

Community-Based Approaches to Early Childhood Development

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Abstract and Keywords

Community-based programs are a major service delivery outlet for early childhood programs, especially in underresourced and developing contexts. They provide scope for identifying and analyzing specific community issues and for prioritizing, designing, and managing activities at the local level. As such, they are often associated with grassroots accountability, efficiency, community participation, empowerment, and sustainability. However, there are potential pitfalls. The reliance on voluntary participation can result in skewed representation and exclusion of marginalized groups; there may be difficulties in building capacity and overreliance on imported technical assistance; and there is a danger that agencies directing community-based programs can

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misrepresent true community needs and/or reduce issues to fit their own terms of reference. Perhaps most concerning, community-based programs can mask government inattention and perpetuate marginalization. We provide a list of investigating questions to guide the assessment of early childhood development (ECD) programs according to principles that transcend governing structure, auspice, and/or label.

Keywords: community-based programs, early childhood programs, nongovernmental organizations, program governing structures, community participation, volunteer participation

Despite a significant increase in the number of early childhood development (ECD) national policies, the plans and delivery systems that operationalize ECD are not well developed in many majority world nations. There is a sound reason for this: National operational systems need to be supported by infrastructure, such as a legalized system for ensuring standards of delivery, qualified staff, monitoring mechanisms, appropriate settings, and other costly supports. Most governments in underresourced areas have difficulties prioritizing these expenditures.

In recent decades, nongovernmental organizations (NGOs) have been filling the gaps in provision and access to ECD. NGOs encompass a wide variety of sectors and organizations, including the independent sector, third sector, volunteer sector, civic society, grassroots organizations, private voluntary organizations, not-for-profit sector, transnational social movement organizations, grassroots social change organizations, and non-state actors (Hoffman & Zhao, 2008; Yanacopulos, 2008).

Programs that operate under the auspices of NGOs (such as philanthropic or religious organizations) rather than through a government department, are referred to as *community-based programs* (CBPs). Direct delivery of CBPs is often provided through *community-based organizations* (CBOs). “Community” is usually defined as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical

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locations or settings (MacQueen et al., 2001). However, there are no clearly defined parameters for CBPs and CBOs. The literature suggests that programs in which providers and decision makers are from the same cultural, ethnic, geographical, and/or socioeconomic population as the users of the program are likely to fall under the rubric of “community-based.” In some cases, CBPs are affiliated with governments through a designated role. Local committees and forums for (p.276) women and children are examples of this structure.

These groups define local goals and may oversee local programs, with some devolved government funds and concomitant reporting responsibilities. However, despite the government ties, these groups generally have relative autonomy over program development and delivery, and thus could be classified as CBPs.

Many benefits are associated with CBPs. Over and beyond augmenting provision and access, CBPs and CBOs are associated with increased participation by the target group in the development, management, and delivery of services. Participation is related to empowerment and enhanced efficacy of individuals and communities—and, concomitantly, to mobilization and influence on public and social policy making (Craig, 2002). However, some of the attributed benefits of CBPs could be negated through the mechanisms by which CBOs are developed and operate (Toomey, 2011).

This chapter discusses the issues related to community-based services and describes the interconnection between CBPs and effective early childhood service delivery.

The Rise of Community-Based Organizations: From Rescuing to Community Participation

In past decades, the concepts of aid and development were associated with the notion of *rescue*. The flow of assistance was seen to move in one direction—from richer nations to poorer nations. Implicit within assistance packages was the notion that the rescuers identified priorities and promoted those programs that they deemed to be in the best interest of the target populations and communities. Underresourced populations and contexts were seen to be monolithic and

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needy in similar ways. Thus, similar tactics could be applied universally (Toomey, 2011).

With all good intentions, rescuers in the form of aid agencies tended to reflect a hierarchical concept of development—whereby the helpers inflict their own ideas and approaches and devolve aid packages without much attention to context specifications (Daskon & Binns, 2010). Some analysts argue that aid, when distributed without an understanding of the experiences of the target population and context, facilitates inequities. Issues such as an urban-rural divide, the disempowerment of women, the exclusion of indigenous groups from service provision, and the tendency to cast segments of the population into narrow roles—such as victims and perpetrators—have been seen to be caused by early aid and development processes (Briggs, 2005). Further, the importation of goods, services, and technical “expertise” reduced the efficacy of communities and weakened local economies (Buxton, 2009; Yanacopulos, 2008).

Toomey provides an example of food security assistance to demonstrate some of the consequences of a rescuing approach to development: (p.277)

By “rescuing” a hungry nation with imported food aid (where the threat of famine is not extreme), the Rescuer can decrease demand for food produced in the region with detrimental impacts to local and national farmers. Where demand decreases, local supply will follow, as returns on production become too low to justify farmers’ investment in terms of time or resources. Thus, when the next famine occurs, there will be even fewer local supplies to abate the crisis, and starving people will be in even greater need of a *Rescuer* (Toomey, 2011, p. 184).

A similar story can be told for ECD or other services. Providing “foreign” goods (such as foreign materials, resources, and philosophical approaches to child care and education) can do much to undermine local confidence, capacity, and initiative (see Pence, 2013, Chapter 8, this volume).

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By the mid-1970s, it was becoming apparent that well-meaning processes and activities developed by foreign governments, international NGOs, and other rescuers were failing to produce the desired effects of sustainability and efficacy. Indeed, it was feared that aid interventions might actually be working toward an opposing end, the *creation of dependency*. Analysts and donors recognized that even the best designed intervention could not succeed in a cultural vacuum and that the target population's ways of knowing and doing (including indigenous knowledge and practice) need to be incorporated if there is any chance for sustainable, meaningful community development (Daskon & Binns, 2010; Easterly, 2007; Kreuter, Lezin, & Young, 2000).

Nongovernmental Organizations Embrace Community-Based Programs

In recent years, NGOs have changed their strategy from top-down assistance programs to CBPs that encourage participation in all aspects of development and delivery (Mansuri & Rao, 2004). NGOs are major players in introducing CBPs to developing countries and are credited with the importation of new ideas, techniques, and theories (Yanacopulos, 2008).

Participation is the hallmark of CBPs. Participation implies that the community (through representatives) has been involved in defining its own problems and needs. Indeed, the process of community problem identification is seen to be an outcome in itself. It is widely held that community agents who take part in exercises aimed at awareness raising and local problem identification simultaneously tend to develop enhanced capacity for solving those problems (Botchway, 2001; Kreuter et al., 2000).

However, problem awareness and solution identification can be complex. Communities may have insufficient awareness about potentialities and thus be unable to envision that a program gap exists. This is especially likely for programs that are unfamiliar or new, such as ECD interventions. Even when a program gap (p.278) is identified, communities may not be sufficiently aware of options for filling the gap and/or may not be mobilized to initiate program development(s). For this

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reason, NGOs who are committed to community-based activity will step in to form committees, self-help groups, or local CBOs. These CBOs then become the vehicle for community representation and participation. It is common practice for NGOs to take it upon themselves to organize groups that become the CBO with whom they partner (Dongier et al., 2001).

Community-Based Early Childhood Development Programs

Officially, community-based ECD includes a range of holistic programs that respond to children's multiple developmental needs, build on and enhance traditional rearing practices, and empower community duty bearers, such as parents, health workers, and teachers, in ways that promote their ownership of ECD decisions, processes, and resources. Due to the holistic nature of ECD programs, they often overlap with health, nutrition, child rights, child protection, and similar services. Common community-based ECD programs address the needs of children from birth to school entry age, and target caregivers' support and awareness for enhancing the health, well-being, and development of young children, along with providing direct services to young children.

Because CBPs do not rely on government authorization, the range of services does not need to adhere to the limitations of ministerial and bureaucratic divisions such as health, education, and social welfare. Thus, community-based ECD programs are seen to be more likely to respond to direction from local needs. Although the specifics of community-based ECD programs vary between contexts, the goals and delivery options have similar characteristics. Some of the most common community-based ECD programs include caregiver education, support and awareness programs, home visiting, playgroups, child minding, preschools, and child-to-child programs. These are described below.

Caregiver Education, Support and Awareness Programs

Caregiver education programs provide an avenue through which information about children's development, including practical (context-specific) suggestions for caregivers on how

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to encourage growth and learning, are given. Programs are generally offered by trainers to small groups of caregivers and/or through the mass media, such as newspapers, magazines, radio, and television broadcasts. Health and hygiene messages are often included. Programs are frequently offered through health services or other community settings, such as schools.

Home Visiting Programs

Home visiting programs incorporate regularly scheduled visits by a support person to the home of one or a gathering of caregivers. The home visits follow a program (p.279) and address specific goals, but also build in time for dealing with issues raised by the caregivers themselves.

Playgroups

Playgroup programs refer to informal gatherings for caregivers and children, often developed and run by a local organizer who has received some training on child development and other relevant topics. Usually, participants play active roles in determining the operations of the playgroup and in meeting its identified needs, such as providing a communal meal for attending children. Trained facilitators and/or health personnel visit the playgroups on a regular basis and may provide feeding supplements and/or other forms of support and advice.

Child Minding Programs

Formalized child minding programs involve an overarching agent or agency that provides training, monitoring, and support to caregivers who care for small groups of village children in their homes.

Preschools

Preschools are generally formal programs for children over the age of 3. Officially, preschools have a curriculum designed to enhance the readiness of children to transition into school settings. Thus, children in preschools are exposed to preliteracy and prenumeracy experiences, are taught communication and other skills for working in groups, and have opportunities to engage with school materials such as paper, pencils, books, and other items. Preschool programs

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are usually held in a setting that can house equipment, such as tables and chairs, toys, books, and outside play areas.

Child-to-Child Programs

Child-to-child programs provide training and support to older children who undertake action research projects related to local community issues. The older children engage in information dissemination and similar activities to enhance the health and well-being of younger children and peers within their communities.

Assessing Effectiveness of Community-Based Programs

Effectiveness studies are more prevalent in the area of public health, whereby community-based interventions are compared to a centralized clinical approach. The CBPs are found to be significantly more effective on several levels. Mbonye et al., for example, showed that community-based intermittent preventive treatment (IPT) of malaria in pregnancy was more effective and efficient in reducing preventable diseases than similar clinic-based programs. Besides significantly higher participation rates, the study also claimed that the community based approach (p.280) induced peer influence, which made the program more acceptable to users and thus more sustainable (Mbonye, Bygbjerg, & Magnussen, 2008). Other comparative studies have shown the superiority of community-based IPTs over outreach services in terms of cure rate, reduced mortality, and general efficiency (Schiffman, Darmstadt, Agarwal, & Baqui, 2010; Zvavamwe & Ehlers, 2009).

However, beyond comparisons with clinical delivery services, few studies have evaluated the outcome of community-based interventions versus non-community-based interventions in the early childhood sector. Schiffman et al. suggest that community-based interventions face an evaluation barrier because community development outcomes emanate over a long period, whereas programs are accountable and need to show results within shorter timeframes (Schiffman et al., 2010). Similarly, the benefit of ECD programs for children,

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families, and communities can take years, decades, or generations to become apparent.

Despite a lack of comparative evidence about CBPs in the early childhood sector, there are well-documented studies from which implications about the strengths and weaknesses of CBPs can be drawn. These implications are described below.

Community-Based Program Approaches: The Strengths

It is generally acknowledged that interventions and programs that are initiated through community leadership have higher success rates than do government or other top-down programs (Botchway, 2001; Simpson, 2008). Compared to governmental bodies, CBOs are less bound by bureaucratic constraints and thus can be more fluid, flexible, and responsive to local changing issues. Institutionally, CBOs are more open to experimentation, without being bound by national political decision making (Yanacopulos, 2008). CBOs are deemed to be closer to the grassroots sector and thus more likely to incorporate local values and traditions into service provision than are centralized systems (Datta, 2007; Reimann, 2005).

Perhaps the most commonly reported benefit of CBPs and CBOs is the implicit participation of the program recipients. Multiple positive outcomes are associated with meaningful participation and control of programs by the population and the communities these programs and organizations serve.

Although the situation and context of health services differs from ECD goals and program features, the overarching conclusions from health research are that the participatory nature of community approaches enhances satisfaction, confidence, and self-control, and encourages personnel to commit themselves to high production goals (Schmid, Dolev, & Szabo-Lael, 2010).

Studies report that participation by the target population serves to increase feelings of moral attachment and ownership, which are associated with program sustainability (Amazigo et al., 2007; Gruen et al., 2008; Labonne & Chase, 2009). Other benefits of participation include the likelihood of

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enhanced inclusion; (p.281) effectiveness and efficiency; support for volunteerism, which underlies community cohesion and social capital; strengthened governance; and increased sustainability (Dongier et al., 2001). Further, participatory mechanisms of CBPs are seen to build community capacity and result in improved targeting (Fritzen, 2007), performance, accountability, and transparent monitoring mechanisms (Barrs, 2005; Fritzen, 2007).

Another benefit of CBPs is their widespread use of volunteers, not commonly found in government-run programs. Volunteers tend to come from the same population as the service users. They generally have good networking capacities and an understanding of and sensitivity to the community. Moreover, volunteers are not likely to move on; thus, they contribute continuity to programs. For these reasons, volunteers have been shown to make significant contributions to the effectiveness, efficiency, and sustainability of CBPs. Perhaps most importantly, volunteers enhance the cost effectiveness of CBPs although, in some cases, cost savings are related to low levels of training and other quality issues (Rao & Pearson, 2007).

Community-Based Programs: The Weaknesses

A number of analysts are concerned that, beyond the positive goals of community-based approaches, programs can be mismanaged in ways that actually cause harm. Some attributes of CBPs that seem beneficial could, in fact, weaken community capacity and functioning and/or be damaging in other ways. These concerns are outlined below.

Participation May Not Be Representative

Participation is a right and a fundamental component of service delivery. Many scholars associate participation with empowerment as follows:

Participation is about power and particularly about an increase in the power of the disadvantaged. It requires a capacity to identify those who are weaker and disenfranchised within a community and to empower

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them through shared knowledge and experience. (Rivera & Thomas-Slayter, 2009)

However, participation through representation is fraught with difficulties, especially when that participation is solicited by an external agent or agency. The participation of locals in development and decision making could be tokenistic, could unwittingly enhance exclusion of some groups, could undermine local systems and/or reinforce neglect by the state, and could reduce the efficacy of communities that become reliant on external resource allocations. For example, although volunteerism has been cited as a benefit associated with community-based service delivery, in reality, the use of community volunteers may bias participation toward a relatively elite population. Volunteer committees who advise and/or direct CBOs are often made up of local participants who have time for this endeavor, whereas the most burdened citizens are unlikely to spare potential wage earnings to engage (p.282) in these and related activities. Meanwhile, it is not uncommon for different NGOs to be working in the same region or project area—and seeking committee members from the same pool. In these cases, a few key people from the community end up sitting on different committees and informing and participating in projects as varied as health, water and sanitation, food security, education, and children's services. This tendency to incorporate one segment of the population is known as *elite capture*. It refers to a situation whereby elites manipulate the decision-making arena and agenda and obtain most of the benefits of community-based services (Fritzen, 2007; Platteau, 2004; Wong, 2010).

In some cases, diverse representation does occur, but selected representatives are outnumbered by more highly educated or articulate members (frequently speaking in a language that is not well known). In these cases, there is a risk that voices and ideas from minority representation will not be heard—especially when the ideas differ from the majority of the participants.

In other cases, while forming a representative group and/or a CBO, NGOs may unwittingly disregard existing power relationships or may redistribute power in ways that privilege

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some groups—and thus undermine social and cultural systems. The significance of indigenous, traditional culture can be neglected or negated by this type of development strategy (Daskon & Binns, 2010).

Briggs reports that even when explicit attempts are made to incorporate indigenous knowledge systems, this is full of risks because of “problems emanating from a focus on the (arte)factual; binary tensions between western science and indigenous knowledge systems; the problem of differentiation and power relations; the romanticisation of indigenous knowledge; and the all too frequent decontextualisation of indigenous knowledge” (Briggs, 2005).

Conversely, some programs misunderstand the social processes of participation and consequently label some groups as socially excluded when they are not. Shortall relates the experience of farm families who opted not to participate in rural development programs: They do not see the point, and see them as competing with the farming industry. However, this does not mean they are excluded (Shortall, 2008). Similarly, Hayden et al. found that Aboriginal families had several reasons for not participating in accessible early childhood programs. Their nonparticipation was more a feature of their empowerment than their exclusion. Despite some pressure, they chose not to take part in programs that were seen as foreign to their notions of child care and rearing (Hayden, De Gioia, & Dundas, 2005).

Being aware of potential pitfalls, international NGOs commonly employ participatory techniques, such as participatory action research projects and/or social mapping. Participatory assessment methods (also known as participatory rural appraisal, participatory learning and action, participatory community assessment) are designed to help communities identify their own problems and to facilitate awareness and active involvement during the investigative process. This is seen to enhance the likelihood of participation or community ownership of the (p.283) program (Kasaija & Nsabagasani, 2007; Pepall, Earnest, & James, 2007). However, proper conduct of participatory assessments can be challenged by financial and time limitations, limitations in

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project scope, and/or lack of experience and technical knowledge within the community (Botchway, 2001; Mansuri & Rao, 2004). Indeed, some participatory assessments run by external facilitators who are unfamiliar with local customs and key players have been accused of becoming short-cut legitimisation exercises that, in fact, reinforce existing relations of power/knowledge through “facipulation” exercises (Cornwall & Pratt, 2011).

Thus, the participation of communities within CBOs or other structures that appear to be community based could be illusionary at best, destructive at worst.

Limited Ability to Respond to Community Realities

Although the notion of “community-based” implies enhanced sensitivity to contextual issues and realities, NGOs, international NGOs, and other agents that work through local CBOs can be bound by strict protocols, time frames, budget forecasts, and other factors that limit their ability to respond to community realities and adapt to changing contexts. NGOs are under pressure to develop project plans with set targets and objectives, including identifying project areas long before they start engaging with CBOs. Thus, NGOs are caught in a dilemma between responsiveness to their target group and demands of boards and/or their donor agency. Donor agencies, however, need to be accountable for donations and adherence to policy and philosophical principles (Johansson, Elgström, Kimanzu, Nylund, & Persson, 2010).

Meanwhile, most NGOs and donor agencies are confined in terms of focus and indicators to one sector such as nutrition, health, education, child protection, water and sanitation, microfinance, or others. The CBO’s scope of work becomes shaped by these sectorally based needs for accountability. This is especially problematic for ECD programs that, by their nature, call for an integrated approach to the care, education, and development of young children.

Capacity Is Not Built: Technical Assistance Takes Over

The stated goal associated for community-based development programs is to equip communities with the required knowledge and skills for self-reliance (building capacity).

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Thus, it is widely held that both technical and managerial or organizational capacity building are required to empower communities for effective and sustainable program development and management. However, it is not uncommon for external agents to assume that those community organizations do not have the capacity to manage an assistance program. Thus, “technical assistance” (TA) is provided. TA was initially associated with the importation of programs, tools, and technologies into development situations. More recently, TA represents attempts to empower local communities and citizens through training and other knowledge that is collaboratively generated. Walker et al., however, claim that TA “remains susceptible to neoliberal styles (p.284) of development that have proceeded apace with withdrawal of state institutions in the funding and operation of social and economic development programs, and with the concomitant rise of NGOs” (Walker, Roberts, Jones, & Fröhling, 2008). This misapprehension, the authors claim, can lead to top-down program management from partner NGOs, with limited decision-making power by communities.

Community-Based Approach May Be Reductionist

It is increasingly recognized that community-based approaches involve more than enhancing the participation and ownership of representatives in the development and delivery of services, responding to community realities, and being sensitive to local knowledge bases. Rather, there are ecological (multilayered) influences on community-based programming (Mansuri & Rao, 2004). Dongier et al. have argued that community-based approaches incorporate a complex system of capacity development with at least four components: (1) the facilitation of strengthened and inclusive community groups; (2) the facilitation of financial support and accountability; (3) the facilitation of community access to information through a variety of media, including information technology; and (4) the facilitation of an enabling environment through appropriate policy and institutional reform. This latter mechanism includes decentralization reform, promotion of a conducive legal and regulatory framework, development of sound sector policies, and fostering of responsive sector institutions and private service providers (Dongier et al.,

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2001). Thus, program outcomes, including ECD outcomes, will be significantly influenced by the social, political, and economic context(s) that reside outside of the realm of CBPs and NGOs.

Devolution to Community Enables State Roll Back

Community-based programs and CBOs can undermine the need for government commitment by providing services that would otherwise be taken up by the state (Yanacopulos, 2008).

Roll back is a prevalent issue regarding ECD. The very success of community programs that bypass government support mechanisms detracts from the vision of ECD as a state responsibility. This is problematic because state responsibility for early childhood service delivery incorporates benefits that are less likely to be associated with CBPs. These include (1) the potential for a systematic and integrated approach that is inclusive of all groups and geographical regions; (2) a unified approach to learning that coincides with the public system of schooling; (3) a universal approach to access, with particular attention paid to children in need of special support; (4) adequate and consistent support, funding, and infrastructure; (5) quality assurance, including teacher training standards and appropriate working conditions for staff; (6) ability to undertake systemic data collection and monitoring; and (7) a long-term agenda for research and evaluation (OECD, 2006).

(p.285) Indeed, some analysts believe that state systems of care and education of young children is the only strategy for ensuring equity and inclusive service delivery of early childhood services within any given context (Bennett, 2006).

From Community Participation to Community Centeredness: Policy Questions

Fowler (2007) suggests that as long as the resources (including knowledge, skills, and material resources) that are needed to implement a program or system emanate externally, the level of community input will always be one of relativity. Thus, rather than labeling a program as community based or not community based, it is most practical to look at the degree

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to which principles that underlie community-based approaches are actually in play.

The principles that underlie community efficacy in terms of ECD programs include (1) programs are flexible enough to reflect community issues; (2) decision makers and others with power over program development and delivery have knowledge of ECD principles and issues; (3) decision making about ECD reflects all factions of the community (is inclusive of all groups); (4) trust and solidarity exists between the community and the agents under whom the program will be funded, developed, and/or delivered; (5) ongoing monitoring and support are available, both horizontally and vertically; (6) there are trusted agents who can provide positive feedback and define program success; and, finally (7), if programs take place in multilingual contexts, the community has control over language choices (adapted from Fowler, 2007).

By focusing on the principles rather than the auspices, program developers may be able to advocate for and promote the positive aspects of government intervention in ECD, in order to overcome some of the pitfalls of community-based interventions and to focus upon those items that are most likely to produce effective results in terms of child-centered and community-centered outcomes.

Conclusion

Over past decades, NGOs have changed their strategy from top-down assistance programs to CBPs that encourage participatory programming. These community-based/ community-driven programs have become the most popular mechanism for development assistance (Mansuri & Rao, 2004).

In light of the difficulties in developing national systems of ECD for many majority world nations, CBPs have become a prevalent program strategy. Community-based programs imply development and delivery by communities themselves. Sometimes, external agents will initiate community assessments and then facilitate program developments according to identified needs, even going so (p.286) far as to

create CBOs. Programs are still deemed to be community based and can have high levels of meaningful community participation through these and other CBOs who partner with external agents or NGOs. Indeed, there is a common belief that enhanced participation, effectiveness, efficiency, accountability, and sustainability of programs prevail under CBO auspices, regardless of how the CBO was developed and operated.

However, beyond the philosophical benefits of CBPs and CBOs, it is now recognized that community-based strategies are profoundly affected by how they are operationalized and by the sociopolitical and economic context. It cannot be assumed that CBPs and CBOs are always representative, that they incorporate traditional culture and indigenous knowledge, or that they are inclusive of all community groups. Differentiation and power relations are not necessarily addressed through the use of CBOs. Moreover, there is concern that, to the extent that CBOs effectively operate ECD and other programs, states have less cause to become involved and to ensure universal access, provision, and consistency in quality delivery.

In light of these complexities, we suggest that it is community centeredness or empowerment that defines effective outcomes, rather than the auspice under which programs operate. Following Fowler's suggestion that a series of investigating questions may be applied to measure the extent to which any CBP is authentic, we have adapted his questions for application to an assessment of the degree of community-centeredness of an ECD program, regardless of the auspice or system under which it operates. The questions can assist communities and agents to capture the positive aspects of community-based approaches while minimizing the potential pitfalls for CBP programs and services.

Measuring the Degree of the Community-Based Orientation in ECD Programs

1. To what degree can the application of an ECD system or program incorporate adaptations that reflect community issues and context?

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2. What forms of power are in play in terms of the development, delivery, and accessibility of the ECD program? Where (in whom) is the power located? What capabilities, in terms of knowledge and understanding of ECD principles, lie with the agents of power?
3. How cohesive is the community in terms of ECD program development and delivery decision making?
4. What is the degree of trust and “solidarities” between the community and other stakeholders, such as trainers, funders, relevant policymakers who will be involved in ECD program development and delivery?
5. What (horizontal and vertical) connections, transmission mechanisms, and networks for ongoing support and monitoring of ECD are in play?
6. Who can provide positive feedback and define ECD program success? (p.287)
7. What is the degree of language control exerted by the community (for multilingual contexts)?

Effectiveness studies of community-based interventions are difficult. As an alternative, this chapter has reviewed the strengths and the potential pitfalls of community-based service development and delivery, including ECD community-based service development and delivery in majority world contexts.

Recommendations

Community-based programs need to be situated within national structures and viewed in terms of state issues. Development efforts, in ECD or elsewhere, need to target systemic barriers, as well as program deficiencies at the grassroots level. Thus, we recommend that:

ECD and related programs be assessed according to principles that transcend governing structure, auspice, and/or label; and

The investigating questions (listed above) be applied to guide the assessment process.

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