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The Demand for and the Provision of Early Childhood Services since 2000: Policies and Strategies

Sheldon Shaeffer

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The Demand for and the Provision of Early Childhood Services since 2000: Policies and Strategies

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Sheldon Shaeffer

Executive Summary

Since the Millennium Development Goals and Education for All targets were proclaimed in 2000, considerable progress has been made in regard to enhancing the wellbeing of young children including an increase in both the supply of and demand for preprimary education. In comparison to 1999, by 2012 the global preprimary GER increased by 64% to 54%. But many young children, including 78% in the Arab States and over 80% in Sub-Saharan Africa, still have no access to these programmes as the result of both low supply and low demand.

Obstacles to further increasing the demand for ECD services include structural and political factors, a lack of visibility of these services, poor quality including their lack of adaptability to the individual needs of their clients, high costs to both providers and the consumers, and cultural and contextual constraints such as low parental and community awareness of the benefits of ECD.

But policies and strategies can be designed to increase demand. These include laws, policies, and action plans – and more financing – meant to expand affordable ECD services; an increase in the awareness of parents and communities of the benefits of ECD; the promotion of holistic, integrated approaches to early childhood; the clear definition of standards of quality both of ECD services and of children's early learning and development, and strategies and programmes to identify and support those groups most in need of quality ECD services.

I. Introduction

Since the Millennium Development Goals (MDG) and Education for All (EFA) targets were proclaimed in 2000¹, considerable progress has been made in regard to enhancing the wellbeing of young children (defined here as aged 0-8). The rates of under-5 mortality and malnutrition have decreased significantly around the world, and participation and enrolment rates in early childhood development programmes, including in preprimary education, have shown an equally significant increase.

But many of the global 2015 targets of the MDGs and EFA will not be achieved. Some 6.6 million children under the age of five died in 2012 (48 deaths per 1000 live births), and 25% of children under the age of five experienced moderate or severe stunting, a sign of chronic deficiency of essential nutrients.ⁱ In addition, an uncounted number of young children suffer from neglect and physical and psycho-emotional stress and abuse and grow up in contexts of extreme poverty, domestic and/or social violence, and the lack of consistent, comforting care; this is often even truer where the children's parents have migrated, permanently or seasonally, and the children are being raised instead by often less educated, less energetic, and less nurturing grandparents or other members of an extended family. Such challenges facing young children will make the likely more complex and ambitious targets of the post-2015 development agenda even more difficult to achieve.

The role of early childhood development (ECD) services and programmes in helping to overcome these challenges to the wellbeing of young children should not be underestimated. And as evidence accumulates concerning the importance of these services – from preconception parental education to the early grades of primary school – it becomes even more important to ensure their adequate supply and quality. But adequate supply means little if it is not matched by demand, especially from disadvantaged groups who benefit from these services the most. The evolution of ECD services since 2000 (particularly in regard to preprimary education²), the challenges to increasing the demand for these services, strategies designed to meet these challenges (supported by the experiences described in four national case studies), and suggestions for a further strengthening of this demand are discussed in the paragraphs below.

II. The Evolution of ECD Services since 2000

The field of ECD itself has evolved considerably since 2000 based on important earlier progress such as the recognition in the Jomtien Declaration on Education for All of 1990 that “learning begins at birth”. This evolution has been marked by several factors:

- **a significant increase in the knowledge base of ECD** especially in the area of neuroscience (e.g., the damage to brain architecture and development from stress and neglect) but also in child health and nutrition, language development (e.g., the role of conversation in the home and of mother tongue in the school), and the critical importance of caring, nurturing, and stimulating home environments
- **a substantial increase in the number of national ECD policies**, policy frameworks, and action plans, both sectoral and multi-sectoral
- **more extensive research demonstrating the positive impact of quality ECD programmes**, both short-term and longer-term, especially for disadvantaged populations
- **an increase and enrichment in the range of desired (and more often assessable) young child outcomes**, from basic health and nutrition status and school readiness to areas such as

¹ The Dakar Declaration on Education for All of 2000 has as its first goal to “expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.”

² Although the distinctions are not always clear, “pre-primary education” for this paper includes “preschool”, “kindergarten”, “nursery school”, “pre-kindergarten” et al which are centre-based and educationally oriented.

early grade literacy and numeracy; non-cognitive outcomes such as self-regulation, gender sensitivity, resilience, and creativity; and even awareness of the range of environmental, social, economic, and cultural issues related to sustainable development

- **more systematic evaluations of different kinds of ECD programmes** leading to a better of idea of what works, under what circumstances, and to a much richer understanding about what “quality” ECD means.

A. The Diversification of ECD Services

One of the most striking aspects of the evolution of ECD is the sheer diversification of services focused on young children since 2000. This has occurred in at least two ways. First, there is **a wider range of concerns – and thus of services -- in regard to child wellbeing**, from what was earlier a primary focus on the health and nutrition of the pregnant woman and young child (aged 0-3) – and therefore the responsibility of the Ministry of Health -- to a much broader interest in issues such as:

- **the mother’s health and nutrition status prior to conception**, with the development of adolescent reproductive health curricula and young parent education programmes focusing particularly on adolescent girls and young mothers
- **cognitive and linguistic development**, with a greater focus on educating parents on how to ensure that infants are exposed to a wide range of visual and aural stimuli through methods such as responsive breastfeeding and the enrichment of the child’s use of language; such methods support the development of the infant brain’s “wiring” which new findings in neuroscience have shown to be essential to the child’s later wellbeing and learning achievement
- **child readiness for school and the facilitation of transition** from the home or ECD programme to primary school; e.g., programmes which help children of linguistic minorities function in the national language used in the school and which improve the quality of the early grades so that children, by age 8, have mastered the fundamentals of literacy
- **child protection** (an addition to the traditional focus on health, nutrition, and cognitive development) based on recent scientific evidence concerning the toxic impact of stress, abuse, and violence, whether in the family or the larger environment, and therefore broader **social protection** programmes linked to improving family welfare.

A second aspect of the diversification of ECD services has been **the expansion in the range of providers and funding sources**. What was often the dominance of governments in the provision of virtually all ECD programmes (e.g., in the socialist states of Eastern Europe) or of communities and non-government organisations where the government was consciously absent has given way to a much broader range of providers – different levels of government; INGOs, NGOs, and community- and faith-based organisations; private providers, both for profit and non-for-profit; and the workplace of the parents (usually of the mother).

B. Progress in Preprimary Participation

Accompanying this increased diversification in the range and providers of ECD services has been a significant increase in both the supply of and demand for these services. While recognising the importance of the wider range of ECD programmes described above, this paper will focus primarily on preprimary/preschool education³.

³ Defined, as ISCED level 0, as programmes at the initial stage of organised instruction, primarily designed to introduce children, aged at least three years, to a school-type environment and provide a bridge between home and school. Such programmes are the more formal component of ECCE after which children continue their education to primary education. The UNESCO Institute of Education glossary uses this definition for ECCE: “Programmes that, in addition to providing children with care, offer a structured and purposeful set of learning activities either in a formal institution (pre-primary or

There are several reasons why this level of education is considered so important. First, preprimary programmes can help ease the often traumatic transition from the known – the informal, family- and culture-oriented environment of the home – to the unknown -- the formal structure and processes of the school. “Attending a high quality preschool lays the foundations for learning and helps children make a smooth transition to primary school. Extending access to the poorest and most vulnerable children can boost their education and livelihood experiences in life. The more time children spend in preschool, the better their performance in primary school.”ⁱⁱ

Similarly, according to a recent Lancet study on ECD, in most cases, “preschool enrollees demonstrated higher scores on literacy, vocabulary, mathematics, or quantitative reasoning than non-attenders.”ⁱⁱⁱ The important role of preschool in terms of a child’s school readiness therefore becomes an important rationale for advocating with ministries of education (and finance!) for greater investment.

But preschools also have other functions, and these should not be neglected in developing programmes to support them:

- they provide a place for the early assessment of disabilities and developmental delays, appropriate interventions, and remediation before the rigors of formal schooling appear
- they have a wider socio-economic function by providing supervised care for young children which would otherwise need to be provided by mothers (who could be working) or older siblings (who should be in school)
- they can help develop a child's sense of self, interactions with peers and adults, self-confidence, language competence, and critical thinking and problem-solving skills
- they can promote essential pre- or emergent literacy skills, preferably in the children’s mother tongue
- they can help children develop in a play-based, child-centred, child-friendly, and interactive environment.

In addition to this greater awareness of the benefits of preprimary education, a number of other factors, often quite different in different countries, have been important in the expansion of the supply and/or demand for this level of education. These are described in greater detail below but in general include:

- structural and political factors such as adherence to international development goals which promote young child wellbeing and the development of national ECD policies, strategies, action plans, and implementing mechanisms
- greater funding for increased ECD services from governments; such an increase in supply where none existed before (parents didn’t know what they were missing!) or where options were limited or costly also serves to promote demand
- higher family incomes which allow families to enroll their children in these services
- changing patterns of labour which put more women, many with young children in need of care, in the work force
- greater evidence of the benefits of ECD services and social mobilisation campaigns and family education programmes which disseminate this evidence
- the better quality and greater visibility of many ECD services, including, for example, higher qualifications and status of teachers and caregivers
- in some cases, greater attention to the needs of special populations such as ethnic minorities, children living in remote areas, and children with disabilities.

ISCED 0) or as part of a non-formal child development programme. ECCE programmes are typically designed for children aged three years and over, occurring before primary education, and include organised learning activities that last on average an equivalent of at least two hours per day and 100 days per year.”

As a result of these and other factors, **both the supply of and demand for preprimary education have increased, in the last decade -- in some regions dramatically.** In 1999 the global gross enrolment ratio (GER)⁴ for preprimary education (see Table 1) was calculated by the EFA Global Monitoring report at 33% (compared to around 27.5% in 1990); the GER, virtually identical for girls and boys, ranged from 76% in North America and Western Europe and 54% in Latin America to 10.6% in Sub-Saharan Africa. A similar range (Table 2) could be found between developed countries (75%) and developing countries (27%) and across countries with low income (11%), middle income (31%), and upper income (72%).

By 2012 the global GER had increased by 64% to 54% (again identical for girls and boys). Especially remarkable were the improvements (albeit from a low base) in South and West Asia (a 150% increase from 22% to 55%) and Sub-Saharan Africa (an 84% increase from 10% to 19.5%) and for developing countries (an increase of 81%) and middle income countries (an 84% increase).^{iv}

Table 1: Gross Enrolment Ratio (GER) in Preprimary Education (%)^v

	World	Arab States	C./E. Europe	C. Asia	East Asia	Pacific	Latin America/Car.	N. America/W. Europe	S.W. Asia	Sub-Saharan Africa
1999	33	15	51	19	38	67	54	76	22	10.6
2012	54	25	74	33	67	93	74	89	55	19.5

Table 2: Gross Enrolment Ratio (GER) in Preprimary Education (%)

	Developed countries	Developing countries	Low-income countries	Middle-income countries	High-income countries	Countries in transition
1999	75	27	11	31	72	46
2012	88	49	19	57	86	68

As mentioned above, these rates refer only to enrolment in preprimary education and not to a wider range of early childhood development services from preconception care and parental education to transition programmes into – and improvements in the quality of – the early grades of primary school.

Neither do the rates directly measure demand or supply; since data on excess demand and excess supply are largely anecdotal (and local) in nature, these official statistics do not report whether demand increased more than supply (but was unfilled) or whether supply increased more than demand (but was unused). But they do show an impressive **64%** increase in the sheer number of young children in preprimary programmes from close to 112 million in 1999 to over **183 million children in 2012**. Despite this increase, however, many young children, including 78% in the Arab States and over **80%** in Sub-Saharan Africa, still have no access to these programmes.^{vi}

These last statistics clearly indicate that the global increase in preprimary enrolments has not been equitably distributed. In many countries, there is a large gap in enrolment rates between the richest

⁴ Other rates relevant to early childhood education – the net enrolment rate in pre-primary education, the GER in pre-primary education and other ECCE programmes, and the percentage of new entrants to the first grade of primary education with ECCE experience -- are not available at global and regional levels.

and poorest quintiles of the population. In Laos, for example, this quintile gap is 61%, from 67% of children from the highest quintile enrolled to 6% from the lowest.^{vii} This is often because governments surrender their responsibility to the private sector. In 2011, this sector enrolled 33% of all children in preprimary programmes (up to 71% in the Arab States)^{viii} which poor families, especially young families with young children, often cannot afford. (A similar phenomenon is seen in ECD programmes for younger children. UNICEF MICS data indicate, for example, that as few as 2% of children in Burkina Faso, Iraq, and Somalia and 3% in Yemen aged 3-4 attend some kind of ECD programme.^{ix})

III. Challenges to increasing the demand for preprimary education⁵

The global increase in (at least) preprimary enrolment was achieved despite a wide range of obstacles which often made difficult attempts to increase both the supply of and demand for ECD services. The obstacles to increasing supply are, in many ways, self-evident:

- a lack of interest by governments (and their donors) in ECD, often seeing it as the responsibility of families, communities, and/or the private sector
- a consequent lack of government funding for the expansion and enrichment of ECD services in favour of expanding and improving higher levels of education (i.e., the lobby for more investment in secondary and tertiary education is considerably stronger than the lobby for kindergartens despite what are likely much higher unit costs for these levels of education given their better paid teachers, more elaborate facilities, and much more resource-rich environments)
- a lack of feasible, cost-effective models for increasing the supply of these services, especially those reaching more disadvantaged populations who benefit from quality ECD the most; scaling up of existing services often ends up neglecting such populations.

But as we have seen, despite these obstacles the supply and variety of services have increased -- so why do some families still not opt for taking advantage of the range of ECD services now more available to them? The complex answers to this question – the challenges to increasing the demand from among potential “customers” for these services – are discussed in the following sections.

A. Structural and political factors

At the highest level of society, several issues can affect demand. These include:

- **the lack of government laws and/or regulations** promoting or even mandating participation in ECD services (e.g., from mandatory birth registration and immunisation against childhood diseases to universal, compulsory kindergarten) makes them appear relatively unimportant and therefore limits both supply and demand
- **the lack of dedicated units in relevant ministries concerned with ECD**, both at the top of an education system and at the bottom; if a Ministry of Education has no central directorate and no district-level units focused on ECD – or only ones of low status compared to other levels of education – the visibility and attractiveness of preprimary education will be diminished, and there will likely be little chance to gain resources to further expand and enrich it
- outside of the government structure, **the absence of any visible, high-level lobby, advocates, and champions for ECD** – and no media support of it; this only reinforces the perception of its relative unimportance

⁵ The content in the sections below is derived from the references listed in the endnotes and bibliography as well as 30 questionnaires completed from 15 countries in Asia, Latin America, and Africa, many of them motivated by support from the Asia-Pacific Resource Network on Early Childhood (ARNEC). The questionnaire was completed by government policy-makers and programme designers; ECD advocates, academics, and researchers; INGO, NGO, and bilateral/multilateral development agency specialists in ECD; private sector providers; and ECD practitioners and network coordinators.

- **the lack of an integrated, comprehensive, multi-sectoral ECD policy**, and of mechanisms at national and local levels to implement it effectively; this means that ministries concerned with young children often work in isolation and/or at cross purposes and that clients at the community level are often faced with overlapping, duplicative services – or services which neglect essential parts of child development (e.g., daycare centres and kindergartens with no links to the health, nutrition, and protection services needed for children of that age level).

Countries whose leadership, media, and general public lack awareness of the importance of ECD or where the voices of civil society organisations advocating for ECD services are weak – or very low income countries, countries in conflict, and fragile states with serious challenges remaining in merely getting close to universal primary education – are likely not willing or able to address these structural and political factors effectively.

B. A lack of ECD visibility and awareness

These challenges to enhancing demand for ECD from the top of the system can also serve to limit demand farther down the system from local governments, communities, religious and traditional/cultural leaders, and families. This is especially unfortunate if it leads to low awareness of the existence and benefits of ECD among parents and communities. The causes are several:

- **the sheer invisibility of some services** which do exist (e.g., health clinics are visible; child-centred, play-based programmes which focus on cognitive and socio-emotional development less so)
- **a lack of awareness of the importance of these services**, especially among those disadvantaged groups of the population needing them most
- **the absence of clearly defined standards and assessment tools** for either the ECD services themselves or for how children at different ages should be developing and learning
- **the lack of clear evidence, comprehensible to parents and communities**, about the broad-ranging impact and benefits of these services; e.g., parents see no reason to send their children to more informal, child-centred, play-based kindergartens to enhance their readiness for school, but rather enroll them directly, and often under-age and ill-prepared, in primary school.

C. The poor quality of ECD services

Even when ECD services are available and parents have some idea of their potential importance, their poor quality will very often limit demand. Such lack of quality can be indicated by many factors:

- **overcrowded, poorly resourced, unfriendly, and even unhealthy and unsafe facilities**
- **untrained, undertrained, and poorly supervised practitioners** (e.g., daycare centre workers and kindergarten teachers) with a low level of qualification, inadequate knowledge and skills, poor incentives, and few career opportunities
- **an inappropriate curriculum** which, depending on the desires of the family, is seen as either overly academic or too play-based
- **the lack of enthusiasm of their children to attend the service**
- **the absence of any visible impact** of the services on their children

The related problem, of course, is that private, often more formal preschools, supported by wealthier families, *can* provide higher quality education for their pupil; this drains support public ECD services and thus exacerbates the gaps in child development and school readiness between those who “have” and those who “have not”.

Another important aspect of quality is the **lack of adaptability of many ECD services to the individual needs of their clients**, especially of children from a range of disadvantaged groups. This starts from a **lack of knowledge (e.g., mapping) about who and where these groups are** and includes **the absence of special services for these groups** (or even models of good practice) such as:

- early identification, interventions, and remediation programmes and “inclusive” preschools for children with developmental delays or disabilities
- mother tongue-based preschools for children of ethnic and linguistic minorities
- mobile preschools and home visits for children living in rural and remote locations
- workplace-based services adapted to the schedule of working parents (especially mothers), especially in contexts where extended families are less “extended” than before and therefore less able to care for children of working parents

D. Costs to the providers and the consumers

Cost factors present a very large challenge to attempts to increase demand. Such factors relate to both the supplier and the customer. **A lack of financing for ECD** from the government’s budget (at all levels) and/or from international sources (development agencies, INGOs) often leads to **a limited supply of ECD services** – e.g., not enough kindergarten classrooms and teachers -- especially in those areas of the country (remote, rural) and among those population groups (the extreme poor, linguistic minorities, children with disabilities) where the cost per child of providing services is higher than the average. Such limited supply naturally discourages demand from these groups.

From the customer’s perspective, many ECD services, including those which are community-based as well as formal kindergartens considered part of official “basic education”, incur **fees and other costs**; these are even higher in most private systems, and neither these fee-based public nor private services are easily affordable by the groups mentioned above.

E. Cultural and contextual constraints

More subtle and complex cultural and contextual challenges are also important in limiting demand. In some cultures, it is assumed that **the family is responsible for the child** and therefore that mothers, grandmothers, or older siblings will care for young children; putting children in the care of “strangers”, in “foreign”, majority culture environments is not acceptable. Related to this is **the lack of ECD services which reflect and reinforce the child’s language, culture, traditions, and religion**; e.g., provided in the child’s mother tongue (home language) and reflecting and even reinforcing traditional values and childrearing practices.

Other contextual challenges to demand include **low levels of parental education and literacy**, with parents unaware of the advantages of ECD services, and the **lack of community involvement** in designing, implementing, and managing the services. Even more serious and intractable contextual challenges are **conflict and natural and man-made disasters** which harm all affected persons but especially those most often neglected in such contexts -- young children and women.

IV. Policies and Strategies to Increase Demand for Early Childhood Development Services

As a result of the experience of many countries since 2000 in attempting to increase the demand for early childhood development services, including preschools, a number of lessons have been learned which have led to new policies and strategies (or a renewed focus on existing ones) for overcoming the challenges described above and therefore in increasing even further this demand. These lessons are

especially important now that more and more governments have accepted the rationale for the expansion of ECD services and therefore are willing to invest more funds in increasing their supply. These policies to increase demand include the following:

A. Strategies to overcome structural and political challenges

A very important strategy to increase demand – though not a panacea – is the enactment of **laws or regulations which promote or even mandate participation in ECD services**, particularly preprimary/kindergarten. This is often done by making 1-2 years of kindergarten part of the country's definition of basic education.⁶ By 2011 some 35 countries had some form of compulsory preprimary education, as in Ghana, the Philippines, Pakistan, and Mexico; in Mexico, for example, 2001 legislation mandated preschool for children 3-5 which led to an increase in GER from 74% in 1999 to 112% in 2009^x. One important outcome of such laws can be an increase in support for ECD from individual Parliamentarians (such as the National Assembly in the case of Vietnam) which can then be translated into advocacy for such programmes not only at the national level but also in parliamentary districts. Linked to these laws can then be **formal ECD policies or policy frameworks, strategies, and action plans** – with necessary budgets – designed to expand ECD services. This process is helped, of course, to the extent that there are **dedicated, high-status ECD units in relevant ministries** and a strong mechanism to coordinate their activities.

One important structural strategy to increase demand is the **decentralisation of central government authority and responsibility** to lower levels of the system. There are many kinds of decentralisation, but in general the process transfers decision-making powers (usually with budgets) to district authorities, communities, or even individual institutions such as schools and preschools, preferably with the participation of parents and the local community in some kind of parent-teacher-community committee. Where this works well, it can lead to ECD services which are more relevant and responsive to local needs, more supportive of local traditions and values, more locally planned and managed by communities and families, and more affordable – and therefore more in demand.

B. Strategies to enhance visibility and awareness

As discussed above, laws and regulations might promote or even mandate participation in ECD services, but they also require **advocacy messages and mechanisms** which enhance the visibility and the awareness of the benefits of, and evidence supporting, these services. At the global level, this includes **international development goals** (e.g., Education for All Goal 1 on ECD and Millennium Development Goal targets linked to young children) and reports and advocacy messages from development agencies such as UNESCO (the Global Monitoring Report on EFA, UNICEF (The Progress of Nations), and Save the Children through its advocacy of the Convention of the Rights of the Child. At the national level, this can often include the development of networks and lobbies of **publicly visible advocates and champions**, not only within government (e.g., Prime Ministers/Presidents and First Ladies (such as the First Ladies of Azerbaijan and Malaysia) but also outside (e.g., sports and entertainment figures). At the local level, **the public support of government authorities and traditional cultural and religious leaders** is also very useful in promoting demand.

⁶ This can be either good or bad. Enrolment in kindergartens usually increases, but if the kindergartens are added into formal primary schools (rather than in separate spaces) and taught by surplus primary school teachers (e.g., in countries where the number of school-age children is decreasing), they can end up being overly formal and academic – downward extensions of Grade 1. This is now happening in Myanmar, for example, where all Grade 1 classes (which children enter at age 5) are being converted to kindergartens which, at least for the first year, will be taught largely by retrained Grade 1 teachers.

The advocacy message directed to the top of the system is the critical importance of ECD in both individual development and national development – and thus the need to place integrated, holistic ECD programmes covering children 0-8, including preprimary education, higher on the agenda and list of priorities of politicians, Ministry of Education policy-makers, and ministries of finance.

Advocacy around this message can include:

- the need to develop legislation to support ECD, including compulsory preprimary education
- the expansion of the supply of good-quality publicly and privately provided preprimary spaces (e.g., to provide 1-2 years of such education for all children), including more systematic regulation of private sector involvement in preprimary education
- the importance of early learning outcomes and thus the improvement of the early grades of primary school to ease the transition from ECD programmes and help ensure a strong foundation for later learning.

Such advocacy can be strengthened by both (1) **public information/social media campaigns directed down the system** about the importance of ECD services for children’s wellbeing and (2) explicit **community and family outreach/mobilisation campaigns** to make available ECD services visible and encourage parents and their children to join and use them; Bhutan presents an especially impressive example of reaching even quite isolated communities with such campaigns. These campaigns are even more powerful if they are based on **clear and comprehensible evidence about the practical impact and benefits** of these services to families and their children – from the very practical (e.g., ECD programmes improve the health of children, help get them ready for school, and free the mother and older daughters for work and school) to the more sophisticated (e.g., responsive breastfeeding, the use of mother tongue, and more family talk promote the cognitive and linguistic development of young children).

C. Strategies to improve quality

Enhancing motivation for ECD services cannot always overcome resistance to taking advantage of these services if they are (or are perceived as being) of poor quality. Strategies to improve quality need therefore to take into account:

- **teachers.** Are they perceived by the community as responsible (or often absent), caring and nurturing (or prone to corporal punishment), and a member of the local community (or ignorant of the local language and culture)? Less visible, perhaps, is the educational/professional status of the teachers and any training they have received specific to young child development and early childhood pedagogy.⁷ Have they been subject to comprehensive teacher management and development policies from recruitment, through pre-service and in-service training and certification, to continuing mentoring, assessment, and professional development? This requires a systematic teacher management and development policy which begins with the determination of the minimum qualifications and competency standards required for a preprimary teacher and then covers:
 - **pre-service training** -- including specialised training in the development stages and needs of young children and, where necessary, in the use of mother tongue as a language of instruction; providing a special degree (e.g., a diploma or B.Ed. in early education or in preprimary education) would help in this process
 - **certification** – ensuring some kind of competency testing in the knowledge and skills required for preprimary and early grade teachers as a requirement for formal certification

⁷ The UNESCO-ILO Commission of Experts on the Application of Recommendations concerning Teachers (CEART) mechanism is currently focusing on policies and programmes to enhance the professionalism – training, status, remuneration, etc. – of pre-school facilitators and teachers.

- **preschool placement** – allocating the best of the new teachers to the most disadvantaged regions, preferably to a region where their mother tongue matches that of their pupils and with incentives provided to support their transfer
- **remuneration** – valuing the contribution of preprimary teachers by providing them remuneration appropriate to their responsibilities (preferably comparable to primary school teachers)
- **in-service training** of new and, more importantly, existing preprimary teachers – making available the newest in-service content related to early childhood development and early learning
- **continuing career development** – providing an opportunity for preprimary teachers to progress through and be promoted within the education system, not necessarily out of preprimary education but to higher levels of responsibility and remuneration within it.
- **facilities** – buildings, classrooms, furniture, water and sanitation facilities, a playground, etc. Do they make the preschool healthy, safe, secure, and friendly to children?
- **resources** – materials, toys, playground equipment, etc. Are there enough of them? Are they developmentally appropriate, durable, and low-cost?
- **the student: teacher/caregiver ratio.** Is it small enough to permit close interaction and individualised attention?
- **the curriculum.** Although less obviously visible, this also is an important determinant of quality. Is it relevant to the local context and culture, delivered in the children's' mother tongue(s), developmentally appropriate (e.g., not pushing for early literacy before children are ready), child-centred, and play-based? Is it designed to develop pre-literacy and pre-numeracy skills as well as a child's sense of self, interactions with peers and adults, self-confidence, language competence, and critical thinking and problem solving skills?
- **specialised services** for normally excluded children. Are health and nutrition diagnoses and school feeding/micronutrient/de-worming programmes provided? Or the early identification and remediation of delays and disabilities?
- **quality standards for ECD services and national Early Learning and Development Standards (ELDS)** for young children along with the necessary assessment and monitoring tools. In the expansion and improvement of preprimary education, there are several different sets of standards and tools required. These include:
 - culturally-relevant ELDS and tools to assess the achievement of children (say) 3-6 years old
 - the development of competencies expected of children in preschools related to areas such as early literacy and numeracy skills and social development; these need to be developmentally and culturally appropriate and accompanied by a curriculum to deliver them and tools to assess their achievement
 - national standards in regard to the quality of preschool facilities, resources, teachers, etc.
- **practical and affordable models to expand inclusive preprimary education.** Piloting and then taking to scale various models of good quality daycare programmes and preschools – such as lower-cost home- and community-based ECD services which require less elaborate facilities -- is also an important strategy to increase demand. Given the still relatively limited (and virtually always inequitable) provision of preprimary education in many countries, more effort must be directed at developing explicitly inclusive, equity-focused ECD policies, programmes, and models of good practice with a special focus on expanding good quality preprimary education to those who need it most. This focus on inclusion is important because too rapid expansion of the system, for its own sake, may end up excluding even more those unable to access development and learning opportunities if specific attention is not paid to their participation.

An essential part of quality is **the adaptation of the ECD service to the particular needs of its clients**; e.g., inclusive preschools for children with disabilities; the provision of mobile teams, mobile kindergartens, and/or satellite centres for rural or remote communities as with the mobile, *ger*-based pre-schools in Mongolia. This can include the following:

- the mapping of marginalised and disadvantaged groups and targeting them through a range of programmes and incentives such as the provision of affordable preschools and incentives both for families to enroll their children in these preschools and for preschool teachers to teach in them
- the development of national inclusive education policies such as those found in Pakistan and Laos and also in India through its 2013 Early Childhood Care and Education Policy
- the identification and evaluation of existing models which attempt to overcome the exclusiveness of ECD provision related to gender discrimination, the neglect of mother tongue, extreme poverty, remoteness, and disability, including the financing required for scaling up the most successful models
- the evaluation of or experimentation with alternative models of shorter-term, less intense preprimary education where longer, full-time programmes are not feasible
- in contexts where financial resources are not enough for greater and direct government investment in expanding preprimary education, the clarification of the role of the Ministry of Education in setting standards for private and community-based provision in regard to facilities, curricula, materials, and teachers
- assistance and capacity building to Ministries of Education to integrate ECD/preprimary data (participation rates; numbers and nature of classrooms/programmes, teachers, and materials; financial data, etc.) into the existing national EMIS.

D. Strategies to mitigate cost constraints

The need for expanding ECD services and therefore attracting increased demand requires additional financing from local, national, or international sources – or, in many countries, from the private sector, either as private for-profit and not for-profit services or through private sector contributions to public services. These resources need to be increased even more for the targeting of children of disadvantaged groups who, on a per capita basis, often cost more to enroll (because of poverty, distance, disability, and language) than children without these disadvantages.

To make ECD more affordable for disadvantaged families, a number of mechanisms have proven useful:

- block grants, perhaps on per capita subsidies, provided to communities for expanding or enriching existing services or establishing new ones
- vouchers as in in Hong Kong where they cover about half of the tuition costs of non-profit kindergartens)^{xi}
- conditional cash transfers^{xii}, as in Malaysia, the Philippines, Nicaragua, Ecuador, Niger (through Social Safety Nets), and Rwanda (through a Social Protection programme), generally supported by the World Bank, which make transfers conditional on ECD enrolment

Recent research has shown that cash transfers have modest but significant effects on some dimensions of child development after only nine months and that program effects on risk factors for child development can last -- even two years after the program ended -- in areas such as nutrition, stimulation, child health, and cognitive and socio-emotional outcomes. Larger transfers and higher consumption levels two years after the program ended, however, did not lead to better ECD outcomes,

and changes in child development observed were considered unlikely to be a result of the cash component of the program alone^{xiii}.

E. Strategies to overcome cultural and contextual constraints

A number of strategies have proven useful in overcoming constraints to demand based on cultural and local contextual factors. One is clear **advocacy at the community level**, adapted to the specific context of that community, to convince families, of different generations, that ECD programmes can complement rather than replace the kind of care they provide. More specifically, there are several actions in regard to the content and methods used in these programmes that can promote demand. These include:

- the use of mother tongue and traditional childrearing practices in ECD programmes;
- a focus on moral, spiritual, and religious values
- the enrolment of local traditional/political/religious leaders in support of ECD

This is relatively easy to do in community-based programmes, with many examples among Native American and First Nations communities in the United States and Canada respectively, indigenous populations in Latin America, castes and tribal groups in South Asia, many ethnic minority groups throughout Africa and Asia, and, in terms of religious values and beliefs, ECD programmes throughout the Islamic world. Many of these programmes, modeled on the so-called “language nests” for young children among the Maori of New Zealand, have as an explicit goal the maintaining, if not the revitalisation, of traditional languages and cultures – the problem being, of course, the lack of continuity of this process if the primary schools which the children later enter do not have the same goals and programmes.

Solving more community-wide issues such as low levels of parental (especially maternal) education and literacy and high levels of poverty requires more systematic adult education and family support programmes. Ensuring that parent education programmes, often focused on health and nutrition issues, also deal with linguistic, cognitive, and socio-emotional development and promote participation in ECD programs is one important strategy^{xiv}. Linking ECD participation to income generation programmes and involving parents and the community in planning and managing the ECD services and even placing them in workplaces, especially for working mothers, are other ways of promoting demand.

V. Conclusions

Conclusions as to the most effective ways to increase the demand for ECD services must be seen in the larger context of the current debate about the role of early childhood development in the post-2015 development agenda. This debate is an important one since its outcomes will help determine the extent to which both governments and international development agencies pay attention to and help promote the expansion and improvement of ECD services in the future. Should ECD be a “stand-alone” goal in the context of Education for All (as it was after Dakar) – such as “reduce by half the number of children under 5 who fail to reach their developmental potential” or “ensure that all children have access to one year of good quality early childhood education prior to entry into primary schools”? Or should it instead be integrated into and supportive of other goals. “The multi-sectoral nature of early childhood development allows it to be anchored in different development goals of the post-2015 era, including, but not limited to: health, nutrition, education, gender empowerment; poverty reduction; environmental sustainability; disaster reduction; and peace building.”^{xv}

Whatever the final decision about the specific role for ECD in the post-2015 agenda, **key policy and strategy priorities for further expanding and enriching ECD will need to be determined**, especially in regard to promoting demand. A fundamental concept which must be taken into account in

determining these priorities is the **definition of early childhood as covering the ages of 0-8 and thus the need to consider early childhood education as being more than preschools and kindergartens**. It begins earlier, even in the environment of the family, with conscious attempts to promote the linguistic and cognitive development of young children, and it continues into the early grades of primary school, with developmentally appropriate mastery of numeracy and literacy. In this context, it is essential to develop a curriculum and pedagogy seamlessly linked from more informal daycare programmes through preschool and into the early grades. (With the exception of Ghana, the case studies below largely ignore the importance of this transition.) And it is equally essential to ensure that preprimary education remains child-centred, non-formal, and interactive -- and not overly academic, test-based, and forcing on children literacy and numeracy skills for which they are not developmentally ready.

So what conclusions can be drawn in regard to the evolution of demand for ECD services since 2000? The most important are the following:

Demand has clearly increased. As the data reported above indicated, this **demand has increased the most for formal preschools/kindergartens** for children aged 4-6. There has also been an increase in demand for parent education programmes and integrated ECD/daycare centres but less for prenatal education/care, Early Childhood Intervention services for children with delays or disabilities, or early primary school reforms. Although these last three types of programmes are essential components of good quality, comprehensive ECD, they are often not yet clearly seen as important factors in increasing the demand for ECD services. Governments wishing to implement more comprehensive ECD will need to consider how better to go beyond the promotion of higher enrolments in centre-based, pre-school programmes in order to include some of these other essential services.

Serious obstacles to greater demand continue to exist. The greatest obstacle (besides the absolute absence of any supply) is the low quality, both actual and perceived, of ECD services, especially **the low level of qualifications and/or skills of caregivers in ECD services**. There is little evidence that teacher qualifications and skills were significantly increased in the case study countries *before* ECD demand began to increase. In Ghana, for example, the desire for higher qualifications followed the implementation of a policy of universal kindergarten which increased the need for more and better teachers, and in Indonesia, high-level advocacy for ECD programmes, although not matched by increased government investment, has inspired the demand for better qualified teachers. But the visibility of teacher skills and behaviours (e.g., whether they have a caring relationship with children, regular attendance, and strong links to the community and its culture and language) highlights the importance of quality in promoting demand. More academic research and quantitative evidence of impact might be important in promoting supply from the national perspective, but clearly visible improvements in the quality of what happens every day in the local preschool appear more important for increasing demand at the community level.

Other important obstacles include:

- **low awareness of the benefits of ECD** among parents and communities, especially among the most disadvantaged groups
- **limited financial resources for ECD** from both governments and families
- **the lack of complementarity and integration** among the systems that are available, with inadequate collaboration at both national and local levels in the development and implementation of comprehensive services covering not only health and nutrition but also cognitive development and protection

- linked to the issue of quality, **the lack of standardised indicators** – and the tools to measure them – in regard to what learning and development standards children at various ages should achieve and to what good ECD services should look like

Policies and strategies can be designed and implemented to increase demand. From available literature, national assessments, and project/programme reports as well as from influential respondents, the following are considered **the most useful means of increasing demand**:

- **laws, policies, and action plans meant to expand ECD services** and therefore overcome their limited supply. Such increased supply, especially where none has existed before and/or where it more closely matches the needs of the community and its children, can result in an increase in demand. Even in countries such as Indonesia, which has a strong ECD policy but leaves most of the financing and provision of ECD services to communities and local organisations, the national policy has been instrumental in raising the awareness of providers and users alike of the importance of ECD.
- **more financing for ECD services**, especially from governments but also, where needed, from donors, NGOs, and communities which can help to provide the supply essential in promoting and fulfilling demand
- **an increase in the awareness of parents and communities of the benefits of ECD**, through social mobilisation and parent education and support programmes
- **the promotion of holistic, integrated approaches to early childhood development.** This will ensure proper attention not only to the health and nutrition needs of children aged 0-8 (rather than 0-3 which is often now where ministries of health focus their attention) but also to the cognitive development of young children before they enter the most focused learning environments of preschool programmes.
- **the clearer definition of standards of quality** – both of ECD services and of children's early learning and development – and the creation of the indicators and tools to assess them, the programmes to help achieve them, and the mechanisms of formal accreditation and certification to ensure they are met and sustained.

Finally – and linked to the importance of early childhood development in alleviating poverty, increasing equity, and achieving what will likely be a broad range of post-2015 development goals -- is the ultimate goal of increasing demand for ECD services from the most disadvantaged and excluded groups of the population, This requires **the development of strategies and programmes to identify and support these groups most in need of quality ECD services.** Early Childhood Intervention services for children with delays and disabilities; mechanisms to lower the cost of ECD services to poor families such as subsidies and conditional cash transfers; community-based services for rural and remote areas; the use of mother tongue, including in preschools and the early grades of primary school; even greater attention to gender disparities which appear in some countries as early as preschool – without attention to these services, the gaps and disparities within and between nations will only grow and the otherwise undoubtedly laudable goals of the post-2015 agenda will only be more difficult to achieve.

V. Case Studies on Increasing Demand for Early Childhood Development Services

1. Thailand^{xvi}

“Objective 1: All-around and balanced human development serving as foundation of overall development. The policy guideline for implementation requires enhancing access to lifelong learning for all, with a target set that all children aged 0-5 will receive a preprimary development programme for readiness in all aspects before entering the education system.” (The National Scheme of Education 2002-2016)^{xvii}

Thailand has a long history of concern for child development, beginning with its first long-term plan for child and youth development in 1979. More detailed policies were developed in 1992, again in 2002 in the context of its Education for All plan, and most recently in the Long-Term Plan and Strategy for Early Childhood Care and Development (0-5 Age Group) 2007-2016. (Interestingly, a section of this Plan clearly lays out “desirable characteristics” for children aged 3-5, such as righteousness, virtue, not to hurt others, self-control, control of anger and desires, “how to wait”, and devotion to the institutions of nation, religion, and monarchy – but also creative thinking, imagination, free expression, and curiosity.) A major emphasis in all of the policies was placed both on nurturing children to promote development in all aspects – physical, emotional, mental, social, moral and ethical – and on creating social awareness of the importance of lifelong education from birth. A more recent focus has been on disadvantaged groups, especially young children with special needs.

Definition of ECD

The definition of ECD services in Thailand is somewhat fluid, covering a variety of formal, non-formal, and informal programmes and institutions including nurseries, childcare centres, preschools, and kindergartens. Several ministries and dozens of agencies, both public and private, offer these kinds of services – in theory coordinated by a National Committee whose mandate, however, has just recently expired. There are relatively few children aged 0-3 in existing childcare facilities. At an older age, children enter child development centres, many run by the Department of Social Welfare under the Ministry of Social Development and Human Security or by sub-district authorities under the Department of Local Authority within the Ministry of Interior and then directly enter primary school. Or children can enter more formal kindergartens for 1-2 years directly from their homes or from the child development centres and then enroll in primary school.

Coverage of ECD

Coverage of children by ECD services is quite exemplary, especially for older children, reflecting the serious attention and commitment of different government agencies to early childhood development. There are good ECD centres and kindergartens in both urban and rural areas of Thailand which serve their specific context well. In 2013, over 900,000 children attended daycare centres of the Department of Local Administration of the Ministry of Interior (some 39% of the age group 3-5). Another 1.8 million children attend kindergartens – by far most in kindergartens coordinated by the Ministry of Education – both of the Office of Basic Education Commission and the Office of the Private Education Commission. The Table below^{xviii} shows a growth in the GER from 1999 to 2011, with adequate gender parity, and 2012 UNICEF MICS4 data show that nearly 93% of children aged 4-5 years attend an ECD programme. Combined together, 84% of children aged 3-5 attend ECD programmes.

But challenges remain. Only 75% of children aged 3 years attend ECD programmes; around 13% of children aged 0-3, or 390,000 children, have inadequate care; only 55% of non-Thai children (i.e., migrants and refugees) aged 4-5 attend ECD programmes; and 20% of ECD centres are considered to be of poor quality, under-staffed and poorly equipped.^{xix}

(Age group 3-5)	Gross enrolment ratio (GER) in preprimary education (%)		GER in preprimary and other ECCE programmes (%)		Net enrolment ratio (NER) in preprimary education (%)		Enrolment in private institutions as % of total enrolment
	Total	GPI	Total	GPI	Total	GPI	
1999	91	1.00					19
2011/12	112	1.02	101	1.03	93	1.01	22

Beyond the issue of access to ECD services, there is still a lack of understanding of the importance of holistic ECD, what it should include, and its connection with subsequent education levels. Parents and caregivers still have mistaken expectations that their children attend an ECD centre or a kindergarten in order to get an ‘early primary education’ rather than to attain more holistic development. Inadequate and inconsistent methodologies applied in ECD centres further reinforce this misconception.

And while evidence continues to accumulate about the importance of good quality early childhood development programmes as an essential precursor to the mastery of literacy in the early grades of primary education and high learning achievement at subsequent levels, other data show that the rupture between preschools and primary schools in Thailand persists and prevents children from acquiring literacy effectively in early grades. Although preprimary education in the form of kindergartens is considered a part of basic education, it has little weight in the development plans of the Office of the Basic Education Commission of the Ministry of Education. The common understanding of many officers in MOE is that the mandate of OBEC is focused on compulsory education (grade 1-9). Consequently, there is no seamless transition from preschool to primary school but rather a lack of continuity and coherence of curriculum and teacher training between preprimary (which is holistic, child-centred development) and primary education (which focuses instead on specific subject content). Thus, neither staff of ECD centres and kindergartens nor teachers in grades 1 and 2 have strong skills in how to support children to master literacy. Ministry data in 2013, for example, indicated that around 127,800 students of 3rd grade had to have remedial classes for reading. There were about 27,000 children (6.27%) who could not read at all and another 23,7000 children (5.32%) able to read but needing remedial classes.xx A year later, the Minister indicated that thousands of Grade 3 students were illiterate and hundreds of thousands of lacked reading comprehension.xxi

Challenges to the Demand for ECD

Five respondents from an international development agency, an INGO concerned with language and early learning, a university, and the government, including two senior officials with long experience in a range of relevant government and university contexts, indicated that demand and supply had increased more dramatically for parent education programmes, formal preschools and kindergartens, programmes to support the transition to primary school with virtually no demand for prenatal education or health and nutrition services. More and more of the demand is due to the migration of at least one parent from rural to urban areas or outside of the country. The major obstacle to increasing demand further was the low level of qualifications and/or skills of caregivers in ECD services followed by the lack of ECD services provided in mother tongue and for children with delays and disabilities.

A variety of other documentation also mentioned the lack of linkages with local primary schools, the lack of ECD programmes (especially formal kindergartens) in mother tongue, and the lack of facilities and space in more disadvantaged regions of the country. Of more general concern was the focus on rote learning in preschools with no encouragement to develop thinking abilities or self-expression and

but rather strong pressure to read, write, and count; this is confounded by an emphasis on formal teacher certification rather than genuine capacity development, and an overly complex assessment process, quite special to Thailand, which mandates, through the Office of National Education Standards and Quality Assessment (ONESQA), a rigorous and regular assessment of every academic institution in the nation and therefore implicitly stresses evaluations of quantitative indicators.

Policies and Strategies to Promote Demand

According to the survey and additional material on ECD in Thailand, a number of policies and strategies have proven useful in generating greater demand for ECD. A major focus, reflected in the various policy documents mentioned above, has been on **structural and political strategies**. Although the extent of official government decentralization has been limited in Thailand despite rhetoric to the contrary, many of the strategies to promote demand have focused on lower levels of the system, including:

- greater budget allocations for ECD at local levels based on a better understanding of need for investment
- more home and community-based centres
- economic and social support programmes for disadvantaged communities and local organisations
- tax measures to provide incentives to create ECD centres
- support to local administrations to transfer the provision of ECD services from public agencies to local organisations and the private sector

Systematic attempts to enhance the **visibility and public awareness of ECD programmes** have also been carried out -- supported by campaigns and media such as posters, radio and TV, CD-ROMs, etc. - - focusing on parents, guardians, newlyweds, pregnant women, teachers, childcare providers, medical and health personnel, and community and local leaders in order to enhance the knowledge and skills related to responsible, warm, and caring child-rearing.

Part of this greater awareness has been a better understanding of what **quality ECD** looks like. Despite the overly formal and labour-intensive assessment procedure of ONESQA, it has made more visible the indicators of good ECD, and more specific child development standards, guidelines, and evaluation methods which parents and childcare providers can use have also been developed. The professionalism, remuneration, and welfare for childcare providers have also been increased.

Strategies to overcome **cultural and contextual constraints** have also been promoted, including the development of ECD Parent Associations, especially of children with special needs; the contribution of parents to the administration and management of ECD centres; the expansion of the role of ECD institutions to serve as resource centres for the community; and, in a few areas of the country with ethnic minority populations (Malay in the South, non-Thai minorities in the North and Northeast), the development of mother tongue-based multilingual education programmes starting with kindergartens.

ECD stakeholders do understand the need to further promote demand, particularly for children aged 0-3 and of families of usually excluded and disadvantaged populations. UNICEF and a wide range of local, national, and international NGOs and academic institutions have developed – or are considering – a number of further actions, including:

- support for the identification of existing good models of ECD centres and kindergartens for use as demonstration centres and for their replication/adaptation in rural and remote areas, including with the involvement of the private sector

- the reinforcement of a strong cross-ministerial, inter-agency national coordinating mechanism for early childhood development with a view to advocate for ECD, improve programme practices, and enforce the national ECD policy.
- comprehensive education programmes for primary caregivers of children aged 0-5 to cover the full range of young children's needs -- health, nutrition, protection, socio-emotional development, and cognitive and linguistic stimulation
- support to local NGOs and relevant partners to identify and provide additional assistance for children living without consistent, long-term parental support

One additional point: although Thailand is a good example of serious and long-term commitment to ECD and of explicit attempts to increase demand for ECD services, its case does highlight one puzzling (but not unusual) dilemma. Although preschools are theoretically considered part of basic education, transition issues around education for children 4-6, including ECD centres and kindergartens, are almost completely neglected by the Ministry of Education; e.g., its programme for special needs and its life skills curriculum, including psycho-social-emotional development, are only introduced in Grade 1. There is therefore little attempt to promote the concept and practice of "early learning" for children aged 3-8, from ECD centres through kindergartens and into the first years of primary school, through, for example, coherent, mutually reinforcing curricula; the placement of well-qualified teachers in the early grades; and the training of teachers of grade 1 and 2 on issues of seamless transition, early literacy, the application of child-friendly methods, and adequate support for the remediation of "slow learners".

2. Indonesia

"Indonesia's economic progress over the past decade has been remarkable. One of the 20 largest economies in the world, Indonesia has a growing middle class, almost 100 percent enrollment in primary school and improved health outcomes. However, many Indonesian children are not sharing in this progress.⁸ The prevalence of moderate to severe stunting continues to be high, threatening children's brain development and their long-term behavioral and cognitive wellbeing. Many poor children drop out of school at the end of the primary grades, and those who remain in school have notably low academic achievement. Like many other countries, Indonesia has turned to early childhood education and development (ECED) as a promising strategy to address these problems."^{xxi}

"...the belief that ECD services are critical both for the children of Indonesia and for the country as a whole is not restricted to a small number of politicians, policy makers, and academic. On the contrary, this belief is shared by an ever increasing number of citizens: parents, grandparents, community leaders, Kaders, et cetera. Moreover, these people act upon that belief by making significant efforts to start and maintain ECD centers in their communities. ECD is now in the heads and minds of many people in Indonesia, and it is there to stay."^{xxiii}

Indonesia represents a large, complicated, and diverse country moving into middle-income status but with persistent poverty and serious inequalities. It has a long tradition of health and nutrition services, as well as effective family planning services, which have led to dramatic decreases in maternal and

⁸ Thus, for example, only 55% of rural children make it to junior secondary school and less than a quarter in secondary school as compared to 80% and almost two-thirds respectively of urban children. And approximately 30% of children – presumably roughly the same 30% -- are not served by either the health centres or parent education programmes, are malnourished, and are not immunized for DPT, polio, measles and hepatitis B. (UNESCO. 2008. EFA Global Monitoring Report: Overcoming Inequality: Why governance matters. Paris: UNESCO. p. 279.)

child mortality. But unlike Thailand, Indonesia has only recently begun to see the importance of more comprehensive and systematic early childhood programmes as one way to overcome the nation's remaining challenges. This is reflected in the decision to establish in 2001 a Directorate of Early Childhood Education within the Ministry of Education. This raised the visibility and resources to ECD – raised even further in 2011 when the Directorate's status was upgraded to the level of Directorate General and its mandate expanded to include all formal and non-formal programmes such as playgroups and mother-infant groups (and also non-formal adult education programmes). In terms of official policy, therefore, it strongly supports ECD, but it depends very much on communities, rather than government, to implement this policy.

Definition of ECED

In the early part of the century, Indonesia was a pioneer in the development of community-based ECD centres run largely by organisations of local women; many of these, based on voluntary support, gradually died out. More recently, however, the sector has had a massive expansion. Called by the acronym ECED (or PAUD in Indonesian), the sector is huge and complex – with some 174,000 so-called PAUD centres (for “young child “education) of which 75,000 are formal kindergartens (but with fewer than 500 managed as “state” kindergartens), 64,400 non-formal playgroups, and some 30,000 other ECED posts and childcare centres^{xxiv}. Some 65% of Indonesian villages have a PAUD centre, but there is a considerably lower percentage in the approximately 500,000 smaller hamlets and sub-villages administrative units more accessible to families. The newly Formulated Village Law under which each village will get a block grant of about USD 80,000-100,000 provides a good opportunity to ensure that each village will have at least one PAUD.

In addition, there are institutions of the Ministry of Religious Affairs (25,000 formal and non-formal Islamic kindergartens), the Ministry of Home Affairs (integrated health service units), and the National Family Planning Board (over 80,000 toddler-family groups).^{xxv} And there is also a wide range of NGOs (e.g., women's, faith-based, and professional), private actors (through CSR mechanisms), and CBOs providing ECD services. The many types of service providers and the many layers of management of these services (from national to local) result in a large number of programme types and a wide range of intensity, from a few hours a month to full-day care – which is both enriching but also potentially duplicative; e.g., although different kinds of services are meant to cater to different age groups, there is considerable overlap (e.g., many 4-5 year old children, meant to be enrolled in playgroups, are already in kindergartens).

Coverage of ECD

As the table below shows^{xxvi} (and the data from different sources indicate quite different numbers), the GER doubled from 1999 to 2012. The absolute increase in numbers was from 1,981,000 in 1999 to 4,055,000 in 2011-- a 105% increase. The GPI slightly favours girls, and a very large majority of children in preprimary education are in private systems.

(Age group 3-6)	Gross enrolment ratio (GER) in preprimary education (%)		GER in preprimary and other ECCE programmes (%)		Net enrolment ratio (NER) in preprimary education (%)		Enrolment in private institutions as % of total enrolment
	Total	GPI	Total	GPI	Total	GPI	
1999	23	1.04					99

2011/12	48 ⁹	1.04	46	1.04	31	1.02	97
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There is, as one might expect, considerable variation in access to these services depending on geographic location (a 26% enrolment rate in urban areas versus 17% in rural areas) and maternal education (18% enrolment of children whose mothers have no education versus 82% children of mothers with higher education)^{xxvii}. There is also a disparity among districts at different levels of development (one World Bank study in selected districts showed a range from about 0.1 to over 4.5 early childhood services available per 1000 people^{xxviii}). According to SUSENAS 2011, only 26 percent of five and six year olds from the poorest quintile are enrolled in pre-schools compared to 44 percent from the highest quintile^{xxix}. Of children aged 5 and 6, 73% of the richest quintile attend preprimary or primary school compared to 48% of the lowest quintile.^{xxx} This is not surprising, as such a large percentage of pre-school services is provided by the private sector. There is a higher enrolment rate for more formal kindergartens (various estimates range from 61%-79% of children of kindergarten age are enrolled) with lower rates for a range of other ECD services, and a very small percentage in daycare and playgroups, usually with very young children under the age of 3.

Challenges to Demand for ECD

These data are supported by survey respondents representing one UN agency, two INGOs, and one National Coalition on ECD: demand and supply have increased dramatically for formal preschools and kindergartens and for daycare centres, with less demand for prenatal education or Early Childhood Intervention services. The major obstacle to increasing demand further is seen as being a lack of financing followed by cultural values that favour family care for children, low awareness of the benefits of ECD among parents and communities (especially among mothers with little or no education), the low status of many women in making decisions about their children (compared to their husbands and traditional leaders), and the low level of qualifications and skills of ECD caregivers.

The fact that ECD is not compulsory with still minimal financial support from the government (only 0.6%-1.2% of the Ministry of Education budget goes to the ECD Directorate General) means that communities need to share many of the operational costs. There is also a lack of knowledge about the presence of early childhood services (daycare centres, playgroups) as opposed to the well-established and more visible health posts and clinics. Also, given the small number of government-funded kindergartens, communities, often with support from the private sector, opt for more non-formal, community-based ECD programmes – which often, however, do not reach to rural and remote areas. There is also little official support for the use of mother tongue in ECD programmes (and even less for its use in the early grades of primary school).

Finally, one unusual phenomenon in Indonesia, with an official Grade 1 entry age of 7, is the large percentage of children aged 6 (47%) and even aged 5 (4%) who often attend primary school^{xxxii}, many without being officially enrolled – partly because of the fees usually charged in kindergartens as opposed to “free” primary education, the desire of parents to get their children into “real” schools where they learn “real” skills, and the lack of understanding concerning the need for the more developmentally appropriate curriculum offered in kindergartens.^{xxxiii}

Policies and Strategies to Increase Demand

⁹ The 2014 “Report on Education for All (EFA) Achievements Period 2000-2015 from the Education for All Coordination Forum of Indonesia’s ministry of Education and Culture suggests a 63.01% GER for “early childhood education” in 2013. This is repeated in Sardjunani (2013).

Survey respondents felt that more parent education and support programmes related to ECD, increased funding, and increased quality were important strategies in further increasing demand. There was little interest in cash transfers/vouchers, the use of mother tongue, and new research and evidence.

Structural and political strategies have been important in the increase in demand for ECD services. The Holistic-Integrative Early Childhood Development strategy (2008), an ECD census in 2011, and a “Grand Design” for ECED 2011-2015 culminated in the Regulation of the President of the Republic of Indonesia of 2013 Regarding Holistic-Integrative Early Childhood Development. The Regulation’s strategies, all linked to increasing demand, include^{xxxiii}:

- improving advocacy, commitment, coordination, and cooperation among all relevant agencies
- capacity and competency improvement of cadres, communities, stakeholders, and service providers
- the provision of fair, affordable, and quality services
- internalization of religious and cultural values in these services
- improvement of the understanding of brides-to-be, parents, and families in regard to child care

The very extensive process of decentralisation implemented in Indonesia for many years has also transferred many powers and a considerable budget from the top of the system to now very powerful (but also often highly politicised) districts. These districts, in other words, have considerable authority to define ECD targets and promote and fund ECD services, and many have been encouraged to do so. Taking advantage of its presence at the sub-national level, UNICEF has supported the leadership of the wives of the governors and district chiefs to take an active role in promoting PAUD.

One important strategy to **enhance the visibility and public awareness** of ECD programmes is the government’s commitment to establish one PAUD centre not only in every village (over 77,000) but eventually in every hamlet or sub-village. Efforts to raise community/parental awareness of the importance of ECD, particularly through community outreach programmes, and clear evidence of the impact of ECD programmes on child development (physical, socio-emotional, and cognitive) are also considered important, especially if the local district and village governments can be enlisted in the process, as has been the strengthening of coordination between the better-known health centres and the less well-known ECD centres.

An essential strategy in Indonesia to enhance demand has been explicit attempts to highlight issues of **quality**. This includes the development and dissemination of national standards for ECD (done by the Board of National Education Standards in 2009) and the development of national and local networks of all relevant partner organisations including the Indonesia Early Childhood Education Teachers and Education Personnel Association and the Federation of Indonesian Kindergarten Teachers.

And unlike in many countries, Indonesia knows the educational/certification status of its PAUD personnel. Of its almost 270,000 kindergarten teachers, only some 20% have the desired S1 (four-year) degree with over 50% achieving only senior secondary or minimum diploma education; the percentages are even smaller for the centres devoted to younger children. But there are plans in place to raise both the competencies and qualifications of these staff through, for example, more formal university-level (e.g., diploma) training programmes, formal certification for ECD personnel, and specialised, professional in-service training, especially for more community-based teachers. This is meant to be accompanied by a more a regular salary, official status, allowances, and stipends leading to higher salaries.

Finally, given that an important aspect of quality is the search for those most disadvantaged who benefit most from ECD programmes, Indonesia is attempting to identify specific areas/regions/groups with low participation in ECD programmes through systematic mapping and community assessments and to expand the range of innovative models of ECD including alternative models such as Mobile Kindergartens, Beach Kindergartens, Kindergartens at the Workplace, etc.

As mentioned above, given the sheer fact that most ECD programmes incur fees unlike “free” primary education, **strategies to mitigate cost constraints** are important in the Indonesian context. This is slowly being done through additional funding being provided to the woefully underfunded Directorate General. The model is a World Bank-supported project which has helped establish additional ECD centres through block grants to poor communities based on need and interest, with communities identifying needs, selecting teachers/facilitators and a village management team, and choosing the ECD modality (a centre, outreach, or a combination)¹⁰. To the extent possible, such services utilise existing public infrastructure and facilities (village halls, markets, etc.), depend on volunteers staffing these services (with minimum incentives to maintain motivation), and provide incentives to parents for enrolling their children in ECD centres (e.g., books available for home borrowing).

Although the government has shown little interest in promoting culturally sensitive approaches such as the use of mother tongue in ECD programmes, other strategies to overcome **cultural and contextual constraints** have been put in place. Plan Indonesia, for example, in order to promote the role of families, family-focused interventions, and parent education and support in ECD, supports 65 parent groups through sessions of in-depth dialogue on good caring practices that exist in the community and on building new effective practices while at the same time empowering women to make their own decisions concerning the best interests of their children^{xxxiv}. This is especially important in parenting education programmes focused on families with children aged 0-3.

Involving the community closely in the planning, implementation, and evaluation of holistic-integrated early childhood development programmes so that the sense of community ownership will be stronger is another important strategy to overcome constraints related to poverty and disempowerment^{xxxv}. One particularly intensive approach in this regard has been attempted in a World Bank-funded project implemented by the Government in 120 targeted high-poverty, poorly-served communities in each of 50 districts of the country. The approach is “community-driven development [CDD]...that provides control of the development process, resources, and decision-making authority directly to community groups. The CDD process assumes that people within a community are in the best position to judge what they need to improve their lives. If they are given information and resources, they are capable of using these to meet their own needs.”^{xxxvi}

Local facilitators trained at the national level raise awareness in the community about the importance of ECD services; help the community identify target groups, unmet needs, and priorities and select the types, delivery systems, staff, and location of ECD services; establish an implementation team to oversee the project; and assist community members in developing a proposal for funding. The last, unique to each community, can cover toys and materials, salaries of ECD personnel, health and nutrition inputs (supplementary feeding, scales, hand washing sinks), minor renovations of facilities, and management and operational costs. Most communities have opted for playgroups for children 3-6 (in preference to less play-oriented kindergartens where older children should enroll), established new services rather than improving existing services, and used borrowed or donated land and/or buildings.

¹⁰ A World Bank-funded evaluation of its ECED project indicated that a combination of new centers and raising community awareness led to a 5.6% increase in the enrolment rate in treatment villages compared to untreated control villages; longer exposure to the project increased enrolment another 3.4%. (World Bank. 2012. The Indonesia Early Childhood Education and Development (ECED) Project: Findings and Policy Recommendations. p. 3.)

Many have complemented such centre-based services with home visiting, play-and-learn sessions with mothers and their children, or satellite ECD centres in even more remote areas and for even more marginalised families. The midline evaluation of this project indicated significant impact on enrolment in ECD services.^{xxxvii}

In summary, in Indonesia there is considerable official rhetoric and formal support for integrated, holistic ECD services which include early care conducted at home; education for parents, family members, and caregivers in child care, health and nutrition; and legal protection from mistreatment, including exploitation and violence against children. As the quote above suggests, this support for ECD has been internalised among a large proportion of the country’s population. But because of a limited government budget for these services – which logically should increase given the government’s commitment to ECD and trends in other ASEAN countries -- the increase in demand for them has come largely through community involvement and family-centred social services. These, however, are still difficult for the very poor to access so that even more targeted and subsidised services are needed, with greater outreach to recruit those families most likely to benefit from enrolment, locally selected personnel, continued training and support, and the strong involvement of local leaders.

3. Ghana

Ghana, the first sub-Saharan African nation to become independent from colonial domination, long had the reputation in Africa of having one of the best education systems of the continent – a reputation damaged by two decades of political and economic decline which only began to be reversed towards the end of the century. One aspect of this recovery was the approval in 2004 by the government of Ghana of a national Early Childhood Care and Development Policy^{xxxviii} which has, as its broad goal, “to promote the survival, growth, and development of all children (0-8)”. In many ways, this has led to Ghana having one of the highest rates of coverage of early childhood education in Africa.

Definition of ECD

The early childhood education system in Ghana covers children from the age of two beginning with nursery school and continuing through two years of kindergarten until enrolment in primary school at age 6. The definition of early childhood up to the age of 8 indicates the nation’s concern with successful transition from the home or from ECD programmes to the early grades of primary schools.

Coverage of ECD

Ghana has shown a remarkable increase in enrolment in ECD programmes, particularly, as the table^{xxxix} below shows, in preprimary education with an absolute increase in the number of children in preprimary rising from some 506,000 in 1999 to over 1,540,000 in 2011 – a 205% increase. This has led to an increase in the GER in preprimary education from 47% in 1999 to a remarkable 114% in 2012 with a Gender Parity Index which slightly favours girls. This is largely due to the fact that the government “mainstreamed” kindergarten into the education system by making it a compulsory part of basic education,; this has been accompanied by a decrease in the percentage of enrolment in private institutions as government provision increased. In fact, this mainstreaming has been such a persuasive strategy that the supply of preprimary education, even that provided with the help of NGOs, has not kept up to demand. But because expansion was implemented with relatively little attention to distribution, it has not resolved existing problems related to disparities. This has meant that in rural areas, for example, there is a relative lack of teaching-learning materials, poor teachers, high absenteeism, and inadequate community involvement.

(Age	Gross enrolment	GER in	Net enrolment	Enrolment in
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group 3-5)	ratio (GER) in preprimary education (%)		preprimary and other ECCE programmes (%)		ratio (NER) in preprimary education (%)		private institutions as % of total enrolment
	Total	GPI	Total	GPI	Total	GPI	
1999	47	1.03					26
2011/2012	114	1.03	101	1.03	73	1.04	22

Challenges to Increasing the Demand^{xl}

Only two survey questionnaires were returned from Ghana, but they came from high-level government and development agency staff with extensive experience in ECD. Unlike the other three case study countries, the commentators suggested that there had been both increases in demand and supply for pre-conception and/or prenatal education and for programmes to support the transition to primary school – no doubt because of the close link between kindergartens and the early grades of primary school not found in the other cases.

Despite the significant increase in the demand and supply of preprimary education in Ghana, a number of challenges remain. For one, the huge increase in enrolment led to a large increase in demand for resources – teachers, infrastructure, and financial support -- that has not been easy to meet and therefore has resulted in crowded classes, poor sanitation and health facilities, and pressures on quality. Other challenges include:

- the lack of a comprehensive training agenda
- the lack of disaggregated data, especially in regard to orphans and vulnerable children
- the lack of comprehensive standards for kindergarten
- the lack of adequate financing so that the government can only afford to cover salaries for ECD with parents, NGOs, and development partners needed to fund many other programme costs
- inadequate data on the impact of increased funding.

Policies and Strategies to Increase Demand

Clearly, the 2004 policy was essential in promoting a number of additional **structural and political strategies** to increase demand for preschools. This included:

- legislation in 2004 which mandated by 2007 two years of kindergarten in compulsory basic education starting at age 4; this led to a decision to provide 60% of primary schools with two KG classrooms
- the provision of preprimary education in collaboration with the private sector and local NGOs, CBOs, and FBOs especially where public schools are not easily available
- subsidies and childcare voucher schemes
- government monitoring of KG quality standards
- the extension of capitation grants from primary school to kindergarten
- the decentralisation of decisions concerning education reform to district assemblies
- the New Education Strategic Plan (2010-2020) which was designed to solve outstanding problems of disparities, quality, and accountability at all levels of the system..

The policies and resulting programmes also tackled the issue of the **visibility and public awareness** of ECD services including a communications and advocacy strategy to create nation-wide awareness of ECD issues including among religious and traditional leaders. The Operational Plan of the New Education Strategic Plan (2010-2020), for example, calls for an extensive, multi-media public awareness campaign (with signage, a logo, and a corporate image) to “rebrand” kindergarten, to be

promoted via many kinds of media and community/church/mosque-based gatherings in order to sensitise families about a less academic style of education, EC development standards, the cognitive benefits of kindergarten, the importance of parental involvement in kindergarten management, the need to gather data on children from birth to four years of age, and the importance of locally made teaching-learning materials.

Given the problems in relation to **quality** arising from the rapid quantitative expansion of the preprimary education, the Operational Plan of the new Education Strategic Plan (2010-2020) identified three areas of focus which were meant to consolidate and further enhance the quality of – and therefore help increase the demand for – kindergarten education. These include:

- teacher training; this now includes degrees and diplomas in early childhood education in numerous higher education institutions and is leading to a large-scale pre-service and in-service education programme for both preprimary teachers and for pre-service Education College lecturers and in-service trainers
- improved infrastructure, learning materials and resources, and public awareness
- a review of the curriculum, the inspection system, and internal monitoring and evaluation, including the formulation of early learning development standards in revising the curriculum and creating assessment tools for kindergarten pupils (although their routine use is still not satisfactory)
- the strengthening of Special Education Needs support

These in turn have led to the expectation that all kindergartens will have:

- a happy, healthy, and safe learning environment
- an exploration/discovery-based curriculum and environment (both in class and outdoors)
- teaching and learning materials which make use of local resources and encourage play
- specially trained teachers/educators skilled in early years education and provided continuous professional development
- teachers/educators who are able to holistically assess all four- and five-year olds
- a robust internal and external monitoring and evaluation system
- environments which instil a sense of pride in the heritage and culture of the community
- inclusive programmes for children from poor families, those in special need, and orphans with only children with severe disabilities sent to special schools

The strategy to mitigate **cost constraints** was a simple one -- provide fee-free tuition as from 2004/2005. On the assumption, however, that even this would not attract the most disadvantaged families to ECD services, it has been accompanied by both the piloting of CCT programmes conditional on preprimary enrolment and immunisation and attempts to improve the income of parents.

Overcoming **cultural and contextual constraints** has been another very important part of the Ghanaian ECD development process. This has been done in part by:

- integrating ECD issues into community level development planning
- broadening parental participation in their children's development including the contribution of cash, labour, materials, equipment, etc.
- establishing and strengthening PTAs/governing bodies
- implementing parent education programmes by public health workers such as nurses and nutritionists around support to their children at home, with better sanitation, immunisation, nutrition, and stimulation
- the use of local resources and indigenous knowledge and skills in ECD service delivery

Another important culture-based approach to increase demand is found in the National Literacy Acceleration Program ((NALAP)^{xii} which uses a bilingual Ghanaian and English approach (with materials, teacher training and Teacher Guides, and a publicity campaign) to improve pupils' ability to read and write in the early grades (kindergarten to Grade 3). In this program, children begin to learn in one of 11 Ghanaian languages, drawing on the pupils' existing experience and knowledge, with English introduced orally, so that by Grade 3 children should be able to read both the Ghanaian language and English with fluency and understanding. Accompanied by a public education/social marketing campaign, NALAP is expected to attract more interest in kindergarten education. This attraction may well be strengthened by evaluation results indicating that students in NALAP Grades 3 and 6 are significantly more likely to have achieved minimum competency levels than students in normal public schools.^{xiii}

The last point is particularly important in order to provide a culturally appropriate resource for teaching reading and literacy. The problem is that although NALAP stipulates that 90% of instruction time should be in national languages with reading and writing in English only in Grade 2, many work almost entirely in English with only a smattering of local languages.^{xiii}

One additional point: the Operational Plan, unlike many reforms of preprimary education, recognises the important role kindergartens can play in trying to assure that primary schools – and the Ghanaian system as a whole – attempt to foster the same kind of communication, creative thinking, reasoning, and problem solving skills meant to be acquired in kindergarten.

In summary, Ghana is a good example of an explicit, government-mandated policy to rapidly expand access to preprimary education. As in other cases in Africa where a similar mandate was imposed for universal primary education, such rapid expansion has not been matched by resources to support expansion or upgrading of physical infrastructure, teaching staff, and materials. The profile of, demand for, and supply of ECD preprimary services has created much greater institutional capacity these services but not yet adequate quality or full access. Two major challenges, therefore, remain – how to achieve full enrolment **and** provide quality service.

4. Vietnam

Vietnam, unlike the other nations of the Mekong region including Thailand, has had a very longstanding tradition, deeply embedded in its history and culture, in support of education. This was reinforced by a strong socialist philosophy equally supportive of education and, in its early years at least, in the equitable distribution of educational opportunities. Thus, by 2012, the NER for primary school was **97.7% in 2012 (Millennium Development Goals 2013 Report) and the primary school completion rate, 99.6% in 2011 (MICS, 2011)**. Local culture also dictates an intense focus on traditional, family-based childrearing and strong family support for the protection, care, and cognitive stimulation of young children.

Range of ECD

According to the Education Law of 1998, early childhood education services range from crèches for young children to kindergartens, including home-based daycare centres, preschools, and parental education programmes which nurture and educate children from three months to six years of age. The goal of ECD is “to improve children’s well-being physically, morally, intellectually and aesthetically, to lay the foundation of their personality and to help them to on to primary education” .^{xiv}

In 2010, a Prime Ministerial “Decision” on “Approving the Scheme on Universal Preprimary Education for Children Aged Five Years in the 2010-2015 Period” was promulgated.^{xiv} This is a detailed blueprint

for making the universalisation of full-day preprimary education a first priority in preprimary education, especially in terms of preparing 5-year olds for Grade 1 – at least 95% of them by 2015. Included in the Decision are objectives (most with specific targets), “conditions”, and standards related to a new preprimary curriculum, better trained and remunerated teachers, and better material resources including equipment and facilities.

Coverage of ECD

As can be seen in the Table^{xlvi} below, the demand for (at least) preprimary education increased considerably between 1999 and 2011. In absolute terms, enrolment increased from almost 2,180,000 children aged 3-5 in 1999 to over 3,000,000 in 2011 – an increase of some 41%.¹¹ The NER and GER in 2011 were virtually identical (indicating serious attention by the government and families to correct-age enrolment in preprimary education), the Gender Parity Index (GPI) in 2012 showed a continuing disadvantage for girls, and the percentage of children in private institutions decreased significantly indicating a more active role by the government in the provision of preprimary services.

(Age group 3-5)	Gross enrolment ratio (GER) in preprimary education (%)		GER in preprimary and other ECCE programmes (%)		Net enrolment ratio (NER) in preprimary education (%)		Enrolment in private institutions as % of total enrolment
	Total	GPI	Total	GPI	Total	GPI	
1999	40	0.94					49
2011/12	77	0.95	73	0.90	72	--	33

Of special focus in the government’s policy are “mountainous, deep-lying, remote, border, and island regions” and ethnic minority children to ensure that they are prepared in the Vietnamese language before their entrance into Grade 1. Despite this policy, serious disparities remain. Recent data from the 2011/2012 school year show low enrolment for children less than five years of age, especially among children living in remote areas and ethnic minority children; enrollment in ECD services for children under three years is nationally 22.7% but only 6.2% in the Mekong Delta with special problems in new industrial zones. The national enrolment rate for children 3-5 years increases to 84%, but for ethnic minority children, only 77%; for 5-year olds, the national enrolment rate in kindergarten/preprimary is 98.6% compared to 90.8% for ethnic minority children.^{xlvii}

Challenges to Demand for ECD

“On arrival at preprimary, ethnic minority children, who used to be cuddled in their mother tongue environment, find themselves surrounded by an unfamiliar national language with a strange teacher and learning materials. They feel scared and shy, and they hardly understand anything in such an unfriendly environment.”^{xlviii}

Three respondents to the survey questionnaire representing two United Nations agencies (who collaborated in filling out one questionnaire) and two INGOs unanimously indicated that both the demand and supply of health and nutrition services for children 0-3 have increased the most in the last decade – along with the supply of formal preschools/kindergartens – with somewhat lesser increases in demand for parent education and daycare centres and Early Childhood Intervention services. There

¹¹ Data from 2012-2013 from the Ministry of Education and Training indicates this increased further to over 3,500,000 with a further decrease in enrollment in private institutions. 46% of this enrolment was female, and 17% from ethnic minority groups.

was also unanimous agreement that the principle obstacles to greater demand were the limited supply of services, the lack of services provided in mother tongue, the lack of a holistic approach to ECD services, and the low level of qualifications and skills of ECD caregivers.

Documentation on ECD services in Vietnam generally supports these views especially in terms of quality where recent MOET data show that only 21% of preschools reach national standards, with most of these in urban areas^{xlix}. They were also seen as:

- adult-oriented and therefore focused on children outcomes, often in academic terms, rather than on child-centredness
- lacking teachers funded by the state, especially in remote and mountainous areas, and of general teacher professional capacity
- lacking sufficient and good quality facilities and equipment (in 2006 only 25% of classrooms had acceptable toys and teaching aids)
- lacking teachers from ethnic minority groups and materials in ethnic languages as opposed to Vietnamese designed for the Kinh majority language and culture; this neglect is largely based on low awareness, support, and commitment to bilingual education and mother tongue by policy-makers despite their formal endorsement in the education law
- having little ability to contextualise ECD curriculum to local contexts
- lacking detailed and clear roles, budgets, and implementation plans in regard to ECD in the National Human Resource Development Strategy
- lacking a strong coordinating body across different actors at national and local levels

Policies and Strategies to Increase Demand

The survey respondents agreed unanimously that useful strategies to further increase demand would include the use of mother tongue, an increase in ECD service quality, the development of more integrated and holistic programmes, and the establishment of more home- and community based services. Again, there was little interest in cash transfers/vouchers, workplace-based services, research, and public information campaigns.

A wide range of policies and strategies have been designed and implemented to increase demand for ECD services. First, in regard to **structural and political strategies**, this has included:

- official support to compulsory education covering kindergarten to Grade 13
- making ECD a universal component of the National Education Strategy by the prioritisation of kindergartens, particularly for five-year olds and for disadvantaged and rural, remote, ethnic minority populations
- a 2011 decision providing \$6/month for nine months per child for school lunch
- the provision of health insurance for children under six and more effective vaccination methods
- mandating kindergartens in all communities throughout the country
- a greater budget for ECD services in local socio-economic planning processes
- ensuring coordination between the Ministry of Education and Training and other cooperating ministries – Labor, War Invalids, and Social Affairs; Health; Finance; and Home Affairs – as well as important quasi-NGOs such as the Women’s Union
- directing People’s Committees at all levels to identify land for the construction of preschools and create favorable conditions for attracting local children to schools.

The strong focus in a socialist, one-party state towards public information makes it possible to devise a range of strategies linked to promoting the **visibility and public awareness** of ECD. One important decision in regard to ECD calls for the state to “raise the awareness about and responsibilities of authorities at different levels, sectors, families, and communities for the policy, purposes, and

significance of universal preschool education”¹. This has been done through various communication forms and media (publications, tapes, newspaper, radios stations, seminars) and includes the promotion of preprimary education in local development programmes and plans and in the assessment of grassroots Party organisations, local administrations, and mass organisations (such as the Women’s Union).

The Ministry of Education and Training is generally known for its concern for **quality** throughout the education system – e.g., achieving considerably higher scores on international comparative tests such as TIMSS and PISA than countries such as Indonesia and Thailand. This focus on quality has resulted in the requirement that teachers need to meet nationally standardised qualifications and receive annual in-service training (leading to an increase in teachers’ salaries and the guarantee of higher qualifications), the nation-wide application of Early Learning and Development Standards and national minimum standards for preschools by 2014, and a renovated preprimary education curriculum to make it more child-centred, integrated, flexible, play-based, and individualised.

The focus on quality has included some concern for inclusion. There was a time when Vietnamese children with disabilities were simply not counted as part of the “educable” population and therefore did not figure in enrolment calculations. This has now changed to some extent with a national law on people with disabilities passed in 2010 which supports early detection/intervention centres including a standard early identification tool, an advocacy campaign, the translation and adaptation of training modules on children with disabilities (CWD), and a UNICEF/MOET study on school readiness for CWDs. But the focus remains largely on the socialist science of “defectology” leading to an overly medical approach to the problem and early intervention used more to identify children to go to specialised institutions rather than to provide schools and teachers with the expertise and facilities to include many CWDs in regular schools.

Strategies to mitigate **cost constraints** to demand have included a decree on exempting and reducing tuition fees, the provision of a larger budget for ECD services in local socio-economic planning processes, and the provision both of free lunch for disadvantaged children (orphans, remote, poor, disabled) and of subsidies to poor families whose children attend private preschools where public preschools are not available. Despite these strategies, stronger links between these services and social policy support mechanisms need to be established.

In many ways, **cultural and contextual challenges** are the most daunting in relation to expanding the demand for ECD services in Vietnam. As the quote above indicates, language remains a major obstacle with often an intensive focus on learning Vietnamese (rather than mother tongue) for children aged five. Although pilot projects and MOET rhetoric are now permitting some programming in mother tongue for kindergartens and the early grades of primary schools (either to support the main teacher instructing in national language or, preferably, to use the mother tongue as the language of instruction), there is still reluctance to make this general policy. As a result, there are not enough ethnic minority teachers, materials, and programmes.

One advantage of such mother tongue services, of course, is to promote a more welcoming context for ECD in local communities. This would support the community’s participation in preserving and promoting local languages and cultures through their integration into the preprimary curriculum, involve parents and community members in classroom activities, help the community and its children gain self-confidence and empowerment, raise awareness on holistic child development, and bring into play the innovations of people and communities.

In summary, Vietnam is a good example of a nation with the motivation and resources to make great strides in achieving nearly universal primary education. But this commitment to EFA identified serious

weaknesses in equity and in quality, and this in turn has helped lead to the realisation that solutions for many of these weaknesses lie in better ECD which in turn has led to a greater commitment to providing ECD (including making kindergarten a compulsory part of basic education) and more concern with better quality, more accurate data, and more convincing evidence about the importance of ECD.

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