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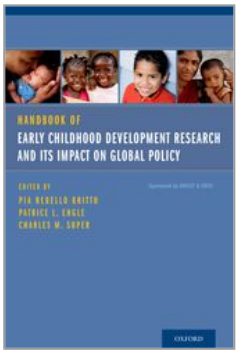

Handbook of Early Childhood Development Research and Its Impact on Global Policy
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Building and Strengthening National Systems for Early Childhood Development

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Abstract and Keywords

National early childhood development (ECD) systems are complex and diverse, due especially to varying economic, cultural, and linguistic factors; tensions among sectoral, multisectoral, and integrated approaches; and systemic issues often found between centralized and decentralized leadership, coordination, and management. In light of these and other challenges, eight essential elements for building and strengthening national ECD systems are identified and discussed: equity and rights; multisectorality, integration and coordination; governance through participatory ECD policy development and structures; legislation, standards, regulations, and agreements; quality improvement and resource development; accountability through ECD management information systems; investment and systemic issues for going to scale; and policy advocacy and social

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communications. Based on research and practice, recommendations for building strong and sustainable ECD systems are provided.

Keywords: early childhood, policy planning, implementation, systems, decentralization, multisectoral coordination and integration, monitoring, evaluation and advocacy

Since the 1970s, early childhood development (ECD) systems have expanded rapidly throughout the world. These ECD systems are composed of national multisectoral and sectoral policies, strategic plans, and comprehensive services that are provided at all levels by public and nonpublic sectors of education, health, nutrition, sanitation, and protection. They include institutional, human, training, and financial resources, and monitoring and evaluation activities that interact to improve child and family development. However, most ECD systems do not yet meet national needs for child and family development, and few of them focus adequately on improving the status of vulnerable children.

To become sustainable, ECD programs at community, municipal, and district levels require an enabling and protective policy umbrella, formal legal status, public sector technical and financial support, policy advocacy, standards, guidelines, well-trained human resources, and supervision, combined with effective monitoring and in-service training.

Given decentralization, complex national ECD systems are increasingly planned, implemented, and coordinated at provincial and community levels, as well as at national levels. Annual ECD plans are increasingly being developed at all levels.

Some Challenges

Conducting activities for ECD policy planning and systems development overwhelm many planners and practitioners—and with good reason. The multisectoral approach to ECD requires considerable knowledge and experience in child development and in planning integrated and coordinated programs with the five ECD sectors of health, nutrition, sanitation, education, and protection. Early childhood

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development planners must have strong negotiation and consensus building (p.444) skills and be adept at working at all country levels. They should understand how to develop culturally and linguistically appropriate services, and be able to design monitoring and evaluation (M&E) activities for ECD systems.

National politics, policies, and economic and cultural circumstances influence ECD systems, and, consequently, systems vary greatly from country to country. Service decisions are eminently national and cultural and should be made on the basis of evidenced-based recommendations, children's needs, and existing policies and resources. Common attributes across systems can be discerned, and some are described below.

Strengthening ECD policy planning, implementation, and systems constitutes a major challenge (O'Gara et al., 2008). Increasingly, countries are employing the terms "integrated" or "integrated approach" for activities related to multisectoral coordination and service integration with the goal of developing cost-effective and higher quality ECD services through consolidating administrative functions and ensuring services take a holistic approach to child development. However, multisectoral coordination sometimes functions poorly:

- "Institutional cultures" tend to be highly sectoral and do not reward personnel for engaging in multisectoral coordination or service integration.
- Ministerial leaders and personnel are rarely trained in ECD policy planning, participatory processes, negotiation, and consensus building skills.
- Coordination and joint communication strategies are needed to link ECD services of the public and nonpublic sectors.
- Sectoral competition for ministerial budgets is a barrier to multisectoral cooperation.

These challenges have been overcome in several countries, and lessons learned are presented in this chapter.

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Objectives

The objectives of this chapter are to (a)present eight key elements required to build and strengthen national ECD systems, (b) provide evidenced-based guidance for ECD systems, and (c) cite relevant experiences and research findings. Research on ECD systems development is limited. Consequently, both field experiences and studies are included. Recommendations for building ECD systems are provided in the concluding section.

Major Sectors and Actors

ECD systems usually include the five ECD sectors listed above. Increasingly, social protection and inclusion is becoming the "umbrella" for ECD in progressive countries, including several in Europe and Eastern Europe (Bennett, 2008; (p.445) European Commission, 2008; OECD, 2006). In Chile, for example, the Intersectoral Social Protection System includes integrated ECD, health, education, and protection services, focusing on vulnerable children (Ministerio de Planificación, 2007).

The main actors in ECD systems are line ministries and their agencies at all levels, institutes, tertiary education establishments, and various ministries such as finance, planning, justice, women's affairs or gender, rural development, and social service ministries. In most nations, civil society and private sector institutions play roles, either in concert with the public sector or separately, depending on institutional cultures and national leadership for ECD. To ensure ECD program and system sustainability and growth in Latin America, governmental structures lead service planning (Vargas-Barón, 2009a). This may prove to be the case in other world regions.

Age Ranges

Age ranges for ECD systems vary from country to country. Increasingly, national ECD leaders are becoming aware of research results showing that preconception education is essential for improving birth outcomes (Atrash, Johnson, Adams, Cordero, & Howse, 2006; Boulet et al., 2006). However, most nations officially begin their ECD systems at

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pregnancy. A few nations begin ECD service systems at birth, especially when education is the lead ECD ministry. For some countries, primary school entry is the end period to avoid an overlap with primary education policies. Other countries include the transitional period up to 8 years of age. A few nations extend their ECD systems to age 10, to ensure that children progress well in school and to harmonize ECD with youth policies (e.g., Bosnia and Herzegovina, 2011). These are national decisions. The period from pregnancy to age 8 is generally advocated internationally (Consultative Group, 2009).

Services Included in Comprehensive Early Childhood Development Systems

Comprehensive ECD systems include many services for children and parents, from preconception to primary school transition. Box 24.1 presents services often found in ECD systems.

This list is not exhaustive. Some services are designed to extend from preconception to early primary school years, as found in several European nations. Achieving service continuity is a major challenge, especially given vulnerable children's needs. Some ECD services are sectoral, whereas others are multisectoral in structure and/or content.

Each country builds its own ECD system using a variety of ECD programs, with priority given to certain services. Countries affected by conflict, natural disasters, (p.446) (p.447)

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and climate change are developing special ECD services to meet the needs of children, parents, and communities.

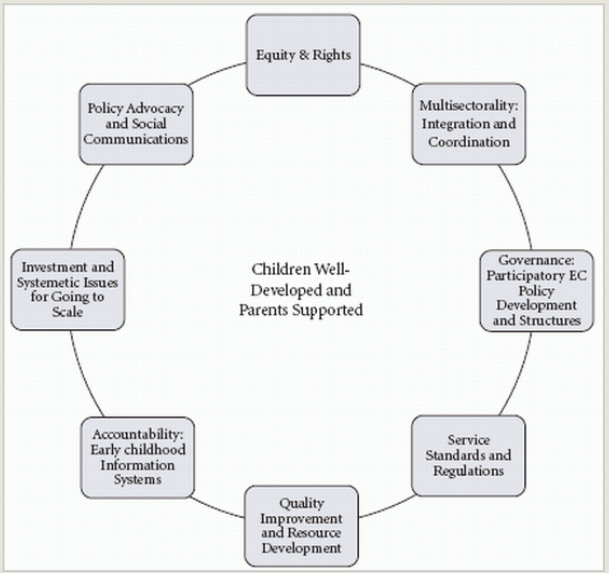

Figure 24.1 Key elements for building strong and sustainable national early childhood development systems

box 24.1 Examples of Services in Comprehensive Early Childhood Development (ECD) Systems

PRECONCEPTION TO NEONATAL

- Preconception education and counseling
- Prenatal education, linked to prenatal health and nutrition care, and preparation for delivery and parenting
- Delivery, neonatal care, health and nutrition activities, plus educational components through home visits and center-based activities

NEONATAL TO 36 MONTHS

- Parent education and support (parenting services) with components to meet national needs, from health, nutrition, hygiene, safety/injury prevention, and first aid to child development and early education

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- Well-child, preventive physical health, special health, and mental health services, including public/insurance schemes, immunizations, health and developmental screenings, and referrals for assessments, and conditional cash transfer services as available
- Intensive and individualized early childhood intervention services for children with developmental delays, malnutrition, HIV/AIDS, and disabilities
- Nutritional rehabilitation services with early childhood stimulation and parent education
- Home- and center-based early child care and development services
- Child and parental rights
- Child and social protection services, as needed
- Home and ECD center sanitation and hygiene services

37 MONTHS TO PRIMARY SCHOOL ENTRY (CHILDREN 3–6 YEARS)

- Formal preschool or preschool classes in a primary school
- Community center-based informal preschool services
- Home-based preschool activities and groups through continued age-appropriate parent education services
- Feeding programs for preschool-aged children
- Continued health and nutrition care for children 3–6 years of age
- Continued child and parental rights and protective services
- Home and center sanitation and hygiene services

EARLY PRIMARY SCHOOL (CHILDREN 6–8 OR 10 YEARS)

- Transition services: from home or preschool to primary school

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Parent involvement in primary school activities

Continued parent education and support

SPECIAL SERVICES FOR CHILDREN AND PARENTS AFFECTED BY CONFLICTS OR NATURAL DISASTERS

Environmental education and preparedness

Peace education, conflict resolution, and reconciliation (values and behaviors)

Main Elements of Sustainable Early Childhood Development Systems

Figure 24.1 presents eight essential elements for building strong and sustainable national ECD systems. They are discussed below.

Equity and Rights

For an ECD system to be comprehensive and sustainable, ECD policies, strategic plans, legislation, and related sectoral and multisectoral policies should call for equitable ECD services for vulnerable children and parents (Naudeau, Kataoka, Valerio, Neuman, & Kennedy Elder, 2010). Vulnerabilities are often related to ethnicity, language, gender, socioeconomic status, conflicts, disabilities, HIV/AIDS (p.448) and other diseases, and a lack of child and parental rights. Early childhood development policies and plans should include strategies to achieve child and parental rights, as stipulated in the Convention on the Rights of the Child and General Comment 7: Implementing Child Rights in Early Childhood (United Nations, 1989, 2006). A recent review of child rights in early childhood emphasizes equity and serving vulnerable children (United Nations, 2010).

If international mandates are not observed, ECD programs mainly serve children of urban, well-to-do parents who can pay for early education and health services (UNESCO, 2006). Nutrition, sanitation, and protective services are also slow to

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reach disadvantaged children (United Nations, August 2010, Article 35).

The greatest gains in child development accrue to those living in poverty and from marginalized groups (UNESCO, 2006). Yet, these children usually receive far fewer services due to inequities in public investment, inability to pay for private sector services, and limited social policy reforms (MICS analyses in UNESCO, 2006). During the Eastern European transition, countries initially reinforced single sectors, with little regard to equity. This situation is changing as social protection and inclusion policies are developed. Most disadvantaged children in Central and Eastern Europe and the Commonwealth of Independent States (CEECIS) region live in remote rural areas, impoverished urban enclaves, or belong to marginalized ethnic or other underserved groups. Some have developmental delays, malnutrition, or disabilities due to stressors in their home environments (Grantham-McGregor et al, 2007). To serve them, ECD services must be targeted and culturally appropriate.

Abundant research shows that ECD services should be mother tongue–based (MTB). Jessica Ball states, “Research confirms that children learn best in their mother tongue as a prelude to and complement of bilingual and multilingual education” (Ball, 2010, p. 2). Children who learn to read and write in their mother tongue tend to achieve better in school than do those who try to learn in a language and cultural framework that is alien to their homes (Benson, 2002, 2009; Kosonen, 2005). Effective methods exist for developing educational materials, methods, and manuals in mother tongues, but they are not widely used in ECD. Few linguists and educators skilled in MTB education develop comprehensive ECD services, and few early educators are trained in linguistics.

Educational materials and methods must fit parents’ cultural belief systems and ideals regarding childrearing (Harkness & Super, 1996; Vargas-Barón, 2010). Early childhood development services should be as consistent as possible with parents’ ideals for good child development. Effective innovations in parenting skills are based on each culture’s child rearing values, attitudes, and practices (Cole & Cole,

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2000). Parents require help to eliminate practices scientifically determined to be dysfunctional or harmful (e.g., genital cutting of girls, suppression of nutritious foods, etc.).

Impoverished children and mothers in conflict- and disaster-prone countries are often negatively affected. During crises, children's basic rights are overlooked (p.449) unless ECD policies and services are developed during and immediately after an emergency.

Low-birth-weight infants and young children affected by malnutrition and chronic diseases such as HIV/AIDS, malaria, or tuberculosis usually exhibit notable developmental delays (Walker et al., 2007). They require intensive, individualized early childhood intervention (ECI) services (Guralnik, 2011; Shonkoff & Meisels, 2006). Although essential, ECI services are rarely included in nutritional rehabilitation services. However, ECI services are beginning to be developed in low- and middle-income (LAMI) countries, where they are urgently needed.

Gender equity is best achieved during children's early years, including preschool and primary school transition. Equitable beginnings help achieve gender equity in schools (Irwin, Siddiqui, & Hertzman, 2007; Pressoir, 1999; UNICEF, 2007).

Multisectorality: Integration and Coordination

Well-integrated and coordinated ECD services should be established to ensure children's holistic development. However, few studies exist regarding national ECD service coordination, and many planners and service practitioners do not understand well the distinctions between multisectoral coordination and service integration. It is generally agreed that a multisectoral approach should be used to develop ECD systems (Naudeau et al., 2010). It is also accepted that ECD policies and plans should contain guidance for multisectoral coordination, service integration, and evaluations to demonstrate that outcomes are being achieved.

Multisectoral Early Childhood Development Services

Multisectoral services include all ECD sectors in an ECD service system. Multisectorality occurs at central, provincial,

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and community levels. Sectoral and multisectoral services are the main types of ECD services in most countries.

Multisectoral services are not integrated; rather, they are separate sectoral services that are linked with other sectoral services through formal or informal agreements or networks. Each sectoral service has its own administrative center. The multisectoral service system, the *Zones de Convergence* of Cameroon, featured five sectoral “entrance doors” to community ECD services (Institut National de la Statistique and UNICEF, 2007; UNICEF, 2005; Vargas-Barón, 2007). See Figure 24.2.

Founded by Cameroon’s Ministry of Planning in Adamaoua Province, the *Zones de Convergence* included public and nonpublic community ECD services. The *Zones de Convergence* were planned at the national level, guided at the provincial level, and flexibly adapted at the local level. This approach is useful when several agencies exist, and national and provincial leaders promote convergence. (p.450)

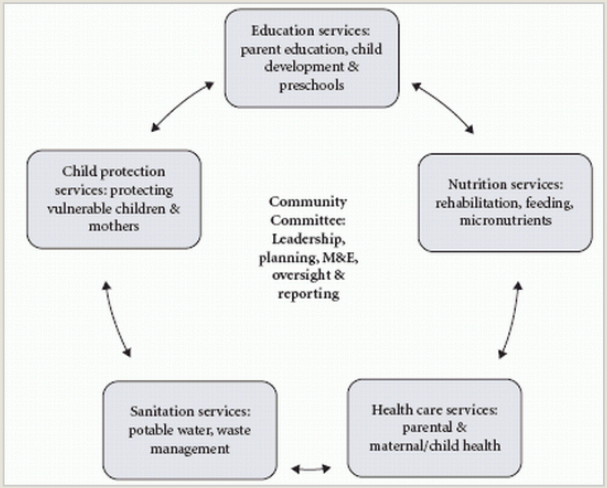

Figure 24.2 Zones de Convergence, Cameroon; five entry “doors” and universal referrals

Formal coordination includes written interagency agreements among sectors to plan, implement, monitor, and evaluate services. Formal coordination is preferable because when leadership changes, informal agreements may not be honored.

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Ministries establish interagency agreements with explicit roles and responsibilities. Within ministries, incentives and support for multisectoral work should be established, including job descriptions stating that multisectoral activities are core responsibilities. Top-level ministerial leaders should model positive multisectoral behaviors and attitudes. Ministerial documents should emphasize the importance of multisectoral ECD coordination and integration. Performance reviews should include interagency work results, plus comments from colleagues in other agencies.

Integrated Early Childhood Development Services

Integrated services unite content, personnel, and resources from two or more ECD sectors in one administrative unit to create a synergy for providing holistic, child-centered, and family-focused services. Examples of integrated ECD services include:

Personnel receive training in the contents and methods of several sectors, especially to serve impoverished communities (e.g., *Hogares Comunitarios* of the Colombian Institute of Family Welfare [ICBF]; *Madres Guías*, Honduras; *Educa a Tu Hijo*, Cuba). (p.451)

Preconception & Prenatal Education	Parent Education & Support	Early Childhood Intervention	Preschool Play Groups & Support to Preschools	Family Support & Case Management	Monitoring & Evaluation
Home & center-based	Home & center visits & toy & book libraries	Home visitis with center support services	Play groups with parents & children together	Center-based social work services & referrals	Monitoring & evaluation for all ECD services
Complements health services	Fills gaps in 0 to 3 services	Children from 0 to 3+ with delays, malnutrition disabilities	Fills gaps in preschool education	Ensures support for vulnerable children	Assesses inputs, outputs and outcomes

Figure 24.3 Integrated early childhood development centers, Bosnia and Herzegovina

Several ministries unify their services, conduct cross-training, pool budgets, and provide "one-stop" services to improve access and service quality (e.g., Integrated ECD Centers, Central African Republic; ECD Center Models, Rwanda.

Policies mandate that service networks collaborate to reduce costs and expand services (e.g., *Chile Crece*

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Contigo; ECI Centers in polyclinics and education centers, Belarus).

A network of integrated service sites work as teams with one administration per site, and sign formal agreements with other local service providers (e.g., IECD Centers, Bosnia and Herzegovina; Any Baby Can and Ounce of Prevention's Educare Centers, United States; Child and Family Centers, Australia).

Figure 24.3 presents the Integrated ECD Centers of Bosnia and Herzegovina that combine services across all five ECD sectors and have systems for M&E, case management, tracking, and referrals.

Common Challenges Regarding Multisectoral Planning and Services

Sectoral ECD planning and services still predominate in most countries, primarily due to national sectoral budgets and sectoral funding from international donors. In spite of this, multisectoral ECD coordination is increasing, and, increasingly, multisectoral and integrated services are going to scale in many countries.

The National Level

Exceptions to sectoral approaches occur, especially when planning and/or finance ministries assume ECD leadership. Chile's Ministry of Planning and Cooperation and the Executive Secretariat for Social Protection developed *Chile Crece Contigo's* (p.452) ECD services and *Chile Solidario* to integrate, improve, and expand services, and break Chile's cycle of poverty. The planning ministries of Cameroon and the Central African Republic were mandated to lead ECD planning and coordination (Cameroon) and integration (Central African Republic). Planning and finance ministries have led consultative processes, convened line ministries for ECD policy planning, and conducted cross-service M&E.

Some assert that integrated approaches to ECD cannot be established at the national level due to competing budgets, differing ministerial guidelines, a lack of experience in integrated programming, and similar arguments. Upon closer examination, this is not universally the case. Several nations

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(i.e., the United States, Chile, Colombia, Russia, and Lesotho) have combined health and protection ministries, in which ECD is emphasized, resulting in coordinated and integrated services for health and child protection. Protection ministries often are mandated to coordinate services related to the United Nations (UN) Convention on the Rights of the Child (CRC) and other international instruments. In several nations, ECD is found in multisectoral ministries for gender, children/families, community development, national solidarity, and rural development. However, combined education and health ministries are rarely found. These ministries usually have large budgets and compete for funds.

The Provincial Level

Provincial ECD activities for planning, training, supervision, and M&E are usually sectoral unless policies mandate multisectorality. Sometimes, policies instruct provinces to establish multisectoral ECD committees, but many provinces only develop ECD infrastructures once they perceive potential financial and other benefits. Integrated provincial ECD activities are found mainly when communities have strong, integrated systems. If a country lacks a system for provincial ECD planning, coordination, and reporting, it either has a weak ECD system or has not developed a fully decentralized system. Large-scale ECD programs in Latin America were found to have established vertical and horizontal coordination systems (Vargas-Barón, 2009a). It may be posited that the provincial level develops best once community and central ECD systems have been well established and demand provincial support. It might be best for countries to focus first on developing central and community ECD systems, and then add provincial infrastructure.

The Community Level

Well-coordinated or integrated ECD programs that include two or more sectors are usually found at the community level. However, many integrated ECD services begun in communities lack attributes required for successful expansion, such as a legal basis, strong policy support, organizational leadership, effective educational materials, training manuals and systems, and internal M&E systems. They remain pilot programs, and most disappear after a few years (Vargas-

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Barón, 2009a). Some (p.453) pilot models, such as *Promesa* in Colombia, developed innovative approaches that subsequently were adopted by larger-scale multisectoral programs (Arango & Nimnicht, 1984).

Some community ECD services are sponsored from either central or provincial levels, and these are more likely to have complete program development processes and other attributes required for growth and sustainability. However, they must have flexible systems that meet local needs and use local resources.

Annual community ECD plans increasingly are developed to access budgetary resources from all levels. Experience has shown that program reports are submitted regularly if they are linked to budgetary provision. Systems for consistent reporting, planning, and budgeting appear to help maintain coordinated and integrated ECD services.

Governance: Participatory ECD Policy Development and Structures

Early childhood development policies should be developed in a participatory manner, and structures and processes for effective policy implementation are required for countries to achieve their policy objectives. The 2010 CRC Report of the UN Secretary General asks nations to: “Establish a framework of laws, policies and programs ensuring that the rights of the child are implemented within a continuum of care (maternal, newborn, child health), education and protection throughout the early years of life …. ” (United Nations, 2010, Article 61a.)

ECD Policy Development

Usually, a sine qua non for building and strengthening ECD systems is an effective policy structure with legal provisions for a sustainable system of services (Vargas-Barón, 2009b). Currently, more than 40 countries have adopted ECD policies, and more than 40 more are developing or close to adopting them (author’s count, 2011). However, some industrialized countries have built ECD systems without establishing a multisectoral policy for young children. For example, Belarus has a web of sectoral policies, plans, legislation, and

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interagency agreements for multisectoral coordination rather than a single ECD policy (Vargas-Barón & Janson, 2009b). Concern has been expressed regarding the viability of this ECD system once the regime changes. The United States has some state-level “children’s plans,” but the country depends on sectoral legislation at all levels and the private sector to form a “safety-net” of ECD services. Lacking an equitable national ECD policy, many gaps exist that negatively impact the nation’s most vulnerable children (Stebbins & Knitzer, 2007).

Guidance for conducting participatory ECD policy planning processes may be found in Vargas-Barón (2005b) and Britto and van Ravens (2009). For policy advocacy and some content options, Naudeau et al. prepared a useful guide (2010).

(p.454) Countries that have forged strong multisectoral agreements have drafted and adopted ECD policies and plans in from 18 months to 3 years. Others drafted their policies but have been slow to adopt them. Ghana took 10 years to adopt its policy. Cameroon drafted its policy and plan 4 years ago, but, because highly participatory planning approaches were used, many designated services have been implemented even without policy adoption. Each country situation is different, but participatory policy-planning processes are well understood. If followed, most countries should be able to develop, adopt, and implement their ECD policies quite effectively.

In addition to ECD policies, most countries develop 3- to 5-year strategic plans, and they also prepare annual action plans. Some countries opt for brief “ECD policy statements.” Usually, they hope to gain commitments for a simpler multisectoral policy as a basis for a more detailed ECD plan (i.e., Bosnia and Herzegovina and Cambodia). Some nations use restrictive policy formats that stipulate the preparation of brief policy statements. Policy adoption tends to be lengthy in contrast to easier approval for plans by councils of ministers or other officials.

Research is needed on the ECD policy implementation, but some cautious observations may be made. Early childhood

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development policies and plans should reinforce elements of other sectoral and multisectoral policies dealing with young children and parents. They should fill existing policy and service gaps with innovative ECD strategies and activities, and also propose improvements in existing ECD services. Evaluated and promising services can be proposed for expansion, in accordance with cost-effectiveness measures and projected service needs. Early childhood development policies and plans should call for harmonizing the elements of existing policies and services. They usually establish an organizational structure for policy implementation and provide guidance to ensure that each agency becomes fully operational. Central, provincial, and community structures should include membership criteria, terms of reference, operational guidelines, delegated planning and budgetary authority, responsibilities for vertical/horizontal coordination, M&E, and reporting linked to planning processes.

National-Level Structures

A multisectoral ECD council is often established that includes ECD ministers and directors of leading civil society and private sector agencies. Because these councils usually meet infrequently, a multisectoral ECD technical committee of leading professionals from each of the organizations on the council is often established and meets frequently. The technical committee reviews reports, plans, and proposals before they are sent to the council and works with the ECD operational agency.

To ensure ECD policies and plans are well implemented, a permanent operational “ECD motor” is needed, with an organizational structure, terms of reference, and annual core budget. Often, this is a department within the lead ECD ministry. Alternatively, this ECD motor may be a public sector “executive agency” or a semi-autonomous agency. Relatively few such agencies have been created to date. Colombia’s semi-autonomous institute (ICBF) has been successful in (p.455) meeting many of its goals, and it was able to function nationwide even during violent national events in that country. Its success is due principally to its permanent legal status, sustained funding from a 3% payroll tax, ability to meet

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community service demands, and enduring presidential support (Vargas-Barón, 2006).

The ECD motor functions as the “secretariat” of the multisectoral council and technical committee, prepares an annual plan and budget based on reports and plans from communities and provinces, and reports to the technical committee, which in turn reports to the council. The ECD motor implements the ECD policy, carries out council decisions, guides coordination at all levels, and prepares work plans for selected multisectoral or integrated activities. It ensures agencies in charge of ECD content prepare, field-test, revise, produce, and distribute educational and training materials for pre- and in-service training. It guides M&E, reporting, and program and financial planning in a continuous feedback loop, and it prepares annual plans for policy advocacy and social communications.

It appears that countries whose ECD policy or plan did not establish an operational unit have been unable to implement their policies effectively. Further, lacking a single point of contact for ECD, countries are unable report reliable ECD data to international agencies.

Lead Ministry for ECD

The lead ministry for ECD is often the education ministry. A few countries have designated the ministry of health, protection, planning/finance, or a multisectoral ministry for children and families as the lead. Ministries such as justice, sanitation, and rural affairs cooperate with ECD activities but are not selected as lead ministries.

If education is the lead agency, it must reach out to other ministries to ensure their full involvement, but this does not always happen. To improve learning outcomes and the internal efficiency of education systems, the education ministry should collaborate closely with health and protection ministries to improve preventive and basic maternal–child health care; nursery and preschool feeding, nutrition, and sanitation services; special health care; and women’s and children’s protective services. Parent educators, nursery and preschool

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teachers, and others need cross-training in health, nutrition, hygiene, and other topics.

Services for Children 0–3

Some education ministries lack mandates to serve children aged 0–3 years. However, due to neuroscience research (Shonkoff & Phillips, 2000) and demands for parent education, quality nursery care, and ECI services, they are increasingly focusing on “0–3 services.”

In the absence of an education policy mandate for serving infants and toddlers, health ministries and nonpublic agencies have partially assumed this role. Occasionally, these services have been placed with protection ministries, along with services for abused children and orphanages. Except for ECI services in (p.456) health ministries, child development services conducted by health or protection ministries rarely develop standards, regulations, educational curricula, materials, methods, pre- and in-service training, and M&E.

Provincial-Level Structures

Some countries have established provincial multisectoral ECD committees to conduct activities mandated at the national level and to respond to requests for support from communities. They often play roles for multisectoral coordination, plan multisectoral or integrated services, and provide community support. ECD policies should include roles, responsibilities, and guidance for provincial ECD structures.

Community-Level Structures

Community ECD committees frequently become subcommittees of municipal councils. Oversight by parents, ECD committees, the municipal council, traditional or religious leaders, and others was found in all successful community services in Latin America (Vargas-Barón, 2009a). Committee members are often dedicated because they work for community children, and they usually participate in ECD activities. Community ECD structures are greatly influenced by local social organization and leadership methods. If the communal organization is strong, then ECD committees tend to be effective. In scattered hamlets or communities affected by violence, it is challenging to develop community ECD

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committees, and they need considerable technical support and training.

Legislation, Standards, Regulations, and Agreements

In addition to helping with ECD policies and plans, parliamentarians work with ministries to establish ECD legislation, service standards, guidelines, regulations, and interinstitutional agreements to achieve system-wide quality assurance.

ECD policies and plans often list ECD legal documents that need to be developed. However, without policy mandates, strong technical leadership, and accountability mechanisms, these documents tend to be ineffective. Existing legal instruments should be reviewed, and activities to revise or replace them should be included in ECD policies or plans.

Some ECD specialists doubt the value of ECD service and personnel standards in LAMI countries. Others advocate the use of “minimum standards.” However, ECD specialists invariably call for quality standards that are flexible and implemented progressively. Although these legal instruments are called for in ECD policies and plans, they are rarely included in them. An exception was Kenya’s standards, which were appended to their ECD policy (Ministry of Education, Kenya, 2006a,b).

(p.457) Formal interagency ECD agreements are usually called for in ECD policies, including partnerships for multisectoral planning, coordination, M&E, and reporting.

Quality Improvement and Resource Development

In addition to structural issues and key program outcomes as called for by the Organization for Economic Cooperation and Development (OECD, 2006), ECD systems and resource centers should improve the quality of the contents of ECD systems and their transmission through pre- and in-service training programs. Culturally and linguistically appropriate curricula, educational materials, training manuals, teaching

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methods, media, and M&E instruments are called for in ECD policies. Materials and instruments should be field tested, revised, produced, and distributed in sufficient quantities before training begins. Early childhood development policies also call for the development of pre- and in-service training systems that build on existing training resources and fill in gaps. Tertiary institutions are reinforced to provide training. Although international nongovernmental organizations and other partners often provide shorter term training of trainers, sustainable national in-service systems are essential and usually require improvement and expansion.

Distance learning is increasingly being used to improve ECD services. Evaluations of the ECD Virtual University show that the program is high in quality, and its graduates have positively impacted national ECD policy and services (Vargas-Barón, 2005a; Vargas-Barón & Joseph, 2011). Although distance learning can augment national training systems, it cannot replace them.

To reach vulnerable groups, it is necessary to train ECD professionals, paraprofessionals, and volunteers from ethnic groups, rural and marginalized groups, and persons with disabilities. Paraprofessionals and volunteers require frequent in-service training, monitoring, and supervision to ensure good program quality. In-service training is best provided through continuous systems from central, provincial, and community levels. To provide cost-effective services, field supervisors should be prepared to provide frequent in-service training sessions, combined with monitoring and supervision.

Accountability: ECD Management Information Systems

Accountability for quality improvement and equity is essential for building and strengthening ECD systems. However, comprehensive and unified national systems for ECD accountability are rarely developed. Such systems should include project-level M&E, unique codes for children and parents, privacy rights, case management from birth registration onward, and provisions for referrals, tracking, and interagency coordination.

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(p.458) The lack of national systems for accountability is especially due to the nature of multisectoral ECD services and a pervasive lack of funding for M&E. Given needs for national ECD databases and “single points of contact,” countries should develop management information systems (MIS) and/or M&E systems for ECD. They would use selected indicators from existing education and health MIS systems, Demographic Health Surveys (DHS), and Multiple Indicator Cluster Surveys (MICS), plus add some indicators regarding ECD policy implementation processes, services, children, and parents. Although some international indicators exist for the five ECD sectors, few countries have developed child development indicators with age bands and other types of service outcomes.

Most ECD policies or strategic plans provide a wide variety of policy indicators, and a recent study assessed 283 discrete types of indicators found in 51 policy instruments of 39 countries (Vargas-Barón & Schipper, 2012). It was also discovered that accountability systems to measure ECD policy indicators have rarely been developed as expected. Through a broad coalition of agencies led by the UN Educational, Scientific, and Cultural Organization (UNESCO), an international index of core ECD indicators is currently under preparation, and this initiative may help promote more interest in the development of national ECD M&E systems and databases keyed to achieving national targets.

Investment and Systemic Issues for Going to Scale

ECD investments should be increased to expand coverage and ensure services are sustainable, high in quality, and cost-effective. Increasingly, studies are being conducted on ECD costs and finance, including in-kind support (Coordinators’ Notebook, 2008; Hueston et al., 2007; Levin & Schwartz, 2006; Myers, 2008). Apart from routine preschool education budgets, comprehensive ECD budgeting tools are needed for all five ECD sectors, plus integrated services.

National ECD investment targets have been recommended regarding gross domestic product (GDP) and the proportion of ministerial budgets devoted to ECD (Coordinators’ Notebook,

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2008; GTZ, 2009). Each nation should establish investment targets and budgets in their ECD policy and plan.

Investment in system-wide expansion, improvement, and sustainability has critical dimensions (Tinajero, 2010; Vargas-Barón, 2009a). Studies demonstrate that investment is only one requirement for achieving scale. Legal status, policy support, coordination, and program development processes are just as important.

In addition to large-scale programs, another way to expand coverage is to create a mosaic of services with common standards, high-quality inputs, joint training, and M&E. If an ECD system depends upon pilot programs, it will not achieve adequate program coverage. Most pilots face barriers to expanding coverage equitably, and few are designed to go to scale. Elements for taking high-quality ECD services to scale are listed in Box 24.2 (Vargas-Barón, 2009a).

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box 24.2 Essential Elements for Going to Scale

1. Secure and maintain strong leadership, legal, and policy support for early childhood development (ECD) programs.
2. Design programs to go to scale from the outset.
3. Prepare and implement well-targeted, comprehensive, culturally appropriate, and community-based ECD programs.
4. Include internal and external procedures for program coordination, monitoring, evaluation, accountability, reporting, and revision.
5. Prepare a sound and diversified investment plan.
6. Prepare to face typical barriers to achieving program expansion and quality by studying other programs' experiences.
7. Develop partnerships with pilot programs sponsored by civil society institutions and the private sector.

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Policy Advocacy and Social Communications

Policy advocacy and ECD media campaigns are required for national leaders, parents, and communities. Policy advocacy is needed before, during, and after ECD policies and plans are developed. Policy briefs should be prepared for decision makers, presenting short-, medium-, and long-term reasons for investing in ECD, and policy advocacy meetings promote high-level dialogue. Advocacy workshops should be held at all levels because parent and women's groups have often secured increased support for ECD. In Colombia, unionized women workers were instrumental in securing the payroll tax for children's services (Vargas-Barón, 2006).

Policy implementation usually includes activities for advocacy. Early childhood development panels are held on radio and television, and Op-Ed pieces and articles are prepared. Kits are prepared to encourage parliamentarians and other decision makers to expand investments in ECD.

Annual ECD communication plans should include media campaigns through radio, television, print media, banners, posters, and national children's days. Culturally adapted and linguistically appropriate messages from parent education services are selected for reinforcement through national media.

Recommendations for Building Strong and Sustainable ECD Systems

All eight elements for building strong and sustainable ECD systems should be addressed during ECD policy planning processes and reviewed annually to assess implementation progress. Selected recommendations for each element are presented here.

(p.460) ### Equity and Rights

Ensure services are universal and equitable, paying special attention to meeting the needs of vulnerable children from ethnic and linguistic minorities; those living in poverty or with special health, nutritional, or developmental needs;

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and victims of domestic or community violence, natural disasters, or other major stressors.

Provide culturally and linguistically appropriate ECD services for children of all ethnic groups in each country, and ensure mother tongue–based educational materials are used.

Build strong linkages among ECD services and CRC implementation and reporting activities, while helping to ensure provisions of the CRC and General Comment 7 are fully implemented in each country.

Multisectorality: Integration and Coordination

Promote and achieve multisectoral coordination at all levels through ECD policies and strategic plans, with an emphasis placed on multisectoral planning and coordination at the national level, and service integration and coordination at the local level, to the extent advisable in each country.

Prepare formal agreements for intersectoral and multisectoral ECD activities, and ensure roles and responsibilities are clearly defined and energetically pursued at each level.

Create an “institutional culture” in ECD-related ministries that promotes and rewards multisectoral coordination and integrated activities, and partnerships and networks for planning and implementing well-coordinated and integrated services.

Governance: Participatory Early Childhood Policy Development and Structures

Develop and implement ECD policies accompanied by comprehensive and detailed strategic plans, annual action plans, and budgets, and establish an effective national multisectoral ECD council and/or an ECD technical committee in each country.

Ensure a ministerial department or a semi-autonomous institute is officially established as an “ECD motor” in each country, with an organizational structure, terms of reference, and a core budget to implement the ECD policy

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and strategic plan, and to conduct continuous reporting and planning activities.

Promote and enable decentralized and comprehensive municipal planning for ECD services through integrating some early childhood services, ensuring multisectoral coordination, providing municipalities with (p.461) continuous pre- and in-service training, offering timely and quality services, and conducting processes for internal program monitoring and evaluation, combined with effective community oversight.

Service Standards and Regulations

Include provisions for developing ECD service and personnel standards, guidelines, and regulations in all ECD policies and strategic plans.

Develop and implement jointly agreed upon service and personnel standards, guidelines, and regulations, including program policies and procedures for specific services, such as ECI.

State time periods for instrument review and revision, to maintain flexibility and openness to improvement.

Quality Improvement and Resource Development

Ensure the development of culturally and linguistically appropriate, high-quality curricula, educational materials, methods, and media for all ECD services, with sufficient time for field-testing, revision, production, and distribution.

Improve human resources through developing a pre- and in-service ECD training system for professionals, paraprofessionals, and volunteers, with a special focus on cost-effective supervisors who train, monitor, and supervise local services.

Evaluate program inputs, outputs, and outcomes, and use the results to improve program contents and training systems.

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Accountability: Early Childhood Development Management Information Systems

Develop ECD MIS and/or M&E systems with national ECD indicators and targets for ECD policies and strategic plans, in collaboration with other relevant national databases in each country.

Design national ECD database systems with unique codes for children and parents, case management, referrals, tracking, and interagency coordination.

Conduct impact evaluations of all leading ECD programs, with the goal of improving them over time.

Investment and Systemic Issues for Going to Scale

Develop cost studies, projections, and simulations for program assessment, improvement, and expansion.

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Establish national ECD investment targets, including both amounts and deadlines.

Take successful multisectoral and integrated ECD services to provincial or national scale, as needed.

Use integrated and coordinated approaches to develop “mosaics of services and support activities” and to enable innovative, high-quality early childhood services to achieve scale.

Policy Advocacy and Social Communications

Conduct policy advocacy activities before, during, and after establishing an ECD policy and strategic plan, and prepare and implement an annual policy advocacy plan.

Prepare an annual ECD communication plan for and with communities and parents, focusing on key parenting and child development messages.

Conclusion

To achieve a high level of innovation and ensure high service quality, research on ECD must be conducted continuously in each country. However, due to the paucity of research on ECD systems, coordination, and service integration, a global

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research initiative should be established with a website, policy briefs, and program exchange visits focused on ECD research and evaluation. Specific research areas could include:

- Assessment of cultural and mother tongue–based ECD services and their results
- Baseline and pre–post evaluations combined, where possible, with experimental or quasi-experimental designs to measure outcomes reliably
- Effectiveness of pre- and in-service national ECD training systems
- Analysis of “institutional cultures” of ministries and agencies that favor multisectoral coordination and/or integrated services
- Methods and effectiveness of vertical and horizontal coordination systems at all levels
- Effectiveness of alternative national approaches to home visits, group sessions, and center-based services
- Effectiveness of ECD team-building strategies for establishing integrated services
- Analysis of ECD costs and finance in relation to effectiveness and efficiency
- Effectiveness of ECD policies and strategic plans in achieving implementation objectives, and especially for improving birth, child, and parenting outcomes

(p.463) In conclusion, decision makers in all nations should identify those ECD outcomes required to achieve national development goals. Fundamental decisions regarding roles of the state, civil society, and private sector should be made in order to provide essential ECD services and support parents as the best nurturers and teachers of their children.

To build ECD systems, nations are increasingly focusing on decentralized planning, service implementation, and oversight, as well as on central normative leadership, investment, and coordination. Quality assurance systems are required to ensure ECD services are high in quality, equitable, and effective. Above all, it is the dedication of inspired and hard-

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working ECD specialists, community paraprofessionals, and volunteers that make ECD services successful and ensure all children will achieve their potential.

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