluation and Monitoring**.

What is a target?

A target is the quantified goal in a specified future year or years for each indicator.

It is best to state two to five year targets rather than one year targets because they are very hard to attain. Targets are best established after trend lines have been assessed. If there is any change better than the trend line's natural improvement (or decline), it is considered to be a positive attainment. Sometimes, simply maintaining the trend line is a positive achievement in the light of famines, HIV/AIDS, increases in diseases, etc. Also, options of high, medium or low target achievement can be provided in order to avoid setting up the nation for failure if time-lines are too short or if projections are too ambitious.

Examples:

- By 2007, the percent of low birth weight infants will decline from 25 percent to 22 percent, and by 2010 to 15 percent (high), to 17 percent (medium) or 18 percent (low).
- By 2007, the percent of stunted children will decline from 33 percent to 25 percent, and by 2010 to 12 percent (high), to 15 (medium) to 18 (low).
- By 2007, the percent of AIDS orphans will remain steady at 10 percent and by 2010 will decline to 6 percent.

Examples of targets can be presented most effectively as graphs showing the existing trend line and the targets over time (perhaps as three optional levels: high, medium and low). These graphs help communicate the concept, goal and importance of an indicator and shows work needed to "turn the curve". It also provides a tangible way to call for policy accountability over time.

Levels of Indicators in a Country

For national ECD policies, indicators will often cut across service sectors such as education, health, nutrition, sanitation, child protection and rights, urban and rural development, etc. In order to "turn the curve" on leading ECD indicators, it is often advisable for services to be integrated across sectors, through being planned and conducted together and combined in the original programme design. However programme indicators usually are not national policy indicators.

What are the levels of indicators in a nation?

It is important to note that several levels of ECD indicators are used in nations. Many people tend to confuse policy indicators with programme indicators. The levels of ECD indicators usually found are:

- **National-level policy indicators**
These indicators are used in National ECD Policies for measuring achievement under major national policy strategies and their results.
- **Regional, provincial, district or community-level policy indicators**
These can be developed for measuring outcomes of systems or integrated programme activities in regions. Thus, each region or state usually has a similar but different list from the national list and from each other. All indicators in the national list usually are included in regional or state lists. However, not all local, district or provincial ECD indicators are included in the national list of indicators.
- **Programme indicators**
Programme indicators are used to assess major outcomes believed to be related *directly* to programme activities. Rarely are programme indicators used at the national level for inclusion in an ECD Policy unless programmes are truly national in coverage. Usually a longer, more detailed list of indicators is used at the programme level to measure performance outcomes. A few pertinent national indicators can be included among programme indicators.

Identifying and Selecting Indicators for ECD Policies*What are some of the ways to identify and select existing indicators?*

Existing national policy indicators are identified in various ways. Usually they are found through:

- Consulting with people in all sectors or fields related to ECD at all levels: community, district, provincial, and national levels.
- Consulting with all pertinent governmental units, multilateral and bilateral donors, and institutions of civil society including research institutes and university faculties.

- Reviewing national indicator lists in PRS, (SWAPs and EFA Plans to ensure that the same indicators pertaining to ECD are used in the ECD Policy. This will help link the Policy to poverty reduction plans and sectoral investment plans. Since data are already being collected, this will save time and resources and wisely gain greater commitment to the ECD Policy.
- Reviewing all national statistical sets, household surveys and major research projects, evaluations and studies to identify possible indicators.

How should indicators be selected?

1. Identify a large pool of possible indicators.
2. Through consultation at all levels with institutions of government and civil society, establish the Vision for the National ECD Policy.
3. Establish Strategies and Results for each stage of the life cycle, for special programmes, and for major process strategies.
4. Consider which indicators best measure each result.
5. Draw up a large initial list of potential indicators per strategy. Be sure to have a good selection of indicators for each stage: prenatal/perinatal; zero to 36 months; 37 to 72 months; 73 to 96 months, special populations and major process strategies, such as training, evaluation and monitoring, etc.
6. Assess each indicator according to:
 - a. Its ability to communicate well.
 - b. Its ability to act as a proxy (stand in) for other indicators.
 - c. The availability of statistical data to measure the indicator over time.
 - d. The feasibility of collecting additional data to assess progress under the indicator.
7. Provide a draft list of indicators for review by all of the people and institutions that were consulted about the ECD Policy.
8. Consider all points of view, and through meeting with all parties, forge a consensus around a few leading indicators for each age range, special programme area and major process strategy.
9. Place these indicators in the draft National ECD Policy for final assessment and consensus building within the context of the entire draft.
10. On the basis of final consultations and consensus building, finalize the list of policy indicators.

ANNEX XIII

Policy Indicators (for content areas and policy assessment)

The purpose of this Annex is to help Planning Teams consider a wide range of indicators previously used in many nations and provinces for possible application in National ECD Policies. Several of the indicators also have been used in Poverty Reduction Strategies and in other multi-sectoral or sectoral policies, such as health, nutrition, sanitation, education, and children's rights that include indicators related to young children and families. Some of the ECD indicators listed in this paper are used widely while others pertain mainly to certain situations in specific nations. The latter tend to be ECD indicators that are used in nations with severe resource constraints and major human development needs. This list is not intended to be exhaustive but rather to inspire reflection in each nation about which indicators would be best to use in its ECD Policy.

No nation would ever use all of these indicators because the list is too long, only a few of them will be needed, and it would be very expensive to gather so much data. Each Policy Planning Team must make a judicious selection of indicators for each age range and outcomes area. Indicators that are not on this list certainly can be added. At the end of the list, a few indicators are suggested for the evaluation of the policy itself. Others could be considered but these are central to achieving policy goals and objectives.

Examples of National-level Policy Indicators Used by Nations, by Life Cycle and by Special Theme

The list below is divided into indicators for specific age ranges or special populations:

- Prenatal/Perinatal Period
- Zero to 36 Months
- 37 to 72 Months
- 73 to 96 Months
- Special Populations
- Indicators for Assessing Policy Implementation

In each age range or special population, it is important to consider each sector: health, nutrition, sanitation, education and juridical protection. The set of indicators for each age range is divided into the following types of outcomes:

- Child Outcomes
- Family or Community Outcomes
- Programme Service Outcomes

By dividing the indicators this way, it is possible for Policy Planning Teams to ensure they have selected appropriate indicators for each age range, sector and type of outcomes.

Several of the indicators listed below are ones that the Planning Team may wish to continue to measure through the next age range. The ones recommended for consideration for continuation are asterisked when they first appear in the list. They are not repeated in the next list although they may be added in the text of the policy.

Indicators for the Prenatal/Perinatal Period

Child Outcomes: Birth Outcomes

- Infant mortality rate (per 1000)
- Ratio of infant mortality rate of poorest quintile to infant mortality rate of least poor quintile
- Percent of infants with low birth weight (<2500 gm)
- Percent of infants born pre-term (<32 weeks)
- Percent of newborns with national identification number and birth data nationally registered
- Percent of newborns with a congenital malformation, hearing or visual impairment or other disability identified at birth or very shortly thereafter

Family or Community Outcomes: Maternal Outcomes

- Rate of pregnancies to girls 11 to 17 years of age
- Percent of pregnancies to single girls or women
- Percent of pregnancies to women living in poverty, in extreme poverty (national measures)
- Percent of women with anaemia or other vitamin or mineral deficiency during the prenatal period

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- Maternal mortality rate
- Percent of infants who receive only breast milk for the first six months of life

Programme Service Outcomes

- Percent of pregnant women who begin receiving prenatal health and nutrition care and parenting education during first trimester
- Percent of pregnant women who receive all regularly scheduled prenatal checkups
- Percent of pregnant women who receive at least four home visits or group meetings on prenatal health, nutrition and parenting education before they give birth
- Percent of births attended by a trained and skilled health worker
- Percent of births taking place in a government or other quality health facility
- Percent of women who make at least three post-natal health and education visits in a health centre
- Percent of women receiving at least four home visits or group meetings on infant care and psycho-social stimulation, parenting, child development, health, nutrition before child is six months old*
- Percent of mothers informed about good infant feeding practices and who follow those practices*

Indicators for Zero to 36 Months

Child Outcomes

- Number and percent of children identified to be developmentally delayed or are at high risk of delay at certain ages (for example: three, six, nine, 12, 18, 24, and 36 months)
- Number and percent of children who achieve normal development by three, six, nine, 12, 18 and 36 months of age
- Percent of infants under six months (or 12 months) with vision or hearing problems
- Percent of infants and young children with complete DPT3 coverage
- Percent of infants and young children at 36 months who received all immunisations on time
- Percent of young children who consistently receive a breakfast*
- Percent of infants and children having enough vitamin A, vitamins and minerals, including iodine*
- Incidence of diarrhoea among children under 36 months of age (under 60 months of age)*
- Percent of mortality attributable to diarrhoea among children under 36 months (under 60 months)*
- Percent of mortality attributable to malaria among children under 36 months (under 60 months)*
- Percent of children under 36 months diagnosed with malaria (under 60 months) (or other disease)*
- Percent of children under 36 months moderately or severely stunted (height for age) (under 60 months)*
- Percent of children under 36 months moderately or severely wasted (weight for height) (under 60 months)*
- Percent of children under 36 months moderately or severely underweight (weight for age) (under 60 months)*
- Number and percent of children identified to be malnourished whose growth curve improves*

Family or Community Outcomes

- Percent of mothers who maintain breastfeeding until six, 12, 18 months
- Percent of parents that maintain or develop good parenting skills (as measured by a parent observation scale)*
- Percent of parents who have a good knowledge of basic nutrition, health and child development stages and learning activities (as measured by a survey questionnaire)*
- Percent of mothers and fathers that state they feel greater support and ability as parents due to participating in early childhood programmes*
- Percent of mothers who completed primary school*
- Percent of parents who report that they read or tell stories to their children three to six times a week*
- Percent of parents who report that they have supportive networks and are able to access parenting advice and resources*
- Percent of families with young children with access to piped or protected clean water as their main drinking water source*
- Percent of households able to fetch clean water in under 30 minutes*
- Percent of families living at or below the basic needs poverty line*
- Number and percent of families with young children and no working parent*
- Number and percent of single mothers who are working*
- Number and percent of single mothers without work*
- Percent of families living at or below the food poverty line*
- Percent of districts reported to be food insecure*
- Percent of households who eat no more than one meal a day *

- Percent of absent fathers who provide adequate financial or material child support (as specified by national child support policy)*
- Total fertility rate*
- Number of reported cholera cases (or other prevalent disease)*
- Life expectancy*

Programme Service Outcomes

- Number and percent of children whose development is screened or assessed at three, six, nine, 12, 18, 24, and 36 months (assessment instrument required)
- Number and percent of infants and children identified with developmental delays or at high risk of becoming delayed served by community parent education and child stimulation programmes*
- Number and percent of children receiving services for a developmental delay or a high-risk condition who are tracked and followed up until 36 months of age (48 or 60 months)*
- Number and percent of children screened for vision and hearing before 24 months
- Percent of parents participating in some form of early learning programmes (e.g. home visiting programmes, family or centre-based child care, family resource centres, or others)*
- Availability of family resource centres or similar parent education and support services for families per city, town or village*
- Number of community educators trained and who teach health, nutrition and child development*
- Number and percent of communities with trained community educators*
- Number and percent of families served by each/all community educators*
- Number and percent of children zero to 36 months served by community educators (37 to 60 months)*
- Number of outpatient health visits per child per annum*
- Percent of children receiving primary health care and well-baby checkups according to schedule*
- (Alternative) Percent of children who have had a physical examination or well-child visit during the interval recommended for their age group*
- Number and percent of children with a well-child check-up booklet*
- Number and percent of malnourished children whose parents receive appropriate services*
- Total number of family planning acceptors*
- Percent of mothers reporting to be satisfied with health services for them and their children*
- Number of radio and/or television programmes with messages regarding parent education, early child development, health and nutrition*
- Number and percent of infants and children zero to 36 months who receive quality child care

Indicators for 37 to 72 Months

Child Outcomes

- Number and percent of children 48 and 60 months who are screened or assessed and identified to be delayed in their development or at high risk of delay
- Number and percent of children who achieve normal development by 48 and 60 months of
- Child mortality rate (under 60 months of age)
- Percent of children with severe developmental delays or disabilities receiving special education programmes*

Family or Community Outcomes

- Percent of families that report they have access to quality child care or preschools
- Percent of families that report their children are safe from accidents and protected before and after child care or preschool

Programme Service Outcomes

- Number and percent of children whose development is assessed at 48 months and 60 months (assessment or screening instrument required)
- Number and percent of children requiring quality child care or preschool who receive care
- Total number of child care centre slots (places)
- Total number of preschool slots (places)
- Total number of child care centres
- Total number of licensed child care centres
- Total number of preschools
- Total number of licensed preschools
- Total number of child care centres using age-appropriate curriculum for holistic child development
- Total number of preschools using an age-appropriate curriculum for holistic child development
- Total number of child care centres repaired and upgraded
- Total number of preschools repaired and upgraded

- Number and percent of child care centres or preschools with functioning latrines
- Number and percent of child care centres or preschools with access to abundant clean water
- Number and percent of child care centres that are assessed to be of acceptable quality (according to a scale including: age-appropriate curriculum, methods, sufficient trained staff, sufficient learning materials, adequate building and equipment, etc.)
- Number and percent of preschools that are assessed to be of acceptable quality (according to a scale including: age-appropriate curriculum, methods, sufficient trained staff, sufficient learning materials, adequate building and equipment, etc.)
- Number and percent of children in family child care by single year, by age, sex and region
- Number and percent of children in publicly funded and regulated family child care by single year, age, sex and region
- Number and percent of children in a child care centre by single year, age, sex and region
- Number and percent of children in a preschool by single year, age, sex and region
- Number and percent of children in publicly funded and regulated child care centre by single year, age, sex and region
- Number and percent of children in publicly funded and regulated preschool by single year, age, sex and region
- Number and percent of children requiring quality child care or preschool services who receive them, by age, sex and region
- Number and percent of child caregivers who receive at least 10 days (80 hours) of in-service training each year
- Number and percent of preschool teachers who receive at least 10 days (80 hours) of in-service training each year
- Number and percent of child caregivers and preschool teachers who have completed formal training, as specified by national guidelines
- Number and percent of caregivers and teachers trained and certified for providing services to children with malnutrition, low birth weight, developmental delays and chronic ill health
- Percent of annual staff turnover of caregivers in child care centres
- Percent of annual staff turnover of caregivers in preschool centres
- Average caregiver duration in post
- Number and percent of family child care homes that have received official recognition
- Number and percent of trained directors of child care centres
- Number and percent of trained directors of preschools
- Number and percent of family child care homes assessed as acceptable (quality assessment scale)
- Ratio of children to trained staff in family child care homes
- Ratio of children to trained staff in child care centres
- Ratio of children to trained staff in preschools
- Average hourly cost per child enrolled in family child care homes
- Average hourly cost per child enrolled in child care centres
- Average hourly cost per child enrolled in preschools *or*
- Average daily or weekly cost per child of full day family child care
- Average daily or weekly cost per child of full day child care centre services
- Average daily or weekly cost per child of full day preschool services

Indicators for 73 to 96 Months

Child Outcomes

- Percent of children assessed to be “ready for school” with age-appropriate skills and behaviour, by age, sex and region (assessment instrument required)
- Percent of children entering primary school with one or more years of preschool, by sex/region
- Net primary school enrolment rate
- Gross primary school enrolment rate
- Girl/boy ratio in primary school
- Percent of children identified upon school entry to have developmental disabilities or delays
- Rate of school attendance
- Percent of children with mother tongue that is not the national language who receive their first instruction in their mother tongue
- Percent of children who pass the first, second and third grades
- Percent of children who repeat one or more grades before completing third year of primary school
- Percent of children who are at or above grade level in reading by the end of third year of school
- Percent of children who are at or above grade level in mathematics by end of third year of school
- Percent of children who drop out of school by age, sex and region

- Percent of children who complete primary school
- Percent of students passing the Primary School Leavers' Exam
- Percent of children in the labour force and not going to school
- Percent of children fully immunised at school entry

Family or Community Outcomes

- Percent of parents that state they have developed positive relationships with local schools, child care providers and health facilities
- Percent of parents that report they have become involved in the schooling of their children
- Percent of parents reporting they contribute to the development of their child's school
- Percent of parents who consider their children to be safe before and after school

Education and Programme Service Outcomes

- Percent of primary schools that screen or assess children's school readiness at school entry
- Ratio of students per teacher
- Ratio of students per class
- Percent of children identified to have developmental disabilities or delays who receive inclusive special education services in the schools
- Rate of school attendance
- Percent of primary schools with high drop out rates
- Percent of primary schools with high repetition rates
- Percent of primary schools with low levels of primary school completion
- Percent of primary schools assessed to have quality learning environment (observation scale)
- Number and percent of primary schools with functioning latrines
- Number and percent of primary schools with access to abundant clean water
- Percent of primary schools that have a parent orientation programme for the school year, especially for the first year of school
- Percent of primary schools whose teachers make at least one home visit per year
- Percent primary schools that report they work with families to support learning
- Percent of primary schools with parent involvement policies and activities
- Percent of primary schools with children in special education that provide family support
- Percent of primary schools offering family support services
- Percent of primary schools providing school feeding programmes (specify breakfast and/or lunch)

Indicators for Special Populations

- Rate of substantiated child abuse or neglect (per 1000)
- Number and percent of abused or neglected children whose parents receive parenting education and family support and counselling
- Rate of reported cases of family violence where children are present in the family (per 100,000)
- Number and percent of families with violence receiving counselling and parenting education
- Rate of reported cases of maternal depression
- Number and percent of women identified to be depressed that receive support to meet their needs, counselling and parenting education
- Number and percent of children, three to eight years of age identified to be in child labour
- Number and percent of children ages three to eight years in child labour who enter child development programmes to prepare for school entry or are placed in primary school
- Number and percent of children affected by war or living in displaced families
- Number of children affected by war or living in displaced families who receive appropriate trauma, child development and parent education services
- Number and percent of children infected or affected by HIV/AIDS
- Number and percent of AIDS orphans
- Number and percent of HIV/AIDS infected or affected children who receive early child development services
- Number and percent of children identified to be begging in the streets
- Number and percent of former beggar children who are placed in good care or homes

Indicators for Policy Assessment

- Annual ECD Action Plan prepared, reviewed, approved and adopted
- Structures for implementing, co-ordinating, monitoring, evaluating and revising ECD Policy established and functioning (national, regional/provincial and district/community levels by phases)
- Policy Implementation and Evaluation Unit established and conducting all expected roles successfully

Annex XII: Policy Indicators

- Priority ECD programmes designed, augmented or improved according to Policy and Action Plan
- ECD Training Plan designed and functioning in accordance with the Annual ECD Action Plan
- Policy Advocacy and Social Communications Plan designed and implemented according to Annual ECD Action Plan
- Donor and Partnership Co-ordination Plan implemented according to schedule
- Investment Plan implemented and additional investments made according to plan
- Data for assessing the achievement of Policy indicators collected, analyzed and disseminated widely and used for preparation of next Annual ECD Action Plan
- Consultations and consensus meetings for the preparation of next Annual ECD Action Plan designed, convened and reported
- Second Annual ECD Action Plan prepared, reviewed, approved and adopted

ANNEX XIV

Roles and Responsibilities of ECD Co-ordinating Structures

Systems for collaboration, co-ordination and integration need to be presented in an ECD Policy or Policy Framework. The systems should include all major administrative levels in the country:

Many potential barriers to programme integration exist. All nations have strong sectoral traditions that are reinforced by the provision of separate ministerial budgets. The institutional culture of most government agencies tends to be strongly sectoral. Both ministerial and NGO personnel usually are rewarded for sectoral work and not for building collaborations, partnerships, networks, and integrated field programmes. Few specialists are trained in more than one field, and they tend to lack imagination about how to build integrated programmes. Thus new training programmes are needed for developing an integrated approach to ECD services, building collaborations and networks, and implementing co-ordinated programmes.

However, as cross-sectoral poverty eradication programmes have demonstrated, in order to progress rapidly in several fields, it is necessary to develop new strategies for maximizing resources and building effective programmes at the community level. When consensus has been achieved through participatory policy planning regarding common visions and strategies, then usually it is easier to break down barriers to integration. This is especially true at local and district levels where communities are poignantly aware of waste and corruption, the lack of trained personnel, requirements for strong community collaboration, and the need to maximize resources for local education and social services. Some actors within the ECD field may perceive that the integrated approach could threaten their leadership roles, institutions, staff members or programme budgets. They may fear that as a result of policy decisions, some of their activities may go by the wayside or be greatly altered. Such people will oppose integration unless they come to realize that through collaboration, co-ordination or integration, they will be able to protect, expand or improve their programmes. If policy changes will affect their programmes, through careful planning, funds can be directed toward retraining such leaders and their personnel, and providing them new and more rewarding jobs. The ECD Policy should foresee such dislocations. Usually, though, in a situation of resource scarcity, most existing programmes ultimately benefit from ECD policy planning, as programmes with new jobs are developed to fill service gaps.

Following are examples of the types of co-ordinating entities that can be established in a National ECD Policy and of the types of roles and responsibilities they can play. It is critically important to state the roles and responsibilities for each type of group or institution.

National level:

Inter-Ministerial ECD Council (or similar body)

- Meet quarterly, lead and delegate authority for all ECD activities specified under the Policy and ensure they are well-planned, implemented and evaluated.
- Ensure high-level cross-sectoral dialogue is maintained over time.
- Receive, analyze, revise and approve quarterly reports of Cross-Sectoral Technical Team.
- Present semi-annual reports to the President, Prime Minister, Cabinet and other high-level groups.
- Review and approve the Annual ECD Action Plan, with special attention to budgetary targets at national, regional and local levels, and to evolving indicators and programme results.
- Review, approve and promote formal adoption of standards, regulations, laws, norms and other regulatory documents.
- Revise ECD Policy Strategies and programme orientations, in accordance with situations.
- Conduct policy advocacy with the Ministry of Finance (or equivalent) for increasing investment in priority ECD programmes, and
- Provide guidelines for national donor co-ordination activities and delegate follow-up to Cross-Sectoral Technical Team and ECD Policy Implementation and Evaluation Unit.

Cross-Sectoral Technical Team (representatives of government, civil society and the private sector)

- Function as the technical arm of the Inter-Ministerial ECD Council and technical support group for the ECD Policy Implementation and Evaluation Unit.
- Prepare agenda and provide quarterly reports and Annual ECD Action Plan to Council.
- Review quarterly reports and Annual ECD Action Plan prepared by ECD Policy Implementation and Evaluation Unit.
- Review and present proposed standards, regulations, laws, norms and other regulatory documents to the Inter-Ministerial ECD Council.
- Assist ECD Policy Implementation and Evaluation Unit with cross-sectoral contacts and support
- Hold donor co-ordination meetings; promote international donor and NGO support for Policy.

ECD Policy Implementation and Evaluation Unit (small unit of approximately 5 professionals, usually located in the lead Ministry)

- Function as Secretariat of Cross-Sectoral Technical Team and Inter-Ministerial ECD Council.
- Manage all implementation, monitoring and evaluation activities specified under ECD Policy, providing technical assistance, upon request.
- Prepare the first version of annual report, using reports from community, district, provincial and regional levels.
- Once approved, ensure final national report and regional/provincial reports are sent to all levels;
- If created, manage a National ECD Fund for Vulnerable Children.
- Prepare or work with other groups to prepare for review of ECD standards, regulations, laws, norms and other regulatory documents.
- Guide National ECD Training Plan, Policy Advocacy and Social Communications Plan, Research Plan and Monitoring and Evaluation Plan, according to guidance in the ECD Policy.
- Co-ordinate programmes and services at all levels.
- Assist with programmes at all levels with preparation and submission of transparent regular budgets and financial reports and analyze those reports for annual reporting purposes.
- Stimulate community-based programming and support community leadership.
- Enable regional collaboration, supervisory/training systems.
- Help build collaborative partnerships and networks, including NGOs, universities, teacher training colleges, professional associations, religious groups, unions, and other groups dedicated to ECD.
- Pay special attention to ensuring culturally appropriate programming quality and service equity.
- Stimulate development of innovative ECD programmes; promote programme collaboration, co-ordination and integration, as needed and advisable.
- Promote design and implementation of integrated programmes;
- Ensure programme monitoring, evaluation and reporting occurs according to schedule in collaboration with national statistical institutes.
- Measure all Policy indicators annually, and suggest improvements to indicators, measures and targets over time.
- Draft first version of Annual Action Plan, and submit it for review to Cross-Sectoral Technical Team and Inter-Ministerial ECD Council, and
- Plan, manage and follow-up all donor co-ordination meetings and activities.

National ECD Forum (optional but recommended)

- Function under leadership of Inter-Ministerial ECD Council as a large national policy advocacy body that can be called annually or biennially.
- Review and provide recommendations for Annual ECD Action Plan.
- Conduct social communications activities and advocate for increased investment in children.
- Build enthusiasm for ECD and promote community involvement in ECD activities.
- Celebrate achievements and provide awards and recognition for ECD programmes and leaders.

Creation of a semi-autonomous institute for children and families (optional)

This type of integrated institute has worked very well in a few places where semi-autonomous institutes are used, but it is recommended only for nations with a tradition of successful semi-autonomous institutes.

- Assume activities of ECD Policy Implementation and Evaluation Unit.
- Lead priority integrated programmes with funding from various ministries.
- Conduct research and evaluation on children's needs and other activities.

Provincial or regional level:

Regional Cross-Sectoral Councils

- Conduct same activities at provincial/regional level as Inter-Sectoral Ministerial Council at the national level.
- Report to Inter-Ministerial Council, sending reports to ECD Policy Implementation and Evaluation Unit.
- Guide work of Regional Cross-Sectoral Technical Team.
- Receive and review reports of this Team.

Regional Cross-Sectoral Technical Teams

- Co-ordinate and guide development of sectoral and cross-sectoral programmes for young children and their families in their regions.
- Report on activities of Regional Cross-Sector Technical Team to National Cross-Sectoral Technical Team.
- Develop a Regional Resource and Training Centre (pre- and in-service training, including all ECD areas: parent education and early educations, health, nutrition, sanitation and child protective services).
- Staff Centre with professional and community practitioners to help ensure local relevance.

- Establish cross-sectoral committees for each strategy or major programme, as needed.
- Create or reinforce networks with districts and communities.
- Assist districts to develop ECD Technical Teams and Programme Teams, as needed.
- Assist communities to organise ECD activities in their community development councils or groups, and to develop local ECD service programmes to meet locally identified needs.
- Establish a regional budget for funds, human and material resources.
- Ensure budget is prepared and communicated to the districts and communities.
- Ensure funds and other human and material resources from the region/province are received by district and community levels, are transparently managed, and reports prepared and transmitted.
- Provide technical support to districts and communities and provide simple but effective reporting forms for programme monitoring, evaluation and financial reporting.
- Gather all forms regularly, analyze their contents and report to the national level.
- Prepare elements for Annual ECD Action Plan, based on regional goals and objectives and previous year's experiences.

District level:

Two types of teams, both of which are operational, can be developed or reinforced at the District level:

Cross-Sectoral District Technical Teams

- Co-ordinate all ECD sectoral and cross-sectoral activities in district and include representatives of each sector on Team.
- Request, receive technical support and guidance from Regional Cross-Sectoral Technical Teams.
- Prepare annual budget for the District.
- Provide direct support to all community ECD activities in the District.
- Report on programme evaluation, monitoring and financial issues to provincial and regional levels using formats provided.

Programme Teams

- Conduct all above activities for major ECD programmes in the District with the goal of achieving as much programme integration as needed to meet local service requirements.

Community level:

Community Development Organisations or Councils

- Contribute to the design, implementation and evaluation of local cross-sectoral and sectoral programmes, helping to integrate the latter to the degree possible.
- Provide nominees for local field staff of ECD programmes.
- Contribute support to ECD programmes through community labour, materials provision, volunteers, supplies, space and land donations, and to the degree possible, fees or community work support for teachers and other local facilitators.
- Create or reinforce Parents' Association or Council and ensure at least 80% of parents with young children participate actively in ECD programmes and the schools.
- Request and receive training and technical support for community involvement from District and Regional level Cross-Sectoral Technical Teams, as needed.
- Conduct an annual community diagnostic exercise to identify emerging problems and needs of parent and their children, and preferences with regard to programmes or programme components.
- Prepare an Annual Community ECD Plan, based on community needs, demands and programme reports (see below) including: annual goals and objectives; activities to be conducted; expansion/reduction, quality improvements, new components, co-ordination, etc.; budget and materials requested, noting amount requested from government agencies, parents, NGOs, and others in area (foundations, businesses, local benefactors, etc.); technical assistance and training needed, and annual results to be achieved.
- Send Annual Plan to District level and receive their observations and guidance.
- Ensure a transparent financial management system is instituted and maintained.
- Help ensure programme resources reach most needy (e.g., food supplementation, health services, home visits, sanitation services) and help identify pregnant women, children in special need and others requiring priority services.

Community ECD programmes

- Design, implement, manage, monitor and evaluate integrated ECD services and ensure close collaboration between sectoral services.
- Identify, nominate and support local field staff capable of providing an array of services (e.g., community parent educators, health educators, assessment specialists, evaluators, etc.).

Annex XIV: Roles and Responsibilities of ECD Co-ordinating Structures

- Facilitate the pre- and in-service training of local staff.
- Work to ensure local staff members receive an adequate salary, fee or family services that will enable them to continue working long-term in programme.
- Work with community development organisation to ensure services reach intended participants.
- Ensure that all high-risk or vulnerable pregnant adolescents and women, infants, children are identified and referred appropriately to any and all programmes in Community, receive appropriate services, and are followed up routinely to extent possible.
- Provide quarterly Programme Reports to Community Development Organisation.
- Help to prepare Annual Community ECD Plan.
- Prepare brief and simple monthly, quarterly and annual programme monitoring, evaluation and financial reports according the guidance from District and Regional levels.

ANNEX XV

Outline for Annual ECD Action Plan

The ECD Annual Action Plan should include the following sections:

Policy Directives

- Reaffirm ECD Policy vision, goals and objectives, programme areas and indicators.
- Provide descriptions of general annual strategies for programme development including plans for expanding, improving, revising, combining and eliminating programmes as well as for establishing new programmes.
- Reaffirm the structures, roles and responsibilities for cross-sectoral and sectoral policy and programme co-ordination, planning, implementation, monitoring and evaluation.

Programme Information

Ensure the following is provided for each programme in each sector and major cross-sectoral initiative:

- Name of new or continuing programme or action
- Organisation responsible for its implementation
- Objectives and expected results
- Description of main activities for new programmes and for existing programmes, note areas for expansion, improvement, revision, combination with other programmes, elimination of components,
- Expected coverage in terms of geography, populations, age ranges, etc.;
- General timeline for the programme
- Programme plans for co-ordination, cross-sectoral collaboration and/or integration;
- Programme indicators, measures and targets and organisations responsible for supervision, monitoring, evaluation and reporting, *and*
- Total estimated programme budget and other personnel and material resources required
- Listing of current and expected sources of funding, noting any shortfalls and plans for filling them.

Additional Actions across Sectors and Programmes

Provide a list of separate action items that can include:

- Plans for policy advocacy
- Integrated staff training programmes
- Social communications plan
- Description of overall plans for co-ordination and collaboration, partnerships and networks.
- Description of overall annual monitoring and evaluation.
- Recommendations regarding specific action research or studies to help guide future planning and programme development.

Annual Financial and Resource Plan

- Present the total general annual budget estimates across all sectors and programmes, using simulations wherever possible in an attempt to maximize resources.
- Provide a timeline across all programmes, as possible (this may be beyond the reach of the first Annual Plan).
- Note all current and potential funding sources and match them with current and planned programmes, as possible given current information, and note gap areas where additional national and international funding support is needed to achieve policy goals.

ANNEX XVI**Model Matrix for Presentation of Action Plan Details**

This matrix should be modified to meet national needs. It should be kept simple.

Policy Goal:
Policy Objective:
Policy Strategy:

Programmes & Activities	Responsible Organisations	Timeline	Total Resources Required
Prenatal: 1. 2. 3. etc.			
Zero to Three: 1. 2. 3. etc.			
Three to Six 1. 2. 3. etc.			
Six to Eight 1. 2. 3. etc.			
Special Vulnerable Children: Children affected by HIV/AIDS 1. 2. etc.			
Children affected by conflict 1. 2. etc.			
Mendicant and street children, etc. 1. 2. etc.			
National ECD Training Programme 1. 2. etc.			
Monitoring and Evaluation System 1. 2. etc.			

Planning Policies for Early Childhood Development: Guidelines for Action

The Book

These Guidelines provide a Toolkit for planning Early Childhood Development Policies or Policy Frameworks. They demonstrate how government planners and institutions of civil society in the fields of health, nutrition, sanitation, education and legal protection can apply an integrated approach to child survival and early childhood development (ECD). The Guidelines present the five basic phases of the planning process, from structuring for success and methods for holding consultations and consensus building meetings to policy adoption and implementation. They explain how to integrate ECD policy planning with other cross-sectoral and sectoral policies and plans. Above all, the Guidelines help nations prepare ECD Policies and Annual ECD Action Plans that address critical gaps in services for vulnerable children and guide the development of comprehensive and culturally appropriate ECD programmes.

Comments

“Dr. Vargas-Barón has prepared an invaluable resource—not only for those countries considering, or in the early stages of creating child related policies, but also for those countries that are considering revisions or updates to existing policies. While the approach taken is succinct and informative, it avoids prescription, encouraging countries to engage in processes that are inclusive of diverse perspectives and interests. It is a valuable and unique contribution to the growing field of ECD policy planning.”

*Alan Pence, Professor, University of Victoria
Director, Early Childhood Development Virtual University (ECDVU)*

“These Policy Guidelines are the result of a partnership between ADEA’s Working Group on ECD and UNICEF’s Regional Office for West and Central Africa to provide support for countries engaged in the development of National ECD Policy Frameworks. Our goal has been to ensure the development of a sustainable policy environment that guarantees the right of young children to the best possible start in life. This partnership would have not been possible without the high level of professionalism and competence of Dr. Emily Vargas-Barón as the consultant. She was the liaison between all parties and achieved great results both in terms of country support and the writing of these Guidelines. These Guidelines will be an important tool for all countries working to ensure the rights of young children within national processes for development planning.”

*Eveline Pressoir, Clinical Psychologist
UNICEF Regional ECD Advisor for West and Central Africa*

The Author

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