Transforming Early Childhood Care and Education in the Insular South-East Asia and Mekong Sub-Regions


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CONTENTS

Foreword ................................................................. 1
Introduction ......................................................... 2

1. Why are early childhood programmes important? .................. 4
2. ECCE in the Insular South-East Asia and Mekong sub-regions .... 6
3. Early childhood services .......................................... 8
   a) Integration of care and education of children below eight years old .. 9
   b) Care and education of children under three years old .................. 9
   c) Early childhood provisions for children aged three and older .......... 10
   d) Number of hours per week ........................................... 10
   e) Public and private mix in provision .................................. 10
   f) Expansion of pre-primary education .................................. 11
4. Barriers to participation ........................................... 12
5. Who are the pre-primary educators and care-givers? .............. 14
6. Designing and implementing effective programmes .................. 16
   a) The need for cultural sensitivity in programme design ................. 17
   b) Characteristics of effective programmes .................................. 17
   c) Supporting parents .................................................. 18
   d) Home-based programmes ........................................... 18
   e) Centre-based programmes ........................................... 18
7. ECCE: A powerful means of promoting equity ..................... 20
   a) Mother tongue-based teaching ....................................... 21
   b) Gender bias and stereotyping ....................................... 21
   c) Children with a disability and those in emergency contexts ......... 23
8. Easing the transition to primary school ............................... 24
9. Policy and finance ................................................. 26
   a) Supporting the policy development process ............................ 27
   b) Debates concerning governance, quality and financing ............... 27
10. Key issues for the Insular South-East Asia and Mekong sub-regions ... 36
11. Recommendations for early childhood care and education .......... 40

Conclusion ............................................................... 42
References .................................................................. 44
The Education for All Global Monitoring Report 2007 provides compelling reasons for governments to invest in early childhood care and education (ECCE). It summarizes research evidence about the short- and long-term benefits of early childhood programmes for children, provides examples of high quality services and national policies, and recommends strategies to develop effective programmes and policies.

This report first summarizes the main findings of the Global Monitoring Report (GMR). It then focuses on ECCE in Insular South-East Asia (Indonesia, Malaysia and the Philippines) and the Mekong (Cambodia, Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam). Examples from countries in the sub-regions are provided to illustrate types of ECCE provision, the development of effective programmes and policies, and financial issues. Barriers to participation, equity issues and the transition to primary school are also considered. Finally, the report focuses on the application of specific recommendations within the GMR to early childhood care and education in the sub-regions.

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Director
UNESCO Asia and Pacific
Regional Bureau for Education
Investment in early childhood programmes is essential because they are vehicles to promote children’s rights to survival, development and early education.
Investment in early childhood programmes is essential because they are vehicles to promote children’s rights to survival, development and early education. Two hundred million children around the world under age five do not develop adequately because they live in poverty and have poor health services, nutrition and care. Increased investment in early childhood programmes could dramatically help these children (Walker, Wachs, Gardner et al., 2007; Zimanyi, 2007, 47).

Good practice in ECCE is defined with reference to the 2000 Dakar Framework for Action. The core components that were identified for the ECCE programmes are that they should:

- Be appropriate to the child’s age and not mere downward extensions of primary education;
- Be comprehensive, focusing on all of the child’s needs and encompass health, nutrition and hygiene as well as cognitive and psycho-social development;
- Include the education of parents and other care-givers in better child care, building on traditional practices;
- Include the systematic use of early childhood indicators.

The GMR’s evaluation of the world’s commitment to providing education to all children shows that although there has been an increase in the enrolment of children into primary school and a greater number of girls are attending primary school, the goals for ECCE are still not being met. Few developing countries have made ECCE a priority, including those in both the Insular South-East Asia and Mekong sub-regions.
Cost benefit research has indicated that investing in ECCE programmes is cheaper and brings long-term benefits that outperform investment in later stages of education.
1. The first three years of life constitute a sensitive period, vital for proper brain development. ECCE programmes can assist in ensuring that children receive the proper nutritional, physical, social, emotional and educational inputs and stimulation to allow this to happen. Iron supplements, de-worming tablets, nutritional supplements and psycho-social stimulation have been found to have a major impact on malnourished children in terms of attention, IQ and language development.

2. Attendance in ECCE programmes prepares children for entering primary school and eases the transition. They are more prepared socially, educationally and nutritionally. This, in turn, decreases drop-out and repetition rates as well as improves their educational performance. Further, bilingual ECCE programmes enhance the school preparedness of children whose mother tongue is not the language of instruction in primary school. Research supports the use of the mother tongue in the early years, but in many countries the official language and not the child's mother tongue is used as the language of instruction in primary schools. Since young children tend to acquire a second language easily, exposure to the official language through ECCE programmes particularly benefits children from linguistic minorities.

3. Children’s long-term development is negatively affected by early under-nutrition and the lack of adequate care and stimulation. The influence of early deprivation is discernible even in adulthood and implies that a young child should always be viewed in the holistic context of the family. The home environment has a major impact on a child’s development. In areas of low female literacy and material poverty, ECCE programmes can function to bring mothers together to offer parenting support and education, often increasing the sense of well-being of the mothers, as well as their levels of parental efficacy and self-esteem. Involving family members in ECCE ultimately benefits the children in the programme.

4. Young children have rights, protected by international covenants, and ECCE programmes are particularly important in helping to ensure that children who are disadvantaged and often excluded from available resources (the poor, those with a disability, those living in rural areas, girls) are targeted and supported. ECCE programmes promote equality and can compensate for the disadvantage at a much lower cost than programmes for older children or adults.

5. ECCE programmes lay the foundation for gender equality. Attending ECCE programmes helps both boys and girls do better in primary school and helps bring more equality and opportunity for girls. Research in developing countries shows that girls who attend ECCE programmes are more ready for primary school, cope better and stay longer than girls who do not. When younger siblings participate in ECCE programmes, older sisters no longer have to stay at home to look after them, thus allowing them to attend school.

6. Investment in ECCE brings long-term economic benefits. Cost benefit research has indicated that investing in ECCE programmes is cheaper and brings long-term benefits that outperform investment in later stages of education. A rigorous long-term evaluation of the High/Scope Perry Pre-school Programme in the United States showed that children who attended a high quality ECCE programme had higher rates of graduation, committed fewer criminal offences and had higher earnings at age 40 than children who did not attend (Schweinhart et al., 2005). While the quality of ECCE programmes matters, it has to be seen in context. Where nothing previously existed, even a small amount of ECCE inputs can have a significant impact (Rao & Li, 2007).
TWO

ECCE in the Insular South-East Asia and the Mekong Sub-Regions

Broad indicators of well-being are levels of malnutrition and stunted growth in children under five and the under-five mortality rate . . .
It should be noted that there are large economic imbalances between and within countries in Insular South-East Asia and the Mekong, which is characterised by ethnic, cultural, linguistic and topographical diversity. This is reflected in wide variations in the well-being of children under five, access to early childhood services and the quality of these services in the sub-regions.

Broad indicators of well-being are levels of malnutrition and stunted growth in children under five and the under-five mortality rate (the number of children per 1,000 of live births who die before reaching five). The last indicator is considered to be the most robust measure of childhood survival because it captures the accumulated impact of birthing experience, neonatal care, disability, breastfeeding, vaccination, malnutrition, inadequate health care and the effects of gender discrimination. This indicator captures 90 percent of global mortality under age eighteen.

Worldwide, about 86/1000 children will not reach age five. The highest rate (176/1,000) is in sub-Saharan Africa and the lowest (fewer than 30/1,000) is in Europe and North America. In East Asia and the Pacific, the rate is 44/1,000. However, the picture is not one of steady progress. For instance, the under-five mortality rate in Cambodia has increased since 1970. It can be seen from Table 1 that the under-five mortality rate in Cambodia has increased since 1970.

Table 1. Child Survival and Well-Being

<table>
<thead>
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<tbody>
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<td>9</td>
<td>28</td>
<td>9</td>
<td>…</td>
<td>…</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lao PDR</td>
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<td>141</td>
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<td></td>
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<tr>
<td>Malaysia</td>
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<td>13</td>
<td>9</td>
<td>11</td>
<td>1</td>
<td>…</td>
<td>…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>75</td>
<td>112</td>
<td>15</td>
<td>32</td>
<td>7</td>
<td>9</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Philippines</td>
<td>28</td>
<td>34</td>
<td>20</td>
<td>28</td>
<td>…</td>
<td>6</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>20</td>
<td>25</td>
<td>9</td>
<td>19</td>
<td>…</td>
<td>6</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viet Nam</td>
<td>30</td>
<td>39</td>
<td>9</td>
<td>28</td>
<td>4</td>
<td>7</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ‘…” indicates missing data
Early childhood services
Formalized ECCE programmes in the developing world started in the early 1970s and were a response by those countries and aid agencies to the basic needs of children in extreme poverty. They began a little earlier in Asia, but were largely focused on pre-primary education, expanded slowly, mostly located in urban and affluent areas, and provided by the private sector. Children from poor and marginalized communities were largely excluded from institutionalized ECCE.

a) Integration of care and education for children below eight years old

The Dakar Framework emphasizes that ECCE is not only about education; it is also about care (health, nutrition, cognitive, social and emotional development). It recognizes that ideally an integrated process should start at birth and continue in ways appropriate to the child’s developmental stages until age eight. Three development stages are recognized: under three, aged three to five, and early primary. For the under threes, the care component should be given more emphasis than education. The GMR notes that international figures on the education component of ECCE remain uneven and are often non-comparable. Indicators of the care component are almost completely lacking.

b) Care and education for children under three years old

Traditionally, mothers have stayed at home to care for their children as well as perform household chores, cook, fetch water and work in the fields. In some urban areas, this has changed as opportunities have become available for married women to work for wages outside the home. Often this work is poorly paid and insecure, but the cash earned provides a significant supplement to the household income. In other areas, women leave their villages to migrate to towns and cities to seek work, leaving their children in the care of grandparents. These changes have meant that ECCE provision is needed to perform a variety of roles, both replacing and supplementing the role of the mother. Some countries have responded to this challenge by legislating paid maternity leave, but this is not prevalent in either Insular South-East Asia or the Mekong.

Few countries have established national frameworks that comprehensively address the diverse needs of children in the first three years of life.

In Insular South-East Asia and the Mekong, few countries have any kind of provision for the under-threes. For instance, child care centres in Viet Nam (where they are available) accept children under the age of six for 4-8 hours per week. In Cambodia and Malaysia, programmes for the under-threes (where they are available) are open 4 or less hours per day.
c) Early childhood provision for children aged three and older

Governments tend to play a more active role in the provision of programmes for children aged three and over, although the fragmentation between different ministries is still present. NGOs and private bodies also play a significant role. Age three is the theoretical entrance age for pre-primary education in 70 percent of the world’s countries. The intended duration of pre-primary education is three years in almost half of the world’s education systems, but two years is more typical for Insular South-East Asia and for the Mekong. It is not common in these sub-regions for attendance at pre-primary school to be made compulsory. Enrolment tends to be higher the closer in age the children are to starting primary school.

d) Number of hours per week

The number of hours per week that individual pre-school programmes operate is very variable. The world median is about 24 hours per week. In Malaysia, the Education Act stipulates that all pre-schools need to operate 3 or more hours per day. However, there is great variability within countries, usually depending on privilege and access to resources. For instance, in Cambodia, government-run pre-schools (usually in cities) operate for over 5 hours per week more than community schools in rural areas, and are open 38 weeks a year, which is 2-14 weeks longer than the community schools.

e) Public and private mix in provision

Public provision of pre-primary education has become an integral part of recent ECCE development in most of Europe, while in much of the developing world the private sector has played a greater role. Within the Insular South-East Asia and Mekong sub-regions, Thailand, Lao PDR and Cambodia are classified as having a low percentage of private pre-school providers; Malaysia, the Philippines and Viet Nam are classified as medium; and Indonesia as high.

This seems to suggest that private pre-primary provision develops as economies grow and parents have sufficient disposable income to support the expenses. Malaysia and Indonesia are slightly different from this pattern. In Malaysia, when the Ministry of Education established pre-schools within primary school premises, the number of private pre-schools began to systematically decrease. Currently close to 70 percent of public pre-schools are set up in rural areas.

In Indonesia, religious organizations provide pre-school education through madrasas. Prior to 2006, Indonesia significantly under-recorded the numbers of young children attending Qur’anic early childhood education facilities, thus significantly under-estimating the numbers of children with access to early education. When these were included, the numbers went from eight million in 2005 to thirteen million in 2006, and the percentage of children not receiving early childhood education dropped from 71.7 percent in 2005 to 53.4 percent in 2006 (Republic of Indonesia, 2007). The picture is not so positive in terms of early childhood care3, where the percentage of young children not receiving services increased from 61.5 percent in 2005 to 76.8 percent in 2006 (Republic of Indonesia, 2007). It should be remembered that having a low level of private provision does not automatically imply a high level of government provision. As in the case of Cambodia, it may simply mean a low level of any provision.

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3 Mainly integrated health posts
f) Expansion of pre-primary education

The number of children enrolled in pre-primary education worldwide has almost tripled during the past three decades, from about 44 million in the mid-1970s to about 124 million in 2004. Globally, the Gross Enrolment Rate (GER) in pre-primary facilities was 17 percent in 1974 and 37 percent in 2004. Among developed and transition countries, the GER was 73 percent in 2004. There has been significant variation within regions. For instance, for South-East Asia, Cambodia and Lao PDR had GERs below 10 percent; Indonesia, 22; Viet Nam, 47; Thailand, 90; Malaysia, 108. All these countries increased their GERs between 1990-1991 and 2003-2004. Thailand saw the greatest gain, with an increase of 40 percent and Lao PDR the least, with an increase of about 2 percent. Table 2 shows the GERs and number of children enrolled in pre-primary education in the Insular South-East Asia and Mekong sub-regions in 2004. Data from the Multiple Indicator Cluster Surveys of households (as opposed to official government reported figures) show that there was an increase of attendance at pre-primary programmes from age three to four in the Philippines, Lao PDR, Myanmar and Viet Nam.

Table 2. Enrolment in pre-primary education in 2004

<table>
<thead>
<tr>
<th>Country or Territory</th>
<th>Age Group</th>
<th>Total (000)</th>
<th>% Female</th>
<th>% Private</th>
<th>GER Total</th>
<th>GER Male</th>
<th>GER Female</th>
<th>GPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>3-5</td>
<td>95</td>
<td>49</td>
<td>24</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>0.99</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5-6</td>
<td>1,850</td>
<td>51</td>
<td>98</td>
<td>22</td>
<td>21</td>
<td>23</td>
<td>1.09</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>3-5</td>
<td>42</td>
<td>50</td>
<td>24</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>1.05</td>
</tr>
<tr>
<td>Malaysia</td>
<td>5-5</td>
<td>603</td>
<td>52</td>
<td>40</td>
<td>108</td>
<td>101</td>
<td>114</td>
<td>1.12</td>
</tr>
<tr>
<td>Myanmar</td>
<td>3-4</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Philippines</td>
<td>5-5</td>
<td>783</td>
<td>50</td>
<td>45</td>
<td>40</td>
<td>39</td>
<td>41</td>
<td>1.04</td>
</tr>
<tr>
<td>Thailand</td>
<td>3-5</td>
<td>2,712</td>
<td>49</td>
<td>22</td>
<td>90</td>
<td>91</td>
<td>89</td>
<td>0.97</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>3-5</td>
<td>2,175</td>
<td>48</td>
<td>60</td>
<td>47</td>
<td>47</td>
<td>46</td>
<td>0.98</td>
</tr>
</tbody>
</table>

Note: ‘...’ indicate missing data
... rural residence has a much greater negative influence on three- to four-year-olds’ attendance in ECCE programmes than does being a girl.
The most frequently cited barriers to participation in ECCE programmes are rural residence, being a girl and poverty. Correlations are also found with parental levels of education, especially with the highest educational level attained by mothers. Proxies for poverty include the lack of birth and vaccination certificates. Data presented in the GMR on individual countries indicates that rural residence has a much greater negative influence on three- to four-year-olds’ attendance in ECCE programmes than does being a girl. This was true of all Insular South-East Asia and Mekong countries listed (Myanmar, Viet Nam, the Philippines and Lao PDR). At this age, there is no opportunity cost for parents in permitting their daughters to participate such as there might be when they are older (looking after younger siblings, helping with housework and cooking).

The GMR compared participation rates of three- to four-year-olds in ECCE programmes between the richest 40 percent of households and the poorest 40 percent of households in 47 countries based on household survey data. With only three exceptions, children from poorer households participated in ECCE programmes at significantly lower rates than those from richer households. This pattern was found in the four countries from Insular South-East Asia and the Mekong that were listed by the GMR: Viet Nam, the Philippines, Lao PDR and Myanmar.

In Indonesia, the rural-urban disparities between net enrolment rates for three- to six-year-old children were significant: 15.4 percent versus 25.4 percent. Access disparities between the richest and poorest socio-economic quintiles were also significant: 24.8 percent and 15.8 percent. Young child health and nutrition disparities mirror access to ECCE facilities in Indonesia (Republic of Indonesia, 2007). In Lao PDR, more than a quarter of the children enrolled in ECCE programmes lived in Vientiane, although only eight percent of the nominal ECCE population age group lives there (Government of Lao PDR, 2007). Due to the fact that much of ECCE provision is private in Lao PDR, access for poor children is very limited. The estimated GER for children of the highest household disposable income quintile is more than ten times that for children in the lower quintiles. Indeed, four provinces have no private ECCE provision at all. Poverty and rural residence are important factors in restricting access.

Multivariate analysis of participation rates of three- to four-year-olds in 62 countries based on household survey data was performed adding two more variables to the three above: age of the child and mother’s education level. These more sophisticated analyses largely confirmed the findings reported above: age is a more significant factor in attendance and gender is not. Rural residence was found to have an effect, but not as great as originally thought. Relative wealth and mothers having secondary education significantly increased the likelihood of children attending the ECCE programmes.

Again, based on the household survey data, it was observed that young children in households that did not have birth or vaccination certificates for children were much less likely to be attending ECCE programmes than children from households where the certificates could be produced. The Mekong sub-regional countries included in the survey (Viet Nam, Lao PDR and Myanmar) all followed this pattern. The GMR report suggests that this pattern signifies that absolute poverty and social exclusion are important factors inhibiting ECCE participation.
In developing countries and rural areas, many ECCE programmes would probably not be established without the participation of community members and parents.
Since ECCE programmes are so varied, staffing follows no fixed pattern. Some staff are paid, some are not; some are trained, some are not; some are teachers, some are not. There is little information about those who work with infants and toddlers (the under-threes), so whatever information is available tends to be about those who provide and staff pre-primary provisions. In developing countries and rural areas, many ECCE programmes would probably not be established without the participation of community members and parents. The types of parental involvement are:

- managing and administrating schools and centres (Lao PDR and Thailand)
- participating in parent committees and councils
- assisting in building or putting up centres (Lao PDR)
- making toys, providing equipment and furnishing centres (Thailand)
- collaborating in starting, assisting or developing ECCE programmes (Cambodia, Thailand)
- fundraising (Cambodia)

Qualifications for teachers in pre-primary programmes vary greatly. In Organization for Economic Cooperation and Development (OECD) countries, tertiary education and specialized training are normally required, but such standards are unrealistic for most of the world. In general, pre-primary teachers have little pre-service training and almost always less than their primary school counterparts. In 60 percent of the 73 countries with data for 2004, 20 percent of pre-primary teachers lacked any training at all. In Lao PDR, pre-primary teachers are supposed to have at least lower secondary schooling, and 59 percent of them meet the requirement. In many contexts, formal standards are not enforced. In Cambodia, the government claims that 93 percent of pre-primary teachers reach the required upper secondary level of schooling. Yet this seems most unlikely in the poor, remote rural areas of Cambodia (Rao & Pearson, 2007), although it may well be achieved in the urban areas where ECCE primarily serves the children of the wealthy and government officials. In formal settings in Indonesia, only 28 percent of early childhood education teachers have a diploma or a degree.

As almost all facilities at this level are private (99.9 percent), the better qualified teachers tend to gravitate to places where fees, and therefore teacher salaries, are higher. Inevitably these are the richer provinces such as Banten (Republic of Indonesia, 2007). Of particular interest is the situation in Malaysia where teachers’ salaries depend on their academic qualifications. Those holding equivalent qualifications receive the same wages regardless of whether they are teaching in pre-primary, primary or secondary schools.

The age and gender composition of the ECCE workforce is related to the traditional caring roles of mothers and women. The care of young children is assumed to be a natural extension of intuitive maternal activities, for which little specialized training is needed. Pre-primary teaching is simply an extension of women’s traditional childcare and mothering roles. Almost all pre-primary teachers are women; the global median is 99 percent. Only Nepal, Pakistan and Papua New Guinea differ in having a majority of male pre-primary teachers. If quality ECCE programmes are to be offered, there is an obvious need to upgrade the ECCE workforce, but low salaries and poor working conditions (for instance in rural Cambodia) are impediments to this goal.
Designing and implementing effective programmes

... early childhood programme design should take into account the local cultural norms and sensitivities.
a) The need for cultural sensitivity in programme design

The way that children are viewed and childhood is constructed varies considerably across and within different cultures and countries. Good parenting means different things to different people in different places. Asian countries tend to be typified by a demand for respect for authority, obedience and a use of physical discipline. Early school achievement is highly valued and the children are expected to study hard. Academic success brings acclaim to the whole family. Play as opposed to formal learning is not valued, in or out of the classroom. Beyond cultural differences, parental income and education levels have a major impact on child rearing.

The GMR emphasizes that early childhood programme design should take into account the local cultural norms and sensitivities. There is expressed concern that in many places the models currently being advocated by multi-lateral organizations and international NGOs are driven by external (and mostly Western) ideas about childhood. In such cases, both the constraints and the opportunities in the local culture may be ignored.

b) Characteristics of effective programmes

Strong programmes are identified in the GMR 2007 as being typified by three characteristics:

1. Focusing on and offering support to parents in a child’s early years.
2. Integrating educational activities with other services, such as nutrition, health care and social services.
3. Providing relevant educational experiences during pre-school years and easing the transition to primary school.
c) Supporting parents

Parents and other care-givers are a child’s first educators, and the home is the most influential environment for the young child. As has already been noted, early childhood is the most important time for laying a strong foundation for the future physical, intellectual, emotional and social health of a child. Research carried out in the United States demonstrated that stimulation and care in the family resulted in stronger attention and memory than did similar inputs in institutional child care environments (National Institute of Child Health and Development, 2005). Clearly, the most effective way to improve the home environment for young children is to work with parents. This is usually done through:

- Parental education programmes that provide training and learning activities for parents. These programmes may go beyond parenting to livelihood skills and other activities.
- Parental support programmes that provide parents and other main care-givers with information on how to give children the care they need to reach their potential.

d) Home-based programmes

Most of these programmes work with groups of parents and care-givers who have children in the same age range. Although there is obvious didactic content, many people find that their greatest satisfaction comes from the interaction with and support of the other parents. The learning that takes place does not just emanate from the leader in the group, but becomes a shared and a collaborative exercise that can have positive effects on the group members, themselves, by increasing self-esteem and a sense of efficacy. One of the goals of the Indonesian government in relation to ECCE is to support and develop the activities of Infant Family Development Systems. These are community-based parent/care-giver education groups that promote optimal infant growth and development. The main targets and members are families with children from birth to six years. A facilitator is provided by the local Integrated Health Services Centre, but sustainability can only be achieved through measures which encourage mothers to manage and run these grassroots-level ECCE activities (Republic of Indonesia, 2007).

e) Centre-based programmes

These are the most common forms of early childhood provision. Centres usually accept children from the age of three until the primary school entrance age, offering a range of activities and learning opportunities to help young children develop the language and social skills they will need, as well as implant enthusiasm for school. Centre-based ECCE programmes may also facilitate development by ensuring that children have adequate nutrition and health care.

Research indicates that children who attended high quality programmes characterised by warm, interactive relationships with other children and teachers have better cognitive, language and social development than other children (Sylva et al. 2004). Love et al (1996) found that adult-child interactions were more closely related with enhanced well-being than were structural features such as class size and staff-pupil ratios. Another multi-national research involving ten very different countries that included Indonesia and Thailand was carried out, using a jointly developed common instrument (Montie, Xiang & Schweinhart, 2006). The aim was to understand how experiences at age four affected language and cognitive development at age seven.
Findings with respect to language development included:

- In all countries, children who at age four had been in settings where free-choice activities predominated, achieved significantly or nearly significantly higher language scores at age seven than those from settings in which pre-academic activities such as literacy and numeracy predominated. The authors argue that the positive influences of free-choice activities on children’s language development may be due to several factors. First, children tend to choose activities which are interesting for them, engage them cognitively and are at the appropriate level of difficulty for them. Second, free-choice activities often necessitate social and, thereby, verbal interaction with peers. Children assign roles to their peers in make-believe play, establish rules for games and allocate tasks to each other. These social interactions provide children opportunities to hone their language skills. Third, when children are involved in free-choice activities, teachers are afforded the opportunity to talk to children about things that are interesting to children and introduce new words that are relevant to children’s interests.

- The amount of interaction between children at age four and adults was positively related to language performance at age seven in countries with relatively infrequent use of directive approaches, and negatively related in countries where direction was frequent.

- Teachers’ level of education was positively related to children’s age-seven language performance, while group size and the quantity and variety of materials were not.

In relation to cognitive development:

- Children who engaged in more whole-group activities at age four were more likely to have lower cognitive performance scores at age seven.

- In countries with more free-choice activities, the amount of interaction that four-year-olds had with adults was positively related to their cognitive performance at age seven, while the relationship was negative in countries with fewer free-choice activities.

- Greater availability of materials at age four was related to more positive cognitive performance at age seven, while teachers’ education and group size were not.
ECCE: A powerful means of promoting equity

... children learn better in their mother tongue and should do so at least until age eight ...
a) Mother tongue-based teaching

A challenge facing many ECCE programmes is to respond to the needs of linguistically and culturally diverse children and their families, particularly when the mother tongue is seen to be subordinate to the official language. There is no doubt that children learn better in their mother tongue and should do so at least until age eight, although the official language can be introduced orally earlier. The child should at that point be able to transfer the reading and writing skills already acquired through learning in the mother tongue to the acquisition of a second language. Thailand, Viet Nam, Myanmar, Cambodia and Malaysia report that they have introduced bilingual language policies and practices in their early childhood programmes that have shown promising results. For the inclusion of children from linguistic minorities, it is important that early childhood programmes adopt practices that value local languages, foster bilingualism and counter prejudice towards linguistic and cultural minorities.

b) Gender bias and stereotyping

There is little sign that girls are excluded from early childhood education. In this respect, at least, parents do not seem to favour boys. However, the picture is not so bright in primary school, where fewer girls are enrolled than boys. For instance, in 2004 the Gender Parity Index (GPI) for primary schools in Viet Nam was 0.93 (F/M), in Cambodia 0.92, and 0.88 in Lao PDR. Girls fared somewhat better in Myanmar, 1.02. Girls’ poorer GPI is at least partly due to the fact that as girls get older, they become more useful to their mothers at home, whereas boys do not. It has been shown that girls who attend an ECCE programme are more likely to enrol in primary school and complete more years of schooling.
ECCE programmes can help to impose a sense of security and normality in very insecure and abnormal environments.

However, gender issues do not only concern enrolment. They are also relevant to the curriculum and teachers’ attitudes. There is an extensive body of evidence showing that curriculum materials, e.g., books, games and toys, are gender skewed. Thus, books show women staying at home, cooking, doing housework and so on while men are portrayed at work, making decisions, and performing skilled tasks. Boys play with guns; girls with dolls.

Teachers respond to boys and girls in different ways. Girls are praised for being neat, demure and following instructions. They are discouraged from being active and aggressive. Teachers are more likely to listen and respond to boys, use more boys’ ideas in classroom discussions and give them more individual instructions – partly because they tend to be more troublesome in the classroom. When asked, it is common for teachers sincerely to deny that they treat girls and boys in their classrooms any differently, which suggests that beliefs about appropriate gender behaviour are so deeply ingrained that they are not available, or apparent, to the conscious mind.

Well-designed early childhood programmes can challenge gender stereotypes in the classroom, but curriculum changes are only effective if accompanied by changes in teachers’ attitudes and behaviour. This, in turn, requires changes in the curriculum for teachers’ training, including issues of gender sensitivity and encouraging teachers to be more reflective about their practices and the environments in which they work. However, many of the women working in ECCE are not trained teachers, and some have low levels of general education. It is probable that they would be unlikely to notice or challenge gender stereotypes. In some countries, efforts have been made to attract men to work in ECCE programmes (e.g., Denmark), but the work is generally considered as ‘women’s work’. As such, it has low status and low pay, and thus would not be attractive to men.

c) Children with a disability and those in emergency contexts

Children in developing countries tend to have high levels of disability and relatively little means of treatment or amelioration. Early childhood education is important for children with a disability because it can help to identify problems early and increase the possibility of treatment. For some, it may facilitate the transition to primary school. In Myanmar, children with disabilities are one of the government’s targeted groups, although the model chosen is for non-integrated facilities - schools and care homes solely for children with disabilities (Union of Myanmar, 2007).

Children in emergency contexts are already highly vulnerable, and their healthy development is seriously threatened. ECCE programmes can help to impose a sense of security and normality in very insecure and abnormal environments. Such programmes can also be used as vehicles to ensure basic nutrition as well as the detection and treatment of diseases.
Kamel (2005) suggests the following principles:

- **Access** – the right of access to early childhood education, recreation and related activities must be assured, followed by a steady improvement in quality and coverage. ECCE should serve as a tool for child protection and harm prevention.

- **Resources** – ECCE programmes should use a community-based, participatory approach with emphasis on capacity-building. Teacher training should be included, as well as incentives to reduce teacher turnover. Funding sources should be identified.

- **Activities/curriculum** – Curriculum policy should support long-term development and encourage lasting solutions. Programmes should be holistic by incorporating health, nutrition, water and sanitation. Activities should promote tolerance, human rights and citizenship within the context of political disasters and emergencies.

*Early childhood education is important for children with a disability because it can help to identify problems early and increase the possibility of treatment.*
Easing the transition to primary school

Children must show ‘school readiness,’ and communities should have ‘ready schools.’
For the transition to primary school to be smooth, both the children and the primary schools have to be ready for each other. Children must show ‘school readiness,’ and communities should have ‘ready schools.’ School readiness usually includes physical well-being and motor readiness, social and emotional development, approaches to learning, language and cognitive development, and general knowledge. Ready schools need classes of reasonable size, trained first grade teachers, and adequate learning materials. They must also be able to teach in a language the child understands.

Integration between pre-primary and first grade curricula and home-school contact both facilitate children’s transition from pre-primary to primary school. Where ECCE is conceptualized at the policy level as incorporating birth to eight years, the more likely it will be that national policies and administrative structures will be in place to facilitate transition. The reality is that in many countries, including those in Insular South-East Asia and the Mekong, a significant number of children have no pre-primary experience. Even so, their entry into primary school can be helped by having them visit the school before admission, perhaps spending several half days participating in a class; having first grade teachers visit children in their homes and having low teacher-pupil ratios in Grade 1.

In 2006, Myanmar’s Department of Education, Planning and Training, in collaboration with UNICEF, conducted monitoring and evaluation assessments of ECCE performance and impact in thirteen out of sixty-one townships in which programmes had been based since 2001. These showed quantitative improvements, but also improvements in school readiness aspects such as better mental and physical health, cognitive, language, social and behavioural development. In the sampled pre-school classrooms, 71 out of 79 teachers had attended ECCE courses.
when legislation exists, it frequently operates as a declaration of intent, with few enforcement mechanisms.
While various facets of ECCE can be implemented without a national policy framework, such attempts are almost bound to be patchy and badly co-ordinated, and favour some children over others. UNESCO recommends that all governments formulate a holistic policy for ECCE that incorporates all aspects of optimal child development from birth to eight years. Such frameworks should cover health, education, nutrition, water, sanitation, hygiene, safety and legal protection.

UNESCO also recommends that each national policy be accompanied by a vision statement of goals that clarifies the roles of the various sectors (e.g., health, education, welfare) and requires the relevant ministries or organizations to allocate necessary funding in their budgets. These strategies can be further strengthened by legislation to enact early childhood policies. Eighty countries have legislation covering some aspects of ECCE provision; out of them, thirty require at least one year of pre-primary education. However, this is a long way from a holistic conceptualization of the needs of young children, and even when legislation exists, it frequently operates as a declaration of intent, with few enforcement mechanisms. Major barriers to foster and expand the ECCE policy environment include:

- Ambivalence about the role of government in the lives of families
- Insufficient awareness of the benefits of ECCE
- Limited financial and human resources
- Competing policy priorities

a) Supporting the policy development process

Independent of cultural, economic and political contexts, there are five elements that successful national ECCE policies share. These are:

- Broad stakeholder involvement and, in particular, the engagement of parents
- Partnerships with international organizations or aid agencies, such as UNICEF in Cambodia that can provide seed money and expertise and lead to culturally-appropriate evidence for effectiveness
- The alignment of ECCE policies with other national and sectoral development policies, such as poverty reduction programmes
- Detailed action plans to facilitate implementation by identifying who is responsible for what, allocating resources and setting a time frame
- Strategic use of public education programmes to alert people, particularly parents, about what ECCE is, what it can do, and why it is important and to identify effective behaviours in relation to the welfare of young children that can be implemented within families

b) Debates concerning governance, quality and financing

All national policies have to address three major areas: governance, quality and financing. Table 3 on pages 28-31 shows how Indonesia, Malaysia, Thailand and Viet Nam have addressed the major issues.
### Table 3. ECCE policy exemplars in Thailand, Viet Nam, Malaysia and Indonesia

<table>
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<tr>
<th>Thailand</th>
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<tr>
<td><strong>Background</strong></td>
<td><strong>Governance</strong></td>
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<tr>
<td>There is a strong tradition of parent education, high participation and expanded access to ECCE.</td>
<td>In 1999, MoE transferred responsibility for pre-school to sub-district administrative organizations and local communities. Department of Local Administration supports sub-districts in extending access to quality ECCE in rural and urban settings. Department of Health, Ministry of Public Health and Ministry of Social Development and Human Security are also partners. Draft national policy and strategy propose a coordination committee of government and private sector stakeholders.</td>
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5 The policy exemplars for Thailand and Viet Nam have been taken from the GMR 2007, while those from Malaysia and Indonesia are from experts in ECCE in the respective countries.
**Viet Nam**

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<th>Background</th>
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<th>Quality</th>
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<th>Focus on under-3’s</th>
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| Targeted at 3- to 5-year-olds, but inadequate in rural areas among the poor and for under-3s. The access and quality vary dramatically between urban and rural areas. Prime Minister decided in 2002 to increase investment, expand créches and kindergartens, give priority to the disadvantaged and disseminate child care information to families. National Project on ECCE (2006-13) builds on this earlier decision. | Since 1999, Ministry of Education and Training is responsible for programmes for 0- to 6-year-olds. Ministry of Health and Committee of Population, Family and Children are partners. 2005 Education Law defines early childhood education as part of national education system. A decentralized delivery system with nurseries for children aged 3 months to 3 years and kindergartens for 3- to 6-year-olds is in place. | About 92% of 5-year-olds, 63% of 3- and 4-year-olds, and 16% under-3s participate in ECCE. National Project on ECCE (2006-15) prioritizes the construction of kindergartens in poor and minority areas. Current policies: increase supply and coverage rate in kindergarten to between 70% and 80%, develop family day care for under-3s, and stimulate both public and private investment. | Curriculum:  
Revised national curriculum is being piloted to help children develop physically, emotionally, intellectually and artistically, and prepare them for Grade 1.  
Teacher training:  
Teacher income and living standards improved. More than 70% of non-formal teachers now have social welfare and health insurance. Proportion of teachers and managers with at least minimum training doubled since 2000.  
Shortage of teachers in remote areas remains a challenge. | Since 2002, government requires 10% of the education budget to be allocated for ECCE; only 18 out of 64 provinces and cities have done so; however, 17 provinces provide 5% to 7% and many do not finance ECCE at all. Programmes are overwhelmingly public or publicly subsidized; only 1% are private. Reduced fees for poor children are still too high. New effort made to increase private sector involvement. | Government has tried to create demand through parent education programmes and media campaigns. |
**Indonesia**

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<tr>
<td>ECCE services in Indonesia generally cover children from 1 to 6 years. Compulsory schooling officially starts at seven; even 5- and 6-year-olds attend primary school. Low participation rate in ECCE programmes. Service provision is fragmented. Inequitable access.</td>
<td>The central government oversees ECCE through “ministerial regulation”, and the provision of programme guidelines. A national team co-ordinated by a deputy chair in the National Planning Board (BAPPENAS) is working towards co-ordination of ECCE provision. Monitoring of ECCE programmes is conducted by various agencies. 90% of ECCE programme providers are private organizations who charge fees to parents. The government provides incentives including block grants, resource and equipment grants and seed funding to community-run programmes.</td>
<td>The ECCE participation rate is low nationwide, with a higher concentration in rich urban areas. There are about 28.3 million children aged 0-6 years in Indonesia. In 2007, access to ECCE services was 46%. Access rates were 27.8% and 28.4% in 2004 and 2005, respectively.</td>
<td>The Directorate for Early Childhood Education (Direktorat PAUD) has developed various “guides” and “standards” for ECCE services. A staff-child ratio of 1:20 is expected according to the implementation guide published by Direktorat PAUD. More detailed guidelines are still under discussion among members of the inter-sectoral, national team. All are developed at the central level as both provincial and district level governments have not begun investing their resources on ECCE in a systematic way. General expectation is that, upon completion of ECCE programme (especially kindergarten and Raudlatul Athfal), children become relatively “autonomous” and have school readiness skills. There are national “learning guides,” which are meant to inform early childhood curriculum.</td>
<td>Only 0.45% of the education budget is allocated to ECCE. Programmes are overwhelming private and there does not seem to be a move to increase public expenditure in ECCE. Investment in ECCE is a low priority area for the government.</td>
<td>Services are provided by day-care centres and playgroups that are typically only in urban areas. Parent education for young mothers has been provided on a very small scale.</td>
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Malaysia

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<th>Background</th>
<th>Governance</th>
<th>Access</th>
<th>Quality</th>
<th>Financing</th>
<th>Focus on under-3's</th>
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<td>Prior to the 1960s, ECCE services were mainly provided by religious bodies or NGOs. Traditionally young children are being taken care of by mothers and members of extended families. The first pre-schools were set up by the Ministry of Rural and Regional Development in the 1970s. In 1986, the first national pre-school guide book was produced by Ministry of Education (MoE). MoE began its pilot projects on pre-school education in 1992. National Pre-school Curriculum was formulated in 2003 and subsequently MoE began to expand its pre-schools systematically and yearly.</td>
<td>The Ministry of Woman, Family and Community Development is the coordinator for national programmes on the growth, development and care of children (0-18 years old). The Ministry of Woman, Family and Community Development is the lead agency for childcare centre (0-4 years old). The Ministry of Education is the lead agency for pre-school education (4-6 years old). The Ministry of Health is the lead agency for healthcare, including child healthcare. Pre-school education is also provided by the Ministry of Rural and Regional Development as well as by the Department of National Unity and Integration and state religious bodies. The public pre-schools are mainly in the rural areas. Malaysia has formulated comprehensive national constitutions, policies, laws and legislations on accessibility, equity and quality of ECCE. These policies are overseen by different ministries. Compulsory education starts at Primary 1.</td>
<td>Categories of childcare centres found currently in Malaysia are: community childcare centres, workplace childcare centres, institutional childcare centres, plantation childcare centres, home-based childcare centres, PERMATA ECCE centres. Most of these centres are privately run. Gross enrolment ratio for the registered childcare centres (0-4 years old) is 1.82 % at 2005. There are many unregistered childcare centres.</td>
<td>Curriculum: The Ministry of Woman, Family and Community Development develops the training modules / curriculum for childcare centre operators and child minders. The Ministry of Education formulated the National Pre-school Curriculum, which must be adhered to by all pre-schools, public or private. The National Pre-school Curriculum focuses on six components which are language and literacy, spirituality and moral values, creativity and aesthetics, cognitive development, physical development, and socio-emotional development. Pedagogical approaches suggested are learning through play, thematic, integrated.</td>
<td>Financing: The Ministry of Education is planning to expand pre-school education to all national primary schools. Plans for public childcare centres are being deliberated. Private ECCE providers require parents to pay fees. MoE pre-schools are free, pre-schools by other public agencies require the parents to pay a minimal fee. MoE pre-schools give priority to children from poor families and rural areas. Government provides incentives for the setting up of workplace childcare centres as well as community childcare centres. Children with special needs are placed in special pre-schools as well as regular pre-schools where inclusive programmes are conducted. Pre-schools for indigenous children are set up in rural areas to cater to the needs of the local community.</td>
<td>0-4 years-olds attend the childcare centres, mainly run by the private sector. Currently the government is looking at possibility of providing more public childcare centres and parent education.</td>
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i. Debates about governance

In relation to governance, the major debates are to do with administrative leadership, decentralization and the role of private and, particularly, for-profit providers. As previously noted, it is usual for a number of ministries, NGOs and community organizations to be involved in the provision of ‘educare.’ In Myanmar, there are five government ministries, four international agencies, two international NGOs and twelve national NGOs providing services (Union of Myanmar, 2007).

Effective, co-ordinated provision requires that these various actors work together, but this is difficult when they have different approaches to service provision (e.g., education is more likely to be more free and accessible than health facilities) and energies are consumed by territory building and struggles for political power. Multiple ministries can mean fragmentation, overlap, duplication and inefficiency. At worst, where services are everyone’s responsibility, they become no one’s responsibility.

Consequently, some countries have resorted to nominating a lead ministry, usually education. This is the case in Viet Nam, where the Ministry of Education and Training has had this role since 1986. It is not unusual to find inter-ministerial/organization co-ordinating bodies providing a forum in which stakeholders can contribute their knowledge and perspectives. But there still needs to be a lead ministry, which is accepted by other members and has the will to convene and act. Where such bodies only have advisory functions, they tend to be ineffective in moving the ECCE agenda forward.

Decentralization of ECCE is often adopted as a strategy to provide greater transparency and ownership of the provision, as well as the implementation of services, at the local level. It tends, however, to lead to inequities as resources (money, expertise) are not spread evenly across any country (e.g., the urban/rural divide). Decentralization of services is often a disguise for the withdrawal of central government funding and may lead to the collapse of provision, except for those who can pay. Furthermore, when the national level abdicates responsibility for financing, it also loses leverage in ensuring the provision and quality of services. Services such as ECCE frequently become marginalised.

The private sector can be a major provider of ECCE services and a source of support to government policies. They frequently provide more innovative and flexible facilities than state-run services and are more open to the involvement of parents. There is no argument for excluding them from various provisions. The debate is about the role of private for-profit services. Those in favour argue that market mechanisms encourage competition, efficiency, and parental choice. Conversely, poorer families are excluded by their inability to pay, state provided provisions may be stigmatized as inferior and the last resort of the poor, and service gaps tend to develop in rural areas where the poor are more often located in developing countries. The chances of a two-track system developing are high.
ii. Debates about quality

A consistent research finding is that the quality of children’s early childhood experiences is related to virtually every facet of their development. But what constitutes quality? Some scholars reject the notion of normative, objective standards, arguing that these should be debated locally amongst stakeholders – including parents and children – using measures appropriate in those contexts. Structural measures, such as class size, child-staff ratios, availability of resources and staff training, are relatively easy to measure.

However, while harder to measure, process issues such as warm interactive relationships between care-givers and children, inclusiveness towards disadvantaged children, and respect for cultural diversity may actually be more important to the enhanced well-being of children than structural features. Many developing countries have constructed national standardized quality assessment instruments relevant to their circumstances, and are frequently used to provide the basis for evaluating externally-funded ECCE programmes. Viet Nam is one such example.

Increasingly, programme quality is assessed by focusing on children’s outcomes, often related to school readiness. This standards-based approach has its detractors, who fear that children who do not reach the standard will be stigmatized and burdened with a sense of failure early in life, that inappropriate standards based on Western expectations will be used, and that ‘quality’ will be achieved using inappropriate methods (fear, punishment, ridicule).

A quality ECCE experience is more likely to be delivered by someone who has been trained in ECCE ideals and practices and who is paid a wage that reflects the importance of the task. While there have been advances in the training of ECCE staff in some areas of the world, developing countries are still struggling to provide trained staff, to pay them adequately and to ensure child-friendly practices (especially for younger children) are provided.
iii. Debates about financing

It is impossible to calculate total national expenditure on ECCE anywhere because of the broad mix of formal and informal providers and different sources of financing. The only element of ECCE that can reasonably be precisely calculated is spending on pre-primary provisions. Governments allocate more money to primary than pre-primary education, and this suggests that they view primary education as being more important than pre-primary provision. This is also true of international aid donor organizations and countries where 19 out of 22 who provided information for the 2007 report allocated less than 10 percent of what they gave to support primary education to pre-primary education.

The message that investing in younger children is more cost-effective has not been received and is not reflected in spending patterns. Less than 10 percent of education funding was allocated to the pre-primary sector in 65 of the 79 countries for which data was available, and over half of these allocated less than 5 percent. In Insular South-East Asia and the Mekong, Indonesia and the Philippines spend virtually nothing on pre-primary education, while Lao PDR spends about 4 percent of its total education budget and Malaysia about 1 percent. On an average internationally, spending per child on pre-primary education is significantly less than that at the primary level.

The international community has the tendency to support centre-based care (formal) rather than family or community-based programmes (informal), although the informal programmes may actually provide much of the available ECCE care, especially in poorer rural areas.

In Cambodia’s poorer rural areas, the only ECCE programmes available to young children tend to be community pre-schools or home-based programmes (Rao & Pearson, 2007). Some of the community pre-schools have their own dedicated space in the village, but others are held in or near the home of the teacher. The teachers have little training and are not paid a salary as such, but receive a financial incentive. Cambodia’s home-based programmes (essentially playgroups) rely on organized mothers’ groups within villages. A group mother (usually an older woman) is selected, and she then holds group sessions for young children in her home, usually early in the morning before she goes to work in the fields. A certain amount of support in terms of training and resources is provided by local cadres, but the group mother usually receives no stipend or incentive.

One of the unanticipated effects of these home-based programmes has been the support and networking that has been generated among village mothers. Whatever the limitations of such informal programmes, without them children in remote and rural areas would probably have no ECCE provision at all.

In many developing countries, most children do not have access to ECCE and governments cannot afford to provide universal services, which raises the issue of targeting; if money is limited, should it be spent on those with the greatest need? Targeting is usually achieved in one of three ways – geographical, by income, and for particular groups such as those with a disability or in conflict/emergency situations. In such cases, equity is defined not as providing the same level of provisions for all, but as raising the level of the most vulnerable to a standard enjoyed by the rest. Since 2002, for example, Viet Nam has targeted spending on disadvantaged, remote and mountainous areas; school meal programmes; and teachers’ training for children with special needs.
Related to this is the balance between central, local and international funding. Cambodia is a case in point. Its government has clearly stated that it cannot afford to spend more than it currently does on ECCE. Unfortunately, much of its expenditure goes towards supporting state-provided pre-primary classes in urban areas, thus largely benefiting Cambodia’s more advantaged citizens. Community pre-schools and home-based programmes are being expanded for more economically disadvantaged children, and the government intends to encourage community, private and international donor funding for these services. It is worth noting that at the Fifth E9 Ministerial Meeting on ECCE, which took place in Cairo in 2003, it was stated quite clearly that ECCE cannot be achieved through a community mobilization strategy alone. The ministers pointed out that it is already difficult to persuade the relevant ministries at the central government level of the importance of giving priority to pre-primary services. It is even harder to ensure that local authorities and townships allocate sufficient money out of what must already be a restricted and overstretched budget. They suggested that delivery and management of services at a local level is appropriate, but that sufficient funding has to come from the central government. To suppose otherwise is a sign of naivety or insufficient commitment to ECCE.

In many developing countries, most children do not have access to ECCE and governments cannot afford to provide universal services . . . .
ECCE services should be part of an integrated programme targeted at all children from birth to eight years.
1. Ideally, ECCE services should be part of an integrated programme targeted at all children from birth to eight years. Policies and administrative structures should be in place at the national level, and at least minimal standards of provision implemented and monitored. More usually, services tend to be divided between those for the under-threes and the over-threes. Especially in Asia, younger children are thought to be the responsibility of their families rather than the state, and services for them are usually scarce. There are more services available for 3- to 6-year-olds, but emphasis is placed on education, rather than holistic development involving physical, intellectual, emotional and social facets. Facilities for these children can be attached to primary schools, based in separate centres, or home-based. Staff varies from trained teachers to unpaid volunteers and mothers.

When ECCE services are provided within primary schools, there is typically a better integration of ECCE with primary education in terms of policy, governance, administration and monitoring. It is also more cost efficient. However, there are also disadvantages in that there may be a “push down” effect of the primary school curriculum. ECCE programmes may go too far in presenting a formal academic curriculum and use inappropriate teaching methods for children below the age of six (Shaeffer, 2006).

Children learn best when teachers stress learning through play and small group activities. Furthermore, effective ECCE programmes address holistic development. When ECCE programmes are located on primary school campuses, there is a danger that primary school education goals, such as the promotion of academic achievement, will be given more emphasis than the important care, health and welfare components of ECCE programmes. Perhaps most important of all, a majority of children in many countries in Insular South-East Asia and the Mekong do not have access to any ECCE programmes.

2. ECCE facilities can be divided into formal and informal. Formal ones tend to be centre-based and, where they are provided at all, are the responsibility of various government departments such as health, education or welfare. Informal provision is often family or community-based, with local and frequently uncertain or erratic funding. In the Insular South-East Asia and Mekong sub-regions, the money available for education is more often spent on primary education, rather than on ECCE, despite increasing evidence that investing in ECCE brings the best long-term educational, social and economic returns.

In the Insular South-East Asia and Mekong sub-regions, the money available for education is more often spent on primary education, rather than on ECCE...
3. The integration of ECCE into national policy strategies for children from birth to eight years is vital, but currently lacking. These policies should be supported by vision statements and a legal framework, and should include issues of health, nutrition, education, sanitation, hygiene, safe water and safety. Policies should allow for a seamless transition between services that cater for children at the different stages of their development during the first eight years. Parents, especially mothers, should be recognized as vital partners in the ECCE process, and strategies should support and strengthen their contributions. Such policies need to take a holistic approach to young children’s development and follow the Dakar Framework. Implementation of these policies is fragmented between government departments that are supposed to represent their interests (e.g. divisions between Departments of Education, Health and Welfare) to the long-term disadvantage of young children. It is vital that a leading ministry is designated to implement and co-ordinate ECCE, with managerial responsibility and a realistic budget. When powerful and influential government figures espouse the cause of ECCE, insist on it being placed on the agenda and monitor progress, positive change is much more likely to occur.

4. International NGOs are also providers of ECCE and can play an important role in setting up demonstration projects, training staff and funding. However, without a proper policy context and government leadership, their efforts may lead to further fragmentation and possible inequity, as well as potential for the introduction of culturally insensitive ECCE models. Their efforts and contributions should be incorporated into the national framework.

5. Currently, ECCE is under-funded both in terms of state public spending and in relation to aid from donor countries and organizations. In a situation where governments do not have sufficient money to provide universal access, decisions may need to be made about targeting the most vulnerable and excluded children (e.g. children with disabilities, girls, those with HIV/AIDS) and focusing on training more teachers and paying incentives to work in rural areas. International donors need to recognize and prioritize the importance of ECCE, provide increased funding for services for young children and guarantee that funding for a longer time in order to provide predictability and reliability.

6. Young children have rights that are protected by international treaties, and the governments of all Asian countries have ratified the Convention on the Rights of the Child. Yet, in Asian countries, children are considered subordinate to their parents and are typically not deemed to have rights independent of them, and by extension, of other adults. Thus, the notion that a child has rights that exist outside the will of his or her parents and the family context and that puts restraints on parental behaviour does not match Asian ideas about the correct relationship between children and adults. This makes it challenging to use a human rights approach to promote ECCE in Asia. Often, the family is seen as sacrosanct and, for various reasons, governments are both reluctant and not welcomed to intervene in what are perceived as family matters, e.g. in child discipline, the selling of children, child labor, etc. This is particularly the case for very young children (aged three and under).

7. Including the excluded (children from poor families, children in rural areas, children with a physical or learning disability, girls) and ensuring equality of access to provisions of uniform standard are fundamental to ECCE. Disadvantaged children are often doubly disadvantaged; first by coming from a poor home environment and second by being offered ECCE programmes that are more poorly resourced than those available in wealthier areas. Stereotyping and stigma can be replicated in the classroom or ECCE programme by teachers and other adults who practice, for instance, gendered behaviour.
8. ECCE programmes must cater to the needs of linguistically and culturally diverse children. While mother tongue-based education in both ECCE and the early primary years benefits children, this is not an option in many countries where the official language is the language of instruction in educational institutions. ECCE programmes should therefore promote bilingualism and children’s readiness for school. They can also help ameliorate discrimination against linguistic and cultural minorities.

9. If money is being spent on ECCE, then it is important to know whether the effort produces the desired outcomes. Outcome measures for young children are usually defined in terms of school readiness, as well as drop-out, repetition and completion rates in primary school. A holistic approach to the well-being of the younger child would require more, including measures of initiative, confidence, social skills and possibly family functioning. Developing standardized and culturally-appropriate measures is an on-going project. Each country should make an effort to monitor ECCE in a more general sense. Information is needed concerning staffing; basic health and nutrition; availability and content of programmes for younger children; pre-primary provisions and enrolment rates; quality; and expenditure.

10. Definitions of quality have to be contextualized within different cultures and resource availability. The research of Rao et al (2007) has demonstrated that programmes that would not be considered of a high standard in better resourced countries can nonetheless make positive, measurable differences to children’s school readiness and enrolment in primary schools. Quality programmes are unlikely to be achieved without the upgrading of the ECCE workforce with regard to qualifications, training and working conditions. In particular, there is a need to encourage trained staff to work in rural areas by providing personal incentives such as additional salary increments and decent housing, and professional incentives such as suitable centre accommodation (with water, toilets and play areas), sufficient educational materials, small classes and reasonable child-staff ratios.

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Recommendations for early childhood care and education
The following recommendations are made for policy makers in various government departments who are responsible for ECCE in Insular South-East Asia and the Mekong. They are taken from the GMR and the body of this report, and have already been used successfully in other countries to improve access to and quality of ECCE services.

1. **Accord more attention to ECCE policy.** ECCE should be given at least as much priority as the other EFA goals of universal primary education, gender parity and equality. The early childhood period is critical for cognitive, social and emotional development. ECCE programmes promote equality and equity, and meet children's rights to development and early education. They prepare children for primary education and bring long-term economic benefits to societies. These programmes are particularly important for vulnerable and disadvantaged children, including those who are economically disadvantaged or have a disability. This is because they prevent the development of long-term handicaps due to early deprivation in nutrition, care and stimulation.

2. **Follow a holistic approach to ECCE.** Develop ECCE policies that involve a holistic approach to young children and follow the Dakar Framework, which emphasizes ECCE's concern for both care and education. These policies should be supported by vision statements and a legal framework, and should include issues of health, nutrition, education, sanitation, hygiene, safe water and safety.

3. **Integrate ECCE into national policy strategies for young children.** Policies should allow for a seamless transition between services (health, education and others) that cater to children at different stages of their development during the first eight years. Parents, especially mothers, should be recognized as vital partners in the ECCE process, and strategies should support and strengthen their contributions. Further, focus on the under threes; few countries address the needs of the youngest children in a comprehensive manner.

4. **Identify a ministry to coordinate ECCE.** Designate a lead ministry to implement and co-ordinate ECCE programmes, with managerial responsibility and a realistic budget. This ministry should analyse and dismantle barriers to ECCE participation. In the Insular South-East Asia and Mekong sub-regions, poverty and rural residence are correlated with low participation rates, and governments can provide free and good quality holistic programmes for poor and rural children.

5. **Regulate ECCE programme quality.** Governments may develop contextually-appropriate standards for the registration and continuing operation of ECCE programmes. They should foster strong programmes that support parents, integrate education with other services and support children's transition from pre-primary to primary school.

6. **Enhance ECCE programme quality.** Upgrade the professional training of the ECCE workforce and encourage trained staff to work in rural areas and pay them realistic salaries. Teachers should focus on promoting warm, interactive relationships and ensure that children engage in free-choice and small group activities to the maximum extent possible within ECCE programmes.

7. **Increase funding of ECCE.** ECCE is under-funded both in terms of state public spending and in relation to aid from donor countries and organizations. Public spending on ECCE should markedly increase because investing in young children is more cost-effective than investing in later stages of development.

8. **Target the most vulnerable and excluded children** (minorities, those living in rural areas, those with physical and intellectual disabilities, girls). Bilingual ECCE programmes should be provided for children whose mother tongue is not the language of instruction in primary schools. If governments lack the resources to provide universal access to ECCE, the most vulnerable and excluded children should be given priority to receive services.

9. **Improve the monitoring of ECCE and its effect on primary school enrolment, repetition and completion rates.** Collect information concerning basic health and nutrition, availability and content of programmes for younger children, pre-primary provision and enrolment rates, staffing, programme quality and expenditure.
Conclusion
During the past decade, there has been an increase in access to early childhood services in Insular South-East Asia and the Mekong. However, millions of girls and boys still do not have access to services and quality varies greatly. Furthermore, despite increasing evidence that investing in ECCE brings the best long-term educational, social and economic returns, the money available for education is more often spent on primary education, rather than on ECCE. Education stakeholders have key roles to play to ensure that all children can eventually have access to high quality early childhood education. It is time to act at the policy, financing, community, programme and family levels to make this a reality.

All education stakeholders have key roles to play to ensure that all children can eventually have access to high quality early childhood education.
REFERENCES


